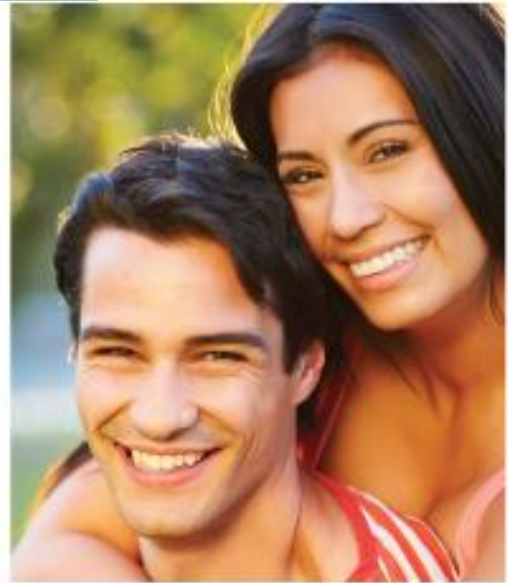

Local Behavioral Health Authority Fiscal Year 2019 Annual Plan

Prince George's County Health Department

1701 McCormick Drive
Largo, Maryland 20774

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Executive Summary

The Prince George's County Health Department Local Behavioral Health Authority (LBHA) for Prince George's County, Maryland is pleased to submit the **FY 2019 Annual Behavioral Health Plan** as required by the Annotated Code of Maryland, Health General, Title 10, Section 10-1202 (d) (1), and in accordance with the Maryland Behavioral Health Administration guidelines.

The FY 2019 Annual Plan includes highlights of accomplishments during FY 2017 and provides a summary of the administrative, programmatic and clinical priorities identified by the LBHA to support the diverse needs of consumers. The plan also lists the goals, objectives, strategies and performance targets that the LBHA will focus on during the upcoming year. In addition, it includes an analysis of data trends across fiscal years 2015, 2016 and 2017. The FY 2019 plan also contains information on the County's process of reorganizing its infrastructure to better serve County residents and maintain compliance with the BHA guidelines and policies, relevant laws and regulations.

During Fiscal Year 2019, the LBHA will continue its focus on ensuring that there are sufficient programs and services that address the diverse needs of Prince George's County residents. Included in scope of this focus are the following:

- Progression towards behavioral health integration of systems management/oversight functions and services;
- Seeking opportunities to better address the behavioral health needs of the early childhood population;
- Increasing the provider base by assisting with accreditation efforts and ensuring existing providers are licensed under the new COMAR regulations (10.63);
- Strengthening cultural and linguistic competency within provider organizations; and
- Coordinating training opportunities for behavioral health professionals and individuals caring for those with behavioral health needs.

The LBHA looks forward to another year of working collaboratively with consumers, family members, service providers and human service agencies to ensure that services offered address the special needs of our residents and ultimately improve the health outcomes of our County.

Fiscal Year 2019
ANNUAL PLAN

Pamela B. Creekmur
Health Officer
Prince George's County Health Department

Dr. Jacquelyn Duval-Harvey
Deputy Health Officer
Prince George's County Health Department

L. Christina Waddler
Manager
Local Behavioral Health Authority

A. INTRODUCTION

The Local Behavioral Health Authority (LBHA) serves as the designated local mental health and local addiction authority. The LBHA provides oversight and monitoring of the fee-for-service Public Behavioral Health System (PBHS), in addition to providing oversight and monitoring of grant-funded mental health and substance use related service contracts.

The LBHA is located within the Prince George's County Health Department (PGCHD). A primary role of the LBHA is planning for public behavioral health services. Other responsibilities include identifying programmatic needs, securing funding and monitoring community mental health and substance use disorder (SUD) providers to ensure that providers are meeting the needs of consumers. Through grant funding and participation in state and local planning activities, the LBHA makes certain that prevention, early intervention and recovery services are available to address the County's extensive behavioral health needs.

The LBHA provides a range of services through resources provided with Federal, State and local funding that improves communication and establishes a system of care for individuals with mental illness, substance use disorders (SUD) and co-occurring, mental health and SUD across the lifespan. Public Behavioral Health System services available to residents in the County include:

- Crisis services
- Inpatient services
- Mobile Treatment
- Outpatient mental health and SUD services
- Partial Hospitalization Programs
- Psychiatric Rehabilitation Programs
- Residential Rehabilitation Programs
- Residential Treatment
- Respite Care
- Supportive Employment Programs
- Targeted Case Management

In addition to publicly funded behavioral health programs, the LBHA provides oversight and monitoring of grant-funded programs that offer services for individuals with mental health, substance-related and co-occurring disorders. Through these programs, consumers received services in the following areas:

- American Sign Language interpreters and signing therapists
- Assertive Community Treatment (ACT) services
- Assisted living for elderly individuals with mental illness
- Care coordination services
- County-wide crisis response and hotline services
- Emergency psychiatric services and 23-hour hospital observation beds
- Homeless housing and assistance programs
- In-Home Intervention for Children (IHIP-C) services

- Jail-based mental health services
- Mental health consultations for young children
- Mental Health Court case management services
- Mobile crisis services
- Spanish-speaking outpatient substance use services
- Outreach services
- Peer support, outreach and education
- Psycho-geriatric nursing services
- Residential treatment services
- Transition Age Youth services

New Developments, Changes, Challenges and Issues Affecting the Delivery of Services

In FY 2017, there were new developments, changes and challenges affecting the delivery of behavioral health services in Prince George's County. One of the major changes involved substance-related disorder residential services for Level 3.7WM, 3.7, 3.5 and 3.3, which transitioned to the fee-for service system. Level 3.1 care will remain a grant-funded service until January 2019. As a result, the LBHA no longer authorized SUD treatment for the aforementioned levels of care. Each residential provider is now responsible for obtaining authorization from Beacon Health Options (Maryland's Administration Services Organization) prior to rendering treatment services.

The availability of sufficient housing remains a challenge when consumers need to access rehabilitative housing or to transition from intensive to lower levels of care. After the SUD residential services transitioned to the fee-for-service system, assistance with transportation to and from court for forensic-involved clients who were in SUD residential treatment became scarce. Furthermore, there is a shortage of SUD providers in the county who offer services beyond outpatient treatment. The County has one (1) residential provider for 3.7WM, 3.7 and 3.3 levels of care and no programs offering level 3.1 services. While Prince George's County residents who need level 3.1 care can seek treatment in a neighboring jurisdiction, the preference is usually for individuals who are residents of the county where the service is located.

It is estimated that more people need behavioral health services than the number of individuals who ultimately access care, based on the Medicaid penetration rates for mental health and SUD services. Program location, diversity of services and stigma may play a major role in residents' decisions to access the services they need. While the LBHA will continue to focus on outreach efforts to reach more individuals in need, the LBHA will also identify target areas within its jurisdiction where available services may be underutilized. This information is vital when accessing and planning for the behavioral health needs of residents.

The information in this Fiscal Year 2019 Annual Plan will address the County's plan for effectively responding to the anticipated behavioral health system growth and addressing obstacles affecting the continuum of care for consumers. The LBHA will continue to focus on encouraging providers who operate mental health and substance use programs to become accredited, offer support/training to promote dual diagnosis capacity amongst providers, identify resources that

meet the cultural and linguistic needs of our community, maintain strong partnerships and seek new opportunities for collaboration.

B. FY 2017 HIGHLIGHTS & ACHIEVEMENTS

With a behavioral health system that is constantly growing, it is essential that the LBHA ensure the availability of a comprehensive, quality system of care for all Prince George's County residents.

Management and Coordination of Activities

The LBHA played a vital role in the management and planning for Public Behavioral Health System (PBHS) activities including monitoring mental health and substance-related disorder services, providing technical assistance to providers and potential providers and investigating complaints to ensure residents received quality behavioral health services. In FY 2019, the LBHA focused on strengthening the partnership between mental health and substance use disorder (SUD) providers and the LBHA by conducting the following:

- Assisting in the transition of SUD providers from grant-funded contractual services to fee-for service, Medicaid reimbursable programs;
- Ensuring providers adhere to policy changes and assisting the Behavioral Health Administration (BHA) in monitoring compliance with the new Code of Maryland Regulations (COMAR) regulations (10.63) that became effective July 1, 2016; and
- Disseminating and effectively communicating information pursuant to legislation requiring providers to become accredited by January 1, 2018

To encourage participation in the accreditation process in each jurisdiction, the Behavioral Health Administration provided funding for accreditation costs to those mental health and SUD providers who demonstrated financial hardship. The LBHA reviewed and screened all applications and approved fourteen (14) of providers to receive the one-time only funding. In keeping with the goal of increasing the number of SUD providers in the county, the LBHA has entered an Agreement to Cooperate with sixteen (16) new providers accounting for an additional 55 programs/services made available to PBHS consumers. These providers offer outpatient, residential and opioid management services. The County received several new mental health providers as well, increasing the number of programs available to residents to over 140. These include additional outpatient mental health, psychiatric rehabilitation, respite, and day program services.

Community Education, Information and Assistance

The LBHA assists thousands of callers by providing information and referral services to individuals, families, community providers, elected officials and other inquirers. The provision of quality customer service is vital since consumers typically reach out to the LBHA as the first point of entry to seek help for someone with a behavioral health need. A random selection of callers was surveyed in October 2017 and it was found that 98% (489/501) of those who contacted the LBHA for resources were satisfied with the information received. To assist with enhancing customer

satisfaction as well as improving residents access to adequate mental health and substance relate disorder services, extra efforts were made by LBHA staff to update resource guides more frequently to ensure that callers and the general public have access to accurate information.

The LBHA continued to expand its outreach, education and training opportunities in FY 2017. In addition to the recurring trainings, the LBHA coordinated two (2) new trainings for behavioral health professionals:

- Unconscious Bias Training – This training teaches self-awareness and an understanding of how experiences shape thought and personality. Once staff have been through the training, trust should be increased across the workforce as people come to realize that others react to them on a level that is natural to them and their experience. This training will be offered in FY 2018.
- Traumatic Brain Injury (TBI): Tools for Behavioral Health Professionals – Conducted by the BHA Traumatic Brain Injury and Person Centered Planner, this training introduced professionals to a brief TBI screening tool that can be used to elicit an individual's possible history of TBI. Strategies to engage and support individuals living with TBI to maximize mental health and substance abuse treatment outcomes where also shared.

Recurring trainings included:

- Anti-Stigma
- Ethics for the Human Service Professional
- Mental Health First Aid (Core)
- Mental Health First Aid (Youth)
- Problem Gambling for Clinicians
- SafeTALK (Suicide Alertness for Everyone/Tell, Ask, Listen, Keep Safe)
- Understanding the DSM-5

Enhancing Communication with Providers

The LBHA has begun hosting provider meetings for SUD providers. Providers can meet others in their field of work and learn about their programs. Hot topics such as accreditation, COMAR 10.63 and the transition to fee-for-service were discussed. Those providers who offer substance abuse services only were provided guidance on how to coordinate mental health services for those clients who, by their determination, also had a mental health issue. The LBHA is scheduling the provider meetings on a quarterly basis, until all service providers have become accredited and licensed under COMAR 10.63, at that time the frequency of the meetings will be revisited.

Spearheaded by the LBHA's Child and Adolescent (C&A) Coordinator, quarterly C&A business meetings were re-established for behavioral health providers who offer services targeting children and adolescents. Through these meetings, providers received the opportunity to network, obtain PBHS information, share resources and participate in seven (7) monthly training activities.

Behavioral Health Awareness Activities

The Health Department conducted a media campaign using Email, Twitter and radio stations that reached 156,000 people. Additionally, a drug-free mural was successfully completed at First Baptist Church of Glenarden, one of the larger churches in the County. The unveiling for the mural was held on October 10, 2017 at Potomac High School.

The Second Annual Family Mental Health and Wellness Expo was held in collaboration with National Alliance on Mental Illness (NAMI) Prince George's County and Maryland Coalition for Families. The Expo brought together providers who offer health and wellness services and families. Information on services such as outpatient mental health services, after school/recreational activities, substance use disorder services, treatment foster care and yoga were distributed and/or offered.

The Project LAUNCH Come Out and Play event was a collaboration between Maryland LAUNCH and the Prince George's County Park & Planning Commission. The purpose was to highlight the importance of children's mental health through informative and interactive exhibitions for children and parents. Councilman Todd Turner representing District 4 attended as the special guest and addressed the attendees during the event.

The LBHA hosted the 22nd Annual Mental Health Provider Appreciation and Awards Luncheon. The keynote speakers were Chris Lawrence, News Anchor with NBC4 Washington, and William Kellibrew, the former Director of the Office of Youth Violence Prevention at the Baltimore City Health Department. The Prince George's County Office of the County Executive and the County Council issued proclamations to commemorate the work of mental health professionals in Prince George's County. This event recognized mental health service providers, consumers and advocates for their commitment and dedication to improving the lives of individuals with mental illness.

Education and Outreach to Veterans

The LBHA continues its commitment to ensuring that veterans residing in Prince George's County are aware of the services that are available to them. There were 281 veterans residing in Prince George's County who accessed mental health services and 91 veterans received SUD services through the PBHS in FY 2017. Several of the community providers participated in the Veteran's Stand Down: Homeless Resource Day event where they were able to connect veterans in attendance directly to mental health and SUD services. LBHA staff also attended the Southern Maryland Conference on Veterans to receive information on accessing behavioral health services for veterans. In addition, callers who identified as veterans are provided with information about the Maryland Commitment to Veterans (MCV) Regional Coordinator and the Veterans' crisis number.

Grant-Funded Programs and Services

In FY 2017, the LBHA received $5,152,423 in grant funds from the Maryland BHA and monitored the implementation of 38 behavioral health grant contracts (33 mental health contracts and 5 SUD

contracts). Accomplishments from a select few of those grant-funded programs, as well as programs implemented by community-based organizations and partners are listed below.

Crisis Response and Suicide Prevention and Intervention Services/Supports

Collectively, crisis service providers responded to 17,168 persons experiencing mental health crises in FY 2017. This number includes emergency psychiatric evaluations and crisis beds to uninsured persons presenting in the emergency room, callers to the Maryland Crisis Hotline (MCH) and to the County's Crisis Response System (CRS).

- Crisis Response System answered 2,954 calls for assistance and connected with 1,198 callers for follow up after initial services were provided. Eighty-eight percent of CRS interactions resulted in persons served avoiding hospitalization/detention.
- Maryland Crisis Hotline answered 14,214 calls with 95% of callers reporting a reduction in their crisis level by the end of the call. Maryland Crisis Hotline (MCH) provided trainings on LGBTQ issues and suicide prevention to 142 individuals.
- Emergency Psychiatric Evaluations were conducted for 315 individuals presenting at Prince George's Hospital Center who were uninsured or Medicaid ineligible.
- Crisis Intervention Team (CIT) Training was conducted for eighty-nine (89) first responders who completed the full 40-hour course with representation from the County Police, Sheriff's Department, Department of Corrections, Park Police and Municipality Police Departments. In addition to the full course, a three-hour introductory CIT training was provided to 467 first responders.

Under the Health Department's System of Care (SOC) initiative, the Prince George's County Crisis Response provider was able to reorganize and create a separate child and adolescent division within their organizational structure. The division was able to expand its provision of Intensive Family Intervention Team (IFIT) services to families/youth experiencing episodes of instability or crisis. During FY 2017, the Crisis Response System provider also began hospital diversion services to prevent inpatient hospitalizations of children and youth, with the caveat that they can be kept safe with the addition of community-based supports in the home.

Wellness, Recovery and Advocacy

The Wellness and Recovery and Advocacy organizations, On Our Own (OOO) and the National Alliance on Mental Illness (NAMI), Prince George's County chapters continues their commitment to work with consumers, family members and the community at large to spread awareness of behavioral health issues and to reduce stigma. Both organizations participated in the NBC4 Health and Fitness Expo in FY 2017.

- NAMI-PG presented three (3), 12 week Family to Family educational classes, 66 presentations for family, consumers and community members on mental health topics, which were attended by 2,561 individuals. Family support groups met 71 times throughout the year. NAMI held 49 psychoeducational support groups and 51 consumer support groups.
- On Our Own provided 49 Wellness and Recovery Action Plan (WRAP) support group sessions during FY 2017. Other support groups met 134 times. OOO also provided 26

activities to reduce isolation, 10 educational forums to promote wellness and seven (7) outreach events to hospitals, and community outpatient mental health centers.

Forensic Programs and Services

During FY 2017, forensically involved individuals were served through mental health and SUD services grants.

- The LBHA continues to fund a social work position located at the District Court of Maryland to support the ongoing operations of the Mental Health Court (MHC). The MHC continues to serve individuals with mental illness who have misdemeanor charges. In FY 2017, Mental Health Court served 291 defendants, with 70% of those served remaining free of new charges after discharge.
- Maryland Community Criminal Justice Treatment Program (MCCJTP), through the Department of Corrections (DOC), provided mental health services to 733 individuals in the detention center and provided 146 psychiatrist hours.
- Trauma, Addiction, Mental Health and Recovery (T.A.M.A.R) through the Department of Corrections (DOC), conducted five (5) groups assisting 61 female inmates in dealing with the trauma they have experienced.
- The Jail-Based Substance Abuse Treatment (JBSAT) Program has been able to reduce its waitlist from an average of 50 clients per month to zero. The program served 287 individuals with 172 completing the program

Children, Adolescents and Transition Age Youth Services

The Mental Health Stabilization Services (MHSS) team responded to crisis issues in foster/kinship homes where Department of Social Services has placed children, or for children who reside with their families as a result of family team meeting intervention. The MHSS program served thirteen (13) eligible families with a total of 23 children. Through this strategy, 95% of placements remained intact after receiving crisis stabilization services.

Efforts to Prevent Homelessness and Provision of Housing Resources/Support Services

During FY 2017, 397 individuals with mental illness who were homeless were served through behavioral health programs.

- Continuum of Care (CoC) program served 16 families and 20 individuals. There were six (6) discharges, 67% of the tenants acquired permanent housing and 83% were employed at time of discharge.
- SSI/SSDI Outreach, Access and Recovery (SOAR) program had a 100% approval rate in SOAR applications filed. The program also secured thousands of dollars in retroactive payments, annual income awards and monthly benefits. In addition staff were able to assist in expediting receipt of SSI eligibility benefits for eligible mental health consumers whose applications were approved. Additionally, the SOAR coordinator sponsored a Trauma Informed Care training for SOAR case managers.
- Homeless Outreach program provided 223 individuals with initial mental health assessments and 132 mental health evaluations of homeless individuals. Fifty-nine percent of those served in the Homeless Outreach program obtained stable housing.

- Projects and Assistance for Transitional Housing (PATH) provided behavioral health and housing services to 125 individuals. Fifty percent of those served in the PATH program obtained stable housing.

The Homeless I.D. Project provides funding for birth certificates and I.D. cards for homeless individuals and the LBHA processes the applications for funding. Upon receipt of the birth certificates and identification cards, it is the expectation that individuals who are homeless will be able to access behavioral health services, entitlements and other community supports. The LBHA conducted eight (8) presentations during FY 2017 to increase awareness of this essential, but underutilized service.

There were ten (10) Quality Improvement Interagency Committee (QIIC) meetings hosted by the LBHA in FY 2017. During these meetings, Residential Rehabilitation Program (RRP) applications are reviewed, and mental health providers are encouraged to discuss challenges to residential placements in an effort to gain resolution, speakers are occasionally invited to provide information on topics of interest to the group. The meeting is only one platform to review RRP applications. The RRP providers are also encouraged to request applications throughout the month as needed. In FY 2017, a total of 77 consumers were placed in RRP housing: 35 individuals were from state hospital facilities, six (6) consumers were from court/Department of Corrections and the remaining 35 consumers were community referrals.

The Consumer Support Services program provides assistance with urgent psychotropic medication requests, transportation as well as assistance with rent to prevent eviction or secure housing, activating utility services or paying past due utility payments, and obtaining basic household goods. The LBHA approved 26 requests in FY 2017. The requests comprised of pharmacy assistance for six (6) individuals and twenty (20) individuals received assistance with rent, utility or security deposits preventing homelessness.

Evidence-Based Programs/Services

The Assertive Community Treatment (ACT) program is an evidenced based model that provides multidisciplinary, comprehensive, flexible treatment and support to individuals with severe and persistent mental illness, as well as those with co-occurring disorders who are at high risk for psychiatric hospitalizations or criminal justice involvement due to their mental illness. The ultimate goal is recovery. In FY 2017, 102 consumers were served by the ACT program, while housing subsidies were provided for 34 consumers through the Crownsville Project.

Sexual Health in Recovery (SHIR), has a 12-session evidence-based curriculum that is designed to assist Prince George's County residents in the recovery community maintain their sobriety. The program helps individuals to identify the connection between their use of alcohol and other drugs and its connection to sexual behavior, thoughts, feelings, or experiences. More than 35 participants graduated from the SHIR groups at the Prince George's County Department of Corrections. Additionally, the SHIR team conducted over 700 HIV tests in the community.

Services to Special Populations

Service providers who work with special provided the following services:

- Signing Therapists services were provided to 44 individuals in the Outpatient Mental Health Center, Psychiatric Rehabilitation Program and Residential Rehabilitation Program.
- American Sign Language (ASL) interpreters provided 564 hours ASL interpretation to deaf consumers and staff.
- Psychogeriatric services provided to 40 elderly and medically fragile adults in assisted living and residential rehabilitation settings.

Special Grant Projects and Collaborative Efforts

Maryland LAUNCH (Linking Action for Unmet Needs in Children's Health) creates and supports an early childhood system of care for children from birth to age eight. LAUNCH expands the capacity of Early Childhood Mental Health Consultation in the County and other appropriate community-based, child-centered, culturally competent services that promote social and emotional growth in children and reduce challenging behaviors. During the grant's last year of implementation, which ended September 30, 2017, the following activities were conducted:

- The Early Childhood Mental Health (ECMH) Consultants served 27 classrooms within ten (10) targeted elementary schools (Langley Park McCormick, Templeton, Port Towns, Rogers Heights, William Paca, Samuel P. Massie, Andrew Jackson, Barnaby Manor, Glassmanor & Valley View) and 12 early childcare centers with a total 160 teachers receiving consultation. ECMH consultants also conducted SEFEL (Social Emotional Foundations for Early Learning) trainings for parents targeted elementary schools.
- Maryland LAUNCH worked with the Department of Social Services and a community-based behavioral health provider (Community Counseling and Mentoring Services) to implement the 14-week Strengthening Families Program (an evidence-based program). There were 21 families who participated in the program.

The LBHA has identified the need to enhance the early childhood behavioral health system and services in Prince George's County. In FY 2019, the LBHA hopes to solicit funding for an Early Childhood Program Coordinator to continue to promote the integration of behavioral health and primary care for young children, assist with developing an infrastructure of programs that serve young children and increase public awareness of young child wellness. If funded, the coordinator will manage the County's system of care that addresses early childhood developmental and behavioral health needs and continue to oversee reinstated Maryland LAUNCH programs.

In FY 2017, the Prince George's County Health Department continued its second year of implementing a System of Care (SOC) Expansion Implementation Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the Children's Mental Health Initiative. SOC offers a coordinated network of community based services and supports for families with children who have behavioral health needs. Meaningful partnerships with families and youth are built and the cultural and linguistic needs of each are addressed to help them function better at home, in school, in the community, and throughout life. The essential elements of a System of Care are family driven and youth guided culturally and linguistically competent

and community-based coordinated care. The LBHA Child and Adolescent Coordinator has been an integral part of the SOC initiative, providing support, resources and assistance with service coordination. Following is information that highlights many of the FY 2017 SOC activities:

- Three (3) peer support groups for families with a child or children who have behavioral health needs. In partnership with NAMI, the support groups have begun meeting monthly in three sites around the county.
- Two (2) family support specialists support families in accessing needed resources and provide peer support.
- Provided monthly groups for youth with behavioral health challenges. The groups provide a forum for youth to talk about challenges and frustrations, as well as to learn new skills and network with other youth. Participants are recruited from community stakeholder groups and families.
- To strengthen the provider network, regularly scheduled meetings and trainings with behavioral health providers were initiated. Monthly meetings have consisted of networking opportunities, trainings on relevant topics, system updates, discussion about county and state initiatives, and providing a forum for sharing of ideas and resources. Participants can earn CEUs for trainings attended through a partnership with University of Maryland and Bowie State University.
- During this fiscal year, the cultural and linguistic competency consultant worked with both the Department of Juvenile Services and the Department of Family Services staff to complete a cultural and linguistic competency assessment on the organizations. Behavioral health agencies interested in conducting cultural and linguistic competence assessments were identified.
- A child-serving agency was identified to provide respite services to children and youth with Maryland Medical Assistance and those privately insured or uninsured. Respite will be used for planned breaks for children and their families as well as be available to de-escalate a crisis.

Transforming Neighborhoods Initiative @ School's (TNI @ School) Supplemental Insurance program provides counseling services to students, in schools utilizing community-based behavioral health providers. Through this initiative, supplemental funding is authorized for treatment for students who meet the following criteria: 1) Students without insurance coverage accepted by the behavioral health provider in the school, or 2) Students that have difficulty seeing a counselor covered by their insurance provider.

- During the 2016-2017 school year, three (3) behavioral health providers (PACE Consulting, LLC, The Children's Guild and Advanced Behavioral Health) provided counseling services to a total of 27 targeted elementary, middle and high schools within Prince George's County.
- For the 2017-2018 school year, seven (7) additional behavioral health providers in Prince George's County have made commitments as partners.
- The new partners will result in increase of 25 schools with TNI@School with behavioral health providers making the overall total of 52 identified schools.

Within six (6) months of collaborating with TNI@Schools Supplemental Insurance initiative, the LBHA reviewed and authorized over 70 requests for children to receive counseling services.

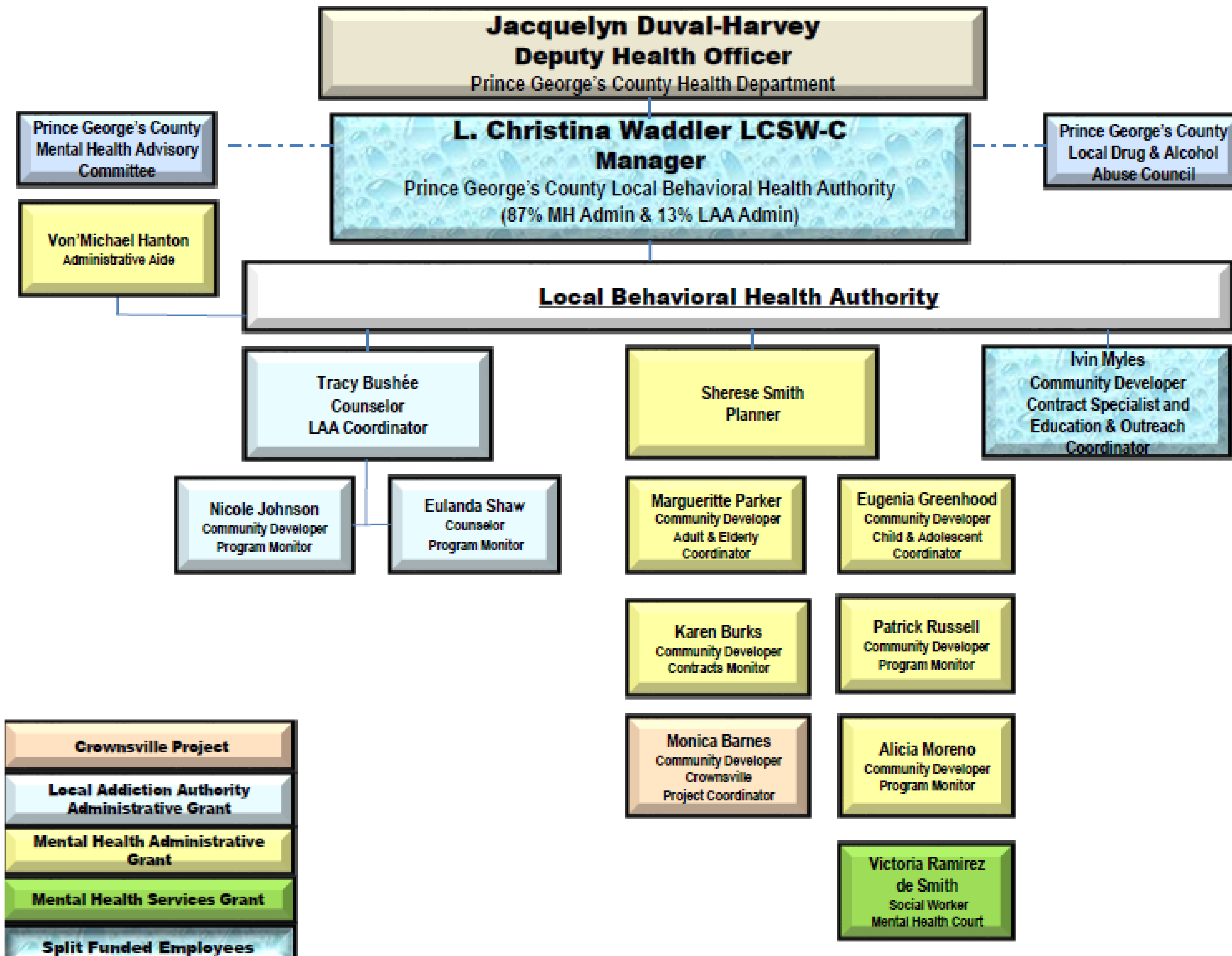
C. Organizational Structure of the LBHA

Organizational Structure and Chart

The Local Behavioral Health Authority (LBHA) is located within the Prince George's County Health Department. In January 2017, the Health Department fully integrated the functions of the Addiction and Mental Health Authority. LAA staff were placed under the CSA manager, whose working title was changed to LBHA Manager. The LBHA Manager functions as the LBHA Director; the terms are interchangeable within this document. The LBHA Manager no longer reports to the Associate Director of Behavioral Health who overseas clinical services, but reports directly to the Deputy Health Officer.

The Local Drug Addiction Advisory Council (LDAAC) had been inactive for approximately two years. The LBHA is in the process of identifying new members with the intention of merging LDAAC with the Mental Health Advisory Committee (MHAC) to form the Behavioral Health Advisory Committee (BHAC). Formation of the two groups coincides with the expiration of tenure for many of the MHAC members.

The following organizational chart shows the structure of the LBHA within the County's Health Department. It includes classifications, working titles and funding sources.


Jacquelyn Duval-Harvey
Deputy Health Officer
Prince George's County Health Department
Prince George's County Mental Health Advisory Committee
L. Christina Waddler LCSW-C
Manager
Prince George's County Local Behavioral Health Authority
(87% MH Admin & 13% LAA Admin)
Prince George's County Local Drug & Alcohol Abuse Council
Von'Michael Hanton
Administrative Aide
Local Behavioral Health Authority
Tracy Bushée
Counselor
LAA Coordinator
Sherese Smith
Planner
Ivin Myles
Community Developer
Contract Specialist and
Education & Outreach
Coordinator
Nicole Johnson
Community Developer
Program Monitor
Eulanda Shaw
Counselor
Program Monitor
Margueritte Parker
Community Developer
Adult & Elderly
Coordinator
Eugenia Greenhood
Community Developer
Child & Adolescent
Coordinator
Karen Burks
Community Developer
Contracts Monitor
Patrick Russell
Community Developer
Program Monitor
Monica Barnes
Community Developer
Crownsville
Project Coordinator
Alicia Moreno
Community Developer
Program Monitor
Victoria Ramirez
de Smith
Social Worker
Mental Health Court
Crownsville Project
Local Addiction Authority Administrative Grant
Mental Health Administrative Grant
Mental Health Services Grant
Split Funded Employees

D. Planning Process

Collaborative Efforts with Providers to Ensure "No Wrong Door" Experience

The Local Behavioral Health Authority is often the first point of contact for individuals seeking behavioral health resources. When contacted by consumers requesting information regarding services, warm hands offs are completed to ensure consumers are directly connected and to promote collaboration between agencies. We continuously strive to improve our ability to assist consumers by obtaining appropriate resources, facilitating consumer access to services and improving the continuity of care. Collaborative efforts with community providers and stakeholders also minimize barriers to accessing treatment and recovery supports.

In addition, the LBHA provider meetings (i.e. Quality Improvement Interagency Committee, Child & Adolescent and SUD Provider) are held regularly and meetings are used to educate providers about existing organizations and services, as well as state and local policies and initiatives. The provider meeting is used as a platform to present information about all community resources.

As a result of the behavioral health needs assessment prepared in 2015, the subsequent comprehensive strategic plan proposed several recommendations for Prince George's County, which included a "No wrong door" point of entry into the behavioral health system. This recommendation suggested structural changes to support ease of access for individuals and families into the behavioral health delivery system, recognizing that multiple points of entry for individuals and families increases access. The Behavioral Health Advisory Group (BHAG) assigned this goal to a subcommittee, which uses the Policy, System's and Environmental Change (PSE) approach. That subcommittee is working to create a plan for assuring no wrong door for the consumer seeking to access the behavioral health care system.

Network of Care (NOC) is another mechanism that consumers have access to that ensures there are no "wrong door" experiences. The LBHA screens providers who request to be placed in the NOC database and is in the process of updating the service providers listed to ensure up-to-date and accurate information is provided to consumers. A web-based list of behavioral health providers is updated frequently to assist consumers with locating county behavioral health resources.

Expansion of Local Addiction Authority's Role

The LAA and CSA have been operating as a fully integrated LBHA since January 2017. The LBHA filled one (1) vacant monitoring position in October 2017 that will allow for better management of the anticipated system growth of behavioral health programs in the County. All LBHA program monitors participate in provider audits, handle complaint investigations, conduct site visits, provide ongoing technical assistance to providers and authorize care for the uninsured. The goal is to have all LBHA monitors equipped with the skills to monitor both mental health and substance abuse programs. The LBHA is focused on reviewing new and existing substance use disorder services and ensuring that these programs are compliant with current regulations and policies and improving the provider network to fill the gaps in location of services and service types.

The LBHA also monitors SUD grants in addition to mental health grants. As part of the monitoring, assigned LBHA staff are required to conduct site visits, review records, reports and invoices and ensure adherence to the conditions set forth in the sub-grantee contracts.

Initially, to address conflict of interest issues, Montgomery County and Prince George's County Local Behavioral Health Authorities agreed to swap the monitoring and complaint investigation functions that fell under the scope of each LBHA. Because of the cumbersome nature of the exchange, it was determined that each county would be able to monitor its own programs using existing firewalls to alleviate conflict of interest concerns. The staff within the Prince George's County LBHA that handle complaint investigations report directly to the LBHA Director, who reports directly to the Deputy Health Officer. The Health Department outpatient and MAT programs will be under the auspices of the Associate Director of Behavioral Health Services.

Through regularly scheduled meeting and email communications, it is the intent of the LBHA to equip service providers with the information they need to strengthen their organizations and the services provided to residents.

Planning Process Used in Designing the System of Services

The behavioral health needs assessment remains the current guide for planning for the needs of services in the community. Input is taken from the needs assessment and used in combination with feedback obtained from MHAC members and various workgroups where the LBHA are active participants. The LBHA Director and Mental Health Advisory Committee (MHAC) Chair and Co-Chair are active members of the Behavioral Health Advisory Group (BHAG).

Inclusion of Stakeholders in Planning & Evaluating Services

The LBHA continues to utilize the MHAC and BHAG for stakeholder input. Both groups are made up of community partners who remain key behavioral health stakeholders in our community. The MHAC includes stakeholders from county agencies as well as family members. The BHAG consists of representation from county agencies, faith-based organizations, adult and child-serving organizations inclusive of special capacity providers such as a deaf and hard of hearing provider, advocacy groups, the school system, family members and youth. The purpose of the advisory group is to increase support to/from local communities and stakeholders as well as strategic planning of the Prince George's County behavioral health system. It was established under the auspices of the Health Department, which provides staff support to the group.

Interaction with Loca1 & State Behavioral Health Advisory Councils

The LBHA Director serves as a non-voting participant within the local MHAC and the LBHA Child and Adolescent Coordinator serves as staff support. The MHAC Chair, Makeitha Abdulbarr, serves on the state's Behavioral Health Advisory Council. The LBHA Director and staff serve on the Health Department's community-wide BHAG as well as the System of Care (SOC) Workgroup. The LBHA Director also attends the statewide Integration Transition Committee (ITC) meetings.

The LBHA will seek to integrate our current MHAC and proposed LDAAC into a single integrated advisory committee. Each discipline will maintain specialized input on behavioral health system needs; however, the goal of the committee is to maintain an integrated approach to planning and consultation on all matters.

This entity will also align with the work of the existing Behavioral Health Advisory Group to ensure both entities share information that can ultimately better address the health needs of community.

Coordination of Activities in Response to Emergencies and All Hazards Plan

All County providers are expected to have emergency preparedness plans. Within the Health Department, the LBHA collaborates with the Emergency Preparedness Unit to update the All Hazards Plan. The Health Department also has a Continuity of Operations Plan (COOP). See Attachment for a copy of the All Hazards Plan.

E. Services

1. Treatment Services

Collaborative Integrated Behavioral Health Treatment and Recovery Supports

While the focus has been on integrating the behavioral health system management functions, the discussion and planning has also been initiated for integrating treatment services and recovery supports. The LBHA's collaborative efforts and community partnerships are manifested across a broad spectrum of systems. The LBHA will continue to work collaboratively with community providers by contracting with sub-grantees, establishing Memoranda of Understanding (MOUs) and embracing networking opportunities. The subsequent information sharing around program development and program needs assist both the providers and the LBHA with expanding existing services and brainstorming untapped services for consumers. The LBHA has also actively encouraged community service providers, via trainings and provider meetings, to become dual diagnosis capable (DDC) and to consider including mental health or substance use disorder treatment to their array of services.

Finally, through partnerships, there are SUD and/or mental health professionals placed at locations throughout the County that were deemed likely to refer clients. These sites include the Courts, Division of Parole and Probation, Office of the State's Attorney, Department of Corrections, Prince George's County Public Schools, Prince George's Hospital Center and the Department of Social Services. These community partners to assist with the case finding and referral process.

Prevention, Behavioral Health Treatment, and Recovery Support Services

The Prince George's County LBHA provides system oversight and management functions, as opposed to direct care services. An array of services is available to County residents through grants, interagency agreements and Memoranda of Understanding (MOUs), making available prevention, behavioral health treatment and recovery support services. For a complete listing of these programs along with a brief description of the services offered, please see Appendix C.

The Health Department offers prevention programs that include the “Dare to Be You” and “Strengthening Families”. These are two (2) evidenced based prevention programs designed to build strong families. Dare to Be You consists of 12 sessions which focuses on families with children aged 2-5 years. Strengthening Families provides 14 sessions for families of elementary aged children 5-12 and 9 sessions for Adolescents ages 13-18. Finally, the Department offers a pilot program that targets pregnant and post-partum women as well as women with children that have a history of substance abuse, particularly opioid addiction. The pilot program is facilitated by a peer recovery support specialist and has provided linkage and case management services to 15 high-risk women and their families

The Health Department also provides outreach for opioid education using flyers to distribute information about Naloxone trainings and conducts opioid education presentations to the community. Opioid education presentations were provided to 100 health educators during an August in-service.

Women involved with the Department of Social Services (DSS—Child Welfare (HB7), Drug Addicted Newborns Project (SB512) or Temporary Cash Assistance (TCA) are screened by an Addiction Specialists at all four (4) DSS offices in the County. Women with children who are applying for Temporary Cash Assistance and are identified as having a substance use problem are referred to a community SUD provider for a follow up assessment and treatment. Certified Peer Recovery Support Specialists (CPRS), offered through the Health Department, work with pregnant and postpartum women, using a peer-based approach, to assist them with navigating the service delivery system. The CPRS assesses their need for wrap-around service and recovery support, and develops a coordinated care plan the women and their families

Use of Pharmacotherapy

Medication Assisted Treatment (MAT) is available to County residents by four (4) outpatient providers: The Health Department provides both, methadone and buprenorphine treatment; We Care provides methadone treatment only; Bridging the Gap provides buprenorphine and vivitrol treatment; and, New Beginnings provides buprenorphine treatment. All providers are on public transportation routes. Clients are assessed at intake for withdrawal symptoms and evaluated for pharmacotherapy services. Clients are then assisted with treatment on an as needed basis and referred to an appropriate ASAM level of care. Methadone and buprenorphine are used to assist client with opioid dependence reach sobriety. When appropriate, the use of naltrexone or vivitrol is prescribed to assist opioid relapse.

Overdose Prevention Activities

The Health Department manages the Overdose Education and Naloxone Distribution program. Over 1,000 individuals were trained using naloxone and received kits. Those trained include representatives from Prince George's County Health Department, Police Department, Prince George's County Public School nurses, District and Circuit Court staff, Parole and Probation, Department of Family Services and community residents.

In addition to bi-monthly naloxone trainings, Train the Trainer opportunities are offered, on average, once a month in order to create a broader reach into the community to ensure that individuals seeking treatment are trained and provided naloxone kits.

Staff in the methadone maintenance program will collaborate with the local police department to provide contact information for opioid users be diverted to treatment rather than incarceration. The Opioid Maintenance Treatment (OMT) Medical Director attends the Prince George's Hospital Center Emergency Department (ED) frequent utilization team meeting to make recommendation on how to refer to OMT. This meeting results in seamless referrals for individuals who are doctor shopping at the ED for opioids by providing them with a treatment alternative.

The County's Drug Overdose Fatality Review Team meets quarterly with community stakeholders to identify recommendations and action plans for overdose prevention. The LBHA participates in this effort.

Office Based Buprenorphine Therapy

Prince George's County has three (3) buprenorphine providers. Persons abusing opioids are assessed to determine the appropriate use of buprenorphine or methadone when indicated at induction. A medical director determines the course of treatment for patients and begins induction after reviewing medical history and physical.

Buprenorphine services focuses on the reassignment of eligible clients from the existing Methadone Program to Buprenorphine, and subsequent transition of Buprenorphine enrollees to private sector treatment.

Efforts Addressing Co-Occurring Disorders/Promotion of Dual Diagnosis Capability (DDC) Training

The LBHA shares information with providers on the benefits of becoming dual diagnosis capable. Dual Diagnosis Capability (DDC) trainings were conducted for providers in the past; however, providers expressed interest in different trainings related to co-occurring disorders and service provision, which prompted the LBHA to host trainings such as "Mental Health for the Substance Abuse Professional" and "Substance Abuse for the Mental Health Professional". The LBHA is exploring hosting additional training opportunities that will address co-occurring disorders in special populations (i.e. elderly and veterans).

Efforts Addressing Crisis Response Services and Diversion Activities

The LBHA submitted a proposal to BHA for a 24/7 walk-in crisis center to enhance the existing Crisis Response System services. The 24/7 walk-in clinic will serve individuals with mental health, substance use and co-occurring needs. Funding was also requested for a coordinator of all crisis-related programs and services for the County. As the crisis response system, mobile crisis, and crisis hotline services grow, there is a need to coordinate the oversight for these services.

Additionally, the LBHA has obtained additional funding to enhance the capacity to handle substance use disorder calls to the Maryland Crisis Hotline. It is estimated that with the addition of these funds, the program will field an additional 20,000 calls, add two (2) screening tools to their electronic management system and incorporate training related to SUD, naloxone, and co-occurring resources.

The LBHA meets annually with local emergency rooms (Prince George's Hospital Center (PGHC), Medstar Southern Maryland Hospital Center and Laurel Regional Hospital Center) to provide education and training on access to mental health services within the Public Behavioral Health System. The goal is to help facilitate the linkages to community programs and divert individuals from hospital emergency rooms when appropriate. The Prince George's County Health Department also has behavioral health staff (referred to as hospital liaisons) located at Prince George's Hospital Center to assess and divert SUD consumers to community-based care when appropriate.

Pathological Gambling Addiction Services

Service providers conduct gambling assessment for every consumer. At least ten (10) providers have received training on gambling treatment via the Maryland Center of Excellence on Problem Gambling at the University of Maryland, School of Medicine and have become certified. The Health Department has partnered with the Maryland Center of Excellence on Problem Gambling for Disordered Gambling Integration Services (DiGIn) to obtain additional training on gambling in both treatment and prevention aspects.

Tobacco Cessation Services

The Tobacco Program works in collaboration with multiple private and public organizations to provide community prevention and education on the dangers of tobacco use. The Tobacco Program offers 12-week smoking cessation classes, nicotine replacement therapy in the form of patches (Steps 1, 2 and 3) and gum (2mg and 4mg) to assist persons to quit smoking and counseling sessions. Prince George's County residents, age 18 and older, are eligible for free nicotine patches if identified as having a nicotine addiction. Nicotine Replacement Therapy is also offered to consumers free of charge.

Program/System Management Processes in Targeted Areas

Prince George's County State Care Coordination (SCC) service provider, Destiny, Power, and Purpose (DPP), are charged with coordinating the care of high-risk clients, specifically those

referred to Level 3.7 care. Residential providers notify DPP staff within two (2) days of the arrival of a county resident so coordination can begin at that time.

The sole residential treatment provider in Prince George's County, (Hope House, Inc.), will be obtaining their own authorizations through Beacon for Levels 3.7WM, 3.7, and 3.3. Similarly, residential providers who are outside of the County and provide services for County residents, will also obtain their own authorizations for the medically necessary level of treatment. Level 3.1 authorizations will be authorized by the LBHA with the contracted vendor until January 1, 2019 when Beacon will assume authorizations.

The LBHA has been working with providers to determine SUD and co-occurring training topics. ASAM training has been identified as an area of interest, as has documentation on medical necessity. If funds are available, both trainings will be offered in FY19.

2. Outreach and Assessment

Behavioral Health Service Needs of the System

Identified gaps in care are related to making community-based services more accessible for residents.

- There is a need for transportation assistance.

One of the most significant behavioral health service needs of the system is transportation. The LBHA has identified another barrier pertaining to transportation as a result of SUD residential treatment going fee-for service. The LBHA was made aware of the need to allocate resources that will provide transportation to and from court hearings for forensic clients in treatment. This service was provided as part of treatment when residential treatment services were under contract.

- There is a need to increase residents' knowledge of available services.

More outreach is needed in the areas where services may be underutilized. The LBHA will continue community outreach efforts, including to special populations such as the elderly, women with children and veterans to ensure that information is disseminated to the community, and residents are provided with accurate information when seeking assistance.

- There is a need for more diversity in the types of behavioral health services available to ensure access to a full continuum of care for consumers.

The LBHA will focus on increasing provider capacity to expand upon the number of mental health and SUD programs available for residents. The LBHA continues to support local providers to expand service array to include SUD services and keep existing providers informed regarding the types of services needed by the community. The LBHA has been a resource for conveying information from MDH to current behavioral health providers and the community regarding the application process for becoming a new provider and the accreditation process required to obtain licensure to provide community-based behavioral health services. The LBHA will continue to provide ongoing technical assistance to prospective applicants to increase the number of qualified behavioral health programs.

- There is a challenge with ensuring adequate discharge planning for consumers returning to the community for care after hospital discharge.

To prevent unnecessary visits to the emergency room, it is essential that proper discharge planning occurs and includes accurate instruction for referrals to community behavioral health services. The hospital liaison staff and CRS hospital diversion worker will continue to provide adequate resources to those presenting in the ED with mental health and SUD needs. To ensure hospital staff who serve County residents have a current listing of community-based resources to give to those being discharged, the LBHA has determined the need to routinely provide them with updated resource lists. Beacon Health Options (BHO) recently instituted a follow-up after hospitalization initiative. BHO clinical care staff are designated to outreach to consumers who were hospitalized for treatment of a mental health diagnosis, encouraging consumers to attend follow-up treatment in a timelier manner. Additionally, the LBHA meets annually with local emergency rooms to provide education and training on access to services within the Public Behavioral Health System

- There is a need to enhance coordination of the County's crisis services and activities.

The County's crisis programs and services continue to grow. Crisis programs are incorporating the needs of individuals with SUD and co-occurring disorders into their operation and constantly expanding services to better serve special populations. The LBHA is seeking funding for a coordinator for countywide crisis services. The coordinator for crisis services would serve as a single point of contact for crisis related contractual agreements and activities to ensure efficient use of resources and tracking outcomes. The coordinator analyze data trends, ensure that crisis services do no overlap and instead coordinate services while also building on the relationships with the local hospitals and diversion efforts.

- There is a need for coordination and promotion of early childhood behavioral health services.

Children under the age of 12 represent the second largest age group, after adults, ages 22-64 that utilize mental health treatment in the PBHS. Aside from providing families with resources and connecting them directly to care, there is a need for coordination of countywide systems of care that address early childhood developmental and behavioral health needs, promote infrastructure development of programs serving young children (e.g., childcare centers, elementary schools, etc.) and promote the integration of behavioral health and primary care for young children. The LBHA is also seeking funding for a coordinator of early childhood systems of care efforts.

- Lack of housing options for individuals with behavioral health needs.

Access to affordable housing is also a challenge to those with behavioral health needs. Housing services remains one of the most sought out resources for callers who contact the LBHA for assistance. Prince George's County currently has over 100 applicants on the waitlist for RRP housing. The LBHA has focused on ensuring RRP programs are providing consumers with rehabilitative services that will assist them to transition into less intensive levels of care when appropriate. The LBHA will continue to identify funding opportunities for housing services and monitor existing housing programs, service utilization and waitlists. Homelessness has also been identified as a perpetual barrier to recovery as some consumers were discharged from SUD residential treatment were homeless. State Care Coordination will continue to be a resource for consumers in need of housing. The LBHA is also currently working to build their relationship with recovery houses in the community to evaluate existing resources and assess needs.

Community providers have, in the past, applied for Community Bond Funds. Residential providers who were awarded the funds have utilized them to improve RRP housing.

Developing and Disseminating Public Awareness Education and Information

Presentations on the PBHS and services are conducted throughout the year by LBHA staff. Information is disseminated at a myriad of community events, including the Prince George's County Fair. There is also the use of social media for mental health awareness activities. The LBHA is exploring the idea of developing community resource packets for individuals with behavior health needs who exit the jail/hospitals. Phone consultations are held with service providers and pharmacists sharing information regarding services, updated regulations and pharmacotherapy.

3. Prevention

Per the FY 2019 Annual Plan Guidelines, a separate prevention narrative will be included in the Maryland Strategic Prevention Framework Substance Abuse Block Grant (SPF-SABG) Strategic Plan.

4. Sub-Grantee Monitoring

Sub-grantees are required to enter into written grant agreement with the County. All conditions of the grant award are covered in the contract agreements with sub-grantees. As part of the grant agreement, the contract monitor will develop a Scope of Services, which outlines the program's responsibilities including, but not limited to service provision, reporting and invoicing. Sub-grantees will be required to submit program reports that are reviewed by the contract monitor. Additionally, site visits will be conducted to ensure program compliance.

Sub-grantees receive a full compliance audit according to the provisions in the BHA Conditions of Award. Substance use disorder residential treatment provider audits are initiated by quarterly on-site monitoring. Audit findings and plans for corrections are discussed in a debriefing with a timeframe given for receipt of a written corrective action plan.

F. Cultural and Linguistic Competence

Culturally and Linguistically Competent Service Providers and Service Provision

Prince George's County is a very diverse community. The American Community Survey (ACS) (2016) indicates that 21.4% of residents are born outside the United States and 23.3% speak a language other than English at home. While the majority of the County's population is Black (63.5%) and 19.4% is White, the ACS 2016 estimates also show that 16.7% of the County residents identify as Hispanic/Latino. To help individuals understand what services are available to them, and to encourage individuals in need of help to seek services, it is vital for the LBHA, local human service agencies and community providers to have available resources that are culturally appropriate for them.

The LBHA recognizes the importance of ensuring that all providers are delivering services that are effectively meeting the cultural and linguistic needs of their consumers. The LBHA recently met with the cultural and linguistic competency (CLC) consultant for the Systems of Care initiative. The CLC consultant is charged with assessing the current state of CLC amongst behavioral health providers in Prince George's County. The LBHA will work with the consultant to encourage service providers to complete the assessment for their organizations and utilize the consultant's services to enhance/develop their CLC plans.

Additionally, the LBHA has a contract with a community mental health provider for American Sign Language (ASL) interpreting and signing therapists' services. To address the language barrier within service delivery, the LBHA also contracts with a SUD outpatient service provider who serve Spanish-speaking consumers.

Promoting A System of Integrated Care to Increase Access, Reduce Disparities and Support Coordinated Care and Services Across Systems

In an attempt to obtain information on unique services offered to consumers and to evaluate what specialty mental health services were available for County residents, the LBHA surveyed providers. This information will continue to be updated and is posted on the LBHA link on the Health Department webpage.

G. Data and Planning

REPORT AND ANALYSIS OF DATA

This Annual Plan provides an analysis of the PBHS trends in Prince George's County for purposes of planning and evaluation. The summary of data section utilizes data retrieved from the required data templates issued by BHA. The sources for the required standardized templates include Beacon Health Options MARF0004 and S-MARF0004 Total System Expenditures by Service Group, Coverage Type and Age Group, MARF5120 Expenditures and Consumer Count by Dual Diagnosis and Outcome Measurement System (OMS) Point in Time Observations for FY 2017.

The data on the required templates will reflect trends in the fee-for-service PBHS utilization and expenditures. The OMS trends reflect point in time data on PBHS consumers, ages 6-64, receiving either outpatient mental health or substance-related treatment services. The information presented is based on data from FY 2015 through FY 2017. The SUD PBHS data for FY 2015 is for six months, as it covers PBHS activity from January thru June 2015. In addition, it should be noted that the data represents claims paid through September 30, 2017. The data from FY 2015 and FY 2016 has been updated and may be slightly different from what was reported in previous annual plans. FY 2017 data is incomplete as claims may be submitted up to twelve months from date of service.

Summary of Data

The following trends were identified for Prince George's County:

- PBHS utilization and expenditures continue to increase
- Elderly (65 and over) age group has the highest increase in consumers served for mental health and SUD
- OMHC usage was the most utilized service followed by Psychiatric Rehabilitation Program services
- Increased usage in most major service types
- Significant decrease in the number of consumers who were uninsured and utilized PBHS services
- Adults, age 22 to 64, receiving mental health and SUD services utilized the PBHS more than any other age group
- Average costs per mental health consumer served is higher for the County than State
- Average costs per SUD consumer served is lower for the County than State
- Medicaid penetration rate remains low for accessing mental health and SUD PBHS services

The following Tables 1A through Table 3B contain the Maryland and Prince George's County PBHS mental health and SUD data, as well as Medicaid penetration rates and Veterans data for all Maryland jurisdictions:

Service Utilization for Individuals Receiving Mental Health Treatment in the Public Behavioral Health System (PBHS)

Table 1a.Three Year Comparisons By Age

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
Early Child (0-5)	622	682	9.6%	673	-1.3%		$1,160,512	$1,429,988	23.2%	$1,356,677	-5.1%
Child (6-12)	3,035	3,380	11.4%	3,682	8.9%		$10,782,151	$12,531,726	16.2%	$13,551,437	8.1%
Adolescent (13-17)	2,558	2,777	8.6%	2,962	6.7%		$13,838,495	$14,114,599	2.0%	$15,379,191	9.0%
Transitional (18-21)	1,185	1,245	5.1%	1,388	11.5%		$4,032,442	$5,060,527	25.5%	$4,755,544	-6.0%
Adult (22 to 64)	9,094	9,713	6.8%	10,485	7.9%		$45,882,247	$50,391,590	9.8%	$55,521,022	10.2%
Elderly (65 and over)	149	177	18.8%	211	19.2%		$1,698,228	$1,659,791	-2.3%	$2,091,957	26.0%
TOTAL	**16,643**	**17,974**	**8.0%**	**19,401**	**7.9%**		**$77,394,075**	**$85,188,221**	**10.1%**	**$92,655,828**	**8.8%**

*Based on claims paid through September 30, 2017.

Table 1a.i Number and Expenditures by Age Group as a Percentage of the Total

	Persons Served				Expenditures		
	FY 2015	FY 2016	FY 2017		FY 2015	FY 2016	FY 2017
Early Child (0-5)	3.7%	3.8%	3.5%		1.5%	1.7%	1.5%
Child (6-12)	18.2%	18.8%	19.0%		13.9%	14.7%	14.6%
Adolescent (13-17)	15.4%	15.5%	15.3%		17.9%	16.6%	16.6%
Transitional (18-21)	7.1%	6.9%	7.2%		5.2%	5.9%	5.1%
Adult (22 to 64)	54.6%	54.0%	54.0%		59.3%	59.2%	59.9%
Elderly (65 and over)	0.9%	1.0%	1.1%		2.2%	1.9%	2.3%
TOTAL	**100.0%**	**100.0%**	**100.0%**		**100.0%**	**100.0%**	**100.0%**

*Based on claims paid through September 30, 2017.

Table 1b. Three Year Comparisons By Service Type

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
Case Management	123	155	26.0%	220	41.9%		$190,387	$295,735	55.3%	$360,782	22.0%
Crisis	249	207	-16.9%	217	4.8%		$794,109	$760,176	-4.3%	$914,733	20.3%
Inpatient	1,840	1,982	7.7%	2,032	2.5%		$17,930,532	$19,587,218	9.2%	$21,676,775	10.7%
Mobile Treatment	739	754	2.0%	802	6.4%		$4,492,804	$4,444,150	-1.1%	$4,820,415	8.5%
Outpatient	15,296	16,575	8.4%	17,957	8.3%		$27,439,136	$32,489,361	18.4%	$34,945,466	7.6%
Partial Hospitalization	158	132	-16.5%	128	-3.0%		$606,377	$624,267	3.0%	$739,365	18.4%
Psychiatric Rehabilitation	2,400	2,707	12.8%	3,163	16.8%		$21,194,692	$22,447,542	5.9%	$24,418,847	8.8%
Residential Rehabilitation	656	612	-6.7%	630	2.9%		$1,732,904	$1,770,739	2.2%	$1,774,394	0.2%
Residential Treatment	46	38	-17.4%	40	5.3%		$2,666,638	$2,333,158	-12.5%	$2,567,902	10.1%
Respite Care	0	1	#DIV/0!	0	-100.0%		$0	$178	#DIV/0!	$0	-100.0%
Supported Employment	190	273	43.7%	227	-16.8%		$314,440	$419,055	33.3%	$427,583	2.0%
BMHS Capitation	1	0	-100.0%	0	0.0%		$9,640	$0	-100.0%	$0	#DIV/0!
Emergency Petition	14	12	-14.3%	26	116.7%		$3,631	$927	-74.5%	$1,303	40.6%
Purchase of Care	2	4	100.0%	1	-75.0%		$18,786	$15,716	-16.3%	$6,288	-60.0%
PRTF Waiver	0	0	#DIV/0!	2	#DIV/0!		$0	$0	0.0%	$1,975	#DIV/0!
**TOTAL	**16,643**	**17,974**	**8.0%**	**19,401**	**7.9%**		**$77,394,076**	**$85,188,222**	**10.1%**	**$92,655,828**	**8.8%**

*Based on claims paid through September 30, 2017.

Table 1c. Three Year Comparisons By Coverage Type

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
Medicaid	15,949	17,144	7.5%	18,577	8.4%		$70,573,277	$78,338,275	11.0%	$85,114,217	8.6%
Medicaid State Funded	1,841	2,341	27.2%	2,379	1.6%		$5,055,345	$5,112,112	1.1%	$5,966,913	16.7%
UnInsured	1,106	1,249	12.9%	870	-30.3%		$1,765,454	$1,737,834	-1.6%	$1,574,699	-9.4%
****TOTAL**	**16,643**	**17,974**	**8.0%**	**19,401**	**7.9%**		**$77,394,076**	**$85,188,221**	**10.1%**	**$92,655,829**	**8.8%**
DUALLY Dx^	**3,289**	**3,737**	**13.6%**	**4,162**	**11.4%**		**$28,157,097**	**$31,763,049**	**12.8%**	**$34,467,402**	**8.5%**
Percent of Total Served/Expenditures	**19.8%**	**20.8%**		**21.5%**			**36.4%**	**37.3%**		**37.2%**	

*Based on claims paid through September 30, 2017.

Data Source: MARF0004

**Does not include adjustments included in Table 1a..

^ Dually Dx/Co-Occurring is based on those individuals with a primary mental health diagnosis and a secondary substance abuse diagnosis.

Data Source: MARF5120

Table 2a. Child / Adolescent - 0 - 17

	Persons Served					Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change	FY 2015	FY 2016	% Change	FY 2017	% Change
Case Management	9	12	33.3%	37	208.3%	$5,764	$12,848	122.9%	$62,378	385.5%
Crisis	1	1	0.0%	2	100.0%	$2,574	$3,603	40.0%	$7,876	118.6%
Inpatient	380	347	-8.7%	362	4.3%	$6,366,543	$5,669,765	-10.9%	$6,556,127	15.6%
Mobile Treatment	11	5	-54.5%	6	20.0%	$54,564	$33,393	-38.8%	$28,507	-14.6%
Outpatient	6,076	6,711	10.5%	7,201	7.3%	$13,643,087	$16,614,617	21.8%	$16,975,826	2.2%
Partial Hospitalization	27	13	-51.9%	12	-7.7%	$103,928	$61,410	-40.9%	$31,989	-47.9%
Psychiatric Rehabilitation	1,084	1,240	14.4%	1,401	13.0%	$3,052,650	$2,028,872	-33.5%	$4,092,054	101.7%
Residential Rehabilitation	2	1	-50.0%	2	100.0%	$321	$180	-43.9%	$439	143.9%
Residential Treatment	43	37	-14.0%	39	5.4%	$2,551,728	$2,161,336	-15.3%	$2,528,963	17.0%
Respite Care	0	1	#DIV/0!	0	-100.0%	$0	$178	#DIV/0!	$0	-100.0%
Supported Employment	0	0	#DIV/0!	0	0.0%	$0	$0	0.0%	$0	0.0%
BMHS Capitation	0	0	#DIV/0!	0	0.0%	$0	$0	#DIV/0!	$0	#DIV/0!
Emergency Petition	0	2	#DIV/0!	3	50.0%	$0	$111	#DIV/0!	$171	54.1%
Purchase of Care	0	0	#DIV/0!	0	0.0%	$0	$0	#DIV/0!	$0	#DIV/0!
PRTF Waiver	0	0	#DIV/0!	2	#DIV/0!	$0	$0	#DIV/0!	$1,975	#DIV/0!
****TOTAL**	6,215	6,839	**10.0%**	7,317	**7.0%**	**$25,781,159**	**$26,586,313**	**3.1%**	**$30,286,305**	**13.9%**

*Based on claims paid through September 30, 2017.

Table 2b. Adults - Ages 18 and Over

	Persons Served					Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change	FY 2015	FY 2016	% Change	FY 2017	% Change
Case Management	114	143	25.4%	183	28.0%	$184,623	$282,887	53.2%	$298,404	5.5%
Crisis	248	206	-16.9%	215	4.4%	$791,535	$756,572	-4.4%	$906,858	19.9%
Inpatient	1,460	1,635	12.0%	1,670	2.1%	$11,563,988	$13,917,452	20.4%	$15,120,647	8.6%
Mobile Treatment	728	749	2.9%	796	6.3%	$4,438,240	$4,310,757	-2.9%	$4,791,908	11.2%
Outpatient	9,220	9,864	7.0%	10,756	9.0%	$13,796,049	$15,874,744	15.1%	$17,969,641	13.2%
Partial Hospitalization	131	119	-9.2%	116	-2.5%	$502,450	$562,857	12.0%	$706,376	25.5%
Psychiatric Rehabilitation	1,262	1,467	16.2%	1,762	20.1%	$18,142,042	$18,928,670	4.3%	$20,326,792	7.4%
Residential Rehabilitation	654	611	-6.6%	628	2.8%	$1,732,583	$1,770,559	2.2%	$1,773,955	0.2%
Residential Treatment	3	1	-66.7%	1	0.0%	$114,910	$171,822	49.5%	$38,939	-77.3%
Respite Care	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Supported Employment	190	273	43.7%	227	-16.8%	$314,440	$419,055	33.3%	$427,583	2.0%
BMHS Capitation	1	0	-100.0%	0	#DIV/0!	$9,640	$0	-100.0%	$0	#DIV/0!
Emergency Petition	14	10	-28.6%	23	130.0%	$3,631	$816	-77.5%	$1,131	38.6%
Purchase of Care	2	4	100.0%	1	-75.0%	$18,786	$15,716	-16.3%	$6,288	-60.0%
PRTF Waiver	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
****TOTAL**	10,428	11,135	**6.8%**	12,084	**8.5%**	**$51,612,917**	**$57,011,907**	**10.5%**	**$62,368,522**	**9.4%**

*Based on claims paid through September 30, 2017.
Data Source: MARF0004

**Does not include adjustments included in Table 1a..

Table 3a. Fiscal Year 2017 State & County Comparisons								
	Persons Served				Expenditures			
	STATE*		COUNTY		STATE*		COUNTY	
AGE	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Early Child	7,246	3.6%	673	3.5%	$17,712,103	1.9%	$1,356,677	1.5%
Child	35,876	17.8%	3,682	19.0%	$158,195,873	16.8%	$13,551,437	14.6%
Adolescent	25,996	12.9%	2,962	15.3%	$144,788,864	15.4%	$15,379,191	16.6%
Transitional	11,653	5.8%	1,388	7.2%	$48,139,953	5.1%	$4,755,544	5.1%
Adult	117,878	58.6%	10,485	54.0%	$555,270,818	59.0%	$55,521,022	59.9%
Elderly	2,356	1.2%	211	1.1%	$16,982,896	1.8%	$2,091,957	2.3%
TOTAL	**201,005**	100.0%	**19,401**	100.0%	**$941,090,507**	100.0%	**$92,655,828**	100.0%
SERVICE TYPE								
Case Management	6,111	3.0%	220	1.1%	$11,796,488	1.3%	$360,782	0.4%
Crisis	2,121	1.1%	217	1.1%	$9,886,915	1.1%	$914,733	1.0%
Inpatient	19,534	9.7%	2,032	10.5%	$233,847,519	24.8%	$21,676,775	23.4%
Mobile Treatment	4,143	2.1%	802	4.1%	$33,825,429	3.6%	$4,820,415	5.2%
Outpatient	189,144	94.1%	17,957	92.6%	$363,398,810	38.6%	$34,945,466	37.7%
Partial Hospitalization	2,408	1.2%	128	0.7%	$10,783,064	1.1%	$739,365	0.8%
Psychiatric Rehabilitation	32,350	16.1%	3,163	16.3%	$204,087,243	21.7%	$24,418,847	26.4%
Residential Rehabilitation	4,675	2.3%	630	3.2%	$11,509,587	1.2%	$1,774,394	1.9%
Residential Treatment	542	0.3%	40	0.2%	$44,326,803	4.7%	$2,567,902	2.8%
Respite Care	346	0.2%	0	0.0%	$1,081,514	0.1%	$0	0.0%
Supported Employment	3,702	1.8%	227	1.2%	$8,773,352	0.9%	$427,583	0.5%
BMHS Capitation	372	0.2%	0	0.0%	$7,275,450	0.8%	$0	0.0%
Emergency Petition	268	0.1%	26	0.1%	$61,276	0.007%	$1,303	0.001%
Purchase of Care	28	0.01%	1	0.0%	$256,540	0.027%	$6,288	0.007%
PRTF Waiver	49	0.02%	2	0.0%	$180,517	0.019%	$1,975	0.002%
TOTAL	**201,005**	100.0%	**19,401**	100.0%	**$941,090,507**	100.0%	**$92,655,828**	100.0%
COVERAGE TYPE								
Medicaid	192,795	95.9%	18,577	95.8%	$842,086,185	89.5%	$85,114,217	91.9%
Medicaid State Funded	27,709	13.8%	2379	12.3%	$87,129,142	9.3%	$5,966,913	6.4%
UnInsured	6,581	3.3%	870	4.5%	$11,875,181	1.3%	$1,574,699	1.7%
TOTAL	**201,005**	100.0%	**19,401**	100.0%	**$941,090,508**	100%	**$92,655,829**	100%
DUALLY DIAGNOSED INDIVIDUALS								
All with DD #	**63,927**	**31.8%**		**0.0%**	**$425,456,012**	**45.2%**		**0.0%**

*Based on claims paid through September 30, 2017.
Data Source: MARF0004

Dually Dx/Co-Occurring is based on those individuals with a primary mental health diagnosis and a secondary substance abuse diagnosis.

Table 3b. FY 2017 Comparisons: Cost per Person Served				
	State	**County**	**Difference**	**Index^**
AGE				
Early Child	$2,444	$2,016	-$429	82.5
Child	$4,410	$3,680	-$729	83.5
Adolescent	$5,570	$5,192	-$377	93.2
Transitional	$4,131	$3,426	-$705	82.9
Adult	$4,711	$5,295	$585	112.4
Elderly	$7,208	$9,914	$2,706	137.5
TOTAL	**$4,682**	**$4,776**	**$94**	**102.0**
SERVICE TYPE				
Case Management	$1,930	$1,640	-$290	85.0
Crisis	$4,661	$4,215	-$446	90.4
Inpatient	$11,971	$10,668	-$1,304	89.1
Mobile Treatment	$8,164	$6,010	-$2,154	73.6
Outpatient	$1,921	$1,946	$25	101.3
Partial Hospitalization	$4,478	$5,776	$1,298	129.0
Psychiatric Rehabilitation	$6,309	$7,720	$1,411	122.4
Residential Rehabilitation	$2,462	$2,816	$355	114.4
Residential Treatment	$81,784	$64,198	-$17,586	78.5
Respite Care	$3,126	#DIV/0!	#DIV/0!	#DIV/0!
Supported Employment	$2,370	$1,884	-$486	79.5
BMHS Capitation	$19,558	#DIV/0!	#DIV/0!	#DIV/0!
Emergency Petition	$229	$50	-$179	21.9
Purchase of Care	$9,162	$6,288	-$2,874	68.6
PRTF Waiver	$3,684	$988	-$2,697	26.8
TOTAL	**$4,682**	**$4,776**	**$94**	**102.0**
COVERAGE TYPE				
Medicaid	$4,368	$4,582	$214	104.9
Medicaid State Funded	$3,144	$2,508	-$636	79.8
UnInsured	$1,804	$1,810	$6	100.3
TOTAL	**$4,682**	**$4,776**	**$94**	**102.0**

*Based on claims paid through September 30, 2017.
^The index is that number that represents how much more or less a County's cost is when compared to the State cost.
Any number over 100 indicates a higher County cost than the State.
Ex: 125 means a cost is 25% more costly than the State cost. 85 means a cost that is 15% less than the State cost.

Number of Veterans Receiving Mental Health Services and Related Expenditures in FY 2015-FY 2017

COUNTY	FY 2015	FY 2016	FY 2017
Allegany	130	142	142
Anne Arundel	234	237	237
Baltimore City	1,403	1,395	1,372
Baltimore County	513	515	507
Calvert	64	71	66
Caroline	49	45	53
Carroll	102	95	94
Cecil	104	102	108
Charles	95	84	81
Dorchester	61	54	48
Frederick	151	133	134
Garrett	28	36	28
Harford	163	154	148
Howard	97	103	107
Kent	16	15	17
Montgomery	277	265	280
Prince George's	269	273	281
Queen Anne's	34	27	28
St. Mary's	75	33	37
Somerset	33	27	58
Talbot	41	36	33
Washington	210	236	224
Wicomico	150	146	139
Worcester	83	70	76
Statewide	**4,131**	**4,168**	**4,149**

COUNTY	FY 2015	FY 2016	FY 2017
Allegany	$864,459	$724,021	$747,317
Anne Arundel	$2,167,634	$2,200,736	$2,266,540
Baltimore City	$11,298,190	$10,584,193	$10,776,453
Baltimore County	$4,811,956	$4,490,451	$4,818,220
Calvert	$350,508	$298,551	$297,053
Caroline	$176,811	$353,256	$330,085
Carroll	$887,235	$875,208	$955,286
Cecil	$731,593	$409,412	$854,562
Charles	$461,289	$346,917	$492,979
Dorchester	$408,924	$417,077	$436,345
Frederick	$1,126,054	$1,285,442	$1,440,234
Garrett	$110,908	$210,089	$190,582
Harford	$947,282	$1,220,288	$1,239,781
Howard	$831,762	$975,215	$1,058,222
Kent	$111,681	$75,095	$87,964
Montgomery	$3,682,077	$3,502,100	$3,080,370
Prince George's	$3,376,331	$3,080,283	$3,322,512
Queen Anne's	$177,176	$105,092	$100,111
St. Mary's	$450,580	$433,307	$505,748
Somerset	$160,776	$176,665	$213,622
Talbot	$260,320	$156,681	$150,589
Washington	$1,045,630	$1,184,773	$1,303,981
Wicomico	$1,227,126	$1,136,467	$938,133
Worcester	$266,933	$141,782	$158,261
Statewide	**$35,933,238**	**$34,383,103**	**$35,764,950**

Note: 1. The total consumer count is unduplicated across counties and therefore, may not equal to the sum of the individual county counts.
2. County is the consumer's county of residence.

Average Medical Assistance Eligibility, PBHS MA Participation, and PBHS MA Penetration Rates
Fiscal Year 2017 - PBHS claims as of September 30, 2017

Accessing the Public Behavioral Health System

COUNTY	Average MA Eligible	MA Served In MH/PBHS	Penetration Rate	Total County Population*	% of County MA Eligible
Allegany	21,671	4,579	**21.1%**	72,528	29.9%
Anne Arundel	90,463	14,502	**16.0%**	564,195	16.0%
Baltimore County	190,778	28,610	**15.0%**	831,128	23.0%
Calvert	14,130	2,534	**17.9%**	90,595	15.6%
Caroline	11,761	1,804	**15.3%**	32,579	36.1%
Carroll	23,158	4,233	**18.3%**	167,628	13.8%
Cecil	26,411	4,698	**17.8%**	102,382	25.8%
Charles	30,775	3,536	**11.5%**	156,118	19.7%
Dorchester	12,825	2,382	**18.6%**	32,384	39.6%
Frederick	39,065	6,414	**16.4%**	245,322	15.9%
Garrett	8,768	1,240	**14.1%**	29,460	29.8%
Harford	43,410	7,492	**17.3%**	250,290	17.3%
Howard	43,873	4,991	**11.4%**	313,414	14.0%
Kent	4,973	870	**17.5%**	19,787	25.1%
Montgomery	182,775	15,960	**8.7%**	1,040,116	17.6%
Prince George's	221,180	18,577	**8.4%**	909,535	24.3%
Queen Anne's	8,564	1,375	**16.1%**	48,904	17.5%
St. Mary's	22,494	3,026	**13.5%**	111,413	20.2%
Somerset	8,778	1,568	**17.9%**	25,768	34.1%
Talbot	8,312	1,443	**17.4%**	37,512	22.2%
Washington	43,083	7,896	**18.3%**	149,585	28.8%
Wicomico	33,725	5,378	**15.9%**	102,370	32.9%
Worcester	13,414	2,479	**18.5%**	51,540	26.0%
Baltimore City	262,827	51,405	**19.6%**	621,849	42.3%
Statewide	**1,367,211**	**192,795**	**14.1%**	**6,006,402**	**22.8%**

*Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2015
Data Source: Average MA Eligible supplied by UMBC Hilltop Institute. Data through September 2017.

Table 4. Fiscal Year 2016 State & County Comparisons
Outcome Measurement System
Most Recent Mental Health Interview - FY 2016*

		STATE Percent	COUNTY Percent
ADULTS			
OMS - Q41/42. Employed now or last 6 months		33.1%	37.4%
^Percentage of Adults Served in PBHS Supported Employment		2.9%	
OMS - Smoking			
Q45. Do you smoke?	Cigarettes	41.0%	28.7%
Q47. In the past month use tobacco products?	Cigars	3.6%	4.4%
	Smokeless Tobacco	1.0%	0.4%
	Electronic Cigarettes	4.7%	2.2%
	Pipes	0.6%	1.1%
	Other Tobacco Product	2.0%	1.9%
OMS - Q48. General Health Status			
	Excellent	6.1%	8.2%
	Very Good	18.0%	22.2%
	Good	36.4%	36.0%
	Fair	30.1%	25.4%
	Poor	9.3%	8.4%
CHILDREN AND ADOLESCENTS			
OMS - Q32. Problems with school attendance		13.4%	12.9%
OMS - Q34. Suspended from school in past 6 months		12.2%	13.5%
OMS - Smoking**			
Q37. Do you smoke?	Cigarettes	4.3%	2.5%
Q39. In the past month use tobacco products?	Cigars	0.9%	0.7%
	Smokeless Tobacco	0.2%	0.2%
	Electronic Cigarettes	1.6%	0.9%
	Pipes	0.3%	0.5%
	Other Tobacco Product	0.4%	0.4%
OMS - Q36. General Health Status			
	Excellent	25.5%	23.8%
	Very Good	36.3%	40.3%
	Good	30.5%	28.8%
	Fair	6.8%	6.3%
	Poor	0.9%	0.9%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	12.1%	9.6%
Q39. In the past six months, have you been arrested?	5.5%	4.3%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	3.4%	7.5%
Always	4.4%	4.5%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.6%	2.6%
Q40. In the past six months, have you been arrested?	3.4%	3.0%
During the past month,		
Q41. Did you drink any alcohol?	5.7%	5.3%
Q42. Did you smoke any marijuana or hashish?	8.6%	8.3%
Q43. Did you use anything else to get high?	1.4%	1.3

* Most recent observation for each Mental Health consumer in FY 2016; provisional data which may change slightly as Datamart refinement continues

** For children and adolescents, only those ages 11 to 17

^Table2b cell C38/C43

***First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over

Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

Most Recent Interview Only, FY 2016

Based on Final FY2016 data

Table 4. Fiscal Year 2017 State & County Comparisons
Outcome Measurement System
Most Recent Mental Health Interview - FY 2017*

		STATE Percent	COUNTY Percent
ADULTS			
OMS - Q41/42. Employed now or last 6 months		34.9%	38.2%
^Percentage of Adults Served in PBHS Supported Employment		2.8%	
OMS - Smoking			
Q45. Do you smoke?	Cigarettes	39.9%	24.3%
Q47. In the past month use tobacco products?	Cigars	3.5%	3.9%
	Smokeless Tobacco	0.9%	0.4%
	Electronic Cigarettes	4.1%	1.7%
	Pipes	0.6%	0.8%
	Other Tobacco Product	2.0%	1.3%
OMS - Q48. General Health Status			
	Excellent	6.7%	8.7%
	Very Good	18.7%	23.8%
	Good	35.9%	34.8%
	Fair	29.8%	25.0%
	Poor	8.9%	7.7%
CHILDREN AND ADOLESCENTS			
OMS - Q32. Problems with school attendance		14.4%	13.3%
OMS - Q34. Suspended from school in past 6 months		12.8%	14.1%
OMS - Smoking**			
Q37. Do you smoke?	Cigarettes	3.5%	2.3%
Q39. In the past month use tobacco products?	Cigars	1.0%	0.8%
	Smokeless Tobacco	0.2%	0.0%
	Electronic Cigarettes	1.1%	0.4%
	Pipes	0.2%	0.2%
	Other Tobacco Product	0.4%	0.4%
OMS - Q36. General Health Status			
	Excellent	24.6%	21.2%
	Very Good	36.8%	42.2%
	Good	30.7%	29.0%
	Fair	6.9%	6.6%
	Poor	0.9%	1.0%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	12.0%	8.9%
Q39. In the past six months, have you been arrested?	5.5%	4.2%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	3.7%	2.1%
Always	4.1%	1.8%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.2%	1.9%
Q40. In the past six months, have you been arrested?	3.0%	1.6%
During the past month,		
Q41. Did you drink any alcohol?	5.3%	3.8%
Q42. Did you smoke any marijuana or hashish?	9.3%	8.2%
Q43. Did you use anything else to get high?	1.1%	1.1

* Most recent observation for each Mental Health consumer in FY 2017; provisional data which may change slightly as Datamart refinement continues

** For children and adolescents, only those ages 11 to 17

^Table2b cell E38/E43

***First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over

Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

Most Recent Interview Only, FY 2017

Based on Final FY2017 data

Service Utilization for Individuals Receiving Substance Related Disorder Treatment Services in the Public Behavioral Health System (PBHS)

Table 1a.Three Year Comparisons By Age

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
Early Child (0-5)	2	4	100.0%	4	0.0%		$231	$8,479	3570.6%	$782	-90.8%
Child (6-12)	13	23	76.9%	25	8.7%		$3,655	$6,551	79.2%	$6,730	2.7%
Adolescent (13-17)	215	381	77.2%	280	-26.5%		$165,693	$302,321	82.5%	$223,312	-26.1%
Transitional (18-21)	121	260	114.9%	257	-1.2%		$82,739	$225,030	172.0%	$239,641	6.5%
Adult (22 to 64)	1,590	3,604	126.7%	4,355	20.8%		$1,316,100	$4,054,005	208.0%	$5,776,739	42.5%
Elderly (65 and over)	5	16	220.0%	38	137.5%		$1,040	$8,257	693.9%	$36,266	339.2%
TOTAL	**1,946**	**4,288**	**120.3%**	**4,959**	**15.6%**		**$1,569,458**	**$4,604,643**	**193.4%**	**$6,283,470**	**36.5%**

Table 1a.i Number and Expenditures by Age Group as a Percentage of the Total

	Persons Served				Expenditures		
	FY 2015	FY 2016	FY 2017		FY 2015	FY 2016	FY 2017
Early Child (0-5)	0.10%	0.09%	0.08%		0.01%	0.18%	0.012%
Child (6-12)	0.67%	0.54%	0.50%		0.23%	0.14%	0.11%
Adolescent (13-17)	11.05%	8.89%	5.65%		10.56%	6.57%	3.55%
Transitional (18-21)	6.22%	6.06%	5.18%		5.27%	4.89%	3.81%
Adult (22 to 64)	81.71%	84.05%	87.82%		83.86%	88.04%	91.94%
Elderly (65 and over)	0.26%	0.37%	0.77%		0.07%	0.18%	0.58%
TOTAL	**100.00%**	**100.00%**	**100.00%**		**100.00%**	**100.00%**	**100.00%**

Table 1c. Three Year Comparisons By Coverage Type

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
Medicaid	1,833	4,032	120.0%	4,590	13.8%		$1,502,242	$4,313,882	187.2%	$5,638,212	30.7%
Medicaid State Funded	5	14	180.0%	23	64.3%		$1,524	$16,763	999.9%	$20,888	24.6%
UnInsured	190	527	177.4%	593	12.5%		$65,692	$273,998	317.1%	$624,369	127.9%
**TOTAL	**1,946**	**4,288**	**120.3%**	**4,959**	**15.6%**		**$1,569,458**	**$4,604,643**	**193.4%**	**$6,283,469**	**36.5%**

*Based on claims paid through September 30, 2017.

Data Source: S-MARF0004

**Does not include adjustments included in Table 1a..

FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.

Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.

Table 2a. Child / Adolescent - 0 - 17 (SUD)											
	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
**TOTAL	230	408	77.39%	309	-24.26%		$169,579	$317,351	87.14%	$230,824	-27.27%

Table 2b. Adults - Ages 18 and Over (SUD)											
	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
**TOTAL	1,716	3,880	126.11%	4,650	19.85%		$1,399,879	$4,287,292	206.26%	$6,052,646	41.18%

*Based on claims paid through September 30, 2017.
Data Source: S-MARF0004

**Does not include adjustments included in Table 1a..
Also, TOTAL is unduplicated as an individual may have more than one service or have been covered by multiple funding streams throughout the fiscal year.

FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.

Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.

Table 3a. Fiscal Year 2017 State & County Comparisons (SUD)

	Persons Served				Expenditures			
	STATE*		COUNTY		STATE*		COUNTY	
AGE	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Early Child	34	0.0%	4	0.1%	$14,210	0.00%	$782	0.0%
Child	262	0.3%	25	0.5%	$131,767	0.04%	$6,730	0.1%
Adolescent	3,216	3.1%	280	5.6%	$4,846,521	1.54%	$223,312	3.6%
Transitional	4,338	4.2%	257	5.2%	$8,679,011	2.76%	$239,641	3.8%
Adult	94,413	91.5%	4,355	87.8%	$298,386,594	94.84%	$5,776,739	91.9%
Elderly	866	0.8%	38	0.8%	$2,558,359	0.81%	$36,266	0.6%
TOTAL	103,129	100.0%	4,959	100%	**$314,616,462**	100.0%	**$6,283,470**	100.0%
COVERAGE TYPE								
Medicaid	98,997	96.0%	4,590	92.6%	$290,624,717	92.4%	$5,638,212	89.7%
Medicaid State Funded	1,497	1.5%	23	0.5%	$3,308,955	1.1%	$20,888	0.3%
UnInsured	7,736	7.5%	593	12.0%	$20,682,790	6.6%	$624,369	9.9%
TOTAL	**103,129**	100.0%	**4,959**	100.0%	**$314,616,462**	100.0%	**$6,283,469**	100.0%
-								

Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.
*Based on claims paid through September 30, 2017.
Data Source: S-MARF0004

**Does not include adjustments included in Table 1a..
Also, TOTAL is unduplicated as an individual may have more than one service or have been covered by multiple funding streams throughout the fiscal year.

FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.

Table 3b. FY 2017 Comparisons: Cost per Person Served (SUD)				
	State	**County**	**Difference**	**Index^**
AGE				
Early Child	$418	$196	-$222	46.8
Child	$503	$269	-$234	53.5
Adolescent	$1,507	$798	-$709	52.9
Transitional	$2,001	$932	-$1,068	46.6
Adult	$3,160	$1,326	-$1,834	42.0
Elderly	$2,954	$954	-$2,000	32.3
TOTAL	**$3,051**	**$1,267**	**-$1,784**	**41.5**
COVERAGE TYPE				
Medicaid	$2,936	$1,228	-$1,707	41.8
Medicaid State Funded	$2,210	$908	-$1,302	41.1
UnInsured	$2,674	$1,053	-$1,621	39.4
TOTAL	**$3,051**	**$1,267**	**-$1,784**	**41.5**

^The index is that number that represents how much more or less a County's cost is when compared to the State cost.
Any number over 100 indicates a higher County cost than the State.
Ex: 125 means a cost is 25% more costly than the State cost. 85 means a cost that is 15% less than the State cost.

Number of Veterans Receiving Substance Related Disorder Treatment Services and Related Expenditures in FY 2015-2017

COUNTY	FY 2015*	FY 2016	FY 2017
Allegany	63	106	129
Anne Arundel	122	184	186
Baltimore City	858	1,260	4,135
Baltimore County	171	350	408
Calvert	24	38	49
Caroline	10	21	25
Carroll	55	82	86
Cecil	62	87	99
Charles	25	50	51
Dorchester	17	29	32
Frederick	52	82	90
Garrett	13	18	24
Harford	82	109	127
Howard	28	56	59
Kent	7	11	15
Montgomery	75	104	117
Prince George's	42	87	91
Queen Anne's	12	16	19
St. Mary's	13	27	34
Somerset	12	21	15
Talbot	8	11	21
Washington	81	137	154
Wicomico	53	91	112
Worcester	23	33	53
Statewide Total	**1,896**	**2,869**	**3,309**

COUNTY	FY 2015*	FY 2016	FY 2017
Allegany	$106,678	$271,710	$289,761
Anne Arundel	$224,299	$661,910	$691,238
Baltimore City	$2,051,067	$5,004,402	$6,828,849
Baltimore County	$416,716	$1,027,890	$1,472,277
Calvert	$18,280	$69,514	$94,916
Caroline	$7,524	$62,517	$60,269
Carroll	$86,158	$284,334	$327,394
Cecil	$97,984	$212,453	$247,730
Charles	$26,473	$116,152	$118,432
Dorchester	$44,900	$140,750	$140,607
Frederick	$123,539	$321,389	$463,712
Garrett	$7,535	$32,946	$38,830
Harford	$118,562	$270,369	$331,579
Howard	$69,544	$148,112	$262,093
Kent	$2,719	$18,793	$89,503
Montgomery	$154,093	$419,692	$461,982
Prince George's	$43,087	$160,905	$219,743
Queen Anne's	$18,952	$68,639	$68,837
St. Mary's	$13,756	$42,065	$85,218
Somerset	$16,061	$60,985	$55,200
Talbot	$22,395	$36,453	$75,916
Washington	$198,892	$443,549	$591,715
Wicomico	$103,988	$243,343	$410,908
Worcester	$13,641	$51,445	$108,524
Statewide Total	**$3,986,843**	**$10,170,317**	**$13,535,233**

*Based on claims paid through September 30, 2017.
Data Source: ASO Report #152820.1.01
Vetaran status is based on individual response to question, "Are you a Veteran?"
* Note: FY2015 data is for 6 months as the SRD services were not captured in the PBHS until January 1, 2015.
Fiscal Year is based on date of service. County refers to an individual's county of residence.
Statewide Total is unduplicated and may not equal the sum of individual lines.

Average Medical Assistance Eligibility, PBHS MA Participation, and PBHS MA Penetration Rates
Fiscal Year 2017 - PBHS claims as of September 30, 2017

Accessing the Public Behavioral Health System

COUNTY	Average MA Eligible	MA Served In SRD/PBHS	Penetration Rate	Total County Population*	% of County MA Eligible
Allegany	21,671	2,725	**12.6%**	72,528	29.9%
Anne Arundel	90,463	9,298	**10.3%**	564,195	16.0%
Baltimore County	190,778	14,206	**7.4%**	831,128	23.0%
Calvert	14,130	1,723	**12.2%**	90,595	15.6%
Caroline	11,761	778	**6.6%**	32,579	36.1%
Carroll	23,158	2,510	**10.8%**	167,628	13.8%
Cecil	26,411	3,802	**14.4%**	102,382	25.8%
Charles	30,775	2,198	**7.1%**	156,118	19.7%
Dorchester	12,825	1,030	**8.0%**	32,384	39.6%
Frederick	39,065	3,045	**7.8%**	245,322	15.9%
Garrett	8,768	753	**8.6%**	29,460	29.8%
Harford	43,410	4,347	**10.0%**	250,290	17.3%
Howard	43,873	1,826	**4.2%**	313,414	14.0%
Kent	4,973	459	**9.2%**	19,787	25.1%
Montgomery	182,775	4,381	**2.4%**	1,040,116	17.6%
Prince George's	221,180	4,590	**2.1%**	909,535	24.3%
Queen Anne's	8,564	761	**8.9%**	48,904	17.5%
St. Mary's	22,494	2,206	**9.8%**	111,413	20.2%
Somerset	8,778	743	**8.5%**	25,768	34.1%
Talbot	8,312	576	**6.9%**	37,512	22.2%
Washington	43,083	4,618	**10.7%**	149,585	28.8%
Wicomico	33,725	2,750	**8.2%**	102,370	32.9%
Worcester	13,414	1,103	**8.2%**	51,540	26.0%
Baltimore City	262,827	30,557	**11.6%**	621,849	42.3%
Statewide	**1,367,211**	**98,997**	**7.2%**	**6,006,402**	**22.8%**

*Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2015
Data Source: Average MA Eligible supplied by UMBC Hilltop Institute. Data through September 2017.

Primary Substance at Admission to SRD Treatment All Ages Statewide vs County FY15-17

Statewide

	FY 2015	FY 2016	FY 2017
Alcohol	4,712	8,162	9,053
Amphetamines	48	110	169
Barbiturates	4	6	2
Benzodiazepines	188	412	445
Cocaine	1,193	1,974	2,615
Diphenyllhydantoin (Dilantin)	0	0	1
GHB/GBL	1	0	0
Hallucinogens	12	59	72
Inhalants	5	8	11
Ketamine	4	17	24
Marijuana/Hashish	2,971	4,863	4,886
Meprobamate	4	8	5
Opiates	27,931	26,979	40,647
Over the Counter	26	36	46
PCP	142	270	294
Sedatives	8	25	30
Stimulants	39	83	67
Tranquilizers	0	2	2
Synthetic Cannabinoids	50	134	110
Other Substance	529	4,662	4,236
^None	5,142	991	985
TOTAL	**43,009**	**48,801**	**63,700**
Heroin (Opiates subset)	**22,408**	**21,145**	**31,567**

*Based on claims paid through September 30, 2017.
Data Source: ASO Report 151172.1.01
^None=Not Available at the time of initial authorization of Admission. This data is updated.
Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.

Prince George's

	FY 2015	FY 2016	FY 2017
Alcohol	236	474	723
Amphetamines	3	7	11
Barbiturates	0	0	0
Benzodiazepines	3	5	3
Cocaine	82	131	198
Diphenyllhydantoin (Dilantin)	0	0	0
GHB/GBL	0	0	0
Hallucinogens	3	13	10
Inhalants	0	0	0
Ketamine	0	2	3
Marijuana/Hashish	381	733	700
Meprobamate	0	0	0
Opiates	286	287	556
Over the Counter	0	2	0
PCP	72	136	131
Sedatives	1	0	1
Stimulants	0	6	3
Tranquilizers	0	0	0
Synthetic Cannabinoids	3	5	4
Other Substance	7	73	56
^None	101	33	27
TOTAL	**1,178**	**1,907**	**2,426**
Heroin (Opiates subset)	**216**	**217**	**427**

*Based on claims paid through September 30, 2017.
Data Source: ASO Report 151172.1.01
^None=Not Available at the time of initial authorization of Admission. This data is updated.
Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.

COUNTY	Heroin as Primary Substance at Admission to SRD Treatment All Ages by County FY15-17						
	Number Admissions				% of Statewide Admissions		
	FY 2015	FY 2016	FY 2017		FY 2015	FY 2016	FY 2017
Allegany	350	431	607	Allegany	1.56%	2.04%	1.92%
Anne Arundel	1,739	1,561	2,513	Anne Arundel	7.76%	7.38%	7.96%
Baltimore County	3,530	3,102	5,214	Baltimore County	15.75%	14.67%	16.52%
Calvert	101	162	217	Calvert	0.45%	0.77%	0.69%
Caroline	55	102	144	Caroline	0.25%	0.48%	0.46%
Carroll	560	739	855	Carroll	2.50%	3.49%	2.71%
Cecil	1,259	1,039	1,358	Cecil	5.62%	4.91%	4.30%
Charles	110	152	308	Charles	0.49%	0.72%	0.98%
Dorchester	88	146	166	Dorchester	0.39%	0.69%	0.53%
Frederick	519	609	835	Frederick	2.32%	2.88%	2.65%
Garrett	78	62	91	Garrett	0.35%	0.29%	0.29%
Harford	713	718	1,125	Harford	3.18%	3.40%	3.56%
Howard	263	341	497	Howard	1.17%	1.61%	1.57%
Kent	63	63	115	Kent	0.28%	0.30%	0.36%
Montgomery	280	383	556	Montgomery	1.25%	1.81%	1.76%
Prince George's	216	217	427	Prince George's	0.96%	1.03%	1.35%
Queen Anne's	86	97	162	Queen Anne's	0.38%	0.46%	0.51%
St. Mary's	123	189	265	St. Mary's	0.55%	0.89%	0.84%
Somerset	70	115	126	Somerset	0.31%	0.54%	0.40%
Talbot	29	90	99	Talbot	0.13%	0.43%	0.31%
Washington	564	707	1,163	Washington	2.52%	3.34%	3.68%
Wicomico	267	413	510	Wicomico	1.19%	1.95%	1.62%
Worcester	108	183	208	Worcester	0.48%	0.87%	0.66%
Baltimore City	11,135	9,403	13,886	Baltimore City	49.69%	44.47%	43.99%
Out of State	102	121	116	Out of State	0.46%	0.57%	0.37%
Statewide	**22,408**	**21,145**	**31,567**	**Statewide**	**100.0%**	**100.0%**	**100.0%**

Number of Opioid Related Overdose Deaths by County

COUNTY	FY 2014	FY 2015	FY 2016	% Change FY14-16
Allegany	11	19	55	**400.0%**
Anne Arundel	88	87	169	**92.0%**
Baltimore City	275	365	628	**128.4%**
Baltimore County	146	196	305	**108.9%**
Calvert	16	21	25	**56.3%**
Caroline	7	2	9	**28.6%**
Carroll	29	36	44	**51.7%**
Cecil	23	26	28	**21.7%**
Charles	16	16	36	**125.0%**
Dorchester	0	1	5	**#DIV/0!**
Frederick	33	38	80	**142.4%**
Garrett	2	4	0	**-100.0%**
Harford	36	43	76	**111.1%**
Howard	18	25	40	**122.2%**
Kent	4	3	4	**0.0%**
Montgomery	52	60	84	**61.5%**
Prince George's	47	45	106	**125.5%**
Queen Anne's	8	4	6	**-25.0%**
St. Mary's	8	11	13	**62.5%**
Somerset	2	4	6	**200.0%**
Talbot	4	5	10	**150.0%**
Washington	35	58	63	**80.0%**
Wicomico	16	18	44	**175.0%**
Worcester	10	12	20	**100.0%**
Statewide Total	**886**	**1,099**	**1,856**	**109.5%**

These are deaths caused by an overdose of opioids.
Note: Numbers are based on location of occurrence, so all deaths may not reflect Maryland residents, or County specific residents.
Data Source: Maryland Office of the Chief Medical Examiner (OCME)

Table 4. Fiscal Year 2016 State & County Comparisons
Outcome Measurement System
Most Recent Substance-Related Disorder Interview - FY 2016*

		STATE Percent	COUNTY Percent
ADULTS			
OMS - Q41/42. Employed now or last 6 months		45.2%	46.7%
OMS - Smoking			
Q45. Do you smoke?	Cigarettes	68.6%	45.1%
Q47. In the past month use tobacco products?	Cigars	6.9%	13.9%
	Smokeless Tobacco	2.1%	1.6%
	Electronic Cigarettes	6.9%	6.2%
	Pipes	0.4%	1.4%
	Other Tobacco Product	5.3%	4.6%
OMS - Q48. General Health Status			
	Excellent	8.6%	12.4%
	Very Good	27.2%	33.5%
	Good	41.8%	28.7%
	Fair	18.8%	20.5%
	Poor	3.7%	4.8%
CHILDREN AND ADOLESCENTS			
OMS - Q32. Problems with school attendance		37.7%	35.4%
OMS - Q34. Suspended from school in past 6 months		35.8%	51.5%
OMS - Smoking**			
Q37. Do you smoke?	Cigarettes	29.9%	7.0%
Q39. In the past month use tobacco products?	Cigars	13.1%	7.8%
	Smokeless Tobacco	1.5%	0.0%
	Electronic Cigarettes	7.4%	0.8%
	Pipes	1.5%	0.0%
	Other Tobacco Product	2.2%	0.8%
OMS - Q36. General Health Status			
	Excellent	27.1%	24.1%
	Very Good	32.1%	24.1%
	Good	32.3%	38.0%
	Fair	8.1%	13.9%
	Poor	0.3%	0.0%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	13.6%	13.2%
Q39. In the past six months, have you been arrested?	22.3%	21.7%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	11.5%	14.9%
Always	9.8%	8.2%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.0%	4.5%
Q40. In the past six months, have you been arrested?	31.9%	51.4%
During the past six months,		
Q41. Did you drink any alcohol?	38.5%	27.1%
Q42. Did you smoke any marijuana or hashish?	78.1%	72.2%
Q43. Did you use anything else to get high?	13.0%	6.5%

* Most recent observation for each Substance-Related Disorder consumer in FY 2016; provisional data which may change slightly as Datamart refinement continues

** For children and adolescents, only those ages 11 to 17

***First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over

Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

Most Recent Interview Only, FY 2016

Based on Final FY2016 data

Table 4. Fiscal Year 2017 State & County Comparisons
Outcome Measurement System
Most Recent Substance-Related Disorder Interview - FY 2017*

		STATE Percent	COUNTY Percent
ADULTS			
OMS - Q41/42. Employed now or last 6 months		38.5%	48.2%
OMS - Smoking			
Q45. Do you smoke?	Cigarettes	69.7%	57.6%
Q47. In the past month use tobacco products?	Cigars	6.0%	5.2%
	Smokeless Tobacco	2.0%	0.4%
	Electronic Cigarettes	6.2%	3.2%
	Pipes	0.5%	0.4%
	Other Tobacco Product	6.8%	4.1%
OMS - Q48. General Health Status			
	Excellent	5.5%	10.4%
	Very Good	20.5%	31.0%
	Good	44.2%	38.8%
	Fair	25.3%	17.3%
	Poor	4.5%	2.4%
CHILDREN AND ADOLESCENTS			
OMS - Q32. Problems with school attendance		32.8%	35.8%
OMS - Q34. Suspended from school in past 6 months		31.5%	66.0%
OMS - Smoking**			
Q37. Do you smoke?	Cigarettes	30.9%	9.4%
Q39. In the past month use tobacco products?	Cigars	10.5%	5.7%
	Smokeless Tobacco	1.8%	0.0%
	Electronic Cigarettes	5.4%	1.9%
	Pipes	1.1%	1.9%
	Other Tobacco Product	3.0%	1.9%
OMS - Q36. General Health Status			
	Excellent	31.0%	34.0%
	Very Good	31.0%	27.7%
	Good	31.3%	31.9%
	Fair	6.2%	6.4%
	Poor	0.4%	0.0%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	13.3%	11.4%
Q39. In the past six months, have you been arrested?	10.4%	13.3%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	12.7%	11.0%
Always	10.7%	7.7%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	3.2%	2.2%
Q40. In the past six months, have you been arrested?	31.9%	15.1%
During the past month,		
Q41. Did you drink any alcohol?	33.9%	25.5%
Q42. Did you smoke any marijuana or hashish?	81.1%	76.6%
Q43. Did you use anything else to get high?	10.6%	12.8%

* Most recent observation for each Substance-Related Disorder consumer in FY 2017; provisional data which may change slightly as Datamart refinement continues

** For children and adolescents, only those ages 11 to 17

***First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over

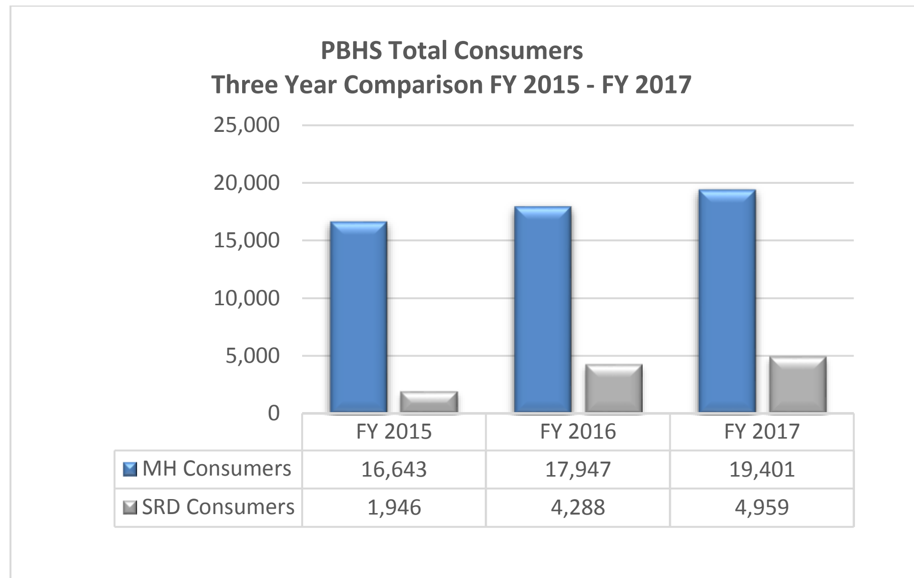
Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

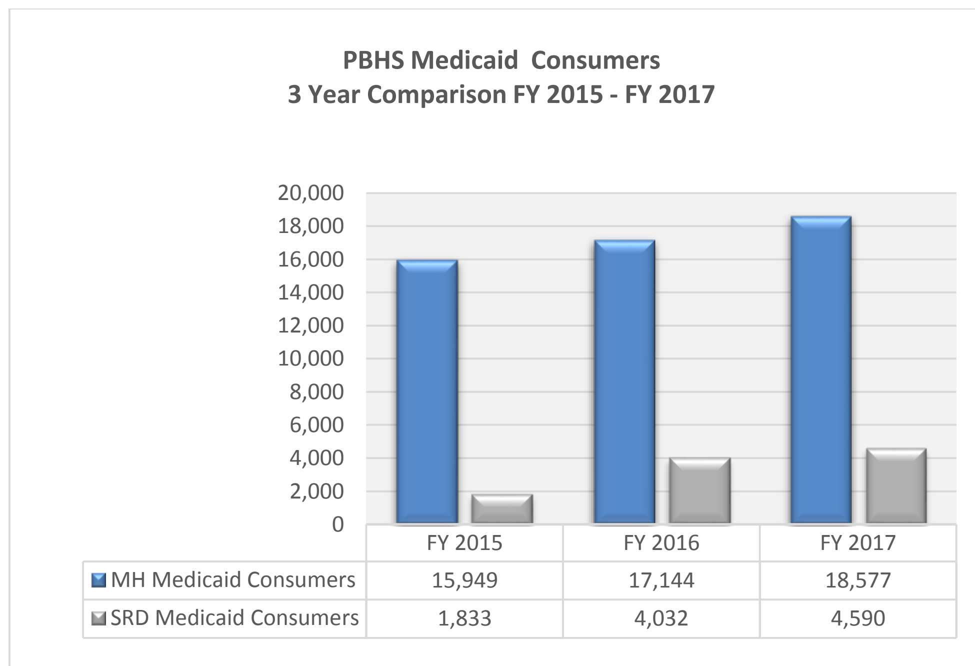
Most Recent Interview Only, FY 2017

ANALYSIS OF REQUIRED DATA TEMPLATES

1. Three Year County Comparison – Table 1A

As anticipated, the number of Prince George's County consumers seeking mental health and substance-related treatment services through the PBHS and the expenditures for those services increased each year, from FY15 to FY17.

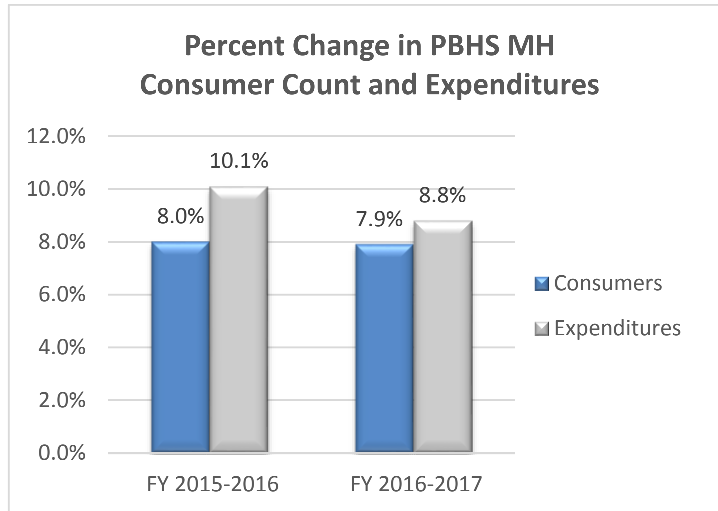




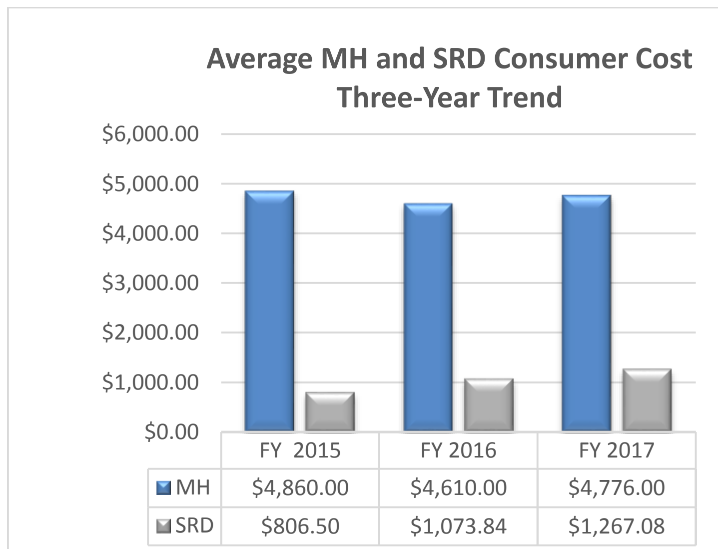
From FY16 to FY17, 1,427 (7.9%) additional consumers received mental health services, which resulted in an 8.8% ($7.47 million) increase in expenditures. The number of individuals receiving

substance-related disorder services increased by 15.6% and the expenditures for these services increased by 36.5% during the same period.

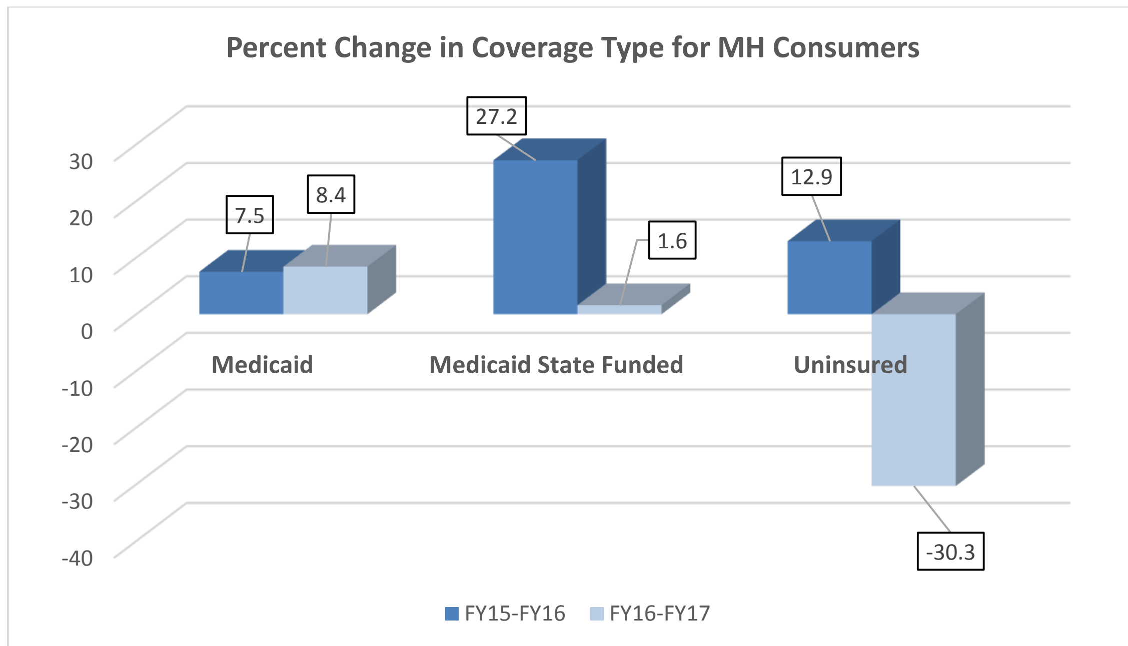
While the percent change in the consumer count for those accessing mental health services remained relatively the same, the data shows a 1.3% decrease in the percent change for expenditures.

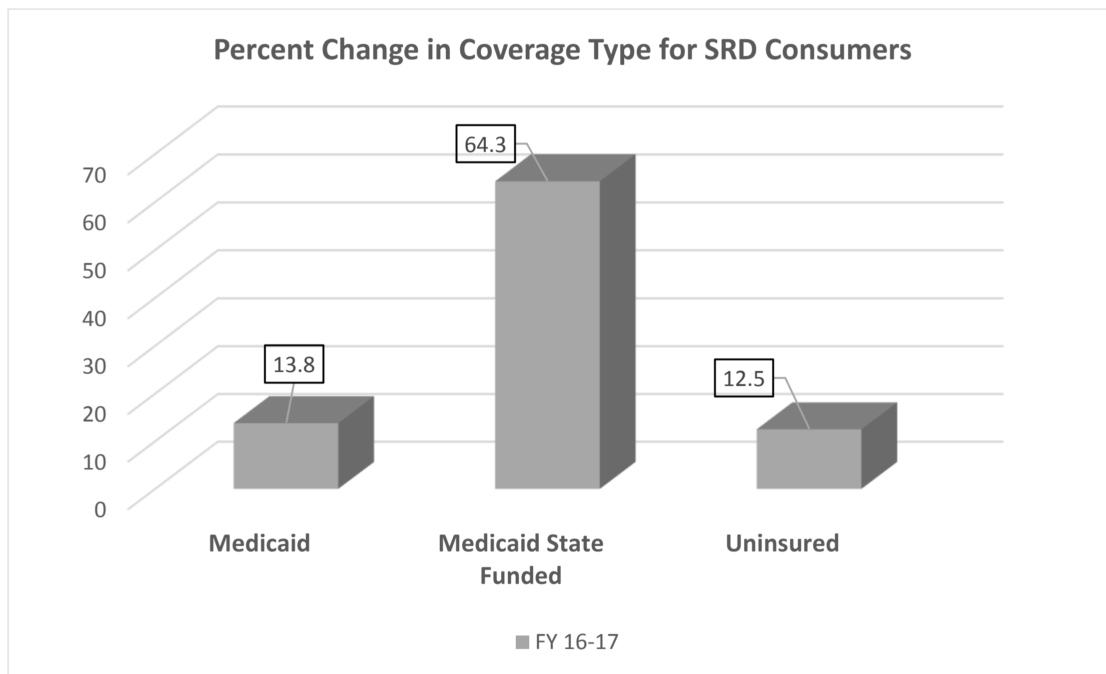


The average cost per mental health consumer served decreased from FY15 to FY16 and increased from FY16 to FY17. This may also indicate that a greater number of mental health consumers were utilizing more costly services in FY17, as there was also an increase in utilization of all major service types. There was an increase in the average cost per SUD consumer served from FY16 to FY17. Of note is there was a 2% rate increase in July 2016 for most behavioral health providers that may have contributed to the increase in average cost per person as well.



	FY 2015	FY 2016	FY 2017
MH	$4,860.00	$4,610.00	$4,776.00
SRD	$806.50	$1,073.84	$1,267.08



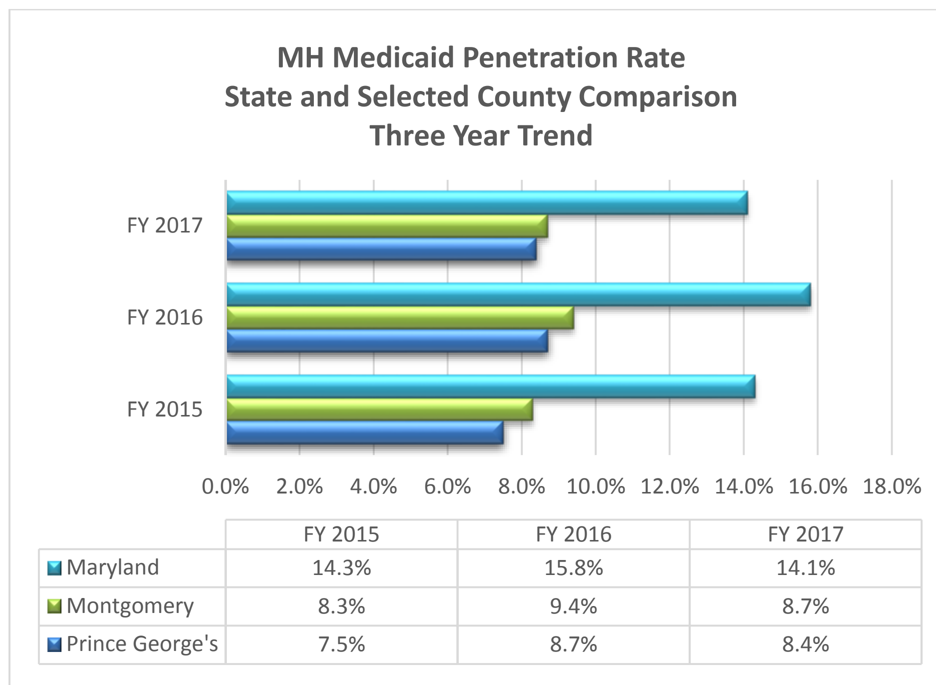


2. Medicaid Penetration Rate

According to the data, approximately 24.3% (221,180/909,535) of Prince George's County residents are Medicaid eligible. The Medicaid penetration rate for consumers accessing mental health services in FY17 was 8.4% and the Medicaid penetration rate for consumers accessing SUD services in FY 17 was 2.1%. Both penetration rates represent the lowest percentage rate in the State behind Montgomery County. The low penetration rates in these neighboring jurisdictions may be indicative of the high foreign born population in both counties. Prince George's County

has 21.4% of its residents born outside of the U.S. and 23.3% speak a language other than English at home. This may also suggest that more outreach is required in the northern part of Prince George's County, which borders Montgomery County. Further analysis is required to determine whether there are unidentified barriers to accessing services in these areas.

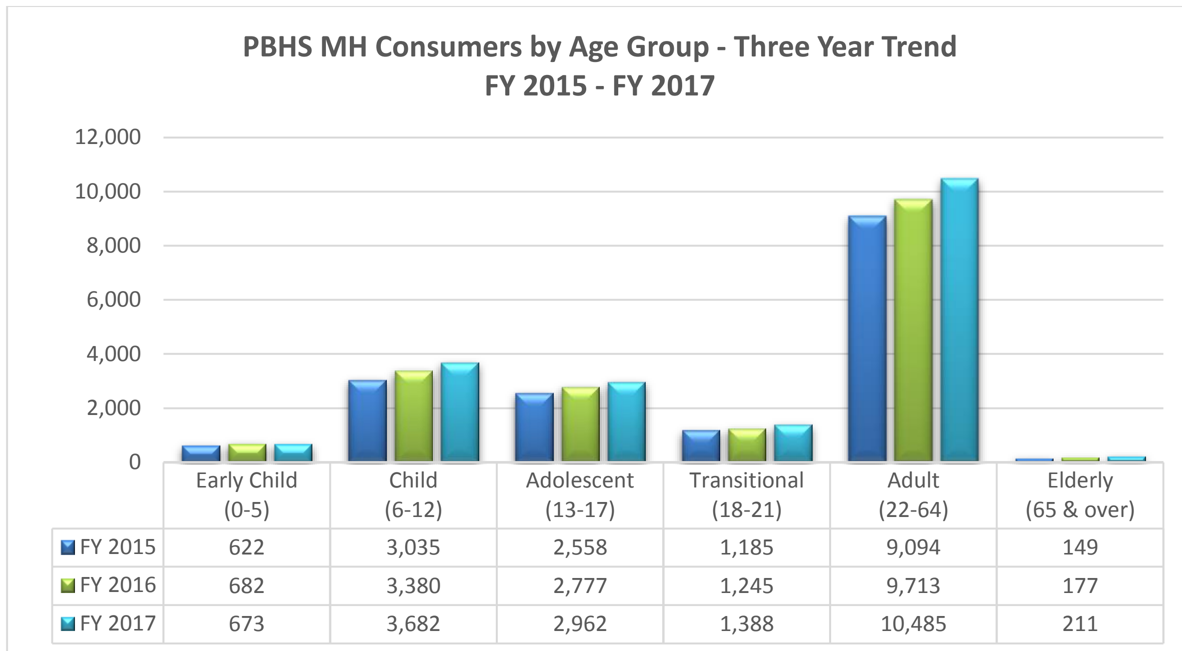
Average Medical Assistance Eligibility, PBHS MA Participation and PBHS Penetration Rates for Selected Counties - FY 2017					
County	**Avg MA Elig**	**MA Served PBHS**	**Penetration Rate**	**MA Served PBHS**	**Penetration Rate**
		Mental Health		**Substance-Related Disorder**	
Baltimore City	190,778	28,610	**15%**	14,206	**7.4%**
Montgomery County	182,775	15,960	**8.7%**	4,381	**2.4%**
Prince George's County	221,180	18,577	**8.4%**	4,590	**2.1%**
Statewide	**1,367,211**	**192,795**	**14.1%**	**98,997**	**7.2%**



	FY 2015	FY 2016	FY 2017
Maryland	14.3%	15.8%	14.1%
Montgomery	8.3%	9.4%	8.7%
Prince George's	7.5%	8.7%	8.4%

3. Mental Health Consumer Three Year Trend FY 2015 – FY 2017

During the three-year span from FY15 through FY17, all age groups reflected a consistent upward trend in the number of mental health consumers accessing PBHS services with the exception of consumers, ages 0-5.



While the elderly, ages 65 and over, are the least represented in the Public Behavioral Health System, the number of older adults receiving mental health services continues to increase at a higher rate than all other age groups. There was an 18.8% increase in the number of older adults utilizing PBHS services from FY15 to FY16 and a 19.2% increase from FY16 to FY17. The trend in the number of elderly consumers served coincides with the trend in the elderly population for the County. The American Community Survey estimates that the elderly population in the County is increasing at a higher rate than other age categories. The LBHA will continue to provide outreach and trainings to the elderly, their family members and those working with the elderly population.

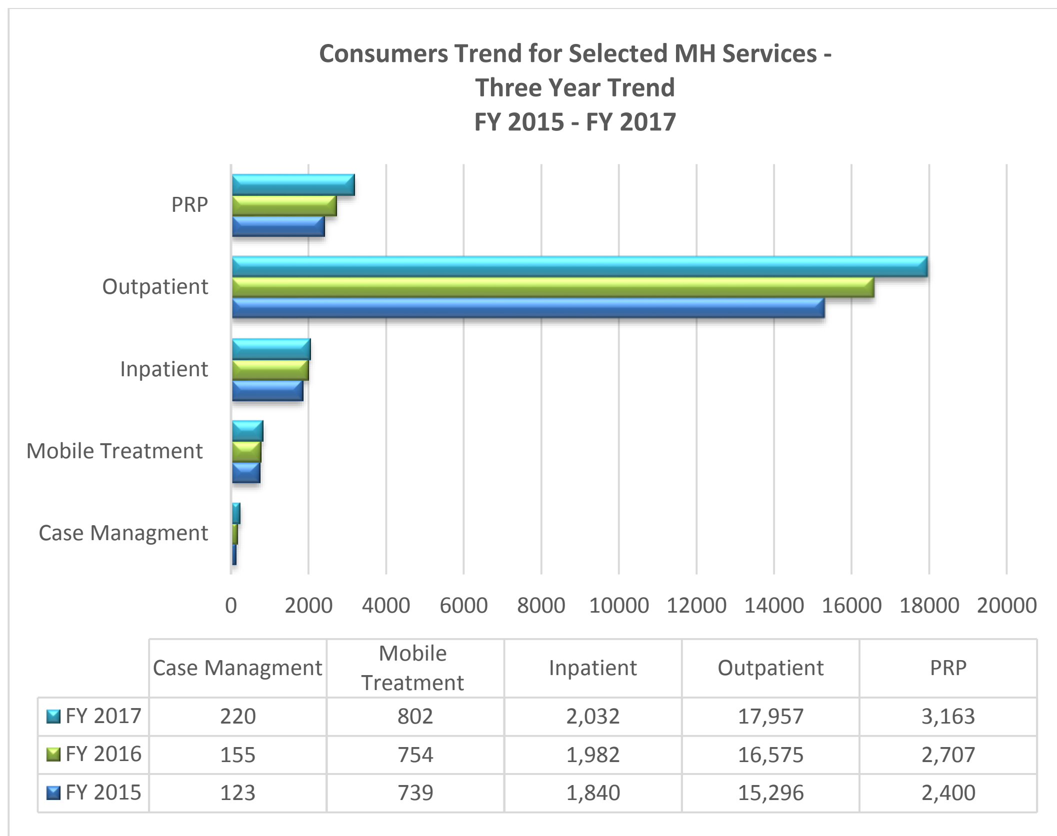
Age Group	2014 ACS Estimate	2015 ACS Estimate	% Change	2016 ACS Estimate	% Change
Under 18	204,701	204,496	0.10%	204,148	-0.17
18 to 64	594,607	594,895	0.04%	592,117	-0.46
65 and Over	101,339	106,612	5.2%	111,784	4.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

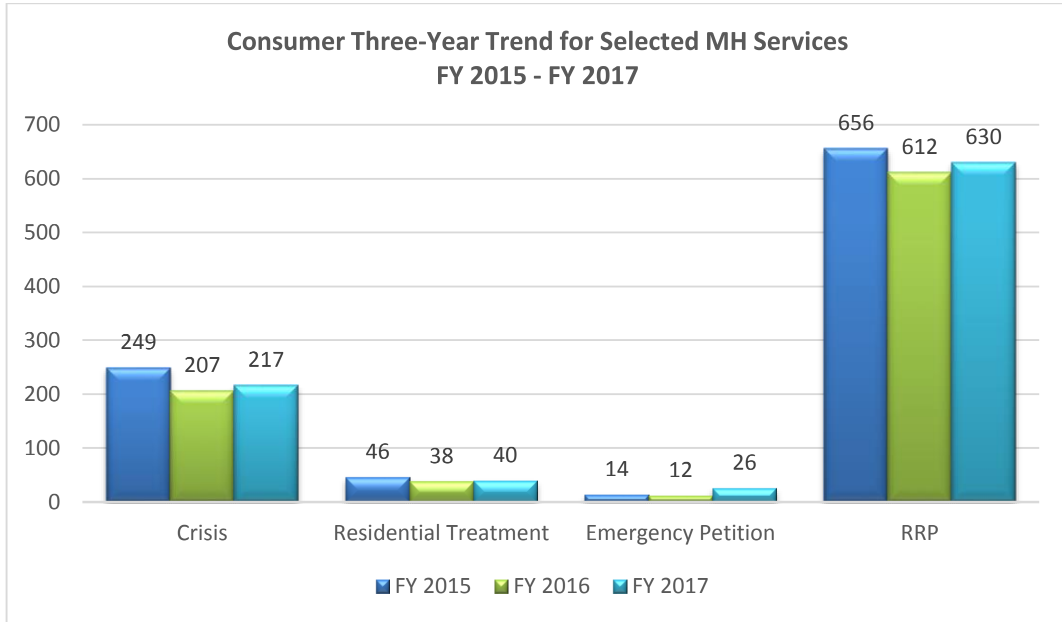
Trends in Consumers Served by Service Type

There has been a continuous increase in usage of case management, outpatient, inpatient, psychiatric rehabilitation and mobile treatment mental health services from FY15 to FY17. The number of mental health consumers receiving outpatient treatment services increased by 8.3%, PRP services by 16.8% and case management by 41.9%. Approximately 68% of the outpatient mental health clinics in Prince George's County also operate PRP programs. The LBHA has approved more PRP applications from new providers than for any other PBHS service. The increase in usage of these services can also be attributed to the overall growth of the PBHS.

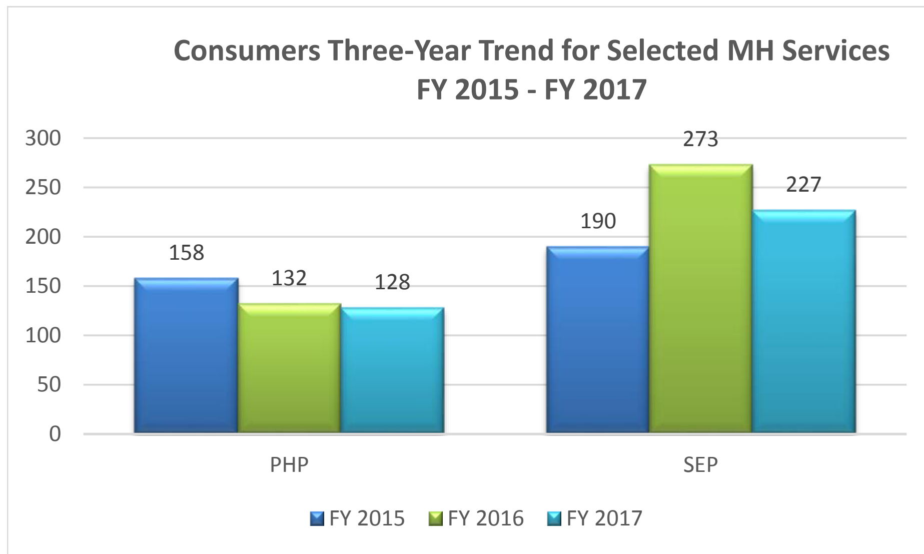
There has been an increase in marketing of the Targeted Case Management (TCM) program. As a result, the number served has increased for both adults and children/adolescents. The System of Care (SOC) services, such as IFIT and family peer support has also generated more referrals. The SOC has also provided professional development training for TCM staff in the areas of wraparound skills, crisis planning, facilitation of child and family team (CFT) meetings and crisis planning.



	Case Managment	Mobile Treatment	Inpatient	Outpatient	PRP
FY 2017	220	802	2,032	17,957	3,163
FY 2016	155	754	1,982	16,575	2,707
FY 2015	123	739	1,840	15,296	2,400



Crisis services, residential treatment, emergency petition and RRP service utilization increased in FY17, after a decrease in usage of each service from FY15 to FY16. With the exception of EPs, service usage has not increased to the 2015 levels.



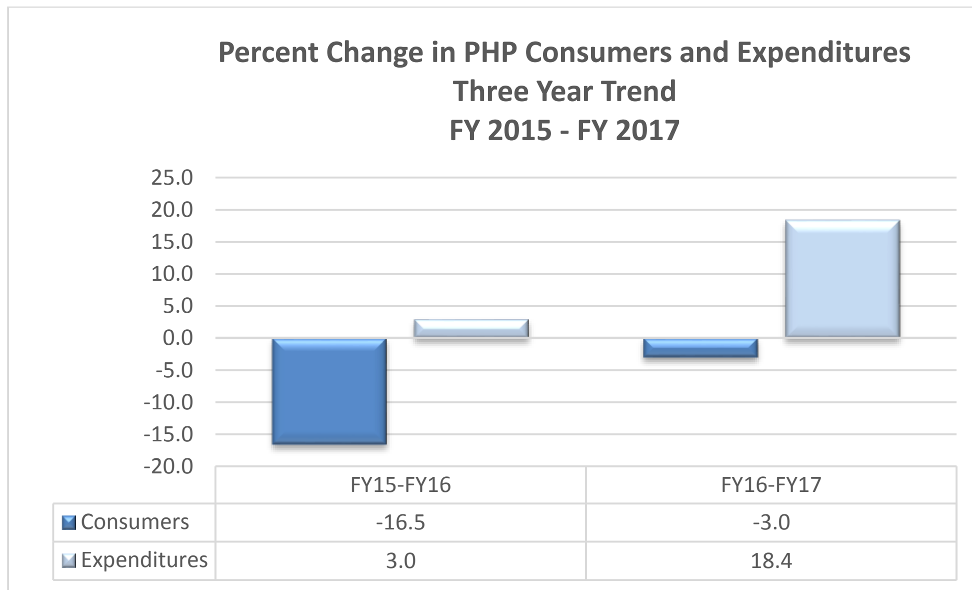
Partial hospitalization was the only PBHS service that experienced a decline in usage from FY15 to FY16 and FY16 to FY17. The PHP programs in the County are often underutilized. The LBHA and hospital staff has recognized the need to do more marketing for the PHP. Transportation to the PHP programs has also been identified as a barrier to accessing PHP services.

Supported employment program (SEP) services experienced the greatest decrease (-16.7%) in utilization from FY16 to FY17 as compared to all other service types. There was also a decrease

in LBHA authorizations for SEP services in FY17. The decrease may be attributed to staffing issues with a major SEP provider. The provider has addressed this issue by making adjustments with staffing, including hiring additional staff and as a result, the LBHA expects to receive an increase in authorization requests.

Trends in Expenditures by Service Type

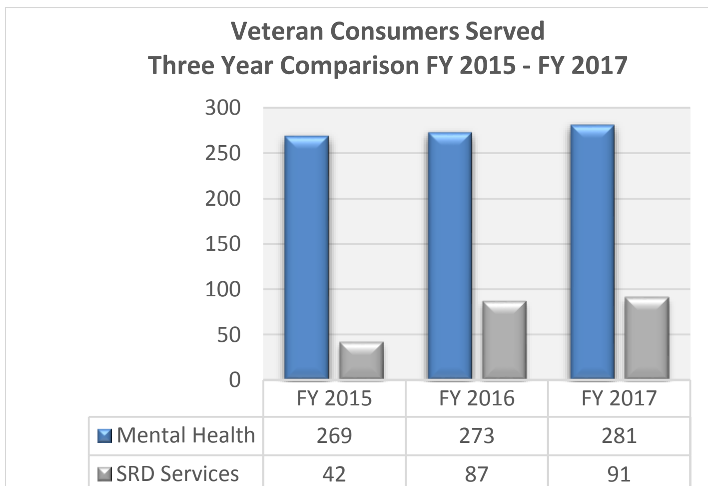
All major PBHS mental health services reflected an upward trend in expenditures from FY16 to FY17. As mentioned previously, consumers who received PHP services decreased across fiscal years, however, PHP expenditures increased. The LBHA is currently trying to gain an understanding of this data.



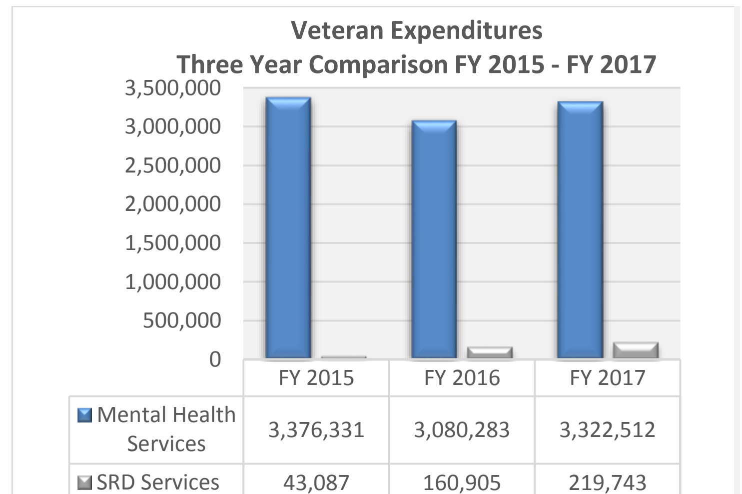
	FY15-FY16	FY16-FY17
Consumers	-16.5	-3.0
Expenditures	3.0	18.4

Trends in Veterans Served and Related Expenditures

Although the number of Veterans receiving mental health services through the PBHS has increased in the last three years, the associated expenditures are slightly less than they were three years ago. With regard to substance related disorders, however, there was a drastic increase in expenditures for Veterans receiving services from FY 2015 to FY 2017, in contrast to mental health expenditures which were lower in FY 2017 than in FY 2015.



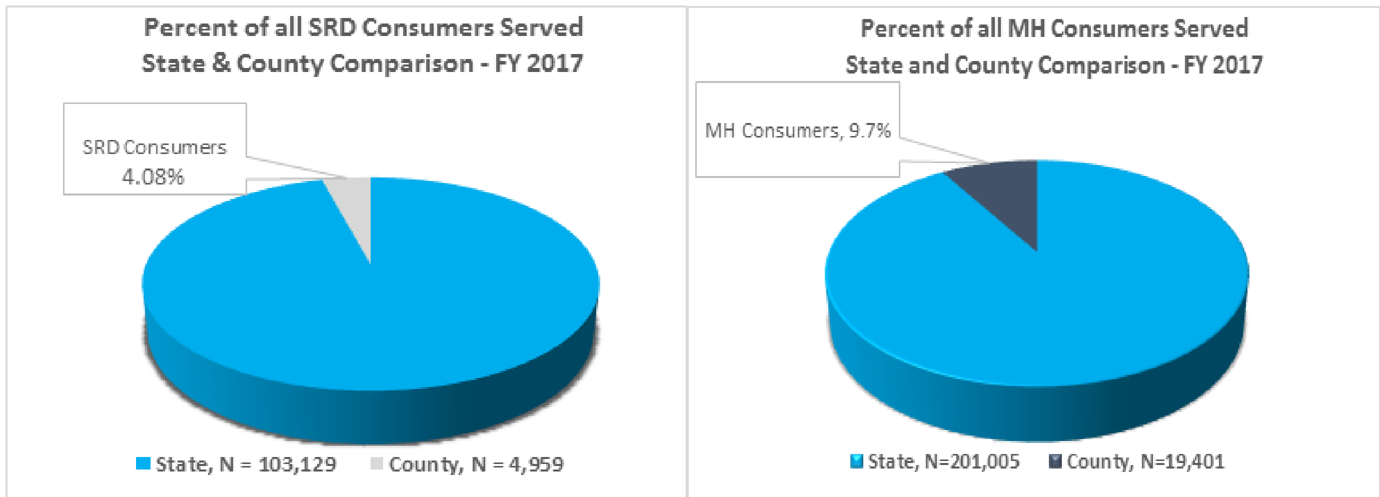
	FY 2015	FY 2016	FY 2017
Mental Health	269	273	281
SRD Services	42	87	91



	FY 2015	FY 2016	FY 2017
Mental Health Services	3,376,331	3,080,283	3,322,512
SRD Services	43,087	160,905	219,743

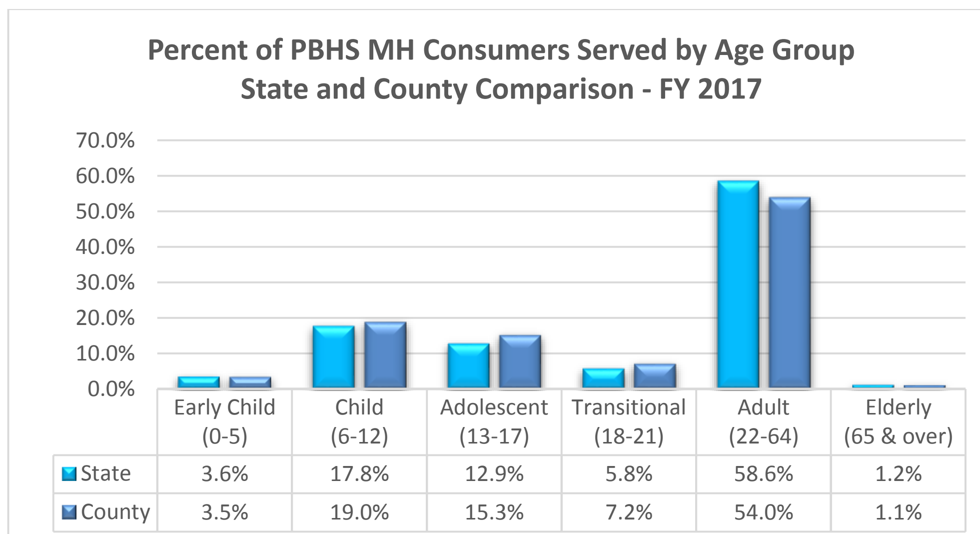
4. FY 2017 State and County Comparison – Tables 3A & 3B

Prince George's County consumers who received mental health treatment represented 9.65% (19,401/201,005) of the total number of consumers served in the PBHS statewide and utilized 9.85% ($92,655,828/$941,090,507) of the expenditures in FY 2017. Prince George's County consumers who received substance related disorder treatment represented 4.80% (4,559/103,129) of the total number of consumers served in the PBHS Statewide and utilized 2% ($6,283,470/$314,616,462) of the expenditures in FY 2017.

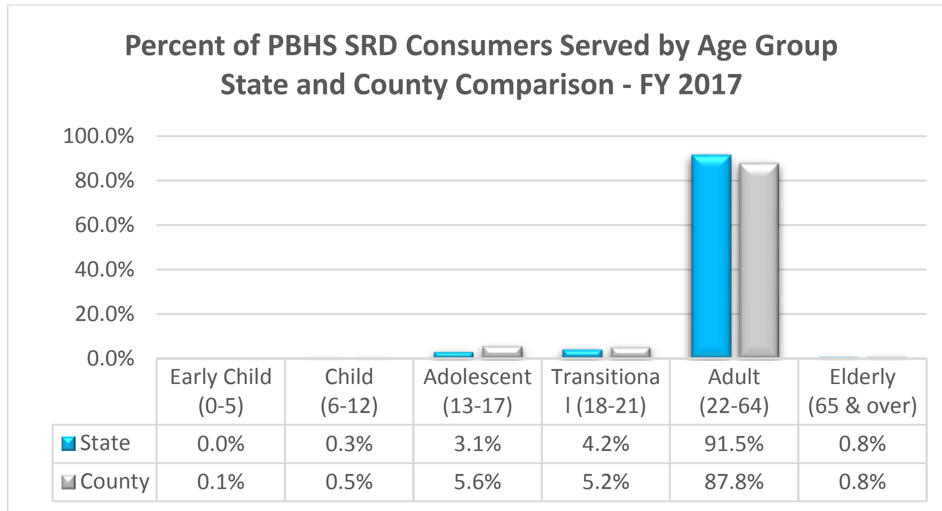


Consumers Served and Expenditures by Age Group

Adults, ages 22-64, overwhelmingly accessed both mental health and SUD PBHS services more than any other age category. The percentage of adults who accessed mental health services for the State was higher than the County's percentage of adults served (58.6% and 54.0%). Children, adolescents and transitional aged youth have higher representation in the County as compared to the State. The elderly population for the County, which has the least representation in the PBHS, has representation that is comparable to the State's at 1.1% for mental health consumers and 0.8% for SUD consumers.

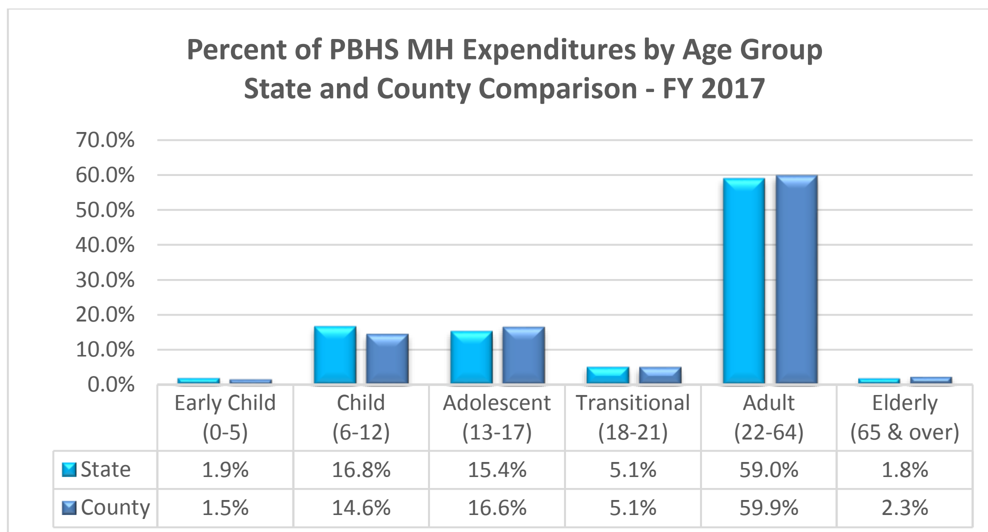


	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 & over)
State	3.6%	17.8%	12.9%	5.8%	58.6%	1.2%
County	3.5%	19.0%	15.3%	7.2%	54.0%	1.1%



	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 & over)
State	0.0%	0.3%	3.1%	4.2%	91.5%	0.8%
County	0.1%	0.5%	5.6%	5.2%	87.8%	0.8%

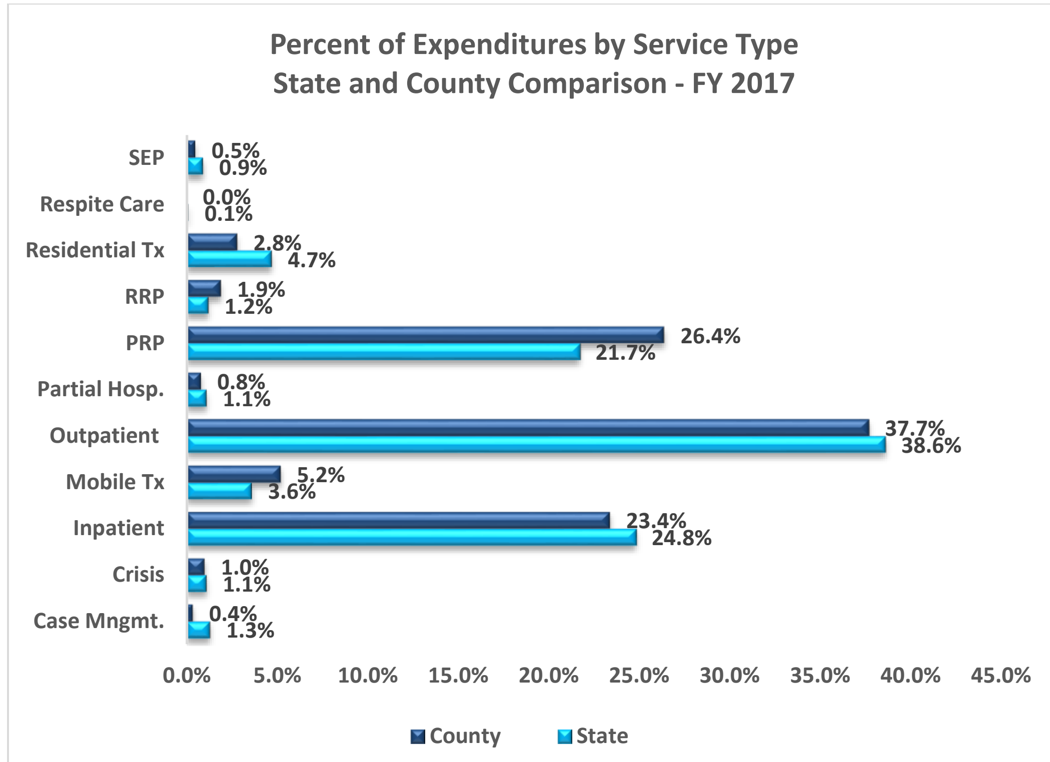
The Prince George's County PBHS expenditures for each age group are very similar to the State percentages; however, there are marginal differences that exist. The most significant difference is shown in the percentage of expenditures for children, ages 6-12 who accessed PBHS services. The County expended less funding mental health services for children (ages 6-12), when compared to the percentage of state expenditures for this age group, however, a higher percentage of children were served.



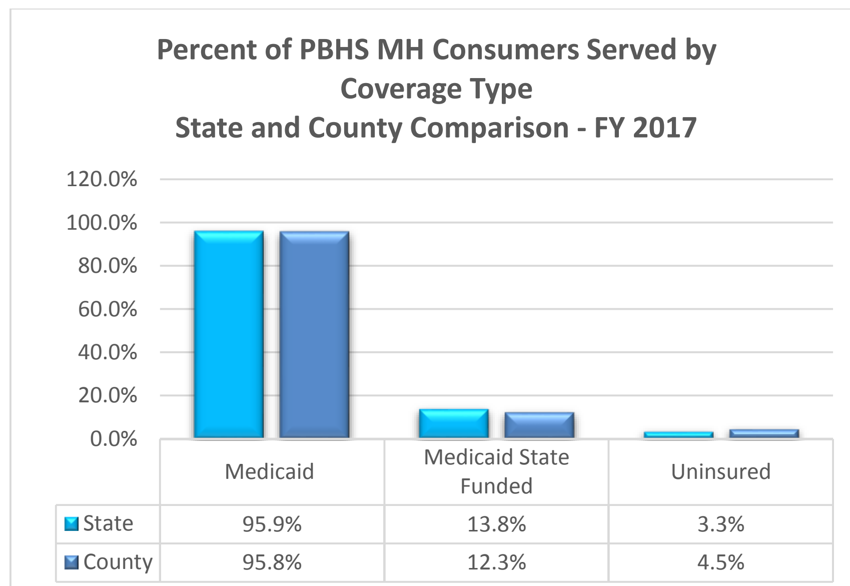
	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 & over)
State	1.9%	16.8%	15.4%	5.1%	59.0%	1.8%
County	1.5%	14.6%	16.6%	5.1%	59.9%	2.3%

Expenditures by Service Type

The County utilized a noticeably higher percentage of expenditures for psychiatric rehabilitation program services as compared to the State, representing a difference of 4.7%.



Consumers Served and Expenditures by Coverage Type

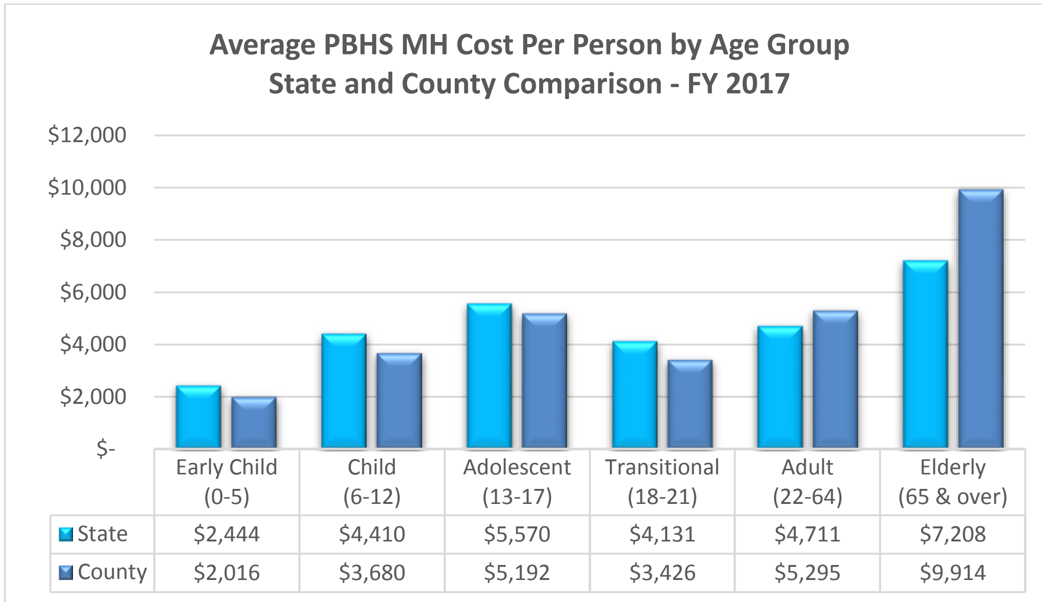


	Medicaid	Medicaid State Funded	Uninsured
State	95.9%	13.8%	3.3%
County	95.8%	12.3%	4.5%

The percent of mental health consumers in Prince George's County who used Medicaid insurance to access PBHS services in FY17 was comparable to the statewide percentage at 95.8% and 95.9%,

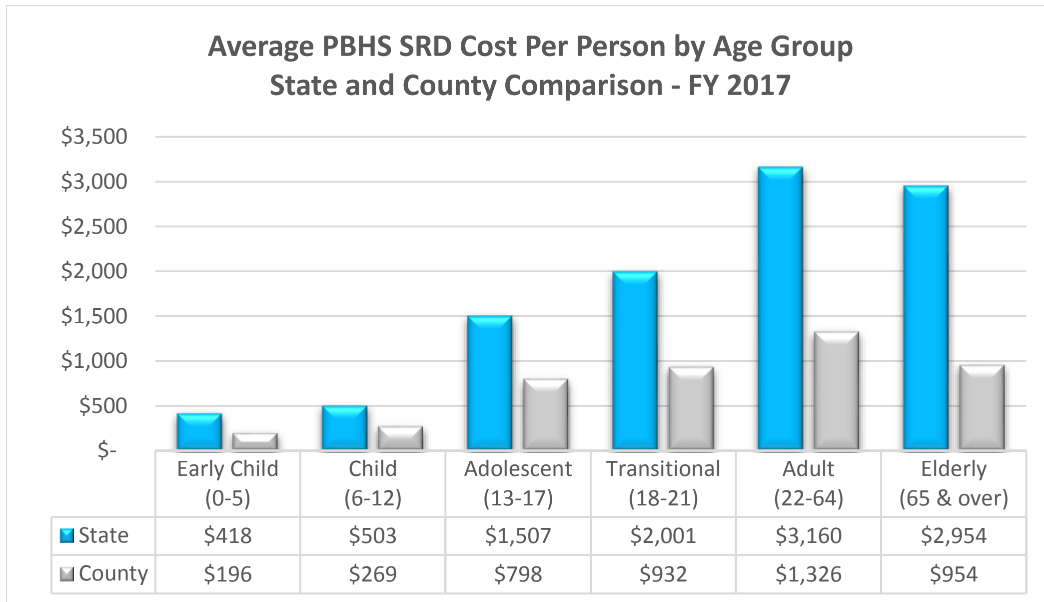
respectively. The percentage of individuals who did not have any insurance coverage at the time they received services was higher for the County than the State's average, at 4.5% and 3.3%, respectively.

Average Cost per Person



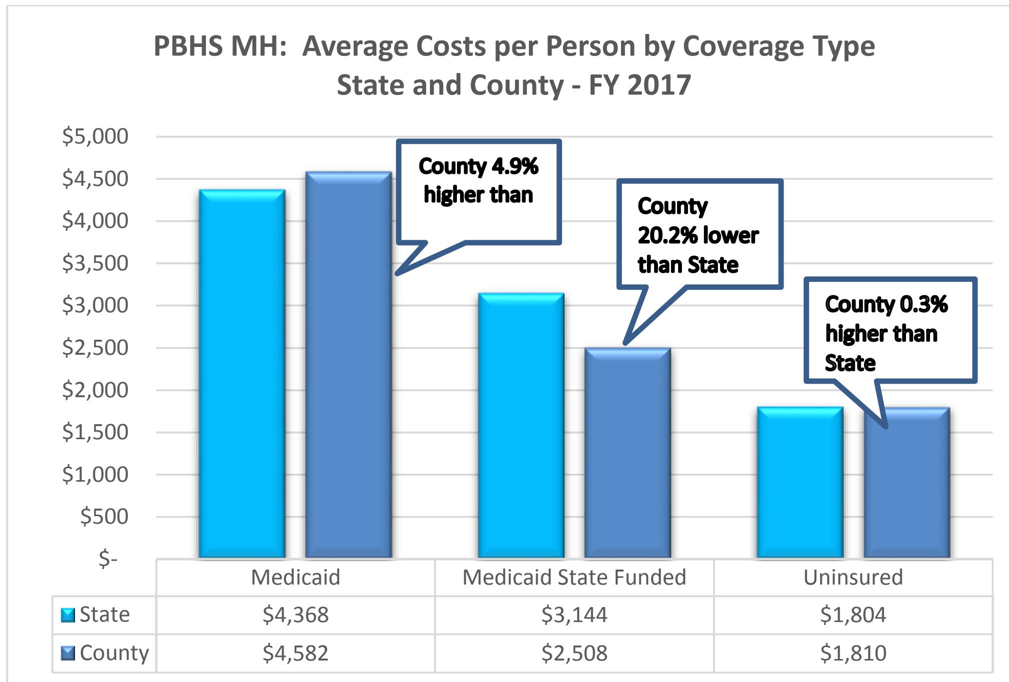
	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 & over)
State	$2,444	$4,410	$5,570	$4,131	$4,711	$7,208
County	$2,016	$3,680	$5,192	$3,426	$5,295	$9,914

The County's average cost per person who received mental health services continues to be higher than the state average. The average cost per person is $4,776 for the County and statewide is $4,682. While Prince George's County had lower average costs per person for all subcategories of 0-21 years, the County had a higher average cost per adult and elderly mental health consumer, ages 22 and over.



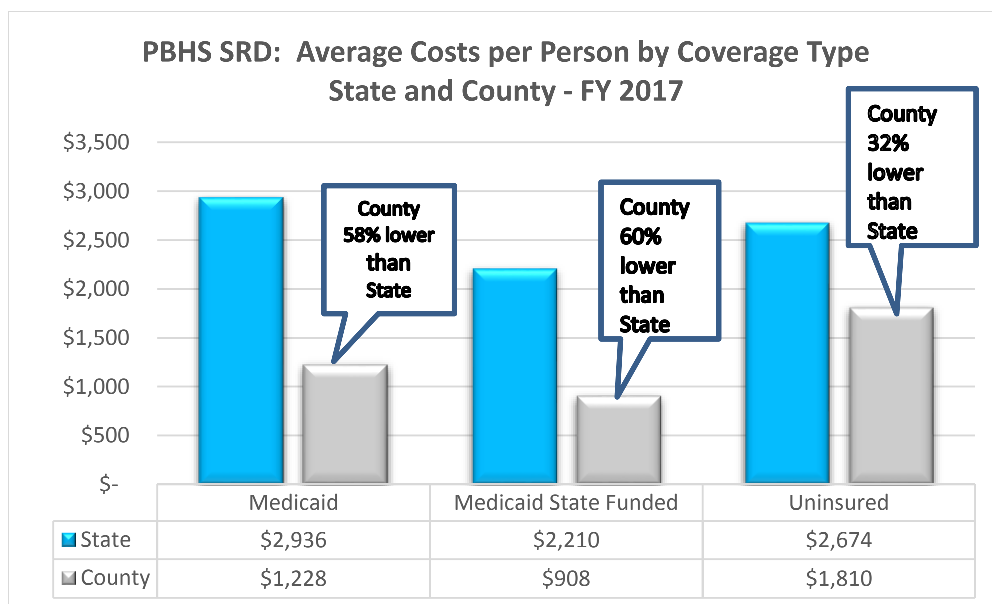
	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 & over)
State	$418	$503	$1,507	$2,001	$3,160	$2,954
County	$196	$269	$798	$932	$1,326	$954

The County's average cost per person who received substance related disorder services is lower than the State average for every age group. The average cost per person for SUD is $1,267 for the County and statewide is $3,051.



	Medicaid	Medicaid State Funded	Uninsured
State	$4,368	$3,144	$1,804
County	$4,582	$2,508	$1,810

The County has a higher average cost per person for mental health consumers with Medicaid insurance compared to the State. For uninsured persons, the County's average cost per person is comparable to the State's average. The data indicates that Prince George's County consumers with Medicaid coverage might be receiving more services per person, or are receiving more costly services than individuals served in other counties in Maryland.

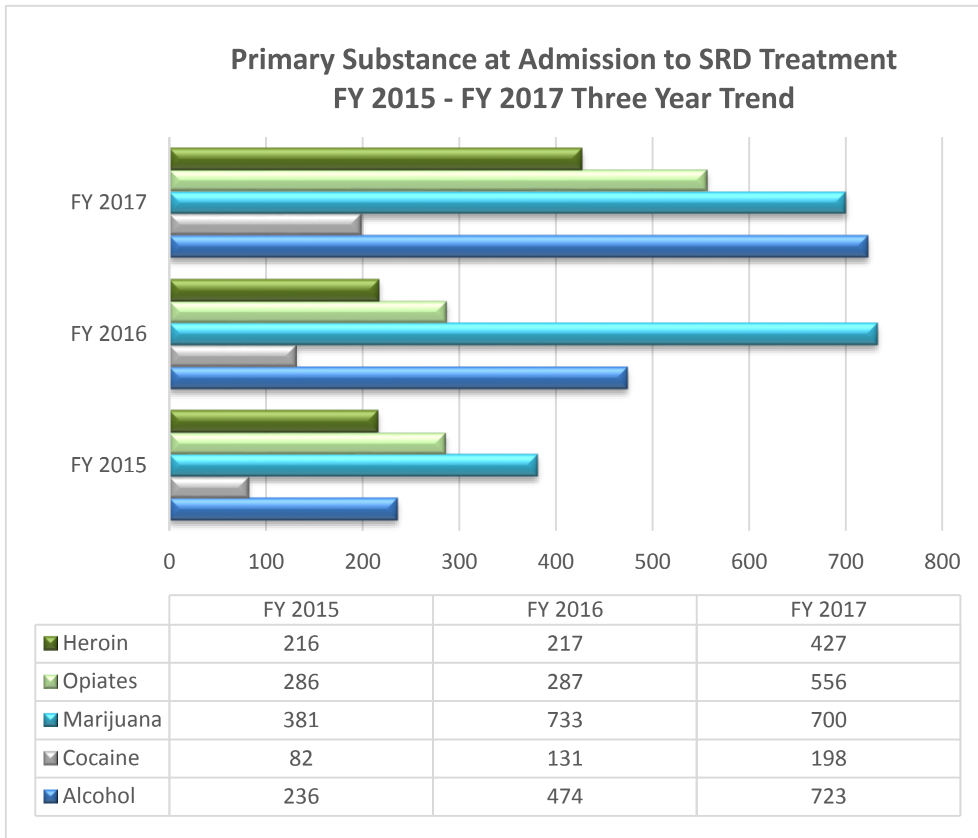


	Medicaid	Medicaid State Funded	Uninsured
State	$2,936	$2,210	$2,674
County	$1,228	$908	$1,810

The County has a lower than average cost per person for SUD consumers across all coverage types. The data suggests that it costs less than the State average to provide coverage to SUD consumers in Prince George's County.

5. Primary Substance at Admission to SRD Treatment

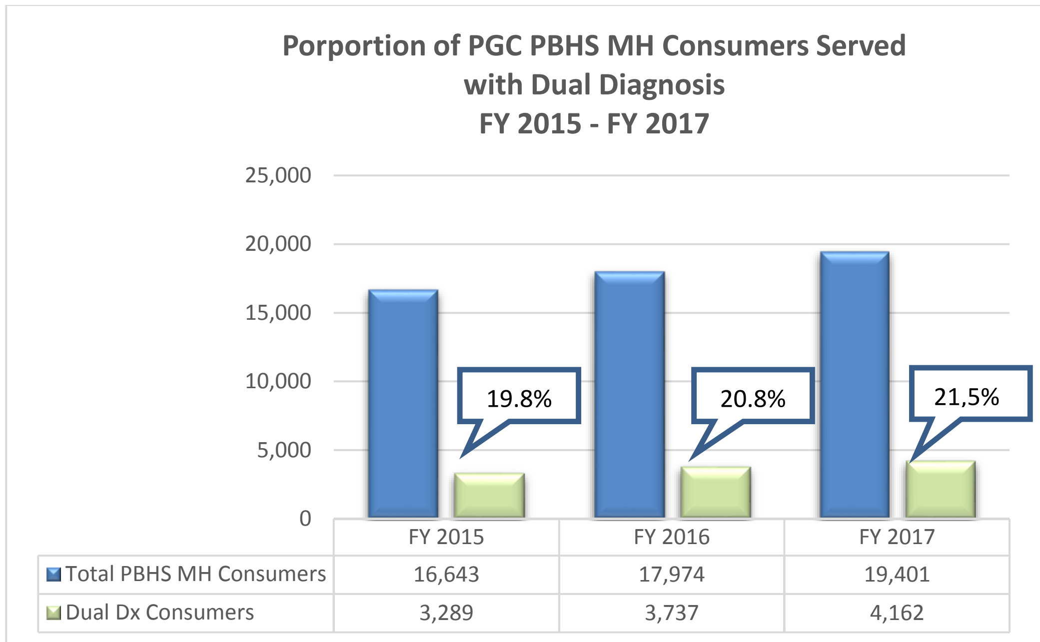
There is an increase in use of all substances from FY16 to FY17 with the exception of marijuana.

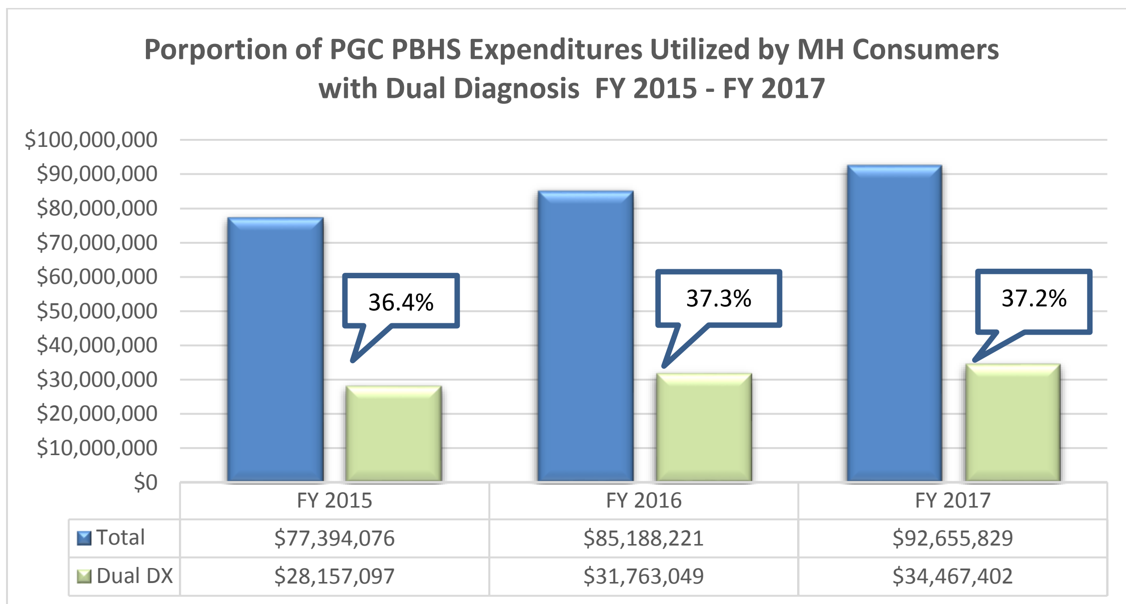


	FY 2015	FY 2016	FY 2017
Heroin	216	217	427
Opiates	286	287	556
Marijuana	381	733	700
Cocaine	82	131	198
Alcohol	236	474	723

6. Dually Diagnosed Individuals

The FY 2017 data indicates that 21.5% of consumers served in the County's PBHS have a primary mental health diagnosis and a secondary substance related diagnosis, and utilizes 37.2% of the total expenditures. In addition, the number of consumers with dual diagnoses have continued to increase from FY15 to FY17 and at a higher rate than expenditures.





7. Outcome Measurement System (OMS) – Table 4

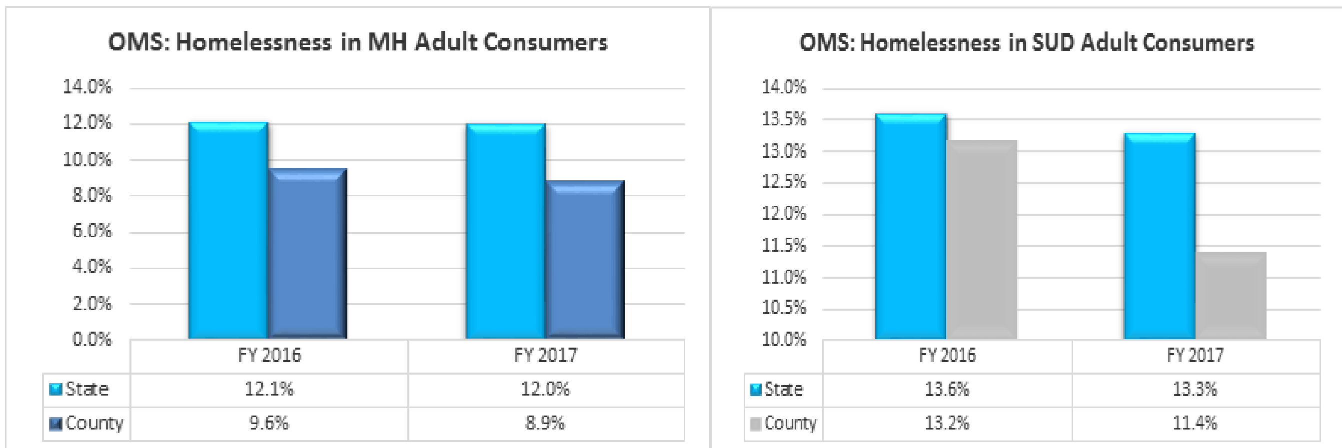
The OMS data is collected via survey from consumers, ages 6-64, who received outpatient mental health or substance-related treatment services through the Public Behavioral Health System. When referencing data on children, ages 6-17 are represented unless otherwise noted. When refererring to adults, ages 18-64 are represented.

Homelessness

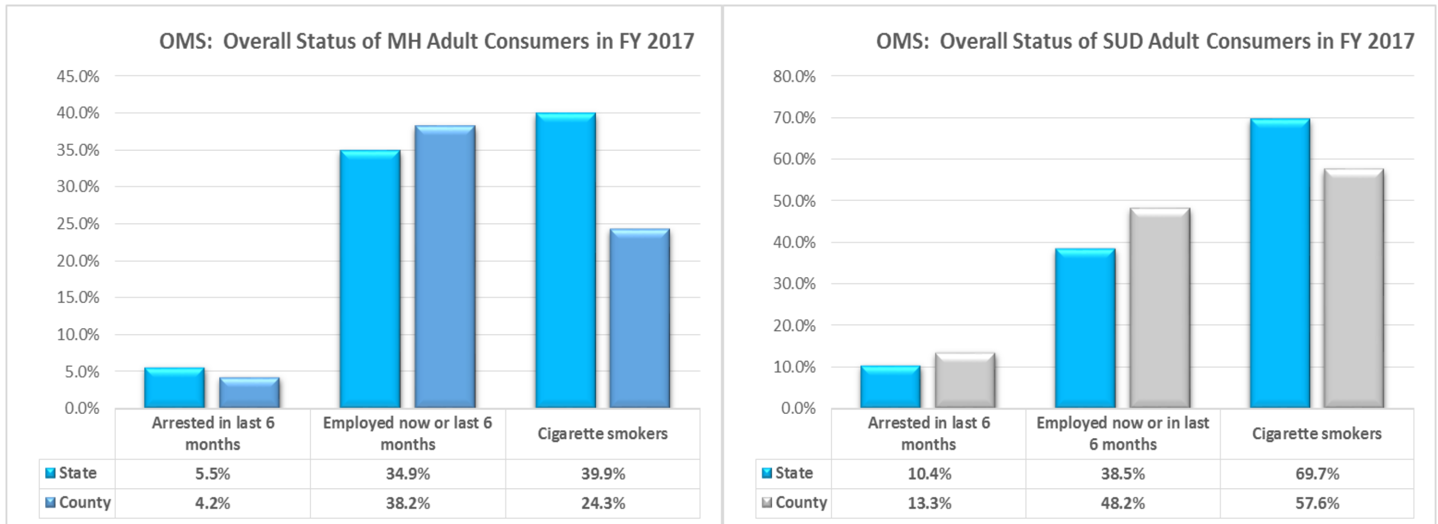
The data shows that the rate of homelessness among adults with mental illness surveyed is significantly higher than that of the children who were surveyed. This is true not only for Prince George's County, but also statewide. Based on the OMS data presented, 385 of 4,341 adult consumers reported that they were homeless some time in the past six (6) months. The homeless rate for adults in the County was 8.9% and 12.0% for the State.

The homeless count obtained via the Metropolitan Washington Point in Time (PIT) Survey conducted in January 2017 indicated that there were at least 525 homeless individuals in Prince George's County, representing less than half of one percent of the County's population. Of those who participated in the PIT survey, 314 (60%) were adults, age 18 and over. The survey also noted that 12.7% of the adults reported having a severe mental illness, 13.3% reported chronic substance abuse disorders and 6.7% were Veterans.

In FY 2017, the percent of adult receiving mental health services and SUD consumers in Prince George's County who reported experiencing homelessness in the past six months decreased from 9.6% to 8.9% compared to the FY 2016 data. Statewide there was relatively no change in the percentage of individuals who reported that they were homeless in the past six months from FY 2016 to FY 2017. Likewise, in FY 2017, the percentage of adults receiving SUD services in the County who reported experiencing homelessness in the past six months decreased from 12.2% in FY16 to 11.4% in FY17. There was a slight decrease statewide from 13.6% to 13.3% during the same timespan.



The following charts display OMS data on the overall status of adult respondents who received mental health or SUD services:



Arrests

The State surveyed 63,381 adults who received mental health services and of the respondents, 4,780 were County residents. Consumers surveyed reported a lower arrest rate (4.2%) than did the State respondents (5.5%). The County's lower rates may be attributed to the Crisis Response System's diversion efforts, the Mental Health Court's involvement with mental health consumers or several re-entry programs for individuals with a history of substance use returning to the community from jail.

The State also surveyed 42,096 adults who received substance abuse services and of the residents, 960 were county consumers. Consumers surveyed reported a higher arrest rate (13.3%) than did the State respondents (10.4%). Further investigation is needed to be able to determine the reason behind the higher County arrest rate.

Employment

Over the past few years, the overall employment rate for Prince George's County consumers has continued to improve. Slightly over 38% of OMS survey respondents, who are residents of the County that received mental health treatment, reported that they are currently employed, or have been employed, in the past six months. Forty-eight percent (48%) of adult respondents who accessed SUD services reported they are employed or have been in the past six months. According to the U.S. Department of Labor Bureau of Labor Statistics, the average unemployment rate for the County in FY 2017 was 4.25% (See table on next page). The data shows that individuals with mental health and SUD diagnoses continue to be employed at a lower rate than the general County population. Ensuring that job readiness services are available and accessible through programs

such as supported employment and recovery support clubhouse plays a vital role in consumers obtaining employment as well as recovery.

FY 2017 Area Explorer - Prince George's County Workforce Region - Workforce Information & Performance Local Area Unemployment Statistics (LAUS)				
Prince George's Workforce Region	Unemployment Rate	Unemployment	Employment	Labor Force
July 2016	4.5	22,739	478,601	501,340
August 2016	4.5	22,236	475,145	497,381
September 2016	4.3	21,419	475,523	496,942
October 2016	4.3	21,712	478,058	499,770
November 2016	4.1	20,248	479,313	499,561
December 2016	3.9	19,466	478,178	497,644
January 2017	4.4	21,772	476,230	498,002
February 2017	4.5	22,554	480,995	503,549
March 2017	4.3	21,655	482,630	504,285
April 2017	3.9	19,840	483,374	503,214
May 2017	4.0	20,385	483,627	504,012
June 2017	4.3	21,786	487,542	509,328
FY 2017 Average	**4.25**	**21,318**	**479,935**	**501,252**

Data retrieved from: http://www.dllr.maryland.gov/lmi/areas/pgcowia.shtml
Date Retrieved: January 7, 2017

Tobacco Use

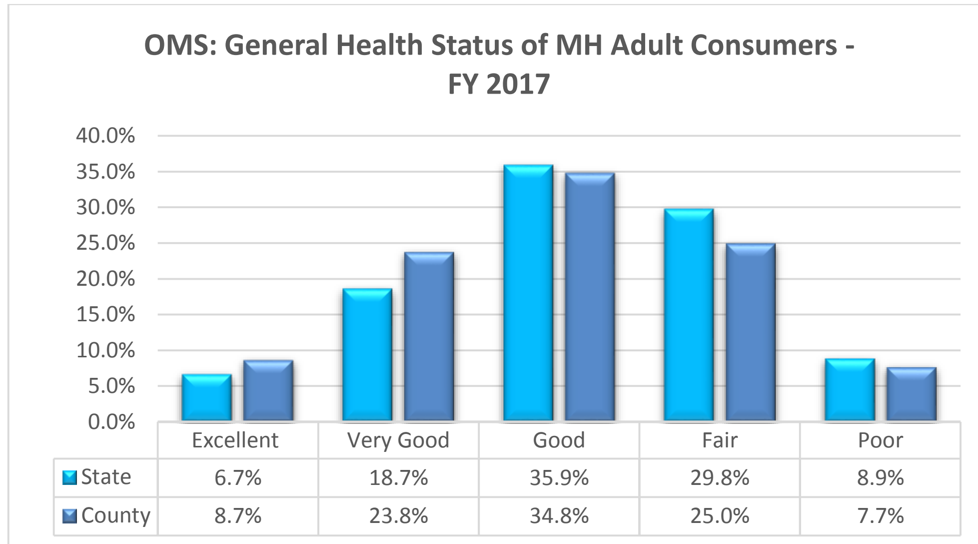
Cigarette use continues to decrease, but maintains its status as the leading tobacco product among County residents. OMS data was collected from 5,301 mental health consumers in Prince George's County and 66,381 Maryland consumers. Adult consumers residing in the County reported smoking cigarettes at a lower rate (24.3%) when compared to the State average (39.9%).

Reported cigarette use by SUD consumers in the County was collected from 960 consumers in Prince George's County and 42,096 Maryland consumers. Adult consumers residing in the County reported smoking cigarettes at a lower rate (54.6%) when compared to the State (69.7%).

The lower rates of tobacco use may be due to the prevention, treatment and outreach activities of the tobacco cessation program previously discussed in the treatment section of this plan.

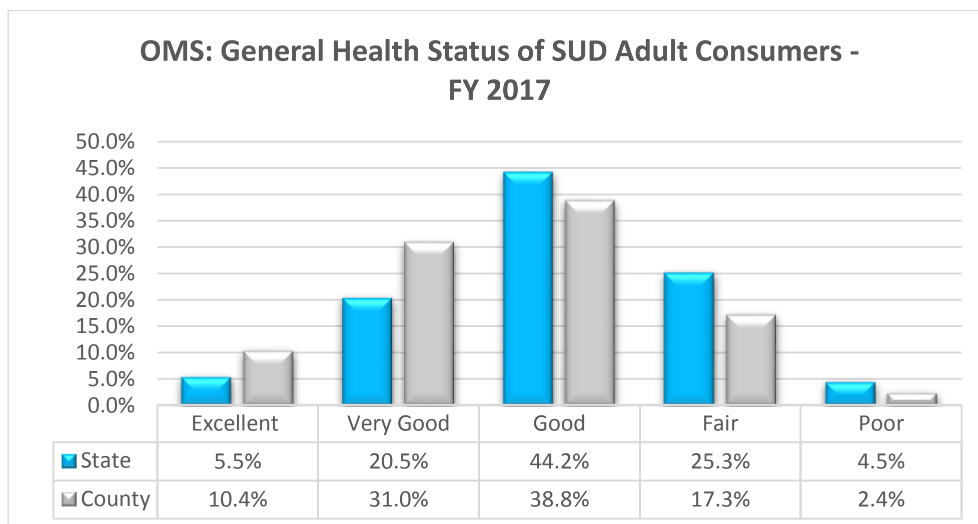
General Health Status in Adults

Most of the County and Statewide adult mental health consumers surveyed perceived their overall general health status as "good" or better (67.3% and 61.3%, respectively). Of the respondents for the County, 32.7% rated their health as "fair" or "poor". Statewide, slightly under 39% rated their health as "fair" or "poor".



	Excellent	Very Good	Good	Fair	Poor
State	6.7%	18.7%	35.9%	29.8%	8.9%
County	8.7%	23.8%	34.8%	25.0%	7.7%

Majority of the County and Statewide adult SUD consumers surveyed perceived their overall general health status as "good" or better (79.4% and 70.2%, respectively). Of the respondents for the County, nearly 20% rated their health as "fair" or "poor". Statewide, nearly 30% of respondents rated their health as "fair" or "poor". Overall, County consumers had a better perception of their health status than the State's average.

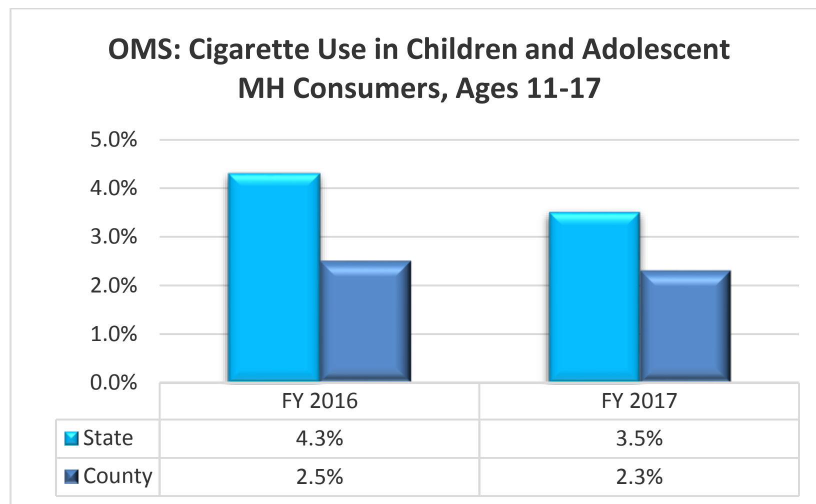


	Excellent	Very Good	Good	Fair	Poor
State	5.5%	20.5%	44.2%	25.3%	4.5%
County	10.4%	31.0%	38.8%	17.3%	2.4%

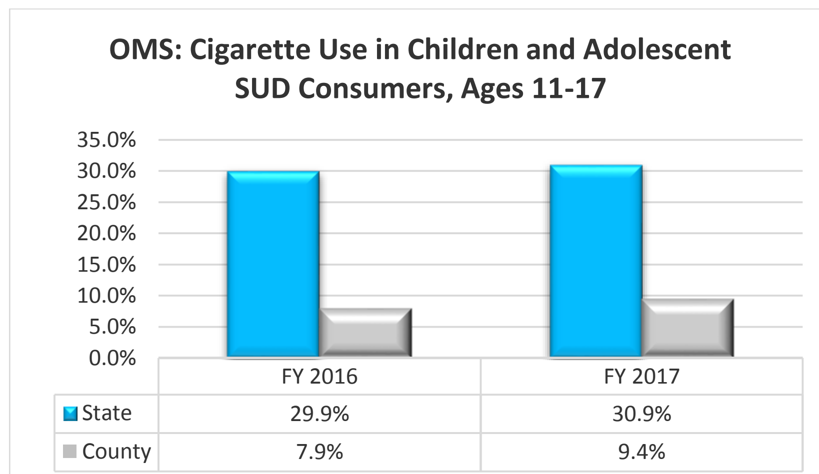
The following charts display OMS data on tobacco use, school outcomes and the general health statuses of child and adolescent respondents who received either mental health and SUD services:

Tobacco Use in Children and Adolescents

Tobacco use data was collected statewide from 25,975 children and adolescents receiving mental health treatment, ages 11-17, and 2,799 in Prince George's County. Based on the OMS data collected, the statewide percentage for children and adolescents who reportedly smoke cigarettes was higher than the County rate for the same population (3.5% vs 2.3%). Tobacco use amongst consumers 11-17 years of age decreased from FY16 to FY17 for both the County and Statewide.

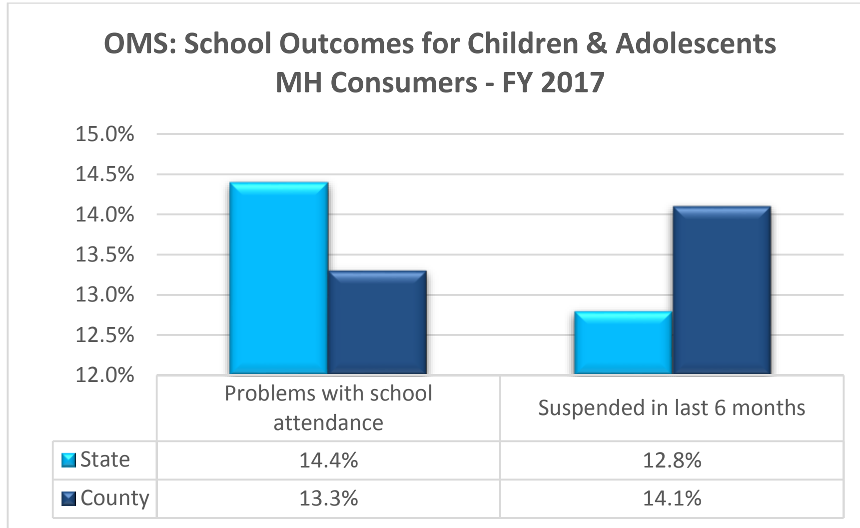


Tobacco use data was also collected statewide from 821 children and adolescents, ages 11-17, who recevied SUD services, and 53 in Prince George's County. The state's average (30.9%) reported tobacco use for children and adolescents receiving SUD services is three times higher than the County.



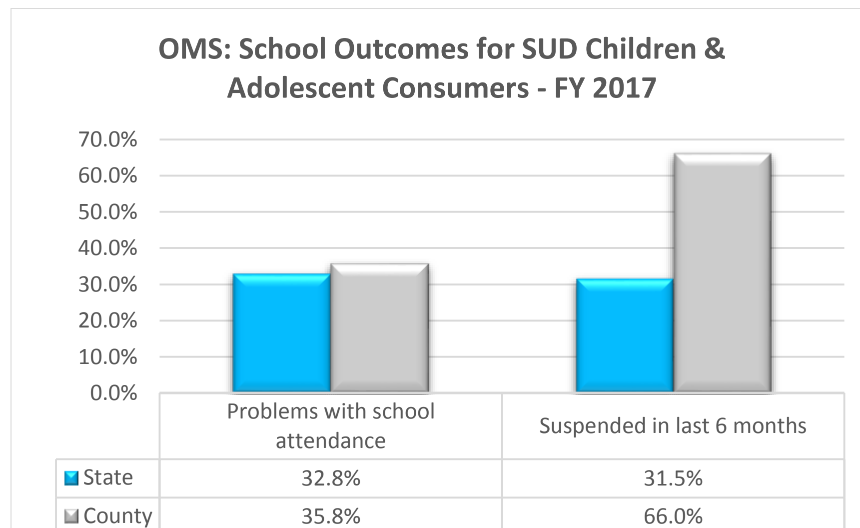
School Outcomes

The OMS mental health data shows that a slightly lower percentage of County students have problems with school attendance when compared to the State average. Problems with school attendance was measured by those missing 25% or more of school hours for reasons unspecified. While chronic absenteeism among the County's students with mental health diagnosis may have represented a lower percentage, the County has a higher percentage of students who reported that they were suspended in the last 6 months from the time that the data was collected.



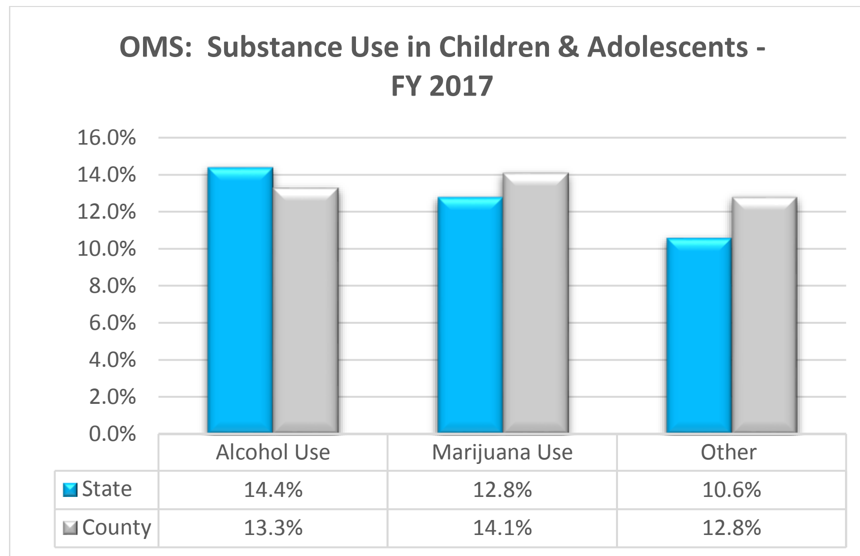
	Problems with school attendance	Suspended in last 6 months
State	14.4%	12.8%
County	13.3%	14.1%

The OMS SUD data also shows that a slightly higher percentage of County students have problems with school attendance when compared to the State average. Reported rates of suspension for County students is more than double that of the State. Problems with school attendance and school suspensions are significantly higher for youth with substance use disorders than for those with mental health diagnosis. Suspensions are more than four times higher for the SUD population than for the mental health population. It has been reported that County schools are working to change the cycle, particularly since many of the suspensions are for subjective offenses like loitering or insubordination.



	Problems with school attendance	Suspended in last 6 months
State	32.8%	31.5%
County	35.8%	66.0%

Substance Use in Children and Adolescents



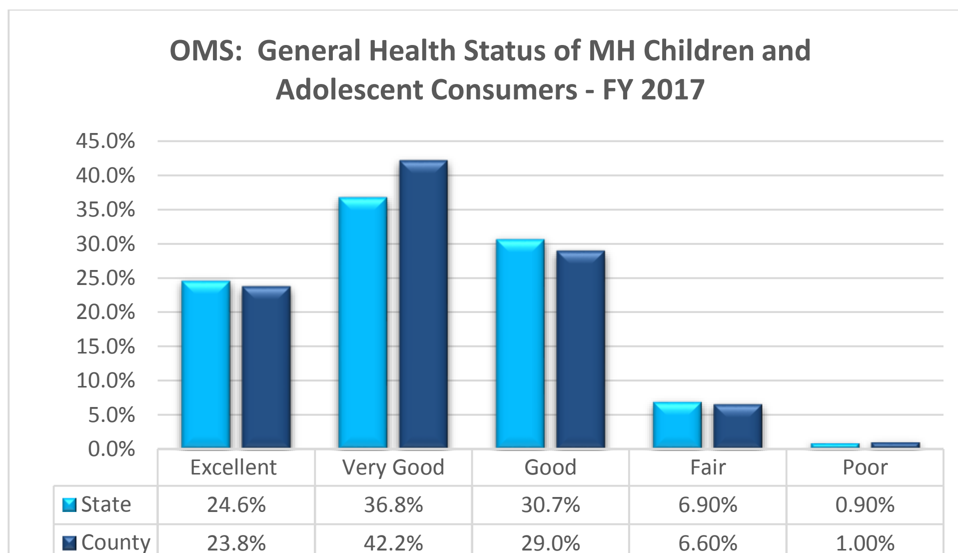
	Alcohol Use	Marijuana Use	Other
State	14.4%	12.8%	10.6%
County	13.3%	14.1%	12.8%

Compared to State data, marijuana and other substance use by County children and adolescent was higher than State usage, 14.1 % vs 12.87%, and 12.8% vs 10.6%, respectively. However, County reported use of alcohol was lower than State reported use (13.3% vs 14.4%, respectively).

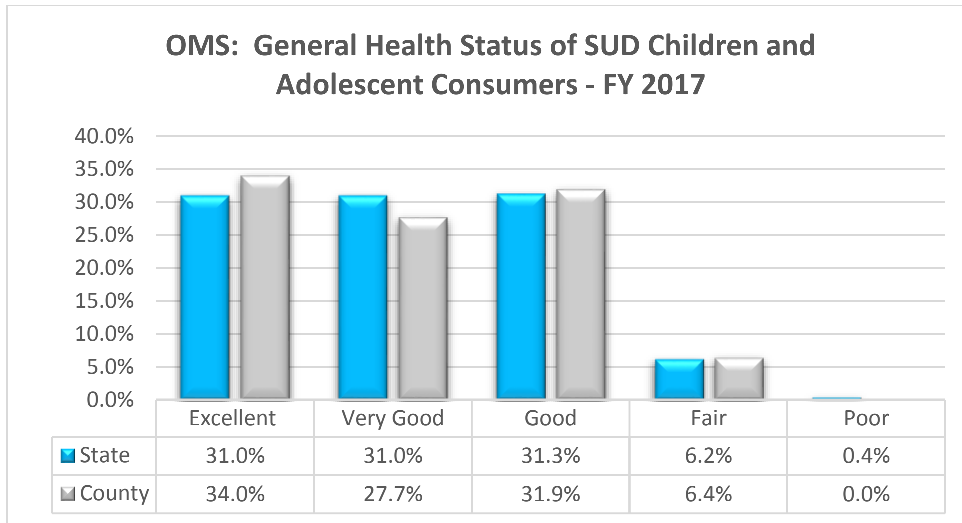
General Health Status of Children

The children who received mental health services surveyed in both the County and State continue to rate their general health status more positively than the adults surveyed. For the County and State, most children surveyed perceived their overall general health status as "good" or better (95% and 92.1%, respectively).

Majority of the State respondents who received SUD services rated their general health as "good or better" (93.3%) and 93.6% of the County respondents rated their general health status as "good or better". No County resident considered himself or herself to be in poor health.



	Excellent	Very Good	Good	Fair	Poor
State	24.6%	36.8%	30.7%	6.90%	0.90%
County	23.8%	42.2%	29.0%	6.60%	1.00%



H. FY 2019 Goals, Objectives and Strategies, Performance Measures and Performance Targets

The Prince George's County LBHA goals, objectives and strategies for FY 2019 address the continued efforts to support the transformation of the PBHS in our County. The LBHA has utilized Behavioral Health Administration's (BHA) established goals for FY 2018-FY 2019 as a guide for the development of its County's goals, objectives and strategies. It is anticipated that through our identified strategies we will address gaps in service, strengthen our collaboration with key stakeholders, measure the progression towards behavioral health integration and provide services aimed at special populations within our jurisdiction. Listed below are the specific goals, objectives and strategies that will be the focus in FY 2019:

FY 2019 LBHA Goals	
I	**Develop and implement a recovery-oriented, integrated system of care with clearly articulated quality and outcome standards**
II	**Maintain and expand capacity to provide sufficient substance use, mental health and addictive disorder services to address the needs of individuals in care and their families. This includes prevention, intervention, treatment and recovery services and supports.**
III	**Create and implement a process for collecting, analyzing, and utilizing data**
IV	**Develop and implement a cultural competency plan for the behavioral health care system**

GOAL I: DEVELOP AND IMPLEMENT A RECOVERY-ORIENTED, INTEGRATED SYSTEM OF CARE WITH CLEARLY ARTICULATED QUALITY AND OUTCOME STANDARDS

Objective 1.1: Continue to collaborate with behavioral health care providers and other agencies to further develop mechanisms to promote integrated health care

Strategy 1.1-A: Assist programs to strategically align their services with practices that improve the outcomes for individuals with co-occurring disorders

- **Target:** The LBHA will coordinate at a minimum (1) one DDC/co-occurring training opportunity for behavioral health providers and disseminate information to encourage provider participation

Objective 1.2: Continue efforts that promote opportunities for recovery and supports in the areas of housing, benefits, and employment for individuals with behavioral health disorders across the lifespan

Strategy 1.2-A: Provide funding and support to local peer support and advocacy organizations

- **Target:** The LBHA will collaborate with OOO-PG, NAMI-PG and MHA-MD to support wellness and recovery activities promoting the continuance of the Wellness and Recovery Action Plan (WRAP) training, peer support training and advocacy and community education activities

Strategy 1.2-B: Provide funding and support to a local State Care Coordination provider

- **Target:** The LBHA will collaborate with Destiny Power and Purpose to support individuals with SUD to connect with community supports

Objective 1.3: Through a variety of approaches, the LBHA will monitor, evaluate and improve the appropriateness, quality, efficiency, cost-effectiveness and outcomes of behavioral health services

Strategy 1.3-A: Monitor the contractual obligations of all grant-funded programs, including conducting site visits to review of billing, program reports, billing, invoices, and attainment of contractual outcomes

- **Target:** The LBHA will provide at a minimum one (1) site visit to each grant-funded program

Strategy 1.3-B: Conduct annual site visits to RRP, PRP, OMHC, residential programs, outpatient SUD providers and MAT providers to monitor conditions, consumer records and quality of services

- **Target:** The LBHA will provide at a minimum one (1) site visit to each PBHS program

Strategy 1.3-C: Monitor RRP usage and coordinate Quality Improvement Interagency Committee (QIIC) meetings for RRP

- **Target:** The LBHA will host ten (10) monthly QIIC meetings

Strategy 1.3-D: The LBHA will continue to participate in Office of Health Care Quality (OHCQ) licensing visits and track completion of behavioral health providers' program improvement plans

- **Target:** The LBHA will participate in all of OHCQ licensing visits

Strategy 1.3-E: Review BHA audit finding reports and provide technical assistance to providers

- **Target:** The LBHA will review all of provider audits

GOAL II: MAINTAIN AND EXPAND CAPACITY TO PROVIDE SUFFICIENT SUBSTANCE USE, MENTAL HEALTH AND ADDICTIVE DISORDER SERVICES TO ADDRESS THE NEEDS OF INDIVIDUALS IN CARE AND THEIR FAMILIES. THIS INCLUDES PREVENTION, INTERVENTION, TREATMENT AND RECOVERY SERVICES AND SUPPORTS

Objective 2.1: Continue to work collaboratively with appropriate agencies to improve access to behavioral health services for individuals of all ages and specialty populations

Strategy 2.1-A: Provide funding for interpreter and signing therapists for clinical and rehabilitation services for deaf and hard of hearing consumers

- **Target:** The LBHA will contract with the Family Services Foundation to provide signing therapists and American Sign Language interpreters for clinical and rehabilitation services for deaf and hard of hearing consumers, and link providers to resources for interpreter services as needed

Strategy 2.1-B: Provide psycho-geriatric nursing services to elderly consumers

- **Target:** The LBHA will contract with a community-based organization to provide psycho-geriatric nursing services to older adult consumers in select residential rehabilitation and assisted living facilities

Strategy 2.1-C: Ensure that programs and services are available for adults in psychiatric crisis and in need of SUD intervention presenting in the ED are appropriately screened and linked to services

- **Target:** The LBHA will contract with Prince George's Hospital Center to provide emergency psychiatric services (EPS) and 23-hour emergency psychiatric beds for adult consumers in crisis who are uninsured or Medicaid ineligible
- **Target:** The LBHA will contract with a community-based organization to provided crisis response and hotline services

Strategy 2.1-D: Collaborate with the Department of Corrections (DOC) to provide treatment and alternatives to incarceration for adult inmates diagnosed with behavioral health disorders

- **Target:** The LBHA will provide funding to DOC to offer a T.A.M.A.R program for women and to provide a jail mental health assessment program

Strategy 2.1-E: Ensure that behavioral health professionals are equipped with the knowledge and resources to assist consumers with TBI

- **Target:** The LBHA will provide TBI training and/or informational sessions for community behavioral health providers

Objective 2.2: Continue efforts to address the crisis services needs and suicide prevention activities in the County

Strategy 2.2-A: Ensure that a crisis hotline and crisis response system is in place to respond to the range of crises from the community at large

- **Target:** The LBHA will fund a Crisis Response System to provide crisis screening, mobile crisis teams, urgent care, disaster mental health activities, in-home family intervention and other crisis services
- **Target:** Fund a crisis hotline with trained staff available 24/7 dedicated to answering calls, assessing callers needs and making referrals as needed

Strategy 2.2-B: Utilize SafeTALK and ASIST, evidence-based prevention and early intervention models to reduce youth suicide

- **Target:** The LBHA continue its collaboration with a crisis hotline provider to conduct SafeTALK and ASIST training

Strategy 2.2-C: Monitor, plan and coordinate crisis programs and services

- **Target:** Identify funding for a coordinator of countywide crisis services

Objective 2.3: Continue to facilitate the development, implementation, integration and evaluation of services that address the needs of children, adolescents and transition age youth with psychiatric disorders and their families

Strategy 2.3-A: Ensure that psychiatric rehabilitation services are available to transitional age youth with families

- **Target:** The LBHA will provide funding to support a Transition Age Youth program to provide psychiatric rehabilitation services to include housing assistance, childcare, mentoring and linkage to services

Strategy 2.3-B: Participate and contribute to in the enhancement and implementation of a child and family behavioral health system of care

- **Target:** The LBHA will continue to participate in System of Care (SOC) Grant committee activities and actively participate and contribute to the SOC Strategic Plan (ongoing)

Strategy 2.3-C: Monitor, plan and promote early childhood behavioral health services

- **Target:** The LBHA will identify funding for a Program Coordinator for early childhood behavioral health services and systems that will manage the countywide system of care to address early childhood developmental and behavioral health needs

Objective 2.4: Continue to work with the behavioral health community to provide educational activities and disseminate current information related to psychiatric disorders, prevention mechanisms, treatment services and supports to the general public

Strategy 2.4-A: Coordinate community education, events and trainings on a variety of topics for behavioral health professionals, consumers and their families, and targeted audiences who work with or assist special populations

- **Target:** The LBHA will plan, host, and/or sponsor community education trainings on topics related to behavioral health including two (2) Mental Health First Aid and anti-stigma trainings
- **Target:** The LBHA will provide at least six (6) outreach activities and training on topics related to behavioral health issues in older adults

Objective 2.5: Identify and promote the implementation of evidence-based, effective, promising and best practices for behavioral health services in community-based programs

Strategy 2.5-A: Provide an In-Home Intervention Program for Children and Adolescents (IHIP-C) and Assertive Community Treatment (ACT) programs

- **Target:** The LBHA will monitor and screen the quality of services to Prince George's County residents by the organizations providing IHIP-C and ACT services. Refer all eligible individuals to appropriate program (ongoing)

GOAL III: CREATE AND IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND UTILIZING DATA

Objective 3.1: Collect and analyze data on consumer demographics, service utilization, expenditures and other pertinent information to improve the efficiency and effectiveness of the LBHA operations

Strategy 3.1-A: Access and analyze the Administrative Services Organization's (Beacon Health Options data reports Beacon Health Options data reports in the analysis and evaluation of trends in the Public Behavioral Health System service utilization, expenditures and consumer counts for annual reports, annual plans and data requests

- **Target:** The LBHA will have the information and capacity to respond to all data requests

GOAL IV: IMPLEMENT CULTURAL COMPETENCY PLAN FOR THE BEHAVIORAL HEALTH CARE SYSTEM

Objective 4.1: Strengthen cultural and linguistic competency within the County's behavioral health system of care and improve access to clinical services that are deemed culturally and linguistically appropriate for all populations

Strategy 4.1-A: Assist SOC Cultural and Linguistic Competency Coordinator with distributing CLC assessments to community behavioral health providers

- **Target**: The LBHA will assist with the distribution of CLC assessments to all licensed community behavioral health providers by June 30, 2021

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Attachment

All Hazards Plan

Appendix A

FY 2019 Plan/Budget Approval

Plan Approval Requirement

Each year the Annual Plan is developed as a collaborative effort between LBHA staff and the Mental Health Advisory Committee (MHAC). The plan includes service and system goals consistent with those of the Behavioral Health Administration's FY 2018-2019 goals. The MHAC receives updates from LBHA staff and presentations from community providers on services within the Public Behavioral Health System. The Committee reviews the goals, objectives and strategies in the plan prior to submission to the Behavioral Health Administration. Members have an opportunity to review and provide their input during the planning process for the upcoming fiscal year. Staff reviewed and analyzed statistical data from Beacon Health Options to identify trends and issues of concern presented by the data. In addition, MDH released Outcome Measurement System (OMS) data used to profile the well-being of the County's PBHS consumers compared to statewide data that which the LBHA staff has also reviewed and analyzed. The current chair of the MHAC is Makeitha Abdulbarr. Ms. Abdulbarr is also a member of the Sate Behavioral Advisory Committee and chairs the Cultural and Linguistic Competence Sub-Committee.

February 9, 2018

Barbara Bazron, Ph.D.
Executive Director
Behavioral Health Administration
Spring Grove Hospital Center, Dix Building
55 Wade Avenue
Catonsville, Maryland 21228

Dear Dr. Bazron:

As the Chair of the Mental Health Advisory Committee (MHAC), I am privileged and pleased to present the FY 2019 Annual Plan on behalf of the Local Behavioral Health Authority (LBHA) and the citizens of Prince George's County. The LBHA continues to play a vital role in the monitoring and coordination of the public behavioral health system and provider-consumer related matters. The MHAC continues to meet monthly to contribute their personal expertise and knowledge, demonstrating the commitment and responsibility entrusted to them by the LBHA, Prince George's County Government, and the Behavioral Health Administration. Additionally, MHAC continues to support "May is Mental Health Month" community education activities sponsored by the LBHA to help communicate mental health needs and raise awareness in the County.

The MHAC has provided input, reviewed and approved the Local Behavioral Health Authority's Fiscal Year 2019 Annual Plan during our regularly scheduled meeting held on January 16, 2018 and has no further recommendations. The Committee is pleased to have had such access and opportunity to participate in the LBHA's combined mental health and substance related disorder plan this year. In the upcoming fiscal year, we will work diligently with the LBHA to promote integrated services as a priority in the planning of prevention, treatment and recovery support services for all Prince George's County consumers and their families.

Sincerely,

Makeitha H. Abdulbarr, Chair
Mental Health Advisory Committee
Prince George's County

Rushern L. Baker, III
County Executive

Mental Health Advisory Committee (MHAC)

FY 2018 Voting Membership			
Appointee Name/ Membership Type	**Address**	**Contact Information**	**Term Expiration**
Makeitha H. Abdulbarr Community Mental Health Clinic Provider Chair	Metropolitan Mental Health Clinic 96 Harry S. Truman Drive Upper Marlboro, MD 20772	abdulbarr@comcast.net (301) 343-7765 (C) (301) 324-0600 (O)	6/30/2018
Vacant Sheriff Department	Prince George's County Sheriff's Office Upper Marlboro, Maryland 20772	odbarnes@co.pg.md.us (301) 780-7494 (O)	6/30/2017
Tomeka Bolden Community Rehabilitation Provider	Volunteers of America 4611 Assembly Drive, Suite D Lanham, MD 20706	tbolden@voaches.org (301) 466-1537 (C) (301) 306-0904 X203 (O)	6/30/2017
Reginald Cunningham Mental Health Professional	585 Reading Terrace Landover, Maryland 20785	regisbak@gmail.com (410) 961-7192 (C)	6/30/2018
Collette Harris Parent/relative of an adult consumer	National Alliance on Mental Illness 8511 Legation Road New Carrollton, Maryland 20784	cmharris2004@yahoo.com (301) 467-1513 (H)	6/30/2017
VACANT Consumer	N/A	N/A	6/30/2017

FY2018 Non-Voting MHAC Membership			
Ex-Officio Name	**Address**	**Contact Information**	**Agency**
Pamela Creekmur Health Officer	1701 McCormick Drive Largo, Maryland 20774	(301) 883-7834 pbcreekmur@co.pg.md.us	Prince George's County Health Department
L. Christina Waddler Manager Local Behavioral Health Authority	Behavioral Health Services 9314 Piscataway Road, Suite 150 Clinton, Maryland 20735	(301) 856-9500 (O) (240) 832-0718 (C) lcwaddler@co.pg.md.us	Prince George's County Health Department Local Behavioral Health Authority
TBD Council Member	County Administration Bldg. 2nd Floor Upper Marlboro, MD 20772	N/A	Prince George's County Council
Vacant Associate Director Behavioral Health Services	1701 McCormick Drive Largo, Maryland 20774	(301) 883-7903	Prince George's County Health Department
Chinenye Ekoh, MD Unit Director	Spring Grove Hospital Center 55 Wade Avenue Red Brick Cottage 3 Catonsville, MD 21228	(410) 402-7482 EkohC@maryland.gov	Spring Grove Hospital Center
Eugenia Greenhood Community Developer II Local Behavioral Health Authority Staff Support to MHAC	Behavioral Health Services 9314 Piscataway Road, Suite 150 Clinton, Maryland 20735	(301) 856-9500 (O) (240) 832-0723 (C) eagreenhood@co.pg.md.us	Prince George's County Health Department Local Behavioral Health Authority

Appendix B

Listing of Collaborative Efforts

LBHA Collaborative Efforts: Boards, Committee, Workgroups & Meeting Participation FY 2018
Access to Care Workgroup
Beacon health Options Provider Council Meetings
BHA/CSA Adult Services Quarterly Meetings
Behavioral Health Integration Stakeholders Workgroup
Children's Mental Health Matters Campaign Local Team Meetings
CISM Coordinators Symposium
CSA Leadership Meetings
Commission for Women Mental Health Conference Planning Workgroup
Crossover Project Meetings (DSS/DJS)
Crownsville Project Assertive Community Treatment Team Meetings
Crownsville Project Five County In Home Intervention Program Meetings
Crownsville Project Five County Steering Committee Meetings
Crownsville Project Housing Providers Meetings
Crownsville Project Housing Subsidy Planning Meetings
Department of Social Services (DSS) Adult Protective Services Interagency Team Meetings
Department of Social Services Title IV Waiver Readiness Assessment Meetings
Early Childhood/LAUNCH Developmental Screening by Primary Care Physicians Sub-group Meetings
Early Childhood/LAUNCH Family Strengthening Sub-group Meetings
Emergency Operations Center (EOC) Team
Healthcare Partnership of Prince George's and Charles County
High Intensity Drug Trafficking Area Quarterly Regional Meetings
Integration Transition Committee
Judy Center Steering Committee
Local Care Team (LCT)
Maryland Association of Behavioral Health Authorities Child & Adolescent Coordinators Sub-Committee
MABHA Adult Coordinators Sub-Committee
Maryland Early Childhood Mental Health Steering Committee
Maryland State Council on Child Abuse & Neglect
Mental Health Advisory Committee
Mental Health Affinity Group
Mental Health and Substance Abuse Conference Workgroup
Mental Health Court
Outpatient Services Workgroup
Overdose Fatality Meetings
Prince George's County Behavioral Health Advisory Group
Prince George's County CIT Steering Committee
Prince George's County Continuum of Care Interdisciplinary Team Meetings
Prince George's County Early Childhood/LAUNCH Advisory Council
Prince George's County Healthcare Action Coalition (PGHAC)
PGHAC/Access to Care Subcommittee
Prince George's County Homeless Services Partnership
Prince George's Hospital Center Frequent Utilizers Meetings
Prince George's County LBHA SUD Provider Meetings
Prince George's County Mobile Integrated Healthcare Team Meeting

Prince George’s County Offender Reentry Care Coordination Meetings
Quality Improvement Interagency Committee (QIIC)
Resource Connections, Inc. Board of Directors
School Based Mental Health Initiative
SOAR Trained Case Managers Meetings
State Child and Adolescents Coordinators Meetings
State Continuum of Care Meetings
State Early Childhood Advisory Council (ECAC)
State Maryland Community Criminal Justice Treatment Program (MCCJTP) Meetings
State Mental Health and Stabilization Services Meetings
State Older Adult Behavioral Health Initiative
State Projects for Assistance in Transition from Homelessness (PATH)
State RRP Process Workgroup
State SOAR Housing Pilot Program Meetings
State SOAR Planning Workgroup
System of Care Core Team Meetings
System of Care Leadership Meeting
Threat Assessment Team
Transforming Neighborhood Initiative (TNI) @ School: Prince George’s Community Schools Network
Transforming Neighborhood Initiative (TNI) Focus Group
Transforming Neighborhood Initiative (TNI) Langley Park Community Schools & Parent Workgroup
Transforming Neighborhood Initiative (TNI) Taskforce
Veteran’s Treatment Court Meetings

Appendix C

Prevention, Treatment and Recovery Programs

Prevention, Behavioral Health Treatment and Recovery Services

Crisis Response System (CRS) – Provides crisis mental health services to Prince George's county residents. Conducts evaluations for diverting patients presenting in the emergency room or for possible inpatient admission. The CRS includes the following components:

- Operations Center
- Crisis Screening
- Mobile Crisis Team
- Urgent Care appointments
- Transportation
- Temporary Housing
- In-Home Intensive Family Intervention

Mobile Crisis Team Augmentation (MCTA) – Provides enhancements to the existing Crisis Response System. Its purpose is to divert individuals from inpatient hospitalization and identifying appropriate community resources.

Crisis Intervention Team (CIT) – Responsible for training police and other first responders in a crisis intervention model designed to assist individuals with accessing mental health services as opposed to entering the criminal justice system.

Mental Health and Stabilization Services (MHSS) – 24 hour, community-based, intensive in-home services to respond to crisis issues in foster/kinship homes. Services include psychiatric/ psychological evaluations and treatment, clinical assessments, medication management/ monitoring, interactive therapies, behavioral management and support with daily living skills.

Maryland Crisis Hotline – Consists of staff trained to respond to the following areas: adolescent development and concerns, suicide prevention, general counseling, crisis Intervention, domestic violence and substance abuse.

Emergency Psychiatric Services (EPS) and 23-Hour Crisis Beds – The provision of psychiatric evaluations and 23-Hour crisis beds services are available at Prince George’s Hospital Center to uninsured individuals with mental illness, who are Medicaid ineligible.

Maryland Community Criminal Justice Treatment Program (MCCJTP) – Provides mental health services to inmates with mental illness at the Department of Corrections to include mental health assessments, therapy sessions, crisis intervention, linkages to community mental health and substance use services and post-release follow-up to individuals

Trauma, Addiction, Mental Health and Recovery (T.A.M.A.R) – Female inmates at the Department of Corrections are provided with trauma services and HIV/AIDS education services.

Outreach with Treatment Services –Outreach services connecting individuals who are homeless and have a mental health diagnosis to treatment, housing and other support services.

PATH (Projects and Assistance to Transitioning from Homelessness) – Assists chronically homeless individuals with mental illness locate and secure housing. PATH collaborates with private landlords and/or apartment complexes in an effort to provide placement assistance to consumers with mental illness, who are homeless or at risk of becoming homeless.

SSI/SSDI Outreach, Access, and Recovery (SOAR) Program – Provides assistance to consumers of the Projects for Assistance in Transitioning from Homelessness (PATH) program and other homeless individuals with mental illnesses with completing SSI/SSDI applications. The goal is to expedite the receipt of SSI eligibility benefits for eligible mental health consumers.

Continuum of Care Program (CoC) – Provides housing and support services to individuals with mental illness, or co-occurring mental illness and SUD needs, who were recently released from detention or other court system involvement. The CoC program ensures linkage to supportive services necessary for achieving and maintaining independent living.

The Homeless I.D. Project – Provides funding for birth certificates and I.D. cards for homeless individuals. The LBHA processes applications that enables individuals to receive identification cards and birth certificates. It is the expectation that after receiving birth certificates and identification cards, individuals who are homeless will be able to access behavioral health services, entitlements and other community supports.

Consumer Support Services – Offers individuals with mental illness assistance with urgent psychotropic medication requests, transportation and other consumer support needs, such as assistance with rent to prevent eviction or secure housing, activating utility services or paying past due utility payments, as well as obtaining basic household goods.

Signing Therapists and American Sign Language Interpreting Services – Includes therapists certified in American Sign Language to assist with communication for deaf or hard of hearing consumers participating in clinic and rehabilitation services.

On Our Own (OOO) Peer Support – Peer support program for individuals with mental illness that provides outreach activities, Wellness & Recovery Center (WRAP) trainings and educational forums to reduce stigma and promote recovery and wellness.

NAMI of Prince George's – Provides advocacy, support and education to individuals with mental illnesses, their families and the community.

Transitional Age Youth (TAY) Program – A residential program that provides (6) family units with housing, mental health treatment, psychiatric rehabilitation services, case management, independent living skills, childcare, assistance with applying for benefits and linkages to job training programs to help youth ages 16-23 live independently in the community.

In-Home Intervention Program for Children and Adolescents (IHIP-C) – As a part of the Five County Crownsville Project, Villa Maria, the provider of the IHIP-C, provides individualized therapeutic interventions services to families with youth at risk of entering or returning from a residential treatment center (RTC).

Assertive Community Treatment (ACT) – ACT is an evidence-based model, also a part of the Five County Crownsville Project, which incorporates wraparound services to at-risk individuals with severe and persistent mental illness, as well as those with co-occurring disorders, with the ultimate goal being recovery.

Psychogeriatric Services – Psychogeriatric nursing services are provided in RRP environment to elderly persons with mental illness. Services include case management, daily monitoring of medications. Structured day program activities, transportation to clinical appointments and assistance with other daily living activities.

Enhanced Client Support to Psycho-geriatric Nursing Services – Provides elderly individuals with mental illness that require additional assistance to be successful in a community placement.

Outpatient SUD Services for Spanish-Speaking Residents – Outpatient SUD services to Spanish-speaking residents of Prince George's County.

Care Coordination – Care coordination services to individuals in SUD Residential Treatment programs or actively engaged in outpatient services. Assistance is provided with accessing recovery support services.

Prince George's County Offender Reentry – Provides case management and referrals for individuals who are incarcerated at Prince George's County Department of Corrections. Participants in the Offender Reentry Program must be residents of Prince George's County, diagnosed with substance use or co-occurring disorders, have served a minimum of three months, and are within four months of release. Case Managers begin to work with the enrolled individuals while they are still incarcerated to identify services needs and assist with linkages and follow-up for up to one-year post release.

Problem-Solving Court Programs – The Prince George's County Health Department collaborates with the Problem-Solving Court Programs, which includes Circuit Adult Drug Court, District Drug Court, Juvenile Drug Court, and Veterans Court. These voluntary, supervised, sanctioned and incentive based programs require about 12-months to complete. Health Department case managers provide substance abuse screenings, linkage to needed supports or services and follow-up. Participants are Prince George's County residents who are referred from the State's Attorney's Office, private attorney or Office of the Public Defender.

Assessment and Case Management Unit – Provides behavioral health screenings for clients referred by Parole and Probation and or the court system. Based upon the results of the screenings, clients may be referred to community treatment providers for further assessment and treatment. The ACM Unit's staff also complete Health General Article 8-505 Assessments, which are court ordered for the purpose of determining whether an individual may have a substance related disorder that may require treatment.

Jail-Based Substance Abuse Treatment (JBSAT) – The JBSAT, located with the Prince George's County Department of Corrections, provides screening, assessment, and evidenced-

based treatment to self and court referred individual. In addition, referrals are made to aftercare and community resources upon release into the community.

Adam's House – Adam's House seeks to promote healthy behaviors among families by supporting positive values and working collaboratively with community-based organizations and service providers. Adam's House works with Prince George's County residents who are transitioning back into the community from incarceration and provides parenting support, assistance with navigating issues associated with child support, and provides linkage to healthcare, behavioral health treatment, educational and vocational skill-building, expungement assistance, as well as food bank and clothing assistance. Services are free, but you must be a resident of Prince George's County. At time of visit, please bring Photo ID and proof of residence (e.g., rent/mortgage agreement, utility bill, etc.).

Bridges 2 Success – Bridges to Success, formally known as Operation Safe Kids (OSK), is an effort between the Health Department and the DJS. Case Managers provide community-based support services to juvenile offenders who are Residents of Prince George's County and have been referred by the DJS. Bridges 2 Success aims to reduce risk factors and enhance protective factors associated with juvenile offenders who are at high risk of becoming victims or perpetrators of violence by providing linkage to community services and referrals for training and employment.

Recovery Support Clubhouse – The Recovery Clubhouse serves as an additional support to traditional outpatient substance abuse treatment by providing non-clinical services to Prince George's County youth between from ages 12 to 18 with primary substance abuse disorders and/or co-occurring mental health disorders that may hinder the recovery process. Services offered at the Clubhouse include case management and advocacy, support and life skills groups, tutoring and computer lab, GED and college preparation, job readiness and coaching, and enriching field trips.

Langley Park Multi-Service Center (LPMSC) – The LPMSC is a "one stop shop" where members of the Latino community who reside in Prince George's County have access to essential health and human service related resources. The Multi-Service Center staff is culturally knowledgeable and bilingual. The services at The Langley Park Multi-Service Center are provided by the following agencies:

- Prince George's County Health Department
- The Department of Social Services
- Prince George's County Circuit Court
- Family Crisis Center of Prince George's County
- Economic Development
- Department of Family Services
- Community Legal Resources

SUD Prevention Program – Provides research-based alcohol and drug prevention services to Prince George's County residents who are at-risk children ages 2 to 17 years and their families, and young adults 18-24. Services are provided to school groups, neighborhood groups, faith-based groups and community organizations The Prevention Program offers the following services:

- "Dare to Be You" Program

- Strengthening Families Program
- Naloxone Outreach Education
- "Communities That Care" Program
- Youth Ambassadors training
- Annual Alcohol and Other Drugs Public Awareness Campaign

Sexual Health in Recovery (SHIR) – Sexual Health in Recovery is designed to assist Prince George's County residents who are in the recovery community in maintaining sobriety by helping them identify how their alcohol/drug use could be connected to sexual behavior, thoughts, feelings and experiences. Sexual Health in Recovery is a 12-session evidence-based curriculum facilitated by trained Health Department staff.

Smart Reentry Program – Designed to reduce recidivism by ensuring that reentering offenders obtain the information, skills, supports and services necessary for them to become and remain productive contributors to the community. Participants must be Prince George's County Resident, age 18 or older, and are incarcerated at the Prince George's County Department of Corrections. This project targets individuals who are assessed as having a high or moderate risk for reoffending.

Temporary Cash Assistance – Collaboration with the Department of Social Services to provide substance abuse screenings, linkage and follow-up to Temporary Cash Assistance applicants who are referred by the Department of Social Services. If the screening indicates that an applicant may benefit from treatment services, he or she is referred to a community treatment provider. The Health Department Addiction Specialist works in partnership with the treatment provider to monitor and report progress to DSS.

Senate Bill 512 – **S**enate Bill 512 (Children in Need of Assistance – Drug-Exposed Newborns) has been in effect since October 1, 1997. As a result, the Prince George's County Health Department PGCHD works collaboratively with the DSS. Health Department Addictions Specialists conduct assessments on referred individuals in the hospital, home, or local DSS office. Referrals are made to community treatment or services providers as indicated.

House Bill 7 – House Bill 7 (The Integration of Child Welfare and Substance Abuse Treatment Services Act) was passed in the 2000 Session of the Maryland General Assembly. As a result, the Prince George's County Health Department works in partnership with the Department of Social Services to assess individuals and families who are identified in the child welfare system as having a substance related disorder as evidenced by a positive drug test. If the assessment indicates that individuals could benefit from treatment services, the House Bill 7's Addictions Specialist provides a referral to a community provider.

Appendix D

Listing of Acronyms

Acronyms	
ACT	Assertive Community Treatment
A&E	Adult and Elderly
ASIST	Applied Suicide Intervention Skills Training
ASL	American Sign Language
ASO	Administrative Service Organization
BHA	Behavioral Health Administration
BHAG	Behavioral Health Advisory Group (Prince George's County)
BHI	Behavioral Health Integration
BHIPP	Behavioral Health Integration for Primary Providers
BHS	Behavioral Health Services (Division)
BOE	Board of Education
C&A	Child and Adolescent
CCO	Care Coordination Organization
CFT	Child and Family Team Meetings
CIT	Crisis Intervention Team
COA	Conditions of Award
CoC	Continuum of Care, formerly Shelter Plus Care
CPRS	Certified Peer Recovery Specialist
CRS	Crisis Response System
CSA	Core Service Agency
DDC	Dual Diagnosis Capable
DDMHT	Dual Diagnosis Capability Mental Health Treatment
DFS	Department of Family Services
DJS	Department of Juvenile Services
DOC	Department of Corrections
DSS	Department of Social Services
EBP	Evidence-Based Practice/Program
ED	Emergency Department
EP	Emergency Petition
EPS	Emergency Psychiatric Services
FBG	Federal Block Grant
FFS	Fee-for-Service
FPL	Federal Poverty Level
FY	Fiscal Year
GOC	Governor's Office of Children
HHS	Health, Human Services and Education
HSPC	Homeless Services Partnership Committee
HPRP	Homeless Prevention and Rapid Re-housing Program
IFIT	Intensive Family Intervention Team
IHIP-C	In-Home Intervention Program for Children and Adolescents
JBSAT	Jail-Based Substance Abuse Treatment
LAA	Local Addiction Authority
LAUNCH	Maryland Linking Actions for Unmet Needs in Children's Health

LBHA	Local Behavioral Health Authority
LCT	Local Coordinating Team
LTGF	Limited Term Grant Funded
MA	Medical Assistance or Medicaid
MABHA	Maryland Association of Behavioral Health Authorities (formerly MACSA)
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCH	Maryland Crisis Hotline
MCT	Mobile Crisis Team
MCV	Maryland Commitment to Veterans
MDH	Maryland Department of Health
MHAC	Mental Health Advisory Committee
MHA-MD	Mental Health Association of Maryland
MHSS	Mental Health Stabilization Services (formerly Mental Health Mobile Crisis and Stabilization Services for Foster Children)
MOU	Memorandum of Understanding
MTS	Mobile Treatment Services
NAMI-PG	National Alliance on Mental Illness, Prince George’s County Chapter
OHCQ	Office of Health Care Quality
OOO	On Our Own
OOO-PG	On Our Own-Prince George’s County
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OVA	Office of Veteran’s Affairs
PATH	Projects for Assistance in Transition From Homelessness
PBHS	Public Behavioral Health System
PBIS	Positive Behavioral Intervention and Supports
PCPs	Primary Care Physicians
PEP	People Encouraging People
PGCHD	Prince George’s County Health Department
PGCPS	Prince George’s County Public Schools
PGHAC	Prince George’s Healthcare Action Coalition
PGHC	Prince George’s Hospital Center
PHP	Partial Hospitalization Program
PRP	Psychiatric Rehabilitation Program
QIIC	Quality Improvement Interagency Committee
RFP	Request for Proposals
RRP	Residential Rehabilitation Program
RTC	Residential Treatment Center
SafeTALK	Suicide Alertness for Everyone/Tell, Ask, Listen, Keep Safe
SEFEL	Social and Emotional Foundations for Early Learning
SEP	Supported Employment Program
SFP	Strengthening Families Program
SOAR	SSI/SSDI Outreach, Access and Recovery
SOC	System of Care (Grant)
SSI/SSDI	Supplemental Security Income/Social Security Disability Insurance

SUD	Substance Use Disorder
T.A.M.A.R	Trauma, Addiction, Mental Health and Recovery
TAY	Transitional Age Youth
TBI	Traumatic Brain Injury
TCA	Temporary Cash Assistance Program
TCM	Targeted Case Management
TNI	Transforming Neighborhoods Initiative
WRAP	Wellness Recovery Action Plan