FY 2020

Program Plan & Financial Plans

BHA GARRETT COUNTY

BEHAVIORAL HEALTH AUTHORITY

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

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A. INTRODUCTION

- ***Description of system structure, function, type of services, and population(s) targeted for services***.

The Garrett County Behavioral Health Authority (GCBHA) has responsibilities of leadership, direction, management, and education for publically funded behavioral health services in Garrett County. Behavioral Health services include mental health and substance use disorder treatment and support aspects of care. Our agency also has administrative and planning functions for the Local Management Board, Governor's Office for Children. Our office is located at the Garrett County Health Department's main office facility in Oakland, Maryland.

Garrett County is the western most county in Maryland and geographically separated by the Appalachian Mountain Chain. The census population density of 46.5 persons per square mile is the lowest in Maryland, whose statewide population density is 594.8 persons per square mile. Total population estimates have not seemed to change since the submission of the FY 2019 Behavioral Health Plan of Operations. The estimated population of Garrett County is 29,233. There is very little ethnic or racial diversity. Estimates for 2017 indicated that 96.4% report to be White, not Hispanic or Latino; 1.2% report to be Hispanic or Latino; and 1.0% report to be Black or African American. There is economic diversity, as evident by Garrett County's median income of $45,432 was well below the State's average median income of $75,847. Approximately 12.8% of the population is living below the Federal Poverty Level with 8% of Garrett County children under the age of 5 living below the Federal Poverty Level. Additionally, the Supplemental Nutrition Assistance Program (SNAP) information indicates the SNAP recipients, as a percentage of all households is 16.6% (1,930) which is the sixth highest in Maryland. Regarding education, Garrett County has 88.5% of the residents being a high school graduate and 19.2% having a Bachelor's degree or higher.[1]

Similar to how the state of Maryland is developing an ongoing integrated behavioral health service delivery system of care, Garrett County's behavioral health system continues to integrate as well. The plan is for there to be an established system of care for all individuals throughout the lifespan. The hope is for the continuance of prevention and early intervention opportunities to blend with necessary treatment programs and community supports while developing new partners that are supportive of an integrated service delivery system.

It is anticipated Garrett County behavioral health providers will be implementing noticeable integrated behavioral health services, as common practice, within the next fiscal year. The Garrett County Behavioral Health Authority began facilitating team based care meetings in July of 2018. The meetings were part of a SAMHSA Summer Cohort Innovative Community project. Partners

[1] https://www.census.gov/quickfacts/MD

included the Garrett County Center for Behavioral Health, Mountain Laurel Medical Center, Garrett Regional Medical Center, and Home Health Services. A positive outcome of the meetings was verbal agreement to pilot team based care services for individuals who receive services through Mountain Laurel Medical Center as well as the Garrett County Center for Behavioral Health.

There are a variety of Public Behavioral Health Services available within Garrett County. Services provided, range from traditional clinic/office based outpatient therapy services to residential crisis and residential rehabilitation. The clinic based outpatient behavioral health services include Substance Use Disorder Treatment. The Garrett County Behavioral Health Center has the county's only Intensive Outpatient Program for Substance Use Disorders.

There are Psychiatric Rehabilitation Program (PRP) services provided for adult age groups (18+). These services occur on site, at Garrett County Lighthouse, Inc. and off-site, at the recipients' home or other community location. Burlington United Methodist Family Services is the provider for Targeted Case Management services (Care Coordination).

The intent for Targeted Case Management services is to enhance the opportunities for individuals to interact with resources and other services that may foster ongoing wellness and recovery. Services are available to all age groups.

Garrett Regional Medical Center and the Garrett County Center for Behavioral Health have maintained an Urgent Care referral system for individuals who request follow-up outpatient therapy, prior to them leaving the Emergency Department. The Urgent Care Referral service comes through a grant provided through the Maryland Behavioral Health Administration and monitored by the Garrett County Behavioral Health Authority.

The Federally Qualified Health Center, Mountain Laurel Medical Center, has been providing behavioral health and tele psychiatry services for several years. The facility has continued to hire behavioral health staff and is providing services in both the Oakland and Grantsville office locations. Mountain Laurel is in the process of opening a location in McCoole, MD, which is in Allegany County.

Garrett County has an extremely energetic community atmosphere that is becoming increasingly aware of the need to share resources, experiences and promote ideas for life choices, which enhance conditions of well-being. This is evident in the Health Planning Council, Garrett County Mental Health Advisory Committee, and Garrett County Drug Free Communities Coalition, which includes DFCC Action Teams, Garrett County Community Action Committee, Inc., Garrett College, School System, and the Community Planning Groups, (supported through the Health Education & Outreach unit of the Garrett County Health Department).

- ***Description of new developments, changes, challenges, issues that affect the delivery of behavioral health services (mental health, substance use, co-occurring, and addiction), changes to the service delivery model (directed or contracted).***

One behavioral health provider practice closed over the past year, which contributed to some disruption of services for consumers in Garrett County. The provider experienced some infrastructure challenges and was initially required to close offices in Allegany County, which led to the closure of the office in Garrett County. The services included outpatient services for children and adults as well as medication management. The Garrett County Behavioral Health Authority and the Director for the Garrett County Center for Behavioral Health met with a staff person of the provider agency to discuss referrals to other providers that could meet the needs for the consumers. We learned that consumers decided to continue services with the Garrett County Center for Behavioral Health or selected from a couple different providers located in Allegany County, Maryland.

A second provider made an office location change from Oakland to Grantsville for the provision of outpatient behavioral health services, medication management, and cannabis certification. This provider's main office is located in Allegany County.

There have been two new providers, of behavioral health services, that have opened within the past year. The first provider is Counseling-Advocacy-Rehabilitation- Education (C.A.R.E.) 1st Wellness. This provider does accept Maryland Medicaid and provides outpatient behavioral health services for all age groups. They also accept West Virginia Medicaid, Blue Cross/BlueShield, Health Plan West Virginia and is an in network provider for United Health Care.

The second provider, Health and Wellness Services of Garrett Regional Medical Center, began operations in January 2019 as Garrett Regional Medical Center/WVU Hospitals implemented a regional behavioral health center. This location has become operational as part of a three year HRSA grant. This provider also accepts Maryland Medicaid and will provide a variety of services, to be described later in this Plan of Operations.

Within the last year, three Garrett County Behavioral Health providers achieved Commission on Accreditation of Rehabilitation Facilities International, (CARF) accreditation and the Garrett County Health Department achieved accreditation through Public Health Accreditation Board (PHAB).

The Appalachian Parent Association, Inc. dba Appalachian Crossroads CARF three-year accreditation will extend through May 31, 2019. It applies to the following services: Community Employment Services, Employment Supports, Community Employment Services, Job Development, Employee Development Services, and Employment Planning Services. Appalachian Crossroads has been the primary provider of behavioral health supported employment services for the past eight

years.

The Garrett County Center for Behavioral Health received accreditation through the Commission on Accreditation of Rehabilitation Facilities International, (CARF). This three-year accreditation will extend through August 31, 2019 and applies to the following services: Intensive Outpatient Treatment Alcohol and other drugs addiction Adults; Outpatient Treatment Alcohol and other drugs Adult; Outpatient treatment Alcohol and other drugs Children and Adolescents; Outpatient Treatment Mental Health Adults; and Outpatient Treatment Children and Adolescent. Official notification of Accreditation occurred in November 2016.

Garrett County Lighthouse, Inc. achieved CARF accreditation on June 20, 2017. A three-year accreditation will extend through May 31, 2020 and applies to the following programs/services: Community Housing, Psychosocial Rehabilitation (adults), Community Integration, Psychosocial Rehabilitation (adults), Crisis Stabilization, Mental Health (adults), and Respite Services.

A new development related to community involvement, has included what may be could be considered as a grassroots consortium, known as Stand Together-Garrett County Against Drug Abuse. Information taken from the consortiums abstract focuses on a noticeable health disparity in Garrett County, substance use disorder. Evidence of this is available in excess. The percentage of substance-exposed newborns in Garrett County was 9% in 2016 vs. 3.5% in Maryland. 92% of children in foster care have a parent who have a substance abuse issue. 57% of current incarcerations at the Garrett County Detention Center involve drug-related charges. The number of opioid diagnoses at the Garrett County Health Department Substance Abuse Clinic increased from 82 in 2014 to 230 in 2017. The consequences of this drug epidemic are overwhelming in this small, rural county. To begin to address this complicated and pervasive problem, Garrett County will pull together the resources of five core partners – Garrett County Health Department, Garrett Regional Medical Center, Mountain Laurel Medical Center (FQHC), Garrett County Community Action Committee, Inc., and Maryland Area Health Education Center West. Together, these agencies will form the Stand Together Consortium to formalize, operationalize, and support the work that has begun in Garrett County

The goals and outcome indicators for the Stand Together – Garrett County Against Drug Abuse initiative are as follows:

Goal 1: Strengthen the organizational and infrastructural capacity of Stand Together Consortium.

Outcome Indicator 1.1: By 9/30/19, increase the effectiveness of the Garrett County Drug Free Community Coalition's (DFCC) structure, member development, and communication will increase by 50% as measured by the Survey of Process[2] (baseline TBD at Oct 2018 meeting).

[2] Accessed from Community Systems Group, https://communitysystemsgroup.com

Goal 2: Increase community ownership of the substance use disorder problem

Outcome Indicator 2.1: By 9/30/19, increase the number of partners engaged in Stand Together by 50% (from 20 partners currently to 30 partners).

Outcome Indicator 2.2: By 9/30/19, increase community capacity to address substance abuse disorder as measured by addition of new services, providers, policies, or training opportunities.

B. FY 2018 HIGHLIGHTS and ACHIEVEMENTS

- ***Describe highlights of accomplishments during the fiscal year, including significant and/or innovative achievements or events related to:***
  - Management and Coordination Activities
  - Services needed by individuals in the population we serve and, as applicable, total number served.

- Management and Coordination Activities for Fiscal Year 2018 included program audits, housing inspections, public awareness/education, and training.

Program Audits by the Garrett County Behavioral Health Authority staff included being involved with Beacon Health Options Provider Audits. The opportunity to assist the Administrative Service Organization with record reviews was invaluable in increasing our ability to interact with providers in a more comprehensive manner. In particular, this experience provided the ability for our agency to have candid discussions with behavioral health providers and encourage the providers to maintain ongoing internal quality improvement reviews, in an attempt to minimize documentation oversights for billable clinical services, potentially leading to payment retractions.

Our agency also completed eight annual contract-monitoring reviews related to the Conditions of Award, identified through the Behavioral Health Administration. This included fiscal monitoring of tracking sheets to documentation in the consumer records. Additionally, there were annual inspections of two Residential Rehabilitation Program living facilities, including the Residential Crisis facility. The staff of GCBHA met with the contract vendors to disseminate the monitoring review findings. We generally use this opportunity to discuss the contracts for the next fiscal year and any revisions to the Conditions of Award.

The GCMHAC continued to be very active and productive in providing advocacy services for individuals receiving behavioral health services in Garrett County. They have been supportive of behavioral health services including local mental health provider agencies, individual mental health practitioners, and providing ongoing analysis of legislative decisions to maintain and/or enhance the provision of mental health services in rural communities. In FY 18 GCMHAC, members conducted three Agency Site Reviews. These reviews included, Mountain Haven, a consumer run Wellness and Recovery Center, Burlington United Methodist Family Services (BUMFS), the provider of Targeted Case Management services, and the Garrett County Department of Social Services.

There were several accomplishments related to Public Awareness/Education and Training. Achievements related to public awareness/education included the Garrett County Health Fair, Mental Health Month Event, Garrett County Gives Back Public Event celebrating the Culture of Health Prize and Suicide Prevention Week. Training events in FY 18 include: Mental Health First Aid, Youth Mental Health First Aid, Ethical Considerations and Challenges for Social Workers and Professional Counselors, Making Employment Work: Creating Financial Independence Through Work Incentives provided by Maryland Benefits Counseling Network, Trauma and Critical Incident Response Considerations, Disarming the Suicidal Mind: Evidence Based Assessment and Intervention.

The Older Adult Outreach Program therapist provided training and education to partner agencies involved with older adults and/or family members for whom the OAOP therapist is providing services. The training and education focused on emergency petition process, behavioral health crisis services, and discussing the referral process for older adults involved with Home Health services or Adult Evaluation and Review Service (AERS), that indicate a high need for behavioral health services.

There were several accomplishments through the Health Department's Health Education and Outreach Unit in local communities in FY 18. This unit provides a variety of prevention and education services within Garrett County Communities and businesses. The services highlighted for Fiscal Year 2018 will be included in Table format under each grant funding source:

FY 2018 End-Year Report: DFCC Strategic Plan

Performance Targets:	**Outcome**	Notes
● All prevention strategies will conform to the Strategic Prevention Framework	3	Block Grant approved 7/17/18
● GC DFCC will review all new drug and alcohol preventions to assure the strategies are evidence-based.	3	Opioid Misuse Prevention Program, Maryland Strategic Prevention Framework 2, and Substance Abuse Block Grant all reviewed by the DFCC
● Reduce the 30-day rate for alcohol, marijuana and prescription drugs among high school youth by 5% as measured by the YRBSS or its equivalent by 2020.	alcohol 12% reduction alcohol binge 13% reduction marijuana 6% reduction PD's 17% reduction	YRBS 2014 and 2016

● Prescription drug poundage dropped off at three take back sites.	213	
● Number of media impressions about AddictionHappens.org.	1,237	
Performance Targets:	**Outcome**	Notes
● Education for ten non-profits (including community planning groups) about proper disposal, storage and monitoring of prescription opioids.	18	
● Number of meetings to discuss materials that pharmacies can distribute to clients in regards to proper storing and disposing of medications and medication safety.	5	
● Number of discussions with pharmacist about the risks of prescription opioids and the Naloxone law.	5	
● Number of educational materials given to pharmacists to distribute to clients who purchase Naloxone.	265	
● Number of non-profit partners discussing alcohol restrictions at community events.	14	
● Number of Social Host Ordinance Partners	8	
● Number of meetings about social host ordinance	6	
● Social Host Issue Brief	1	
Performance Targets: Prevention	**Outcome**	
● Record the number of new alcohol serving practices added or changed based on the utilization of an evidence-based non-profit vendor education checklist	5	
● Number of types of media messages for binge drinking	25	
● Number of messages delivered for binge drinking	84	
● Number of Community Planning Group training	2	
● Mini Grants to Community Planning Group	5	
● People reached through alternative activities	6,963	
● Number of social media/marketing venues	17	
● People reached through media/marketing campaign	29,000	
● Number of worksite wellness mini-grants	5	
● Number of worksite wellness policy changes	21	
● Number of Youth in Action mini-grants	4	
● Number of ATOD prevention messages for Youth in Action	70	
● Number of ATOD prevention messages for Garrett College student and facility	11	
● Number of businesses for compliance checks	42	
● Number of vendor education packets	100	
● Number of businesses reached through Sticker Shock	15	
● Number of community planning groups promoting prescription drug drop box program	5	
● Number of Rx drugs pledges	78	
● Number of parents in Parenting Wisely: NREPP Program	9	
● Number of families in Healthy Families: NREPP Program, & Environmental Strategies	85	

There were 21 Overdose Response Training sessions provided in FY18. 205 participants attended, leading to 247 Naloxone kits dispensed for a total of 494 doses.

The Overdose Fatality Review Team met on five occasions in FY 18 and completed six fatality reviews. Out of the six deaths, four were attributed to opiate related overdose deaths the other two had additional drug use in combination with opiates.

The Transition Aged Youth program (TAY and TAY-C) served 30 youth in fiscal year 2018. This program utilizes adventure-based activities complimented by character themes such as teamwork, compassion, perseverance, and trust. The TAY Program Coordinator meets monthly with the Behavioral Health Authority Coordinator of Adult Services for clinical review of the TAY participants. Additionally, there is regular correspondence between the TAY Program Coordinator, Public School System, and Behavioral Health Clinicians.

The end of year TAY picnic each participant built his or her own drum with fabric and artwork for a drumming session. Parents were invited and seven participants had family members attend the TAY picnic. The end of year picnic was a chance to recognize and celebrate the achievements of this TAY group and have mentors and staff share their success stories with TAY participants and their family members.

- *Services needed by individuals in the population served and, as applicable, total number who were served.*

There was a variety of public behavioral health services available in FY 2018. The following services were available in Garrett County for all age groups: Case Management and Outpatient Therapy. Public mental health services available for adults age eighteen and over included: Residential Crisis, Residential Respite Care, Residential Rehabilitation, and Supported Employment.

Public behavioral health services located outside of Garrett County and utilized by all age groups included Inpatient Hospitalizations and Outpatient therapy. The closest adult Inpatient services are available in Cumberland, Maryland, which is one hour from Oakland, MD and thirty minutes from Grantsville, MD. For child and adolescent inpatient treatment services the closest location is two hour 30 minute drive from Oakland to Brooklane Health Services located in Hagerstown, Maryland.

For the child and adolescent age group there were three services provided outside of Garrett County during FY 2018: Inpatient Hospitalization, Residential Treatment, and Outpatient Therapy combined with Psychiatric Medication Monitoring. These last two services generally occurred due to a need for the child/adolescent to see a child/adolescent psychiatrist in Allegany County. This normally requires the child/adolescent to have the outpatient therapy within the same provider agency. However, due to the one provider closing services in Garrett County and the Garrett County Center for Behavioral Health typically having a wait list for Tele psychiatry services, child psychiatry

continues to be identified as a need. The need for access to child psychiatry could be considerably less, should the new regional behavioral health provider, through Garrett Regional Medical Center/WVU Hospitals be able to implement telemedicine services at the Family Health and Wellness center.

Substance Use Disorder services were available for all age groups in Garrett County in clinic and school-based settings. A co-occurring disorders therapy group took place at the High School, which was co-lead, by a substance use department therapist and behavioral health school based therapist. Group and individual treatment for Co-occurring Disorder services are provided by the Garrett County Center for Behavioral Health. In addition to Co-occurring therapy services, training for Co-occurring Disorders has continued to be identified as a need for behavioral health professionals and other support staff. In support of training continuing education approvals for licensed alcohol and drug counselors, licensed professional counselors, and licensed social workers is obtained through collaboration with the Office of Workforce Development and Training (OWDT) each fiscal year. . A valuable tool for learning is Peer Review sessions held monthly with behavioral health and substance use department clinicians

Garrett County was able to serve populations historically identified as needing additional services that may not be reimbursable through the fee-for-service system. These populations included those with forensic issues, homelessness, domestic violence, consultation with schools, and after traditional business hours psychiatric emergencies.

In previous Garrett County Plans of Operations, one of the needs identified was transportation; this continues to be the case. The transportation discussions, as related to behavioral health services, primarily occurred during the GCMHAC meetings and in planning meetings for other Maryland Department of Health grant submission. It appeared the primary need focused on availability for afternoon and evening behavioral health appointments and the travel time, including wait times for some individuals. The transportation needs continued to be a topic of discussion into FY 2018, leading GCBHA to request additional transportation funding in the FY 2019 STOP Proposal for Peer Recovery Specialists. The Peer Recovery Support Specialists have provided transportation, as part of their many duties, to and from treatment locations as well as to meet other aspects of the identified recovery plan, including housing; employment; entitlements and education. It is common for individuals enrolled in the Intensive Outpatient Treatment program and the Medication Assisted Treatment Program to lack dependable transportation or lack a valid driver's license to get to and from treatment. In addition to transportation to and from treatment services, there can be transportation provided to local 12 Step Recovery Meetings and picking up prescribed Medication Assisted Treatment medication. The Peer Recovery Specialist is responsible for pre-scheduling transportation.

Mountain Laurel Medical Center, the FQHC for Garrett county, has implemented the use of a van to

transport their patients, who have no other means of transportation, to their scheduled appointments. Garrett Regional Medical Center does have the ability for Community Health Workers to conduct 'Well Patient' visits for chronically ill patients. However, transporting the patients is a possibility that is still being explored

C. ORGANIZATIONAL or REORGANIZATIONAL STRUCTURE OF THE CSA, LAA, or LBHA

- ***Description of the organizational structure of the Local Behavioral Health Authority, including an organizational chart that presents the relationships among the local behavioral health authorities, local government(s), Boards, local mental health advisory committees, local drug and alcohol councils, provider agencies, and any other relevant entities.***

The Garrett County Behavioral Health Authority (GCBHA) originated in January 2017. Our agency began serving the combined roles of Core Service Agency (CSA) and Local Addictions Authority (LAA) in July 2016. In addition to fulfilling the roles and responsibilities as the Local Behavioral Health Authority, our office fulfills the program monitoring and planning roles for the Garrett County Local Management Board.

Prior to our office serving the combined roles, the Garrett County Center for Behavioral Health was the designated Local Addictions Authority for Garrett County. As changes associated with Behavioral Health Integration; Allocation of Ambulatory Substance Use Disorder Treatment services grant funds to the Beacon Health Options (Administrative Services Organization for Public Behavioral Health services in Maryland); and the Garrett County Center for Behavioral Health being a service provider, the previous Health Officer recommended the LAA designation.
The decision to have our office function as the Local Behavioral Health Authority for Garrett County was logical, since we had been serving as the Core Service Agency (CSA) since 1998. Our staff had been involved in strategic planning related to behavioral health treatment services and supports, gap analysis, and vulnerable populations for several years prior to being designated the Local Behavioral Health Authority.

As can be seen with the organizational charts, on pages 16 and 19, GCBHA is part of a localized network that includes a variety of agencies, organizations, and the public. Our agency has two advisory committees, the Garrett County Mental Health Advisory Committee and Garrett County Drug Free Communities Coalition, which provide invaluable input into strengths and areas of need for behavioral health services within and around Garrett County.

The local behavioral health initiatives will be planned and monitored under the auspices of the State of Maryland Department of Health, Behavioral Health Administration. At the local level, the Garrett County Mental Health Advisory Committee (Appendix 2) and Garrett County Drug Free

Communities Coalition (Appendix 3) will serve as groups who provide input into planning of services in the county and maintaining an increasingly integrated array of behavioral health services.

Included, in more detail under (Section D, Planning Process), will be a digital community-planning tool (mygarrettcounty.com) that provides for public input into health outcomes prioritized for Garrett County, including the strategies, programs, and measures to achieve the prioritized health outcomes or program goals. The digital community-planning tool is this section as well, due to the ability of there to be Groups developed that can focus on identified community needs. The groups do have performance measures established, that have data collected on as frequently as a monthly basis.

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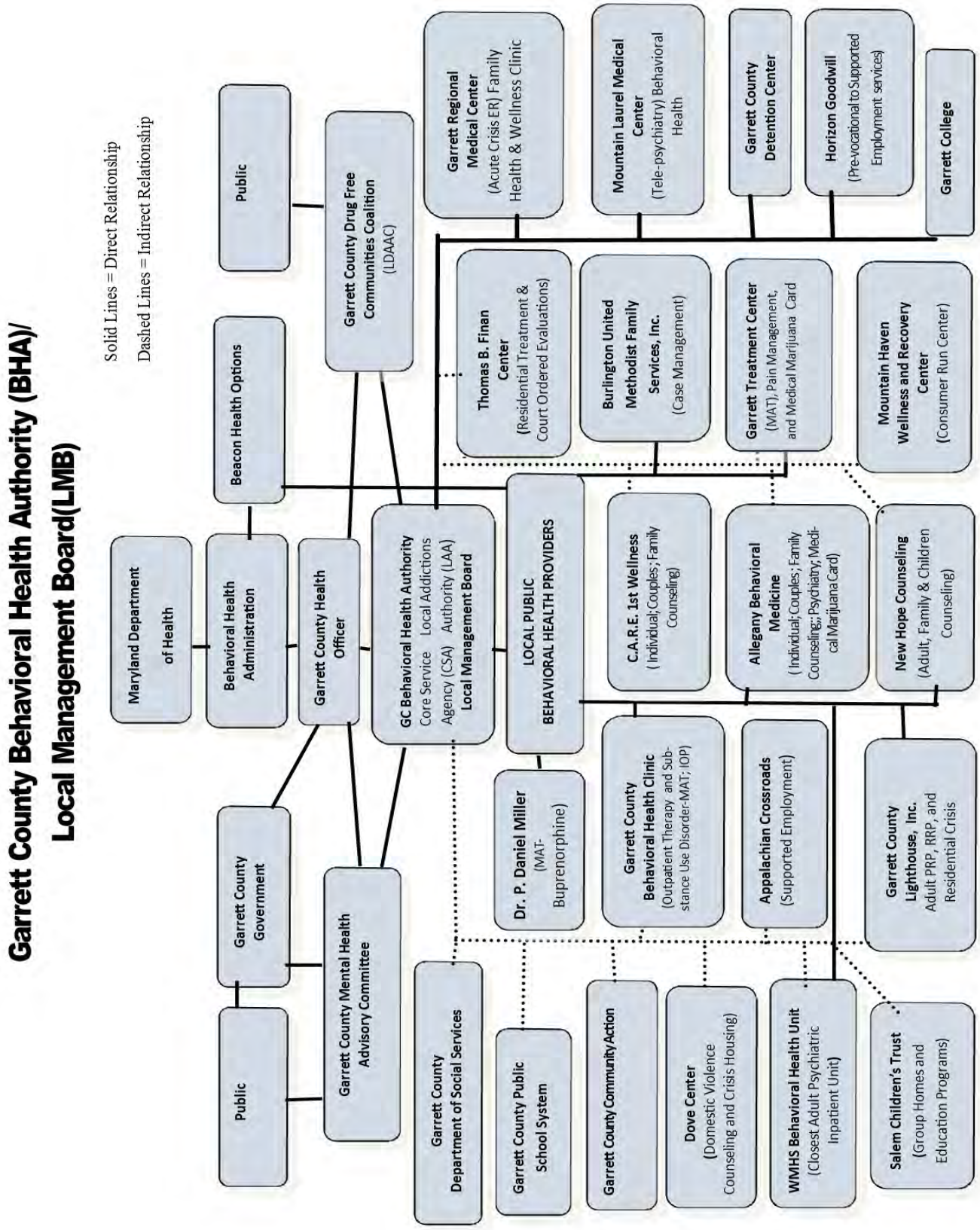


- ***Organizational chart showing each funded program in the system and each position by name, class title, as well as working title, and funding source, e.g. BHA, County or other. Each position must be shown under the appropriate program. When an employee's duties are split between programs, the employee must be shown under each appropriate program. Locally funded positions that used to provide services that are part of a BHA grant must be shown on the organizational chart. Positions funded by third party sources should not be included on the organizational chart.***

Our office personnel is comprised of five staff: Coordinator of Adult Services, Accountant, Administrative Officer, office services clerk and Director/Coordinator of Child/Adolescent Services. Funding for the fifth staff position is through the Children's Cabinet, Governor's Office for Children. Our staff strives for there to be increased opportunities for Garrett County residents to have access for life experiences, which are supportive of health and recovery.

Full funding for the Coordinator of Adult Services is through the Maryland Department of Health, Behavioral Health Administration. This position has responsibilities related to the adult public behavioral health services in Garrett County, including contract and program monitoring; working to enhance and/or expand behavioral health services in Garrett County. Working with Providers, Department of Corrections and State Hospitals for appropriate placement and transition for individuals returning to community settings. The Coordinator also reviews urgent care exception requests for public behavioral health services, as well as the exception requests for Substance Use Treatment Services from Allegany County. They also review and authorize supported employment requests, review residential crisis service extension requests, review residential rehabilitation applications for eligibility and maintaining wait list in addition. Also, PATH program activities ie.. case management, facilitate meetings, with homeless or at-risk of homeless individuals, including other community agencies, to explore feasible housing options to allow the person(s)/families to remain permanently housed.

Remaining staff includes a full time Accountant, Administrative Officer and Director as well as a part-time Office Services Clerk. Our Accountant provides significant oversight for development and completion of program budgets, and contract development and fiscal monitoring through our office. They also have Local Management Board Audit requirements. Time spend monitoring payroll and timekeeping entries, income statement preparation, purchasing requisitions, credit card and bank statement reconciliation, and procurement is compensated through the Fiscal Unit of the Health Department.

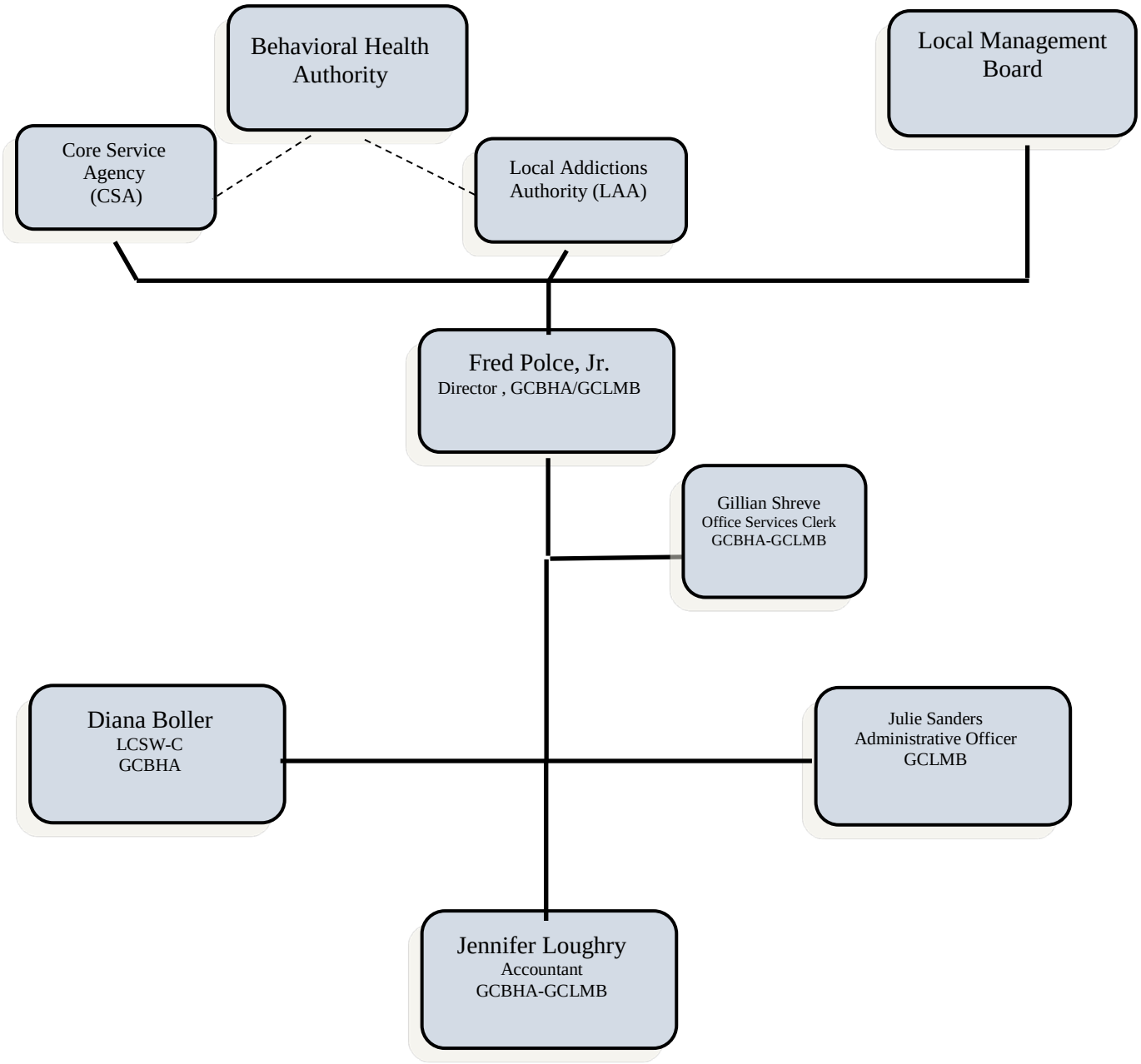
Funding for the Administrative Officer is through the Children's Cabinet, Governor's Office for Children. This position has the primary responsibility to assist in the completion of the Community Partnership Agreement, which addresses selected Child Well-Being Results, Indicators, and Program

Performance Measures. Additionally, there is extensive time devoted to program monitoring and participating in meetings/training sessions related to Results Based Accountability and the Clear Impact Results Scorecard. Additionally, this individual has been able to have significant responsibility in the launch of the digital Garrett County Resource Directory.

The Office Services Clerk is part-time and assists in the development and presentation of the Annual Behavioral Health Plan of Operations; entering homeless data into a shared Homeless Management Information System; scheduling and operation of Advisory Committee meetings as well as a variety of other community partnership meetings and organizing reporting templates for grant deliverables.

There is one full time director position for the Garrett County Behavioral Health Authority/Local Management Board. This individual participates in development of the Behavioral Health Plan of Operations; Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.); Drug Free Communities Coalitions Strategic Plan and the Governor's Office for Children Community Partnership Agreement. Additionally, this individual participates in Strategic Planning meetings for county and state agencies, including the Health Department.

Garrett County Behavioral Health Authority (GCBHA)/ Local Management Board (GCLMB)



D. PLANNING PROCESS

- *Description of collaborative efforts with providers to ensure a "no wrong door" experience so that when a person contacts any organization involved in the local behavioral health system, they are seamlessly connected.*

The "no wrong door" experience for individuals becoming involved with local behavioral health services can be perceived as "what's the password". Majority of county, state, private, and public agencies are aware they are working with a lot of the same individuals and families. In an attempt to improve on the provision of a seamlessly connected local behavioral health system, there have been discussions with local county and state agencies as well as behavioral health providers to develop and implement a bi-directional referral.

Traditionally, collaboration efforts with and between behavioral health providers, county and state agencies have included phone calls, fax, and email. An inherent barrier for implementing an effective "no wrong door" experience has been the inability for agencies to share digital referral information or having a digital system, which automatically flags services an individual may be eligible for and notify the relevant agencies/services. Another barrier has been the oversight in tracking referrals between agencies and following up on the status of referrals.

The Garrett County Local Behavioral Health Authority/Local Management Board worked with the Health Planning Unit at the Garrett County Health Department, to develop an internal bi-directional referral form with hopes of collaborating with other local agencies that are utilizing digital systems that are compatible with sharing priority needs of individuals, regardless from which agency supplies the information. There has been some difficulty implementing this initiative during Fiscal Year 2019. We attribute the difficulty to a combination of program uncertainty on how to complete the referral form. This uncertainty is due to the Behavioral Health Authority director not scheduling meetings with Health Department Units on the utilization of the referral form. However, there have been some units, within the Health Department, that have referrals tracked to Behavioral Health Services both internally and to other community providers.

The Garrett County Department of Human Services has been involved as a lead in working with a digital system, 'MD THINK', that will allow multiple Maryland agencies to share information and increase the ability of "no wrong door". Meetings have taken place during FY 2019 to obtain detailed information from local service providing agencies on the availability of services to incorporate on the 'MD THINK' intake form for Garrett County. Additionally Garrett County Community Action, Inc. has been involved in developing the ability to share "common customer" data with the Department of Human Services to provide a seamless delivery of services to individuals who are involved with both agencies.

The bi-directional referral within the Garrett County Health Department is still in Phase I of the utilization process. We hope to expand the referral capabilities with other community partners prior to FY 2019 ending. A description of the Bi-Directional Referral and can be found in Appendix 1.

o Description of steps taken to expand the local addiction authority's role to include investigating complaints about providers and enhancing existing contract monitoring functions.

Since our office becoming the Local Behavioral Health Authority for Garrett County, investigating complaints about providers and enhancing existing contract monitoring functions has evolved. During the initial transition of our office becoming the Local Behavioral Health Authority, there was an agreement, with the Allegany County Mental Health Systems Office, to investigate complaints about providers for the other county. The thought behind this decision resulted from direction from the Maryland Department of Health, Behavioral Health Administration and seems to relate to mitigating any conflict of interest for Local Addiction Authorities who also provided direct service and having the responsibility to oversee the provision of Substance Use Disorder Treatment services in their jurisdiction. However, for both Allegany and Garrett, our offices were not providers of Substance Abuse Treatment Services. The Garrett County Behavioral Health Authority submitted a conflict of interest plan to the Maryland Department of Health, Behavioral Health Administration, which received approval on August 14, 2018.

- *Description of the planning process used in designing the system of services.*

The process of planning in Garrett County has become increasingly active and involving more members of the community than in past years. There was a Community Health Assessment (CHA), which began in May 2015 and concluded in March 2016. CHA results were included in the Garrett County Behavioral Health Plan for FY 2017, leading to the development of goals for the Fiscal Year 2018 Behavioral Health Plan. Included in the Fiscal Year 2018 Plan of Operations was a description of the digital Community Planning tool that Garrett County utilizes. The community planning tool is implemented through mygarrettcounty.com and was utilized to collect community survey responses related to mental health and addiction issues to include in the Fiscal Year 2020 Behavioral Health Plan of Operations (See section below for explanation of survey and Appendix 5 for survey questions and responses).

The Local Drug and Alcohol Abuse Council (LDAAC) doing business as The Drug Free Communities Coalition (DFCC) reviews the DFCC Strategic Plan two times each fiscal year. This Strategic Plan includes the current array of prevention and substance related treatment services in Garrett County. An additional planning process used in designing the system of services is the Mental Health Advisory Committee and Garrett County Roundtable on Homelessness Committee.

The Overdose Fatality Review Team will continue to provide an opportunity for collaborative community efforts to support the development of effective strategies for preventing and responding to overdoses, it is necessary and appropriate to review and analyze all available information related to overdose deaths in our county. The creation of a multidisciplinary, multi-agency overdose fatality review team will enable public health authorities to receive information and expert consultation from a wide array of stakeholders while preserving the confidentiality of protected information, including personal health information.

- *Description of plans to include stakeholders (including, but not limited to members of the recovery community and their families, formerly homeless, representatives from the criminal justice system and the deaf and hard of hearing) in planning and evaluating program/jurisdiction services.*

Having a variety of stakeholders involved in the planning and evaluation of program services as well as supporting services, which compliment available clinical services, has become more expansive over the last year. As previously mentioned in the plan, the utilization of mygarrettcounty.com provides an opportunity for anyone to be involved in groups that the health department develops, other agencies or by individuals in the community.

Utilizing the digital Community Planning tool through mygarrettcounty.com, provides up to three methods for all community members to become involved. The methods of involvement include open community discussions for anyone who lives, works, or plays in Garrett County share issues, successes and anything else with Organized Action Groups to tackle issues in our communities. The groups can contain a specific strategy, host a collaborative space and much more; and there is now a public open data portal labeled: MyDATA, which will link mygarrettcounty.com data to external datasets. Data Portal provides an open opportunity to explore hyper-local data related to public health in Garrett County and analyzes historical data and trends to develop predictive models for county health, including behavioral health. Hyper-local data is simply the ability to narrow down data to specific geographic locations within Garrett County. There are over 500 hyper-local data points active in mygarrettcounty.com, and over 100 hyper-local data elements in the Data Portal. The intent for Fiscal Year 2020 is advancing capacity for determining the impact of programs on identified target measures.

The Behavioral Health Survey mentioned in the previous section went public on December 27, 2018 and responses compiled until January 22, 2019. There were 64 surveys completed and questions included selections and narrative responses. The questions, which had selections, permitted a check all that apply response.

The message shared with the public group “Behavioral Health Authority” was:

“*The following survey is being conducted by the Garrett County Behavioral Health Authority in conjunction with the Garrett county Local Management Board and the Garrett County Health Department’s Population Health, Innovation, and Informatics Unit.*

This survey should take approximately 3-5 minutes to complete, and all responses are anonymous (only IP addresses are collected to prevent duplicate submissions). Answering this survey is optional, and results will be aggregated (combined) for publishing."

The survey consisted of seven questions which addressed the following:

1) What are some of the significant mental health issues in Garrett County?
2) What needs to be done to address mental health issues in Garrett County?
3) What are some of the significant addiction issues in Garrett County?
4) What needs to be done to address addiction issues in Garrett County?
5) Do you know where to go for help with mental health and/or addiction issues?
6) Does your doctor or primary care providers ask you about your alcohol/other drug use during your appointments?
7) What is the best way for our community to address mental health and addiction needs?

A brief summary of the responses revealed the top three significant mental health issues were Depression (91.94%), Anxiety (83.87%), and Bipolar (48.39%). 43.55% of the respondents identified PTSD as an issue Common themes in what needs to be done to address mental health issues in Garrett County is working on reducing stigma; easier access to treatment; support for family members; more clinical staff and providers including psychiatrists.

Regarding significant addiction issues in Garrett County, the top two selections were Prescription Drugs and Methamphetamine (89.06%). 87.50% of the surveys identified Alcohol as an addiction issue. 73.44% of the surveys selected Tobacco.

The responses on what could be done to address addiction issues in Garrett County were similar to responses for mental health, with addressing stigma; providing more treatment options with easier access, particularly residential, detox, and recovery housing. In addition, responses addressed holding individuals responsible for drug use by not having the legal system excuse illegal behavior; and increase the education to public about addiction resources and supports.

The majority of responses indicated knowing where to go for help with both mental health and addiction issues (87.30%). About 11% of the respondents were either uncertain or did not know where to go for help.

It seems as though doctors or primary care providers are asking about alcohol/other drug use during appointments, as 65.08% indicated yes for the question. However, 31.75% responded with a no.

The final question about the best way for our community to address the mental health and addiction needs. Responses addressed ongoing education about addiction being a disease, reducing stigma, providing more information about available treatment resources and support groups, and a consensus to do better at having a variety of components available for individuals such as employment, housing,

- *Description of the relationship and interaction with the local and state behavioral health advisory councils*.

This has traditionally been an area of need for Garrett County. Our office receives notices and minutes from the state Behavioral Health Advisory Council meetings. However, the information is not shared at local Garrett County Mental Health Advisory Committee meetings or with the Drug Free Communities Coalition meetings.

- *Description of the coordination of activities (program or system as applicable) in response to emergencies to ensure service availability. Please include a copy of the All Hazards Plan, which must identify the contact information of key staff who can be reached in case of an emergency.*

The All Hazards Plan particularly related to behavioral health response and contracts are to be revised within the next two months. The last revision and submission to Maryland Department of Health, Behavioral Health Administration occurred in 2015. A meeting was conducted with John Frank, Director, Garrett County Emergency Services, in September 2018 to incorporate the Behavioral Health All Hazards Plan as part of Garrett County's Emergency Operations Plan, Section ESF#8.

E. SERVICES

1. Treatment Services

- *Description of the development and implementation of integrated behavioral health treatment services and recovery supports in collaboration with other health authorities, public and private service providers, human service agencies, and somatic care providers.*

The development and implementation of integrated behavioral health treatment services and recovery supports continues to progress. There are expectations the opportunities for collaboration and more formalized behavioral health integration between agencies, providers, and somatic care will increase over the next year.

Mountain Laurel Medical Center, an FQHC in Garrett County, implements an Integrated Behavioral Health care approach in a Primary Care setting. In order to accomplish this their behavioral health staff utilize brief, solution-focused interventions and having patients utilize 4 Tele-psychiatry services, located at their FQHC office locations, in Oakland (8 hours) and Grantsville (2 hours) , thus having the ability to receive all their medical/health care under one practice. A history exists of individuals who have an outpatient case with the Garrett County Behavioral Health Center and utilize Mountain Laurel for their somatic care, being able to utilize Tele-psychiatry services. Mountain Laurel employs several Behavioral Health Consultants (BHC) that see patients using the brief therapy model and they will be utilizing a Clinical Therapist/BHC for more traditional therapy.

There are several collaborative meetings held in Garrett County to assist in breaking down some of

the barriers for allowing more integration, one is the Hospital to Home program operated through the Garrett Regional Medical Center and the Area Agency on Aging.

- *Description of the prevention, behavioral health treatment, and recovery support services provided for all ages, as well as specialty populations that include women and women with children.*

Prevention:

There are a variety of prevention services and activities provided throughout Garrett County communities, which involve collaborative partnerships with the Public School System, Civic Organizations, County Officials, Local businesses, Health Department, Law Enforcement, and Health Care. Generally, the prevention services and activities are provided through the Opioid Misuse Prevention Program (OMPP), Substance Abuse Block Grant, and the MSPF2 grant, all utilizing action steps that conform to the Maryland Strategic Prevention Framework (MSPF-2). Garrett County's OMPP addresses social availability and perception of risk related to opioids and their use. Specifically social availability is addressed through the expansion and promotion of the use of medication drop boxes as well as appropriate storage and disposal of prescription medications. The perception of risk is addressed through prescriber and dispenser education, including improving communication between patients and pharmacists.

Behavioral Health Treatment:

There is a variety of behavioral health treatment services available, impacted by the geographic size of Garrett County and our small rural population. There is one Outpatient Mental Health Clinic (OMHC), Garrett County Center for Behavioral Health located in the county. The main office is located in Oakland and a satellite office is located in Grantsville, about 40 minutes from Oakland. Services provided through the OMHC include psychiatric medication management, individual, group, and family therapy for those involved with mental health and/or substance use disorder outpatient treatment. Additionally, there is Intensive Outpatient Treatment, Level 2.1, and Medication Assisted Treatment, through Tele psychiatry, provided in the Substance Related Disorder treatment program. Substance Abuse early intervention and education services are also available at the OMHC. Same day walk-in intake option has been enhanced through the Garrett County Center for Health. The same day walk-in option occurs each Monday afternoon, as long as the Clinic is open. Pressley Ridge of Western Maryland is providing the HOMEBUILDERS ® model intensive, in –home crisis intervention, counseling and life skills education for families who have children at imminent risk of out of home placement. All referrals of families to this program is through the local Department of Human Services, Garrett County Department of Social Services. The program is being offered in Garrett and Allegany County.

Most, if not all, of the Behavioral Health providers in Garrett County utilize therapeutic modalities,

which include - solution focused brief treatment, behavior modification, dialectical behavioral therapy, cognitive behavioral therapy, motivational interviewing, process treatment group, co-occurring treatment group, opiate support group, health and wellness group, Accu-detox, play therapy, and psychoeducation.

Peer recovery support services provides services to individuals enrolled and at times not yet enrolled in substance related disorder treatment services. The support services include: Peer recovery 12 step meetings, development and implementation of consumer oriented recovery plans, assistance with obtaining employment, housing, transportation to and from appointments, and other life skills related to maintaining a recovery oriented lifestyle.

There has been a slight increase in private behavioral health providers, which has increased consumer choice. Some private practitioners provide behavioral health services through physician offices. There are two group therapy practices, and multiple independent private practitioners. Some identified treatment modalities offered include child and adolescent psychological assessment and treatment, tele psychiatry, holistic counseling, Eye Movement Desensization and Reprocessing (EMDR) and trauma focused treatment.

Garrett Regional Medical Center (GRMC) provides emergency room crisis psychiatric assessment and referral/placement services. GRMC has applied for HRSA grant funding in the hopes of establishing a behavioral medicine unit. As indicated in the Fiscal Year 2019 Plan, GRMC maintains an affiliate relationship with WVU Medicine.

Garrett County Lighthouse, Inc. (GCLH) provides a psychiatric Rehabilitation program service for adults. GCLH provides on and off site PRP services, RRP services (6 intensive beds/3 beds for men and 3 beds for women, located at separate residences), case management, medication monitoring and nursing, Residential Crisis Services (8 beds) and Respite Services. Four of the Residential Crisis beds are located at Safe Harbor in Oakland Md and the other four at Compass House in Cumberland MD.

Behavioral health treatment services for Specialty Populations (women and women with children):

Women's substance abuse treatment groups, women with children substance abuse treatment group, women's depression treatment group, referrals made to personal care/physician for prenatal care, psychiatric service referral, there is coordination by the counselor for a pregnant woman and/or a woman with young children to facilitate entering specialty residential rehabilitation programs specific to pregnant women. Peer Recovery Coach Services and therapist/counselor support accessing/referral parenting classes, WIC, Healthy Families program, referral for buprenorphine/methadone treatment program as needed.

Substance abuse, behavioral health and peer support recovery services provides services to inmates with behavioral health, substance related or co-occurring disorders at the detention center.

Early Care Home Visiting although not a clinic treatment program, provides at risk mothers and/or pregnant women with support and education services with prenatal health, including regular visits to their physician. Additionally the Early Care Program has had a staff person complete training to implement the Attachment and Bio-Behavioral Catch-up (ABC) Intervention. The ABC Intervention is a training program for caregivers of infants and young children 6 to 24 months old, including high-risk birth parents as well as caregivers of young children in foster care, kinship care, and adoption care. Target outcomes include help caregivers provide: - Nurturing even when children do not appear to need it; - Mutually responsive interactions in which caregivers follow children's lead; and – Care that is not frightening or overwhelming to children, such as refraining from verbal threats.

Supported Employment Services: There is one provider in the county, Appalachian Parent Association, Inc. (APA) which provides non-EBP supported employment services. APA collaborates with DORS, the behavioral health authority, behavioral health providers, and employers to provide supported employment services.

Mental Health Case Management: Care Coordination Services- Burlington United Methodist Family Services, Inc. (BUMFS) provides care coordination services to youth and adults. Most recent RFP awarded December 2015.

Parenting services: there is currently one opportunity for parents to receive education and support for enhancing parent/child relationships. The parenting service is "The Nurturing Family". This is an innovative program designed to ensure parents have the skills to handle challenging family issues. Garrett County Judy Center sponsors sessions, held at the Garrett College McHenry Campus or the Oakland Campus. An additional parenting class is offered through Family Junction located in Allegany County Maryland.

- *Description of the availability and use of pharmacotherapy for both managing withdrawal and for continued treatment.*

Pharmacotherapy for both managing withdrawal and for continued treatment does occur in Garrett County. The methods utilized for withdrawal need to be explored and discussed in detail for individuals who reside in Garrett County. It is our understanding that some Primary Care Physicians are willing to work with and have worked with individuals for managing withdrawal. The Garrett Regional Medical Center also provides withdrawal management as part of the admission protocol for individuals having known drug use intoxication.

- *Description of program or system Overdose Prevention activities including physician education, implementation of naloxone training, and development of relationships with pharmacists who will dispense naloxone to Overdose Response Prevention (ORP) certificate holders without a prescription as allowed by the statewide standing order.*

Overdose Prevention activities continue to expand in Garrett County. The staff who work within the Health Education and Outreach, Behavioral Health Center, and Personal Health Units at the Garrett County Health Department have become increasingly collaborative and active in the scheduling of and implementing naloxone training. Along with the training, the Health Education and Outreach Unit has been involved in providing community outreach and education for local pharmacists to become familiar with naloxone, overdose response education kits and other information. There has been some slight reluctance, believed to be from misunderstanding the statewide standing order, with a few pharmacies indicating they would not honor the standing order. There has been some recent positive communication with the pharmacies who initially expressed reluctance or refusal to allow the standing order to be implemented. A strategy utilized through the Garrett County Drug Free Communities Coalition is the Play Hard Live Clean initiative for youth. This initiative utilizes a digital platform to allow youth to pledge involvement in activities that do not include alcohol or other drug use and provide the opportunity to check social media post for youth enrolled in the initiative to verify non-drug use pictures, posts or comments.

Garrett Regional Medical Center now has approval for an overdose response site in their Emergency Department. Once approved as an Overdose Response Site, family members and/or patients will receive education on the use of naloxone and will receive a naloxone kit prior to discharge from the Emergency Department.

Garrett County Health Education and Outreach implements several community based overdose prevention activities: Pledges from adults in Garrett County communities to safely monitor, store and dispose of prescription medications.

Overdose Fatality Review Team collaboration is leading to coordinated response for overdose events occurring in Garrett County. In relation to collaborating with pharmacies members of the Overdose Fatality Review Team have access to Prescription Drug Monitoring Program (PDMP) data specific to Garrett County. Utilizing PDMP data provides descriptive information to be reviewed and discussed during Overdose Fatality Review Meetings.

- *Description of the availability of office based Buprenorphine therapy within the jurisdiction. How will you expand access to services and increase health care provider capacity where gaps exist?*

Office based buprenorphine now has three providers. A private physician, located in Oakland, had been the sole Buprenorphine provider for several years. A second private physician began providing Buprenorphine therapy in Fiscal Year 2018 and is also located in Oakland.

The Garrett County Center for Behavioral Health is now in the final year of a three-year implementation grant for Buprenorphine treatment. This service works with the University of Maryland School of Psychiatry through tele-medicine. The newest provider is also located in Oakland. At the time of the FY 2020 Plan of Operations, there was uncertainty as to the need on plans

to continue telemedicine Buprenorphine therapy after the grant period ends, in April 2019.

The positive aspect of expansion has been the ability of Garrett County residents reducing travel requirement to the Cumberland, MD area or to other areas. Additionally, the two private office locations have a requirement for patients to receive therapy services to support the MAT component. The Garrett County Center for Behavioral Health has been involved in the provision of individual and/or group therapy as well as support services for those enrolled in the Medication Assisted Treatment private office programs.

- *Description of efforts to address Co-occurring disorders; promotion of Dual Diagnosis Capability Training.*

Addressing Co-occurring disorders and promoting dual diagnosis capability has taken place in Garrett County and will continue. The Garrett County Behavioral Health Authority has the ability to provide training opportunities and we work with mental health providers to determine the preferred training topics each year.

- *Description of efforts to address crisis response services and diversion activities.*

Garrett County Behavioral Health Authority submitted a proposal to the Behavioral Health Administration during Fiscal Year 2018 for 24-hour walk-in crisis and/or mobile crisis response teams. The ability to develop a complete plan was difficult for us, as there were believed to be too many uncertainties related to sustainability. Attempts to provide Crisis Intervention Training (CIT) in Garrett County have been difficult. During FY 2019, Garrett County law enforcement personnel were invited to attend two, two-day CIT workshops in Allegany County, Maryland.

- *Description of services provided individuals with pathological gambling addiction and their families.*

The Garrett County Center for Behavioral Health has arranged for training for clinical and support staff to become more familiar with pathological gambling addiction. Providers do not speak about, this topic, during Mental Health Advisory Committee or Drug Free Community Coalition meetings, as being a significant need for the populations being served. The treatment agencies are aware of the recent changes made through the Maryland Department of Health, Behavioral Health Administration, for eligibility and reimbursement for providers who work with individuals and their family members having issue with pathological gambling.

- *Description of tobacco cessation services/activities for patients and staff.*

The Garrett County Health Department Health Education and Outreach Unit offers Adult Tobacco Cessation Classes several times a year, this is the only community-based option in Garrett County. The class meets once a week for ten weeks and participants must attend at least seven of the ten classes to receive the full course of cessations aids. Available cessation aids are discussed during the introductory session and free cessation aids offered, are Zyban, nicotine patch, and nicotine gum. In addition to the cessation classes, all individuals are made aware of the MDQUIT line.There is also a

Tobacco Awareness Program for youth who are interested in quitting tobacco use, and the Tobacco Education Program offers youth a positive alternative to suspension, fines, or other penalties for violation of board of education tobacco policy. Individual counseling is available for pregnant women, their significant other, and/or any adult smoker living in a household with a child under one year of age's

- *Description of what program or system management processes will be implemented to address the following areas:*
  - Coordinating the care of high risk and high cost patients, specifically including patients referred for Level 3.7 treatment
  - Process for obtaining authorizing patient admission into residential treatment
  - Assessment of training needs around accurate clinical application of the ASAM Patient Placement Criteria and documentation of medical necessity to reduce authorization denials and over utilization of high cost services

Coordination care of high-risk individuals referred for Level 3.7 treatment typically occurs through the Garrett County Center for Behavioral Health along with working with Garrett Regional Medical Center and/or other primary care physicians, if the individual being referred has compromising somatic issues.

The clinical staff have the role of making the referral and being contacted about the admission decision. They will then, contact the individual who is awaiting the placement decision. Beacon Health Options authorization for inpatient American Society of Addiction Medicine (ASAM Level 3.1 through Level 4) is required for some treatment providers.

2. **Outreach and Assessment**

- *Description of the behavioral health service needs of the system, as well as any challenges and issues affecting your ability to provide, or otherwise ensure access to a full continuum of care (i.e. housing needs and gaps). How will you address gaps in the service delivery continuum? Have you considered applying for Community Bond Funds to address housing needs?*

Garrett County Behavioral health service needs are traditionally been identified in the focus areas of access and availability. Specifically, availability of child psychiatry services as well as more on-demand adult psychiatry services, for those new to treatment in outpatient clinic settings and/or individuals seeing private mental health professionals, has frequently been identified, as a clinical behavioral health need.

Accessibility to some behavioral health services becomes difficult, primarily due to the travel required. This is evident for individuals seeking specialized behavioral health services such as neuropsychiatry evaluations; Traumatic Brain Injury interventions; Residential Treatment for youth; and (ASAM)

Treatment Levels 3.1 – Clinically Managed Low Intensity Residential Services; 3.3 - Clinically Managed Population Specific High Intensity Residential Services; 3.5 – Clinically Managed High Intensity Residential Services; 3.7 – Medication Monitored Intensive Inpatient Services; and 4 Medication Managed Intensive Inpatient Services.

A promising opportunity for FY 2020 could be the opening of a Recovery Residence that is planning to establish a male and female residence. The Garrett County Behavioral Health Authority received a Recovery House application packet from a provider in Maryland and forwarded the proposal to the Maryland Department of Health, Behavioral Health Administration for review. Additionally, there is a faith based Recovery Residence being planned for the Grantsville area. This facility will serve males only and eventually have capacity to serve up to 20 men, aged 18 and older.

Child/adolescent psychiatry needs re-emerged as problematic during FY 2019. This was related to one provider closing services in Garrett County and the other closing the Oakland office and moving all outpatient services to Grantsville. There continues to be Telepsychiatry provided through the Garrett County Center for Behavioral Health. However, there is generally a waiting list due to the limited availability of psychiatrist time.

There are two new private behavioral health service providers in Garrett County: C.A.R.E. 1st Wellness (Counseling-Advocacy-Rehabilitation-Education). Outpatient behavioral health services for children, adolescents, and adults. Focus specialties in child behavioral modification, Addiction, and LGBTQ The second provider is Health and Wellness Services, Garrett Regional Medical Center. Services include individual and group therapy, and diagnostic assessments. There will be Nurse Practitioner working in the clinic, with a psychiatric certification.

Garrett County does not have an inpatient psychiatric unit, mobile treatment or assertive community treatment. Those issues were discussed during two planning meetings during Fiscal Year 2018, regarding a crisis services initiative proposal requested through the Maryland Department of Health, Behavioral Health Administration. There was not a consensus of what would be the most useful for Garrett County, as one group identified 24-hour walk-in crisis and the other group identified mobile crisis response as the priority. Each option was presented to the Behavioral Health Administration along with a request to consider Capital funds for the development of at least four inpatient beds at Garrett Regional Medical Center. The Behavioral Health Administration has recently shared proposals related to crisis walk-in center or crisis stabilization services. The funding for the proposals is coming through the State Opioid Response initiative.

Garrett County Behavioral Health Authority has collaborated with the Garrett County Department of Human Services to submit a Mental Health Stabilization Services proposal. The focus of this grant will be to provide crisis services to children in Child Welfare (in-home and out-of-home services included). In previous years, the Garrett County Behavioral Health Authority and the Mental Health

Systems Office of Allegany County collaborated with the Department of Human Services in each county to implement a shared version of the Stabilization Services grant. The programming was based out of Allegany County and due to travel time, limited the number of Garrett County youth who could be enrolled. There were generally no more than 3 Garrett County youth that were open in the Stabilization Services program at any one time. The referrals were received and screened by staff, at each Department of Human Services Office, and then forwarded to the Stabilization Services Provider. We anticipate a similar approach that will serve Garrett County Youth.

As has been indicated earlier in the plan of operations Garrett County does not have a residential treatment center for youth/adolescents. Garrett County youth typically have to travel at least an hour and a half for the closest residential treatment center located in Maryland. Some youth have received residential treatment in Clarksburg, WV at Highland Hospital. This facility has indicated that out of state youth can be served through a grant they received. It has come to our understanding however that recently admissions to Highland Hospital have been denied due to either having Maryland Medicaid or not having discharged transportation finalized before being admitted.

Neo-natal abstinence syndrome has become an increasing issue in Garrett County. There are ongoing efforts to obtain accurate information on the number of births involving drug-affected babies. County and state agencies are aware of the required reporting completed to the local Department of Social Services Office should babies be born drug affected. This mandates a Child Protected Services (CPS) report and investigation. The Department of Social Services has to keep the report open at a minimum of thirty days. CARE 1st has begun to track long term outcomes (academic, behavioral health, family functioning) related to children who were born drug-affected.

Some non-clinical services, which could be useful, include supportive services for children and youth, who have parent with significant behavioral health (mental health/substance use) issues, community based supportive recovery groups/meetings that can be faith based and non-faith based. For example, increase opportunities to implement evidenced-based prevention programs for families related to life skills (self- concept; self-responsibility; and positive decision-making). It has been encourage by Mental Health professional and public school system support staff to have supportive services for students coming from toxic stress living environments.

- *Description of how you will develop and disseminate public awareness education and information (i.e. program or system resources, how to access services and benefits, availability of Medication assisted Treatment, stigma reduction, community and local health provider training) and include culturally competent language.*

A significant amount of public awareness information has taken place through the digital platform through mygarrettcounty.com, which includes Community Planning Groups. Additionally, regular participation in the Community Health Fair and other community events provides the opportunity to

maintain a visible presence in our local communities. Our office also has the ability to assist local and regional behavioral health professionals and lay people to attend training sessions related to ethics and other areas of interest.

- *Description of collaborative efforts with providers that support the implementation or promotion of evidence based practices for individuals with mental illness and substance use disorders*

Collaborative efforts with providers that support the utilization of evidence based practices for individuals with mental illness and substance use disorders will improve through training and dissemination of information. Specifically, strategies previously mentioned in the FY 19 Plan of Operations, which focus on Pharmacist training, and proper storage and disposal of prescription medications will continue to be implemented in FY 2020.

As the state of Maryland continues to promote collaborative approaches related to behavioral health education, prevention, early intervention, and treatment approaches across multiple county and state partners inclusive of the general population. Illustrative of this effort will continue to be the implementation of the Substance Abuse Block Grant, Opioid Misuse Prevention Program (OMPP) utilizing the Maryland Strategic Planning Framework. Unitization of the previously mentioned approaches requires there to be collaboration with established performance measures. This will hopefully reduce or eliminate the historical ability of collaborative efforts to be simply measured by number of meetings attended by various agencies.

Examples of evidence based practices utilized with behavioral health treatment services and promoting collaborative efforts include cognitive behavioral therapy approaches for individual, group and family sessions; functional family therapy; clinical staff being involved in multi-sectorial treatment planning meetings; and documenting consultations with somatic care providers. During FY 2020, it is the intention of the Garrett County behavioral health Authority to schedule Trauma based treatment training that has evidence based or promising practice rating.

3. Prevention (LAAs and LBHAs)

- Prior to the submission of the FY 2020 Plan of Operations, the Behavioral Health Administration was informed that Maryland Public Health Services would be assuming responsibility for areas of opioid response aligned with existing public health activities: surveillance, health promotion and prevention, screening, early intervention and referral into treatment. Therefore, there will be no prevention description provided in the FY 2020 Plan of Operations.

4. Sub Grantee Monitoring

- *Description of how you will monitor sub-grantee and/or other service provider compliance with Conditions of Award and with Beacon Health Options data entry and reporting requirements. Include a description of graduated monitoring schedule.*

The Garrett County Behavioral Health Authority has implemented an extremely effective Contract Monitoring process. There have been templates developed which address Conditions of Award for each contract developed. We will be implementing a more frequent monitoring schedule during FY 2020 and incorporating the results into Action Groups developed on mygarrettcounty.com. This approach will be helpful to address issues that could assist in modifying COA in grants and highlight the positive things vendors are doing in the groups identified on mygarrettcounty.com.

F. CULTURAL AND LINGUISTIC COMPETENCE

- *Description of how your service providers are culturally and linguistically competent and how they provide culturally responsive services. This would include:*

  - Having a contract and/or process in place for interpreting services

    The Garrett County Health Department does have a contract in place for interpretive services. Currently the department has one individual to provide interpretative services for individuals who have limited English proficiency or do not speak/understand English and speak the Spanish language. Should other need arise for other interpretation services, Garrett County Health Department has access to LanuageLine Solutions.

  - Having deaf and/or hard of hearing professionals in the field who are culturally competent and able to provide services, as to increase the availability of behavioral health services to individuals

    There are currently no deaf and/or hard of hearing professionals in the behavioral health field working in Garrett County.. There will soon be one ASL interpreter at C.A.R.E. 1st Wellness.

  - Having residential services for rehabilitation, especially in regard to heroin and opioid use

    The closest residential services for rehabilitation are located in Cumberland, MD, which is at least a one-hour drive from most parts of Garrett County. Garrett Regional Medical Center has applied for a HRSA grant to assist in the development of a Behavioral Medicine program, which could eventually expand to address the residential treatment needs for substance using individuals. During the most recent funding opportunity through Maryland Department of Health, Behavioral Health Administration, there was interest in Recovery Housing but not Residential Treatment. However, recent grant planning groups have acknowledged the need to have a small-scale residential treatment and recovery center for

women, pregnant women, and women with children.

- Having a general CLC plan within their organization

  All three CARF accredited behavioral health providers have a general CLC plan incorporated in their program policies and procedures. Garrett County Behavioral Health Authority will encourage additional behavioral health providers within Garrett County to share any general CLC plans during the remainder of FY 2018 and throughout FY 2019.

- *Description of how you promote a System of Integrated Care to Increase Access, Reduce Disparities and Support Coordinated Care and Services across Systems.*

As previously mentioned in this Behavioral Health Plan, our office is intending to pilot a digital bi- directional referral. We have included the intentions for this pilot project and will be working with the Health Planning Unit and Public Affairs Specialist located within the Garrett County Health Department.

There have been discussions during Strategic Planning meetings through the county on how to improve integration so individuals at high risk are identified and receive needed treatment services at the appropriate level. Access to care has been identified as an emerging need through the most recent Community Health Assessment. At times, access can be related to lack of awareness of resources, self-induced or unintentional community stigma related to minimal or inconsistent recovery and wellness messaging, and lack of treatment resources.

A system of integrated care was previously addressed in section E. Services; 1. Treatment Services.

- *Description of how you will reduce disparities between the availability of services for persons with mental illness (including SMI/SEDs) and substance use disorders and support coordinated care and services across systems with a focus on several populations of high risk, including college students and transition-age youth, especially those at risk of first episodes of mental illness or substance abuse; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; military families; and lesbian, gay, bisexual, and transgender (LGBT) individuals.*

Interviews with providers in Garrett County as well as conversations during the FY 20 Plan of Operation Review did not indicate any known disparities of services for person with mental illness and substance use disorders. However, some disparities exist in the support of coordinated care and services across systems. We are intending to have planning meetings with behavioral health providers, somatic care physicians and other medical specialties to challenge disparities.

G. DATA AND PLANNING

1. Mental Health Data Section (MH)

- Report and analysis of utilization of data using existing templates and Outcomes Measurement System (OMS) data on priority areas. Include a detailed, descriptive narrative of critical factors that impact the data. Offer possible explanations on anomalies such as significant increases or decreases in year-to-year comparisons. Questions to ask:
- Was the data as expected, why or why not? Were there program initiatives in your county, which may account for the change? Did a large provider close? Did more providers come into the county?
- Was data affected by policies, procedures, or characteristics at community, county or state level? Did a school suspension/expulsion policy change?
- Was the data affected by contextual or program factors-new outreach initiative to the homeless?
- Was the data affected by characteristics of individual staff or clients served? New social services agency in the county referring more adults or children?
- When appropriate, provide explanations of measures and links to objectives and/or strategies. A narrative analysis of service utilization, spending patterns and trends must be written (you may include an analysis of unusual patterns or trends).

Garrett County has a recognizable Public Behavioral Health System of care, which includes all age groups. Behavioral health services are available in every public school in Garrett County. There are currently twelve public schools comprised of eight elementary, two middle schools, and two high schools. There are also school-based services provided for students involved with substance abuse treatment in the middle and high schools. After-School programs are implemented at two sites in the county: Accident and Oakland (Southern Middle School). The After-School programs continue to be an important component in meeting the needs of children and their families who may be involved with a variety of agencies and organizations located in Garrett County. Prevention and Early Intervention services are provided, organized, and facilitated through the Health Education and Outreach Department, Early Care Healthy Families, Public School System (Winners Program and Project Aim, PBIS) and Garrett County Health Department.

Statewide and County source data (MARF0004) for the tables 1- 3 was obtained by the Behavioral Health Administration through an analysis of claims paid from Beacon Health Options, the Administrative Service Organization for the State of Maryland. Other data utilized came from the Outcome Measurement System (OMS) through Beacon Health Options as well as county level and state data from the USDA for Medicaid Penetration Rates. Information from the

data tables was utilized to prepare data for the graphs. The data for FY 2018 is not complete as claims may be submitted up to twelve months from the date of service. The data presented for FY 2018 is based on claims paid through 9/30/18. Even though providers have twelve months to submit claims, it is anticipated that the percentage of change would not be significant. Services paid through Medicare and grant funds are not included in the data analysis.

The data will be presented in table and graph format with brief explanations of the findings included within the graphs. Information will be presented which shows the number of persons served and expenditures by coverage type, including numbers of and expenditures for dually diagnosed consumers.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

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 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Early Child (0-5)	55	58	5.5%	66	13.8%	$57,545	$62,430	8.5%	$105,402	68.8%
Child (6-12)	203	240	18.2%	256	6.7%	$629,953	$542,052	-14.0%	$549,030	1.3%
Adolescent (13-17)	183	171	-6.6%	168	-1.8%	$561,163	$395,019	-29.6%	$328,959	-16.7%
Transitional (18-21)	67	106	58.2%	72	-32.1%	$149,125	$156,055	4.6%	$259,814	66.5%
Adult (22 to 64)	657	706	7.5%	700	-0.8%	$1,942,779	$1,911,648	-1.6%	$2,179,466	14.0%
Elderly (65 and over)	13	16	23.1%	17	6.3%	$110,051	$122,126	11.0%	$150,163	23.0%
TOTAL	**1,178**	**1,297**	**10.1%**	**1,279**	**-1.4%**	**$3,450,616**	**$3,189,330**	**-7.6%**	**$3,572,834**	**12.0%**

*Based on claims paid through September 30, 2018.

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

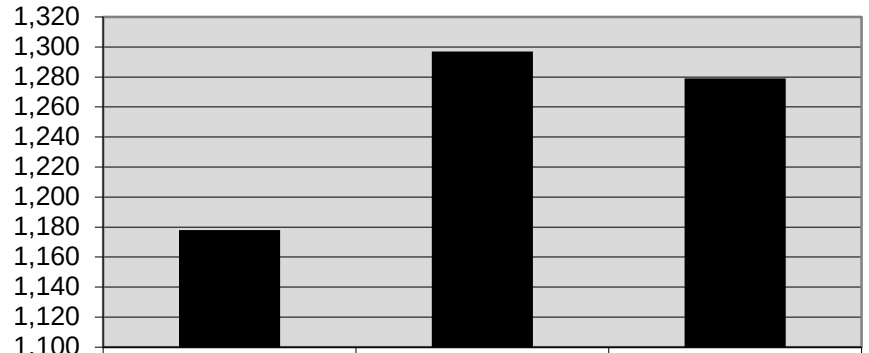
	Persons Served			Expenditures		
	FY 2016	FY 2017	FY 2018	FY 2016	FY 2017	FY 2018
Early Child (0-5)	4.7%	4.5%	5.2%	1.7%	2.0%	3.0%
Child (6-12)	17.2%	18.5%	20.0%	18.3%	17.0%	15.4%
Adolescent (13-17)	15.5%	13.2%	13.1%	16.3%	12.4%	9.2%
Transitional (18-21)	5.7%	8.2%	5.6%	4.3%	4.9%	7.3%
Adult (22 to 64)	55.8%	54.4%	54.7%	56.3%	59.9%	61.0%
Elderly (65 and over)	1.1%	1.2%	1.3%	3.2%	3.8%	4.2%
TOTAL	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

*Based on claims paid through September 30, 2018.

A summary of the Garrett County data indicates the following:

Trend analysis for all age groups and services provided (Table 1a.) from FY 2016 to FY 2018 showed an increase in total persons served and an increase in expenditures. After a 10% increase in Total Consumers served from FY 2016 (1,173) to FY 2017 (1,290), there was slight decrease through the FY 2018 reporting time period of 1.4% (1,279). There were three age groups showing a decrease in numbers served from FY 2017 to FY 2018. The largest percentage decrease was 32.1% in the Transition Age Youth (18-21) group from FY 2017 (106) to FY 2018 (72). The other two age groups showing decrease were much lower as the Adolescent (13-17) decreased by 1.8% from FY 2017 to FY 2018 and the Adult (22-64) age group decreased by .8%. Three age groups indicated increases in total persons served over the past three fiscal years. However, the percentage changes are sometimes exaggerated due to lower numbers. This was evident in the Elderly age group (65 and over) having a 6.3% increase but a change of one person served from FY 2017 to FY 2018. The remaining two age groups, Early Child (0-6) indicated an increase of 13.8% persons served from FY 2017 (58) to FY 2018 (66) and Child (7-12) with a 6.7% increase from FY 2017 (240) to FY 2018 (256).

Garrett County PBHS Consumer Count Graph 1



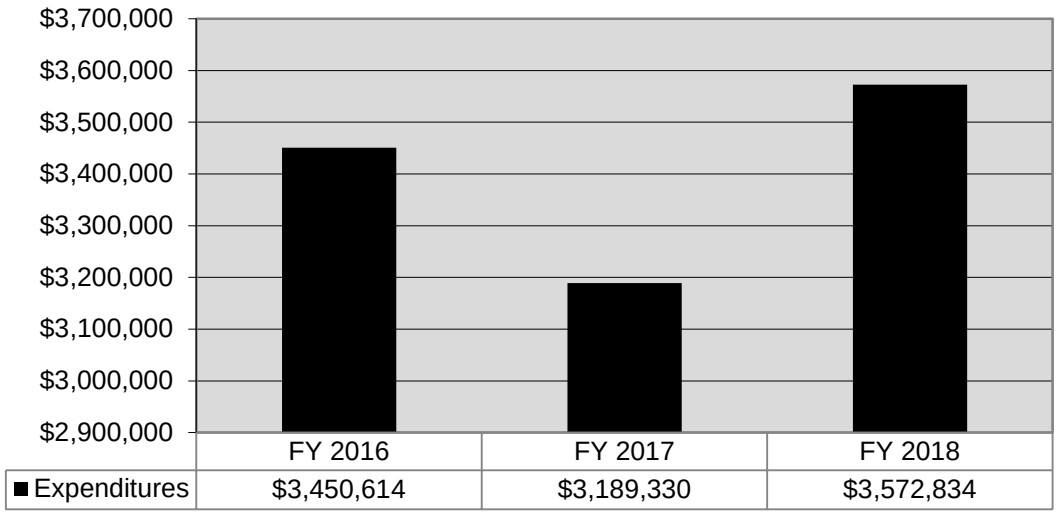
	FY 2016	FY 2017	FY 2018
■ Consumers	1,178	1,297	1,279

Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Following a 7.6%, decrease in Expenditures from FY 2016 to FY 2017, there has been a 12.0% increase with expenditures so far in FY 2018. There was one age group, Adolescent (13-17), that had decreased in expenditures (16.7%) from FY 2017 to FY 2018. The Early Child (0-5) had an expenditure increase of 68.8% from FY 2017 to FY 2018 and the Transitional (18-21) age group had an expenditure increase of 66.5%. It seems as though the increases for the Early Child age group could be attributed to outpatient therapy and psychiatric rehabilitation. This information was found on Table 2a. Child/Adolescent 0-17 Persons Served and Expenditures by

Services Provided. The Adult age groups, 18 and over, seem to relate to the 61.7% Crisis expenditure increase from FY 2017 to FY 2018; the 79.5% Inpatient expenditure increase from FY 2017 to FY 2018; the 19.6% expenditure increase in Outpatient therapy and the 17.7% increase with Supported Employment expenditures.

Garrett County PBHS Expenditures Graph 2



	FY 2016	FY 2017	FY 2018
Expenditures	$3,450,614	$3,189,330	$3,572,834

Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Table 1b. Three Year Comparisons By Service Type

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Case Management	53	52	-1.9%	47	-9.6%	$163,747	$160,818	-1.8%	$148,898	-7.4%
Crisis	25	22	-12.0%	0	-100.0%	$118,657	$81,650	-31.2%	$132,020	61.7%
Inpatient	66	68	3.0%	75	10.3%	$492,403	$431,821	-12.3%	$592,919	37.3%
Mobile Treatment	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Outpatient	1,089	1,205	10.7%	1,171	-2.8%	$1,084,983	$1,297,340	19.6%	$1,536,311	18.4%
Partial Hospitalization	0	0	#DIV/0!	1	#DIV/0!	$0	$0	#DIV/0!	$5,367	#DIV/0!
Psychiatric Rehabilitation	121	118	-2.5%	130	10.2%	$1,011,629	$1,024,576	1.3%	$1,053,770	2.8%
Residential Rehabilitation	35	25	-28.6%	0	-100.0%	$25,410	$28,100	10.6%	$26,052	-7.3%
Residential Treatment	5	2	-60.0%	0	-100.0%	$479,067	$89,168	-81.4%	$0	-100.0%
Respite Care	9	12	33.3%	0	-100.0%	$13,804	$16,347	18.4%	$7,461	-54.4%
Supported Employment	27	22	-18.5%	0	-100.0%	$60,914	$59,510	-2.3%	$70,036	17.7%
BMHS Capitation	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Emergency Petition	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Purchase of Care	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
PRTF Waiver	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
****TOTAL**	**1,178**	**1,297**	**10.1%**	**1,279**	**-1.4%**	**$3,450,614**	**$3,189,330**	**-7.6%**	**$3,572,834**	**12.0%**

*Based on claims paid through September 30, 2018.

Table 1c. Three Year Comparisons By Coverage Type

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Medicaid	1,125	1,246	10.8%	1,222	-1.9%	$2,927,807	$2,709,875	-7.4%	$3,018,015	11.4%
Medicaid State Funded	99	89	-10.1%	147	65.2%	$480,325	$436,835	-9.1%	$481,045	10.1%
UnInsured	46	36	-21.7%	41	13.9%	$42,482	$42,619	0.3%	$73,775	73.1%
****TOTAL**	**1,178**	**1,297**	**10.1%**	**1,279**	**-1.4%**	**$3,450,614**	**$3,189,329**	**-7.6%**	**$3,572,835**	**12.0%**
DUALLY Dx^	**378**	**422**	**11.6%**	**394**	**-6.6%**	**1.281,308**	**1,280,056**	**-0.1%**	**1,604,719**	**25.4%**
Percent of Total Served/Expenditures	**32.1%**	**32.5%**		**30.8%**		**37.1%**	**40.1%**		**44.9%**	

*Based on claims paid through September 30, 2018. Data Source: MARF0004

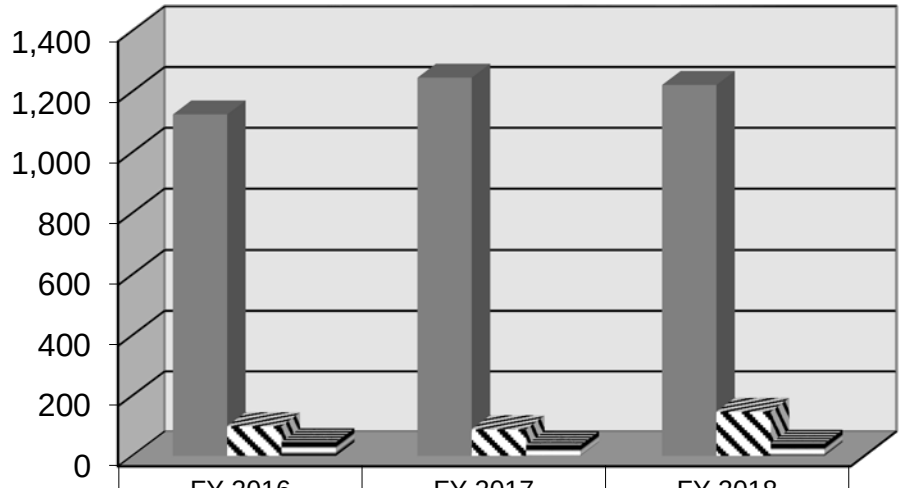
**Does not include adjustments included in Table 1a..
Also, TOTAL is unduplicated as an individual may have more than one service or have be covered by multiple funding streams throughout the fiscal year.

^ Dually Dx/Co-Occurring is based on those individuals with a primary mental health diagnosis and a secondary substance abuse diagnosis. Data Source: MARF5120

The Dually Diagnosed consumers (Mental Health Table 1c.), showed a decrease in numbers served and an increase in expenditures. There were 422 individuals served that were dually diagnosed in FY 2017. The number of dually diagnosed has decreased 6.6% to 394 for FY 2018 . The expenditures, however, increased from 25.4% from FY 2017 to FY 2018.

Graph 3

Garrett County 3 Year Comparisons
Persons Served by Coverage Type



	FY 2016	FY 2017	FY 2018
Medicaid	1,125	1,246	1,222
Medicaid State Funded	99	89	147
UnInsured	46	36	41

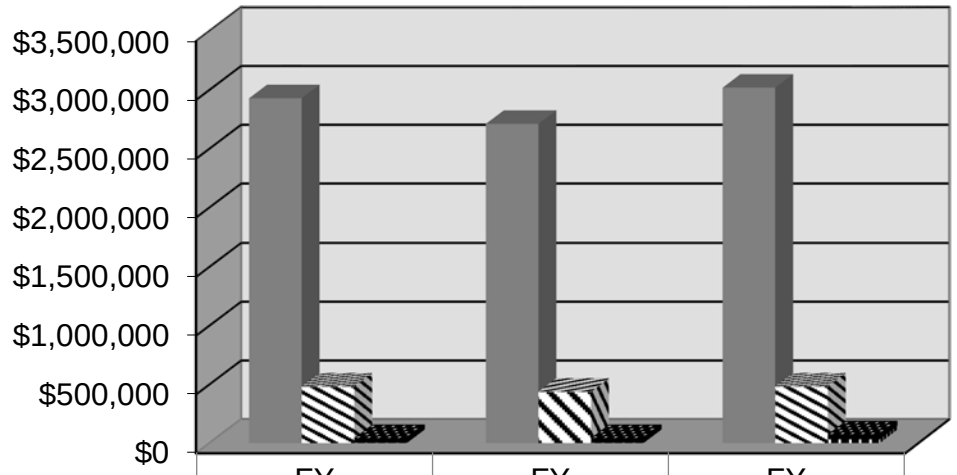
Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 3

Graph 1 reveals some minor fluctuation in the number of Garrett County individuals funded through Medicaid receiving public behavioral health services form FY2016 to FY 2108 with total change -1.9% (Table 1c). The number of Medicaid State Funded individuals showed an increase in FY 2018 of 59 individuals from FY2017 to FY 2018 demonstrating a 65.2% increase (Table 1c). Uninsured Funded Individuals showed a slight decrease over the past three years. The MA penetration rate of 13.9% could be the reason for the increase in the combined total of the Medicaid and State Funded Medicaid persons served.

Garrett County 3 Year Comparisons
Expenditures by Coverage Type

Graph 4



	FY 2016	FY 2017	FY 2018
Medicaid	$2,927,807	$2,709,875	$3,018,015
Medicaid State Funded	$480,325	$436,835	$481,045
UnInsured	$42,482	$42,619	$73,775

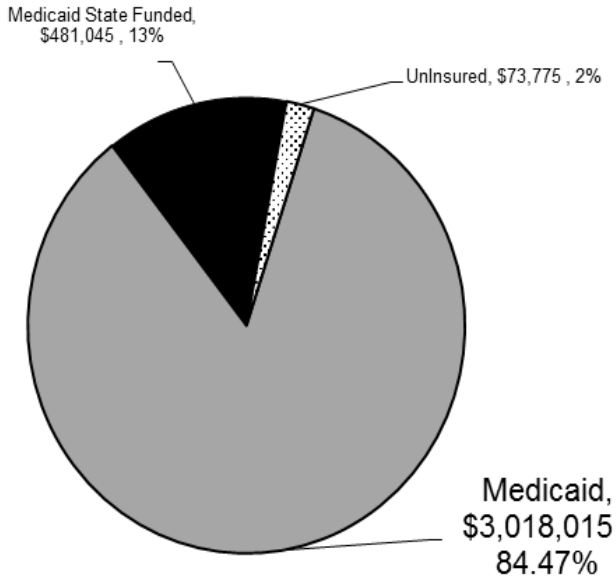
Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 4

Graph 2 reports the Expenditures by Coverage Type in Garrett County for the past three fiscal years. An increase in FY 2018 of expenditures by all coverage types is demonstrated. The largest increase is in the adult inpatient expenditures 79.5% (table 2b.) and the adult crisis expenditures (Table 2b) showing an increase of 61.7%.

Graph 5

Garrett County - Expenditure by Coverage Type FY 2018



Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 5

Graph 5 reveals the breakdown of expenditures by coverage type and percentage of total expenditures (Table 1c). Consistent with previous fiscal years, the number of individuals under the Medicaid Coverage Type accounts for the majority of expenditures (84.47%) in the public behavioral health system for individuals served in Garrett County. Even with an increase in number of persons served (Graph 1), the Uninsured coverage type accounted for the smallest percentage of the total expenditures (2%). In addition, the increase in numbers served in the Medicaid State Funded coverage type composed 13% of the expenditures.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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Table 2a. Child / Adolescent - 0 - 17

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Case Management	18	15	-16.7%	16	6.7%	$68,888	$70,417	2.2%	$57,960	-17.7%
Crisis	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Inpatient	13	14	7.7%	18	28.6%	$138,438	$179,320	29.5%	$139,579	-22.2%
Mobile Treatment	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Outpatient	440	468	6.4%	487	4.1%	$548,840	$639,476	16.5%	$749,398	17.2%
Partial Hospitalization	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Psychiatric Rehabilitation	5	11	120.0%	34	209.1%	$8,846	$21,119	138.7%	$26,455	25.3%
Residential Rehabilitation	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Residential Treatment	5	2	-60.0%	0	-100.0%	$479,067	$89,168	-81.4%	$0	-100.0%
Respite Care	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Supported Employment	4	0	-100.0%	0	#DIV/0!	$4,581	$0	-100.0%	$0	#DIV/0!
BMHS Capitation	0	0	#DIV/0!	0	#DIV/0!		$0	#DIV/0!	$0	#DIV/0!
Emergency Petition	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Purchase of Care	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
PRTF Waiver	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
****TOTAL**	**485**	**469**	**-3.3%**	**490**	**4.5%**	**$1,248,660**	**$999,500**	**-20.0%**	**$973,392**	**-2.6%**

*Based on claims paid through September 30, 2018.

Table 2b. Adults - Ages 18 and Over

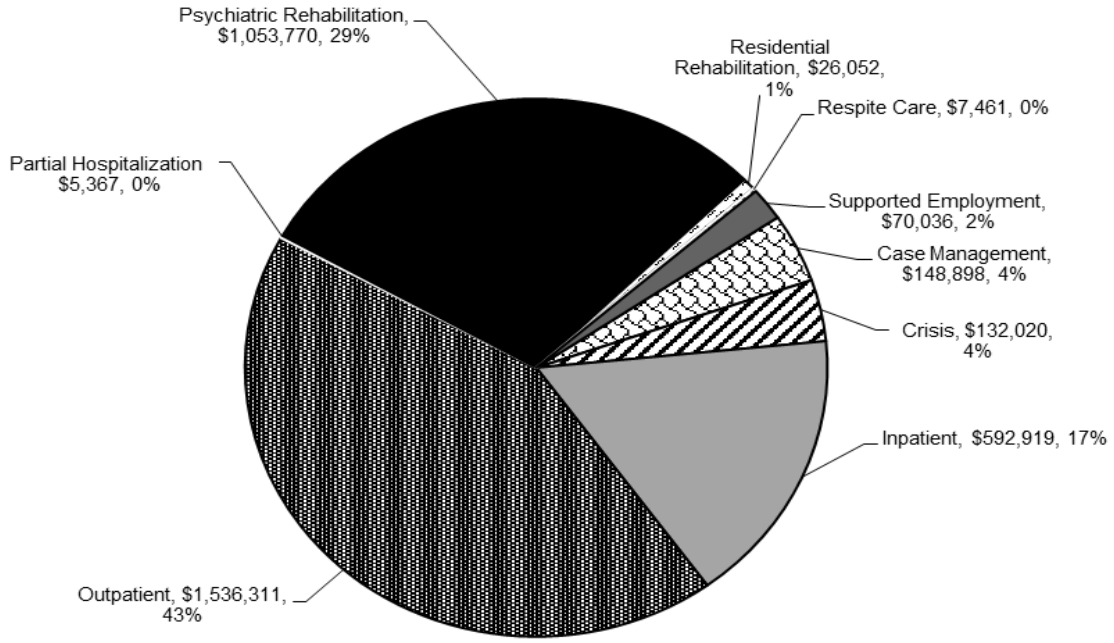
	Persons Served						Expenditures			
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Case Management	35	52	48.6%	35	-32.7%	$94,859	$90,400	-4.7%	$90,938	0.6%
Crisis	25	22	-12.0%	30	36.4%	$118,656	$81,649	-31.2%	$132,020	61.7%
Inpatient	53	68	28.3%	66	-2.9%	$353,965	$252,501	-28.7%	$453,339	79.5%
Mobile Treatment	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Outpatient	649	1,205	85.7%	696	-42.2%	$536,143	$657,865	22.7%	$786,913	19.6%
Partial Hospitalization	0	0	#DIV/0!	1	#DIV/0!	$0	$0	#DIV/0!	$5,367	#DIV/0!
Psychiatric Rehabilitation	116	107	-7.8%	128	19.6%	$1,002,782	$1,003,456	0.1%	$1,019,316	1.6%
Residential Rehabilitation	35	25	-28.6%	36	44.0%	$25,410	$28,100	10.6%	$26,052	-7.3%
Residential Treatment	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Respite Care	9	12	33.3%	11	-8.3%	$13,804	$14,346	3.9%	$7,461	-48.0%
Supported Employment	23	22	-4.3%	21	-4.5%	$56,333	$59,510	5.6%	$70,036	17.7%
BMHS Capitation	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Emergency Petition	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
Purchase of Care	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
PRTF Waiver	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
****TOTAL**	**945**	**828**	**-12.4%**	**789**	**-4.7%**	**$2,201,952**	**$2,187,827**	**-0.6%**	**$2,591,442**	**18.4%**

*Based on claims paid through September 30, 2018. Data Source: MARF0004

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

Graph 6

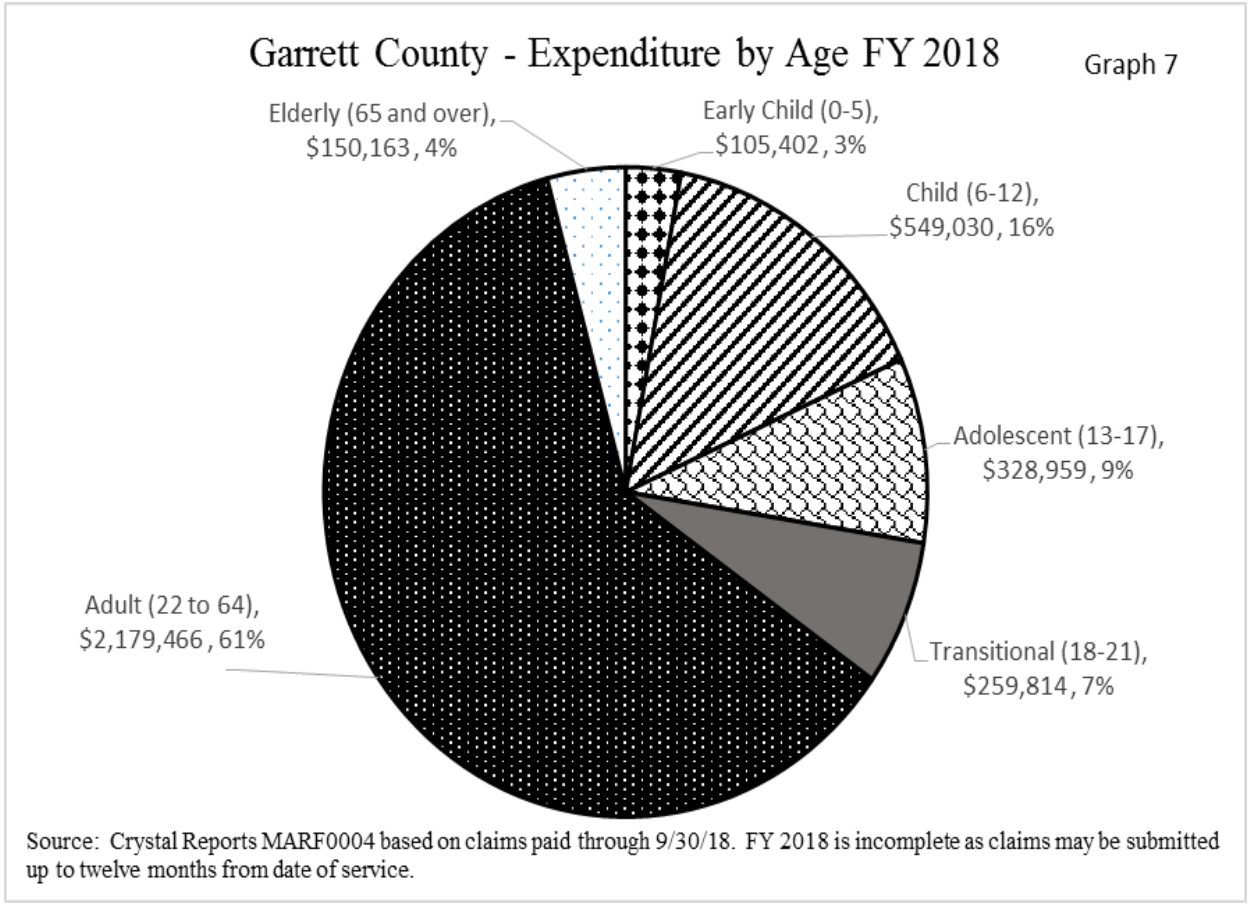
Garrett County - Expenditures by Service Type FY 18



Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 6

Graph 6 provides expenditures by service type for mental health services provided to Garrett County residents during FY 2018 (Table 1b). Consistent with previous years, the two highest expenditures by service type are Outpatient Therapy (43%), and Psychiatric Rehabilitation (29%). Inpatient was the third highest Expenditure by Service Type (17%) a notable increase in the inpatient expenditure from FY 2017 to FY 2018 an increase of 37.3% (Table 1b). The persons served in inpatient treatment from FY 2017 to FY 21018 was an increase of 10% (Table 1b). Case Management expenditures were higher than Residential Treatment, which has traditionally been one of the top three service type expenditures for Garrett County.



Source: Crystal Reports MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 7

Graph 7 illustrates the Expenditure by Age Group for FY 2018 (Table 1a). The adult age group (22 to 64) continues to have the highest expenditures (61%). This adult age group annually has the highest number of consumers and consequently the largest expenditure. The Garrett County expenditures by age group are very similar when compared to the State of Maryland percentage of expenditures by age group (Table 3a).

Table 3a. Fiscal Year 2018 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	7,656	3.6%	66	5.2%		$19,008,465	1.9%	$105,403	3.0%
Child	38,808	18.2%	256	20.0%		$175,008,472	17.4%	$549,030	15.4%
Adolescent	27,894	13.1%	168	13.1%		$144,979,118	14.4%	$328,959	9.2%
Transitional	12,515	5.9%	72	5.6%		$52,764,756	5.3%	$259,814	7.3%
Adult	123,460	58.0%	700	54.7%		$593,122,322	59.0%	$2,179,466	61.0%
Elderly	2,596	1.2%	17	1.3%		$19,894,908	2.0%	$150,163	4.2%
TOTAL	**212,929**	100.0%	**1,279**	100.0%		**$1,004,778,041**	100.0%	**$3,572,835**	100.0%
SERVICE TYPE									
Case Management	6,471	3.0%	51	4.0%		$13,123,179	1.3%	$148,898	4.2%
Crisis	2,524	1.2%	30	2.3%		$13,979,347	1.4%	$132,020	3.7%
Inpatient	19,436	9.1%	84	6.6%		$243,819,961	24.3%	$592,919	16.6%
Mobile Treatment	4,272	2.0%	0	0.0%		$37,491,459	3.7%	$0	0.0%
Outpatient	199,831	93.8%	1,183	92.5%		$388,805,274	38.7%	$1,536,311	43.0%
Partial Hospitalization	2,406	1.1%	1	0.1%		$9,952,949	1.0%	$5,367	0.2%
Psychiatric Rehabilitation	37,277	17.5%	162	12.7%		$230,610,102	23.0%	$1,053,770	29.5%
Residential Rehabilitation	5,085	2.4%	36	2.8%		$11,847,362	1.2%	$26,052	0.7%
Residential Treatment	450	0.2%	0	0.0%		$35,302,562	3.5%	$0	0.0%
Respite Care	333	0.2%	11	0.9%		$966,905	0.1%	$7,461	0.2%
Supported Employment	3,708	1.7%	21	1.6%		$9,197,321	0.9%	$70,036	2.0%
BMHS Capitation	367	0.2%	0	0.0%		$9,118,207	0.9%	$0	0.0%
Emergency Petition	426	0.2%	0	0.0%		$135,244	0.013%	$0	0.000%
Purchase of Care	27	0.01%	0	0.0%		$201,873	0.020%	$0	0.000%
PRTF Waiver	53	0.02%	0	0.0%		$226,296	0.023%	$0	0.000%
TOTAL	**212,929**	100.0%	**1,279**	100.0%		**$1,004,778,041**	100.0%	**$3,572,834**	100.0%
COVERAGE TYPE									
Medicaid	204,059	95.8%	1,222	95.5%		$896,574,924	89.2%	$3,018,015	84.5%
Medicaid State Funded	29,032	13.6%	147	11.5%		$92,883,914	9.2%	$481,045	13.5%
UnInsured	8,259	3.9%	41	3.2%		$15,319,203	1.5%	$73,775	2.1%
TOTAL	**212,929**	100.0%	**1,279**	100.0%		**$1,004,778,041**	100%	**$3,572,835**	100%
DUALLY DIAGNOSED INDIVIDUALS									
All with DD #	**71,086**	**33.4%**	**0**	**0.0%**		**$468,185,697**	**46.6%**	**$0**	**0**

*Based on claims paid through September 30, 2018. 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 2018 Comparisons: Cost per Person Served				
	State	**County**	**Difference**	**Index^**
AGE				
Early Child	$2,483	$1,597	-$886	64.3
Child	$4,510	$2,145	-$2,365	47.6
Adolescent	$5,198	$1,958	-$3,239	37.7
Transitional	$4,216	$3,609	-$608	85.6
Adult	$4,804	$3,114	-$1,691	64.8
Elderly	$7,664	$8,833	$1,169	115.3
TOTAL	**$4,719**	**$2,793**	**-$1,925**	**59.2**
SERVICE TYPE				
Case Management	$2,028	$2,920	$892	144.0
Crisis	$5,539	$4,401	-$1,138	79.5
Inpatient	$12,545	$7,059	-$5,486	56.3
Mobile Treatment	$8,776	#DIV/0!	#DIV/0!	#DIV/0!
Outpatient	$1,946	$1,299	-$647	66.7
Partial Hospitalization	$4,137	$5,367	$1,230	129.7
Psychiatric Rehabilitation	$6,186	$6,505	$318	105.1
Residential Rehabilitation	$2,330	$724	-$1,606	31.1
Residential Treatment	$78,450	#DIV/0!	#DIV/0!	#DIV/0!
Respite Care	$2,904	$678	-$2,225	23.4
Supported Employment	$2,480	$3,335	$855	134.5
BMHS Capitation	$24,845	#DIV/0!	#DIV/0!	#DIV/0!
Emergency Petition	$317	#DIV/0!	#DIV/0!	#DIV/0!
Purchase of Care	$7,477	#DIV/0!	#DIV/0!	#DIV/0!
PRTF Waiver	$4,270	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL	**$4,719**	**$2,793**	**-$1,925**	**59.2**
COVERAGE TYPE				
Medicaid	$4,394	$2,470	-$1,924	56.2
Medicaid State Funded	$3,199	$3,272	$73	102.3
UnInsured	$1,855	$1,799	-$55	97.0
TOTAL	**$4,719**	**$2,793**	**-$1,925**	**59.2**

*Based on claims paid through September 30, 2018.
^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.

A review of Cost per Person Served (Table 3b.) compared to the State of Maryland, indicated that Garrett County is generally lower in the Cost Per Person served in all age groups except for Elderly. Any Index higher than 100, indicates the County is higher than the State. As can be seen, the FY 2018 Garrett County Index for the Elderly age group was 115.3, resulting from the cost per person for Garrett County was $8,833 and the State Cost per person for Elderly was $7,664. The Cost per Person served by Service Type revealed Garrett County had a higher Index than the State for the categories of Case Management (160.2), Partial Hospitalization (129.7), Psychiatric Rehabilitation (105.1), and Supported Employment (134.5). Garrett County had a Medicaid Cost per Person served Index of (56.2) lower than State Medicaid Cost per person served.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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Number of Veterans Receiving Mental Health Services and Related Expenditures in FY 2016-2018

COUNTY	FY 2016	FY 2017	FY 2018
Allegany	148	153	143
Anne Arundel	252	258	268
Baltimore City	1,461	1,461	1,355
Baltimore County	545	547	531
Calvert	73	70	64
Caroline	46	57	50
Carroll	99	100	93
Cecil	105	112	108
Charles	89	87	86
Dorchester	58	49	52
Frederick	145	147	154
Garrett	38	29	27
Harford	160	157	144
Howard	110	116	96
Kent	15	17	17
Montgomery	284	307	305
Prince George's	287	300	277
Queen Anne's	29	33	32
St. Mary's	79	62	65
Somerset	34	37	34
Talbot	39	36	31
Washington	248	238	232
Wicomico	154	145	133
Worcester	71	77	68
Statewide	**4,372**	**4,424**	**4,203**

COUNTY	FY 2016	FY 2017	FY 2018
Allegany	$739,082	$791,768	$835,774
Anne Arundel	$2,444,392	$2,475,495	$2,524,836
Baltimore City	$11,024,670	$11,778,379	$11,014,497
Baltimore County	$4,711,995	$5,136,988	$4,353,176
Calvert	$305,510	$326,144	$266,501
Caroline	$352,262	$356,207	$375,558
Carroll	$888,280	$983,963	$609,185
Cecil	$422,092	$869,535	$484,289
Charles	$350,008	$548,581	$459,635
Dorchester	$419,303	$442,513	$351,548
Frederick	$1,358,920	$1,512,972	$1,739,734
Garrett	$210,823	$186,749	$155,137
Harford	$1,284,057	$1,374,537	$808,829
Howard	$1,040,344	$1,153,122	$1,001,840
Kent	$75,095	$87,857	$81,691
Montgomery	$3,579,832	$3,242,258	$3,338,078
Prince George's	$3,126,916	$3,392,374	$3,223,899
Queen Anne's	$133,141	$123,776	$162,203
St. Mary's	$435,176	$517,044	$607,598
Somerset	$177,828	$212,778	$202,686
Talbot	$167,418	$178,414	$98,580
Washington	$1,225,256	$1,329,471	$1,361,684
Wicomico	$1,141,865	$986,697	$1,141,400
Worcester	$164,654	$161,828	$163,567
Statewide	**$35,778,919**	**$38,169,450**	**$35,361,925**

The number of Garrett County Veterans receiving Public Mental Health Services and Related Expenditures in FY 2016 to FY 2018 indicated the number served range from 38 (2016) to 29 (2017) and back to 27 (2018). Expenditures decreased from $210,089 in FY 2016 to $190,582 in FY 2017, and to $155,137 in FY 2018. This may correspond to the decrease in number of veterans receiving mental health services.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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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%	40.6%
Percentage of Adults Served in PBHS Supported Employment		
OMS - Smoking		
Q45. Do you smoke? Cigarettes	39.9%	40.9%
Q47. In the past month use tobacco products? Cigars	3.5%	2.1%
Smokeless Tobacco	0.9%	4.6%
Electronic Cigarettes	4.1%	5.1%
Pipes	0.6%	0.5%
Other Tobacco Product	2.0%	0.5%
OMS - Q48. General Health Status		
Excellent	6.7%	3.9%
Very Good	18.7%	19.6%
Good	35.9%	32.6%
Fair	29.8%	30.4%
Poor	8.9%	13.5%
CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	14.4%	1530.0%
OMS - Q34. Suspended from school in past 6 months	12.8%	3.9%
OMS - Smoking**		
Q37. Do you smoke? Cigarettes	3.5%	5.8%
Q39. In the past month use tobacco products? Cigars	1.0%	0.0%
Smokeless Tobacco	0.2%	3.2%
Electronic Cigarettes	1.1%	4.2%
Pipes	0.2%	0.5%
Other Tobacco Product	0.4%	0.0%
OMS - Q36. General Health Status		
Excellent	24.6%	11.9%
Very Good	36.8%	47.3%
Good	30.7%	34.2%
Fair	6.9%	5.8%
Poor	0.9%	0.8%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	12.0%	5.4%
Q39. In the past six months, have you been arrested?	5.5%	6.2%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	3.7%	0.9%
Always	4.1%	1.7%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.2%	0.4%
Q40. In the past six months, have you been arrested?	3.0%	3.2%
During the past month,		
Q41. Did you drink any alcohol?	5.3%	6.1%
Q42. Did you smoke any marijuana or hashish?	9.3%	6.7%
Q43. Did you use anything else to get high?	1.1%	0.60%

* 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

***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 data through June 30, 2018

Table 4. Fiscal Year 2018 State & County Comparisons
Outcome Measurement System
Most Recent Mental Health Interview - FY 2018*

	STATE Percent	COUNTY Percent
ADULTS		
OMS - Q41/42. Employed now or last 6 months	35.5%	43.0%
Percentage of Adults Served in Supported Employment		
OMS - Smoking		
Q45. Do you smoke? Cigarettes	36.7%	45.8%
Q47. In the past month use tobacco products? Cigars	3.4%	1.3%
Smokeless Tobacco	0.8%	2.8%
Electronic Cigarettes	3.9%	7.9%
Pipes	0.5%	1.0%
Other Tobacco Product	1.6%	0.3%
OMS - Q48. General Health Status		
Excellent	6.5%	4.4%
Very Good	18.6%	19.0%
Good	37.8%	33.6%
Fair	29.2%	30.6%
Poor	8.0%	12.4%
CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	14.1%	17.3%
OMS - Q34. Suspended from school in past 6 months	11.8%	7.4%
OMS - Smoking**		
Q37. Do you smoke? Cigarettes	3.2%	2.4%
Q39. In the past month use tobacco products? Cigars	1.0%	0.0%
Smokeless Tobacco	0.2%	1.4%
Electronic Cigarettes	1.5%	3.3%
Pipes	0.2%	0.0%
Other Tobacco Product	0.3%	0.0%
OMS - Q36. General Health Status		
Excellent	24.7%	13.2%
Very Good	36.4%	36.1%
Good	30.7%	39.8%
Fair	7.2%	9.0%
Poor	1.0%	1.9%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	11.5%	7.0%
Q39. In the past six months, have you been arrested?	4.9%	3.8%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	3.7%	2.0%
Always	3.9%	2.3%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.2%	0.7%
Q40. In the past six months, have you been arrested?	2.6%	1.4%
During the past month,		
Q41. Did you drink any alcohol?	2.1%	1.6%
Q42. Did you smoke any marijuana or hashish?	9.2%	2.7%
Q43. Did you use anything else to get high?	1.1%	1.60%

* Most recent observation for each Mental Health consumer in FY 2018; 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 2018

The Outcome Measurement System (OMS) has been utilized, throughout Maryland, to track behavioral trends in the Public Behavioral Health System for individuals in Outpatient Behavioral Health Clinics. The OMS information is obtained for population data changes, rather than individual changes.

What will follow is a summary of the Garrett County OMS Fiscal Year 2017 and Fiscal Year 2018 data reports compared to the state of Maryland. The most recent Mental Health Interviews for each fiscal year will be utilized in the narratives for the Child/Adolescent (11-17) and Adult (18+) populations.

The area of Employment for Adults in Garrett County, Fiscal Year (FY) 2017, showed 40.6% being employed now or within the last 6 months, with the State employment being at 34.9%. The Employment interview data for FY 2018 indicated that 43% Garrett County Adults had employment now or within the last 6 months. The State of Maryland OMS Employment for Adults, FY 2018, was 35.5%. Although there has been an increase in the percentage being employed now or within the last 6 months, the group of individuals interviewed may not be the same. It does seem to be promising that individuals who are employed and have maintained involvement in OMHC services. Garrett County does have a low unemployment rate of around 4.4%.

Adults reporting they smoke cigarettes has increased from 40.9% in FY 2017 to 45.8% in FY 2018. The state percentage for FY 17 was 39.9% and FY 18 was 36.7%. The individuals accessing behavioral health services have the opportunity to participate in smoking cessation classes provided in Oakland and at the Grantsville Health Department office. The adult use of Electronic Cigarettes increased to 7.9% in FY 2018 from the 5.1% in FY 2017.

General Health status for FY 17 and FY 18 remained similar even though the populations interviewed were not necessarily the same. The categories are: Excellent, Very Good, Good, Fair, and Poor. When adults, compared to the state, Garrett County adults had a higher percentage indicating Poor Health status each fiscal year than the state. However, as with the state, the highest rates occurred in the Good and Fair categories.

The legal history reports for FY 2017 indicated that 6.2% had been arrested within the past six months, compared to the State at 5.5%. The FY 2018 data on legal history revealed a 3.8% for Garrett adults and 4.9% for state.

There were interesting OMS results for the youth/adolescent age group for school attendance and school suspensions when compared to state levels. During FY 2017, the Garrett County population indicated 15.3% as having problems with school attendance and 3.9% being suspended from school within the last six months. The same age group for the state was 14.4% for problems with

school attendance and 12.8% for being suspended within the last six months. The data for FY 2018 was a bit higher with percentages reported in FY 2017. Garrett results indicated that 17.3% had school attendance problems and 7.4% had been suspended within the past six months.

Youth reporting smoking (ages 11-17) within the past month, showed a decrease in the percentage from FY 2017 to FY 2018. The information was 5.8% in FY 2017 and 2.4% in FY 2018. Electronic cigarette use has been identified as a increasing problem for the youth/adolescent age group. The OMS data for FY 2017 revealed that 4.2% had used and for FY 2018 the percentage was 3.3%.

Just as with the State, the Garrett County OMS results for General Health Status had the top two categories as being Very Good and Good. The last two fiscal years have indicated this finding. FY 2017, had 47.3% reported Very Good General Health status and 34.2% reported Good General Health Status. The FY 2018 was a bit lower for Very Good General Health status at 36.1% and higher for Good General Health Status at 39.8%.

Homeless in the past six months showed there being .4% for Garrett County and 2.2% for the State in FY 2017. The data was similar in FY 2018, as Garrett County indicated .7% and the State 2.2%.

Youth indicating being arrested within the past six months showed that 3.2% were in FY 2017 and 1.4% in FY 2018. The questions regarding alcohol and other drug use within the past month revealed 6.1% drank alcohol and 6.7% used marijuana or hashish. Less that 1% use anything else to get high. The FY 2018 OMS Mental Health Report for Youth showed that 1.6% had drank alcohol within the past month and 2.7% had smoked any marijuana or hashish. There was 1.6% who indicated using anything else to get high.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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Average Medical Assistance Eligibility, PBHS MA Participation, and PBHS MA Penetration Rates
Fiscal Year 2018 - PBHS claims as of September 30, 2018

	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	22,181	4,820	**21.7%**	71,615	31.0%
Anne Arundel	94,681	15,694	**16.6%**	573,235	16.5%
Baltimore County	197,917	30,692	**15.5%**	832,468	23.8%
Calvert	14,508	2,761	**19.0%**	91,502	15.9%
Caroline	12,017	1,806	**15.0%**	33,193	36.2%
Carroll	23,533	4,451	**18.9%**	167,781	14.0%
Cecil	27,002	4,822	**17.9%**	102,746	26.3%
Charles	31,874	3,802	**11.9%**	159,700	20.0%
Dorchester	13,053	2,491	**19.1%**	32,162	40.6%
Frederick	40,750	6,887	**16.9%**	252,022	16.2%
Garrett	8,808	1,222	**13.9%**	29,233	30.1%
Harford	44,956	7,855	**17.5%**	252,160	17.8%
Howard	45,719	5,463	**11.9%**	321,113	14.2%
Kent	5,074	930	**18.3%**	19,384	26.2%
Montgomery	288,590	17,409	**6.0%**	1,058,810	27.3%
Prince George's	228,525	20,225	**8.9%**	912,756	25.0%
Queen Anne's	8,625	1,398	**16.2%**	49,770	17.3%
St. Mary's	23,037	3,249	**14.1%**	112,667	20.4%
Somerset	8,875	1,650	**18.6%**	25,918	34.2%
Talbot	8,583	1,494	**17.4%**	37,103	23.1%
Washington	44,465	8,330	**18.7%**	150,578	29.5%
Wicomico	34,727	5,626	**16.2%**	102,923	33.7%
Worcester	13,726	2,713	**19.8%**	51,690	26.6%
Baltimore City	264,783	53,532	**20.2%**	611,648	43.3%
Statewide	**1,408,078**	**204,059**	**14.5%**	**6,052,177**	**23.3%**

	Avg MA Eligible	**PBHS MA Served**	**Penetration Rate**	**Total County Population**	**% of County MA Eligible**
Caroline	12,017	1,806	**15.0%**	33,193	36.2%
Dorchester	13,053	2,491	**19.1%**	32,162	40.6%
Kent	5,074	930	**18.3%**	19,384	26.2%
Queen Anne's	8,625	1,398	**16.2%**	49,770	17.3%
Talbot	8,583	1,494	**17.4%**	37,103	23.1%
Mid-Shore Total	**47,352**	**8,119**	**17.1%**	**171,612**	**27.6%**

*Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2017
Data Source: Average MA Eligible supplied by UMBC Hilltop Institute. Data through August 2018.

Percent of Total Population in Poverty, 2016

Jurisdiction	**All**	**Children 0-17**	**Ranking Total Population in Poverty**
United States	14.0	19.5	
Allegany	17.2	22.1	5
Anne Arundel	7	9.3	20
Baltimore	9	11.9	15
Calvert	5.8	7.4	21
Caroline	15.3	22.1	6
Carroll	5.5	6.5	22
Cecil	10	14.9	12
Charles	7.4	10.1	16
Dorchester	17.4	29.1	4
Frederick	6.9	7.4	19
Garrett	12.8	19.3	9
Harford	7.2	8.5	18
Howard	5.2	6.3	23
Kent	14	19.9	7
Montgomery	6.9	9	19
Prince George's	9.2	13	13
Queen Anne's	7.3	9.4	17
St. Mary's	9.1	11.5	14
Somerset	24.3	31.9	1
Talbot	10.4	16	11
Washington	13.2	17.6	8
Wicomico	18	24.1	3
Worcester	11.4	19.9	10
Baltimore City	21.8	31.3	2
Statewide	9.7	13	

http://www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx

Shaded cells represent suppressed data where counts are between 1-10. Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

2. Substance Related Disorder Data Section (SRD)

- Report and analysis of utilization of data using existing templates and Outcomes Measurement System (OMS) data on priority areas. Include a detailed, descriptive narrative of critical factors that impact the data. Offer possible explanations on anomalies such as significant increases or decreases in year-to-year comparisons. Questions to ask:
- Was the data as expected, why or why not? Were there program initiatives in your county, which may account for the change? Did a large provider close? Did more providers come into the county?
- Was data affected by policies, procedures, or characteristics at community, county or state level? Did a school suspension/expulsion policy change?
- Was the data affected by contextual or program factors-new outreach initiative to the homeless?
- Was the data affected by characteristics of individual staff or clients served? New social services agency in the county referring more adults or children?
- When appropriate, provide explanations of measures and links to objectives and/or strategies. A narrative analysis of service utilization, spending patterns and trends must be written (you may include an analysis of unusual patterns or trends).

  This is the second year SRD for Garrett County has been analyzed as part of a Behavioral Health Plan of Operations. The Substance Related Disorder (SRD) data for Garrett County is comprised of two full Fiscal Years (2016 and 2017) and one partial Fiscal Year (2018). The data for FY 2018 is based on claims paid through 09/30/2018.

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 2016	FY 2017	% Change	FY 2018	% Change		FY 2016	FY 2017	% Change	FY 2018	% Change
Early Child (0-5)	1	0	-100.0%	1	#DIV/0!		$63	$0	-100.0%	$195	#DIV/0!
Child (6-12)	5	4	-20.0%	4	0.0%		$555	$415	-25.2%	$839	102.2%
Adolescent (13-17)	23	25	8.7%	20	-20.0%		$18,947	$27,497	45.1%	$10,099	-63.3%
Transitional (18-21)	65	48	-26.2%	54	12.5%		$124,714	$84,230	-32.5%	$68,279	-18.9%
Adult (22 to 64)	609	690	13.3%	690	0.0%		$1,108,981	$1,184,913	6.8%	$1,244,025	5.0%
Elderly (65 and over)	0	2	#DIV/0!	2	0.0%		$0	$26,471	#DIV/0!	$7,104	-73.2%
TOTAL	**703**	**769**	**9.4%**	**771**	**0.3%**		**$1,253,260**	**$1,323,526**	**5.6%**	**$1,330,541**	**0.5%**

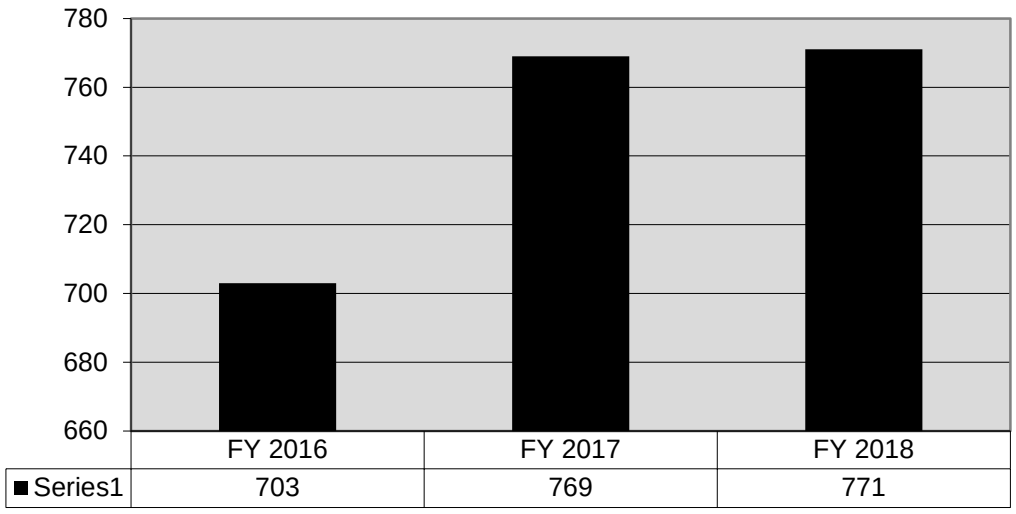
*Based on claims paid through September 30, 2018.

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

	Persons Served				Expenditures		
	FY 2016	FY 2017	FY 2018		FY 2016	FY 2017	FY 2018
Early Child (0-5)	0.14%	0.00%	0.13%		0.01%	0.00%	0.015%
Child (6-12)	0.71%	0.52%	0.52%		0.04%	0.03%	0.06%
Adolescent (13-17)	3.27%	3.25%	2.59%		1.51%	2.08%	0.76%
Transitional (18-21)	9.25%	6.24%	7.00%		9.95%	6.36%	5.13%
Adult (22 to 64)	86.63%	89.73%	89.49%		88.49%	89.53%	93.50%
Elderly (65 and over)	0.00%	0.26%	0.26%		0.00%	2.00%	0.53%
TOTAL	**100.00%**	**100.00%**	**100.00%**		**100.00%**	**100.00%**	**100.00%**

Total number of persons served in SRD Treatment Services increased from FY 2016 to FY 2017 by 9.4% and minimal increase of .3% from FY 2017 to FY 2018. The largest age group receiving SRD Treatment Services was the Adult (22 to 64), having a 13.3% increase from FY 2016 to FY 2017. Interestingly, the age group showing the most increase in being served from FY 2017 to FY 2018 was the Transitional Age group (18-21) with a 12.5% increase. This change was dramatic, after the 26.2% decrease in persons served from FY 2016 to FY 2017. The Adult Age Group (22 to 64) has made up over 88% of the total SRD treatment population and expenditures for Fiscal Year's 2016, 2017, and 2018. (See Table 1a for breakdown).

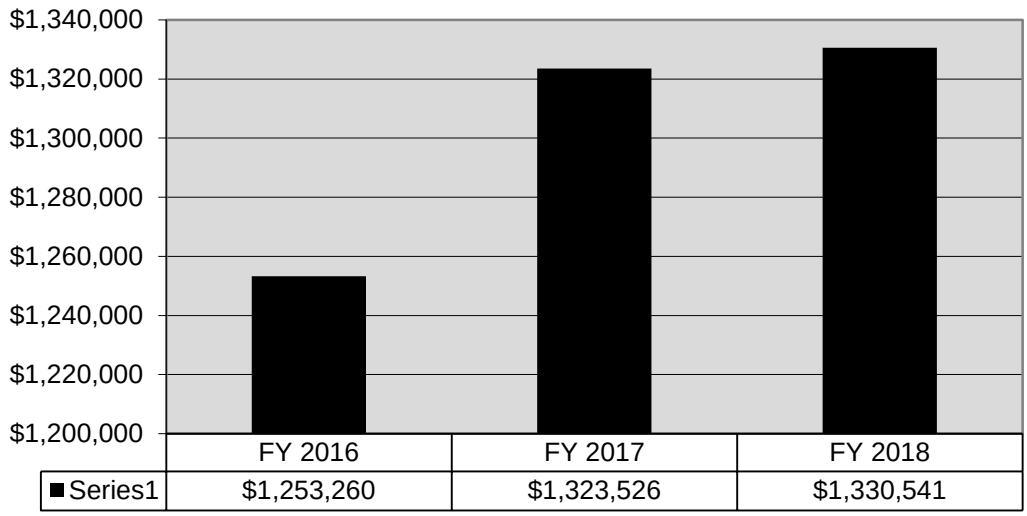
Garrett County SRD PBHS Consumer Count Graph 1



Source: S-MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 2 demonstrates the SRD expenditures is consistent over fiscal year 2017 of $1.323.526 and fiscal year 2018 in the amount of $1,330,541. The expenditure amounts between fiscal years correspond with the similar consumer counts for Fiscal Year 2017 and fiscal year 2018.

Garrett County SRD PBHS Expenditures Graph 2



Source: S-MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Table 1b. Three Year Comparisons By Service Type

	Persons Served						Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change		FY 2016	FY 2017	% Change	FY 2018	% Change
SUD Inpatient	6	8	33.3%	11	37.5%		$6,709	$6,064	-9.6%	$15,778	160.2%
SUD Outpatient	316	435	37.7%	453	4.1%		$274,293	$417,133	52.1%	$557,565	33.7%
SUD Partial Hospitalization	13	20	53.8%	2	-90.0%		$38,610	$68,757	78.1%	$3,496	-94.9%
SUD Labs	482	585	21.4%	573	-2.1%		$280,053	$394,580	40.9%	$301,082	-23.7%
SUD MD Recovery Net	0	4	#DIV/0!	3	-25.0%		$0	$550	#DIV/0!	$2,853	418.7%
SUD Methadone Maint.	110	81	-26.4%	53	-34.6%		$599,963	$275,625	-54.1%	$155,965	-43.4%
SUD Residential ICFA	2	2	0.0%	0	-100.0%		$9,800	$12,600	28.6%	$0	-100.0%
SUD Intensive Outpatient	21	27	28.6%	26	-3.7%		$43,831	$65,781	50.1%	$87,855	33.6%
SUD Gambling	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Invitation for Bid	0	4	#DIV/0!	2	-50.0%		$0	$82,438	#DIV/0!	$19,729	-76.1%
SUD Court Ordered Placement - Residential	0	0	#DIV/0!	2	#DIV/0!		$0		#DIV/0!	$5,737	#DIV/0!
SUD Women with Children/Pregnancy - Residential	0	0	#DIV/0!	0	#DIV/0!		$0		#DIV/0!	$0	#DIV/0!
SUD Residential All Levels	0	0	#DIV/0!	28	#DIV/0!		$0		#DIV/0!	$153,987	#DIV/0!
SUD Residential Room/Board	0	0	#DIV/0!	28	#DIV/0!		$0		#DIV/0!	$26,496	#DIV/0!
****TOTAL**	**703**	**769**	**9.4%**	**771**	**0.3%**		**$1,253,259**	**$1,323,528**	**5.6%**	**$1,330,543**	**0.5%**

*Based on claims paid through September 30, 2018.

Table 1c. Three Year Comparisons By Coverage Type

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Medicaid	702	759	8.1%	760	0.1%	$1,253,151	$1,237,439	-1.3%	$1,248,912	0.9%
Medicaid State Funded	3	9	200.0%	41	355.6%	$66	$1,043	1480.3%	$39,809	3716.8%
UnInsured	1	17	1600.0%	19	11.8%	$41	$85,045	207326.8%	$41,820	-50.8%
****TOTAL**	**703**	**769**	**9.4%**	**771**	**0.3%**	**$1,253,258**	**$1,323,527**	**5.6%**	**$1,330,541**	**0.5%**

*Based on claims paid through September 30, 2018. Data Source: S-MARF0004

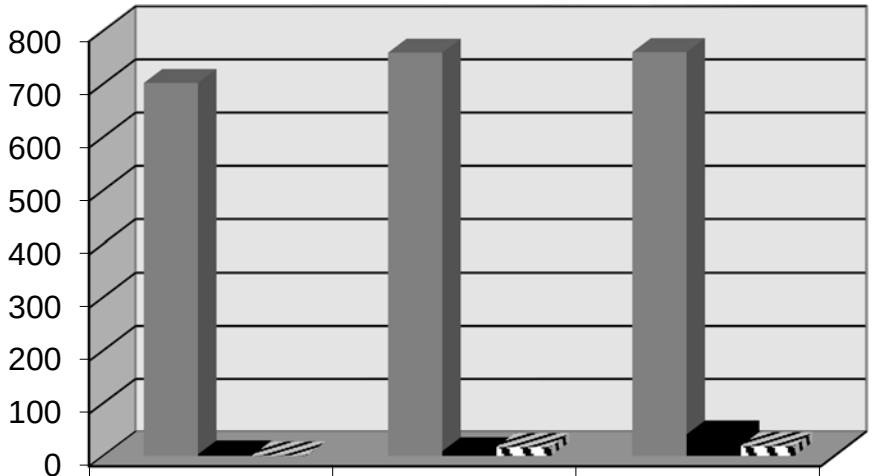
**Does not include adjustments included in Table 1a..
Also, TOTAL is unduplicated as an individual may have more than one service or have be covered by multiple funding streams throughout the fiscal year.
FY 18 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.

The breakdown by Coverage Type for SRD to services (Table 1c), indicates that 94% of persons served had Medicaid as a coverage type, and 3% were uninsured during FY 2018. Based on data reports, persons served with Medicaid (Table 1c) increased 8.1% from FY 2016 to FY 2017. There were 32 more individuals served from FY 17 (9) to FY 1 (41) who were Medicaid State Funded.

The child/adolescent (0-17) SRD group had 25 persons served during FY 18, which was a 13.79% decrease for both FY's 2016 and 2017, both having 29 Child/Adolescent (Table 2a).one less than in FY 2016. There was a decrease with expenditures from FY 16 to FY 17 of 42.66% and the decrease from FY 2017 to FY 2018 was 60.11%. Overall, the decrease with expenditures seems to be attributed to numbers served in several SRD Services, including Outpatient; Partial Hospitalization; Labs; Residential and Intensive Outpatient.

Graph 3

Garrett County 3 Year SRD Comparisons
Persons Served by Coverage Type



	FY 2016	FY 2017	FY 2018
Medicaid	702	759	760
Medicaid State Funded	3	9	41
UnInsured	1	17	19

Source: S- MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 3

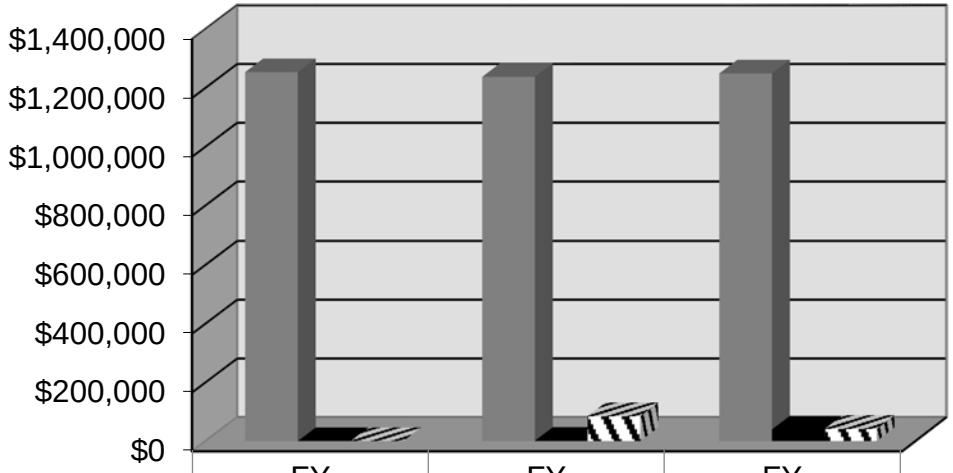
Graph 1: The comparison of coverage type demonstrates a significant majority of the persons served have Medicaid insurance. The resource of Adult Evaluation and Review Services (AERS) and Health Care Navigators located within the Health Department has been beneficial to supporting individuals in obtaining benefits. In addition the support of the peer recovery coaches for individuals accessing resources including applying for benefits has been effective.

There is a slight increase in the number of uninsured individuals served going from 17 in FY 2017 to 19 in FY 2018.

The number of Medicaid State Funded increased from 9 individuals served in FY 2017 to 41 individuals served in FY 2018.

Garrett County 3 Year SRD Comparisons
Expenditures by Coverage Type

Graph 4

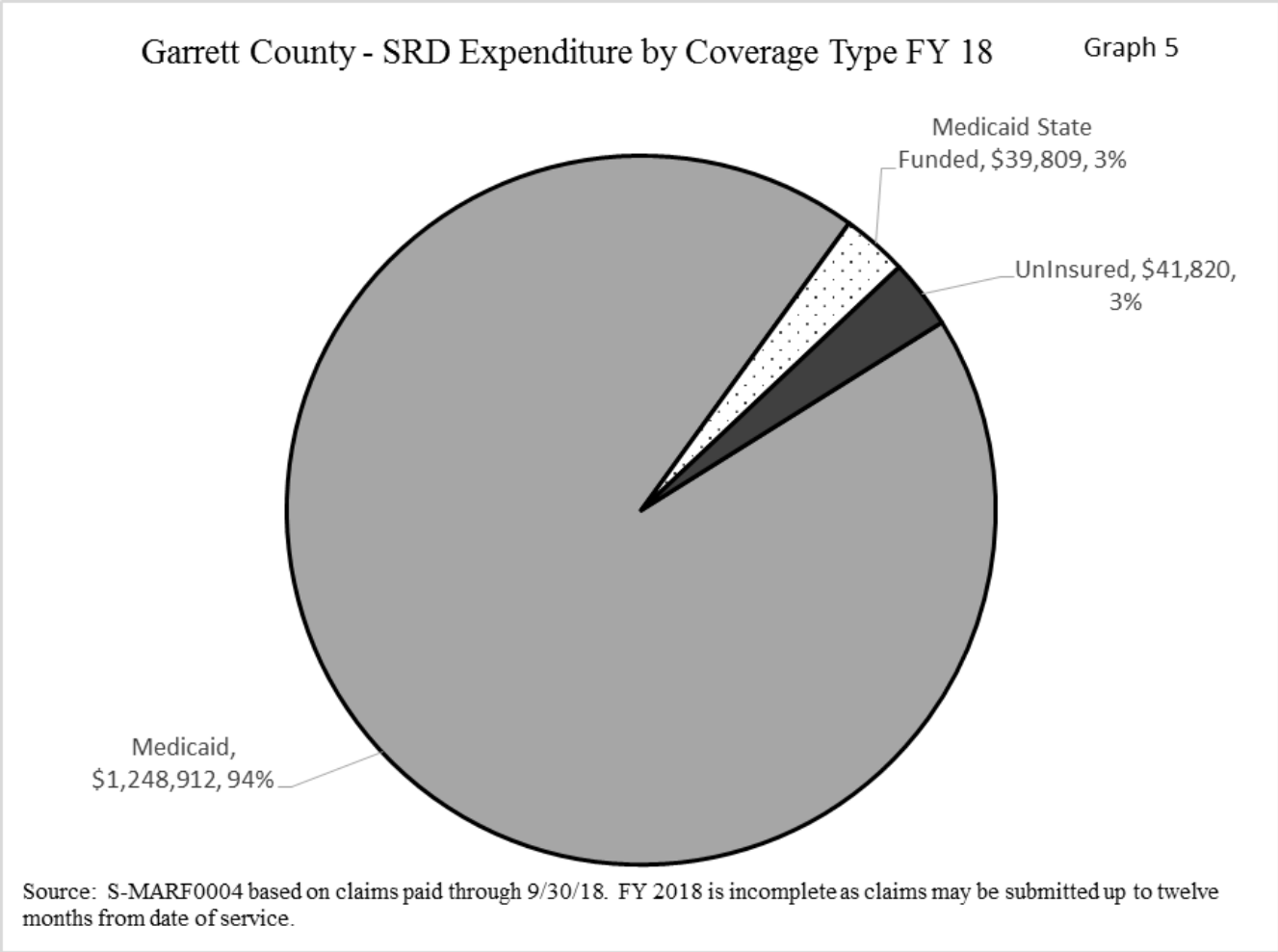


	FY 2016	FY 2017	FY 2018
Medicaid	$1,253,151	$1,237,439	$1,248,912
Medicaid State Funded	$66	$1,043	$39,809
UnInsured	$41	$85,045	$41,820

Source: S-MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 4

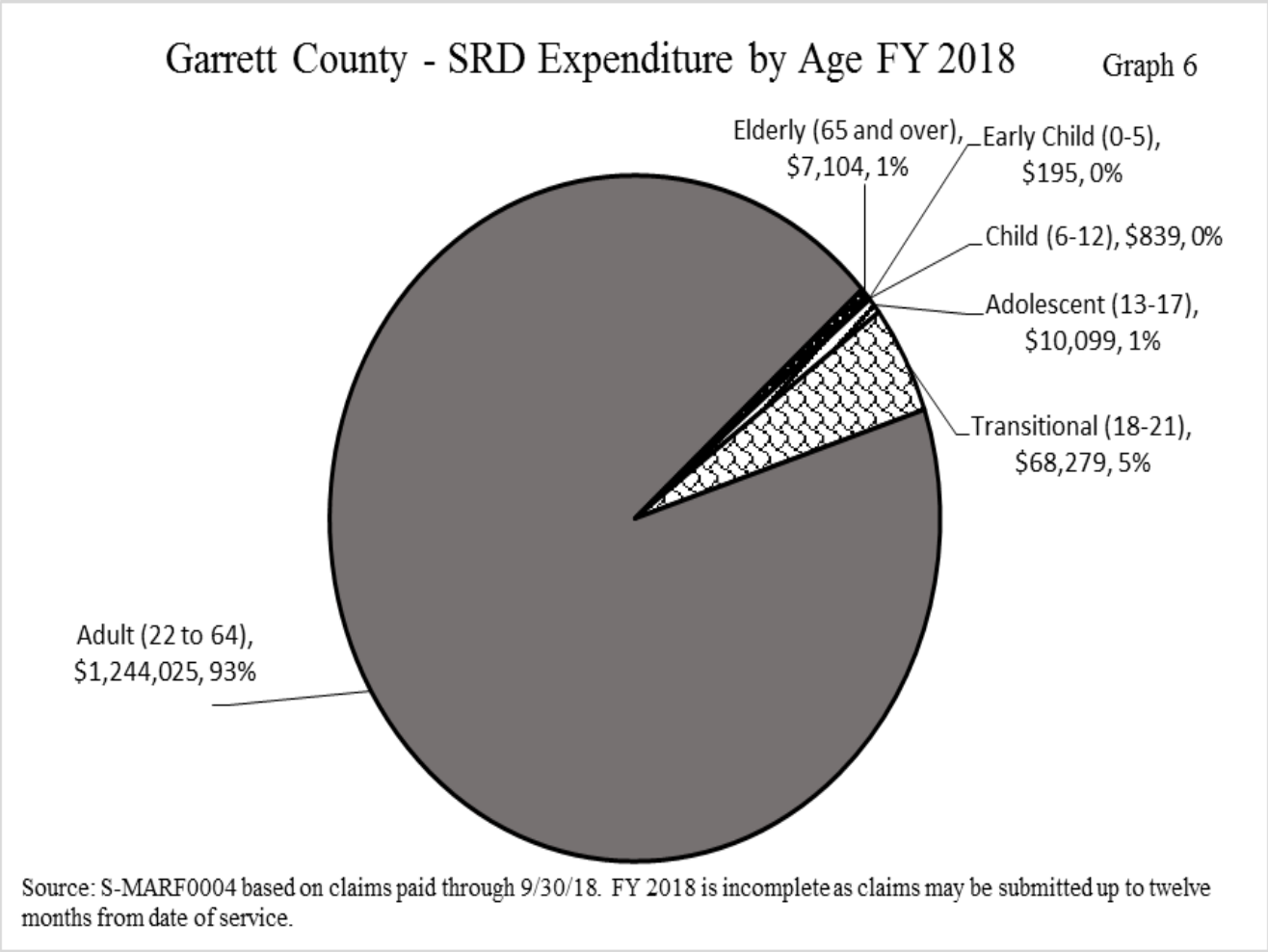
Graph 2: The expenditures by coverage type demonstrates Medicaid as the largest expenditures $1, 248,912 which is consistent with Medicaid expenditures across FY 2016 and FY 2017. The expenditure cost of $41, 820 for the uninsured coverage type is a significant decrease from the Uninsured coverage expenditures in FY 2017 of $85, 045. The uninsured number of persons served in FY 2017 and FY 2018 is an increase of two individuals (Graph 1). The expenditure increase FY 2016 and FY 2017 to FY 2018 for the Medicaid State Funded coverage type is a significant increase to $39, 809 which corresponds to the number served increase to 41 Medicaid State Funded individuals in FY 2018.



Source: S-MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 5

Medicaid expenditures are consistently the highest for services provided in Garrett County. This expenditure is not surprising as almost 98.5% of SRD's consumers have Medicaid.(table 1c).



Source: S-MARF0004 based on claims paid through 9/30/18. FY 2018 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 6

Expenditures for the Adult (22 to 64) group would be expected to be the highest. This corresponds to the age group comprises over 85% of the consumers served. (Table 1a)

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

Table 2a. Child / Adolescent - 0 - 17

	Persons Served						Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change		FY 2016	FY 2017	% Change	FY 2018	% Change
SUD Inpatient	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Outpatient	11	19	72.73%	12	-36.84%		$4,861	$12,741	162.11%	$7,853	-38.36%
SUD Partial Hospitalization	0	1	#DIV/0!	0	-100.00%		$0	$2,999	#DIV/0!	$0	-100.00%
SUD Labs	29	19	-34.48%	19	0.00%		$2,220	$4,197	89.05%	$3,280	-21.85%
SUD MD Recovery Net	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Methadone Maint.	1	0	-100.00%	0	#DIV/0!		$12,484	$0	-100.00%	$0	#DIV/0!
SUD Residential ICFA	0	1	#DIV/0!	0	-100.00%		$0	$5,600	#DIV/0!	$0	-100.00%
SUD Intensive Outpatient	0	1	#DIV/0!	0	-100.00%		$0	$2,375	#DIV/0!	$0	-100.00%
SUD Gambling	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Invitation for Bid	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Court Ordered Placement - Residential	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Women with Children/Pregnancy - Residential	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Residential All Levels	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
SUD Residential Room/Board	0	0	#DIV/0!	0	#DIV/0!		$0	$0	#DIV/0!	$0	#DIV/0!
****TOTAL**	**29**	**29**	**0.00%**	**25**	**-13.79%**		**$19,565**	**$27,912**	**42.66%**	**$11,133**	**-60.11%**

*Based on claims paid through September 30, 2018.

Table 2b. Adults - Ages 18 and Over

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
SUD Inpatient	6	8	33.33%	11	37.50%	$6,709	$6,064	-9.61%	$15,778	160.19%
SUD Outpatient	305	146	-52.13%	453	210.27%	$269,432	$404,391	50.09%	$549,712	35.94%
SUD Partial Hospitalization	13	19	46.15%	2	-89.47%	$38,610	$65,758	70.31%	$3,496	-94.68%
SUD Labs	463	566	22.25%	573	1.24%	$277,833	$390,383	40.51%	$297,802	-23.72%
SUD MD Recovery Net	0	4	#DIV/0!	3	-25.00%	$0	$550	#DIV/0!	$2,853	418.73%
SUD Methadone Maint.	109	81	-25.69%	53	-34.57%	$587,479	$275,624	-53.08%	$155,965	-43.41%
SUD Residential ICFA	2	1	-50.00%	0	-100.00%	$9,800	$7,000	-28.57%	$0	-100.00%
SUD Intensive Outpatient	21	27	28.57%	26	-3.70%	$43,831	$63,406	44.66%	$87,855	38.56%
SUD Gambling	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
SUD Invitation for Bid	0	4	#DIV/0!	2	-50.00%	$0	$82,438	#DIV/0!	$19,729	-76.07%
SUD Court Ordered Placement - Residential	0	0	#DIV/0!	2	#DIV/0!	$0	$0	#DIV/0!	$5,737	#DIV/0!
SUD Women with Children/Pregnancy - Residential	0	0	#DIV/0!	0	#DIV/0!	$0	$0	#DIV/0!	$0	#DIV/0!
SUD Residential All Levels	0	0	#DIV/0!	28	#DIV/0!	$0	$0	#DIV/0!	$153,987	#DIV/0!
SUD Residential Room/Board	0	0	#DIV/0!	28	#DIV/0!	$0	$0	#DIV/0!	$26,496	#DIV/0!
****TOTAL**	**674**	**740**	**9.79%**	**746**	**0.81%**	**$1,233,694**	**$1,295,614**	**5.02%**	**$1,319,410**	**1.84%**

*Based on claims paid through
September 30, 2018.
Data Source: S-MARF0004

Table 3a. Fiscal Year 2018 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	53	0.0%	1	0.1%		$17,082	0.00%	$195	0.0%
Child	264	0.2%	4	0.5%		$90,526	0.02%	$839	0.1%
Adolescent	3,325	2.9%	20	2.6%		$3,813,706	0.94%	$10,099	0.8%
Transitional	4,837	4.3%	54	7.0%		$9,654,307	2.37%	$68,279	5.1%
Adult	103,590	91.4%	690	89.5%		$389,420,862	95.57%	$1,244,025	93.5%
Elderly	1,251	1.1%	2	0.3%		$4,479,243	1.10%	$7,104	0.5%
TOTAL	**113,320**	100.0%	**771**	100.0%		**$407,475,726**	100.0%	**$1,330,541**	100.0%
SERVICE TYPE									0
SUD Inpatient	2,899	2.6%	11	1.4%		$11,595,217	2.85%	$15,778	1.2%
SUD Outpatient	71,669	63.2%	453	58.8%		$82,175,424	20.17%	$557,565	41.9%
SUD Partial Hospitalization	3,919	3.5%	2	0.3%		$10,061,208	2.47%	$3,496	0.3%
SUD Labs	74,799	66.0%	573	74.3%		$67,267,776	16.51%	$301,082	22.6%
SUD MD Recovery Net	4,509	4.0%	3	0.4%		$3,527,570	0.87%	$2,853	0.2%
SUD Methadone Maint.	33,394	29.5%	53	6.9%		$88,827,872	21.80%	$155,965	11.7%
SUD Residential ICFA	218	0.2%	0	0.0%		$1,391,725	0.34%	$0	0.0%
SUD Intensive Outpatient	15,399	13.6%	26	3.4%		$57,622,147	14.14%	$87,855	6.6%
SUD Gambling	65	0.1%	0	0.0%		$32,640	0.01%	$0	0.0%
SUD Invitation for Bid	563	0.5%	2	0.3%		$7,768,843	1.91%	$19,729	1.5%
SUD Court Ordered Placement - Residential	429	0.4%	2	0.3%		$6,594,422	1.62%	$5,737	0.4%
SUD Women with Children/Pregnancy - Residential	135	0.1%	0	0.0%		$1,979,188	0.49%	$0	0.0%
SUD Residential All Levels	9,198	8.1%	28	3.6%		$58,457,094	14.35%	$153,987	11.6%
SUD Residential Room/Board	9,121	8.0%	28	3.6%		$10,174,601	2.50%	$26,496	2.0%
****TOTAL**	**113,320**	100.0%	**771**	100%		**$407,475,727**	100.0%	**$1,330,543**	100.0%

Table 3a. Fiscal Year 2018 State & County Comparisons (cont.)

COVERAGE TYPE									
Medicaid	107,927	95.2%	759	98.4%		$352,237,806	86.4%	$1,248,912	40.1%
Medicaid State Funded	15,031	13.3%	9	1.2%		$34,188,734	8.4%	$39,809	1.3%
UnInsured	9,808	8.7%	17	2.2%		$21,049,187	5.2%	$41,820	1.3%
TOTAL	**113,320**	100.0%	**771**	100.0%		**$407,475,727**	100.0%	**$3,110,853**	100.0%

*Based on claims paid through September 30, 2018. Data Source: S-MARF0004
FY 18 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 2018Comparisons: Cost per Person Served				
	State	**County**	**Difference**	**Index^**
AGE				
Early Child	$322	$195	-$127	60.5
Child	$343	$210	-$133	61.2
Adolescent	$1,147	$505	-$642	44.0
Transitional	$1,996	$1,264	-$732	63.4
Adult	$3,759	$1,803	-$1,956	48.0
Elderly	$3,581	$3,552	-$29	99.2
TOTAL	**$3,596**	**$1,726**	**-$1,870**	**48.0**
SERVICE TYPE				
SUD Inpatient	$4,000	$1,434	-$2,565	35.9
SUD Outpatient	$1,147	$1,231	$84	107.3
SUD Partial Hospitalization	$2,567	$1,748	-$819	68.1
SUD Labs	$899	$525	-$374	58.4
SUD MD Recovery Net	$782	$951	$169	121.6
SUD Methadone Maint.	$2,660	$2,943	$283	110.6
SUD Residential ICFA	$6,384	#DIV/0!	#DIV/0!	#DIV/0!
SUD Intensive Outpatient	$3,742	$3,379	-$363	90.3
SUD Gambling	$502	#DIV/0!	#DIV/0!	#DIV/0!
SUD Invitation for Bid	$13,799	$9,865	-$3,935	71.5
SUD Court Ordered Placement - Residential	$15,372	$2,869	-$12,503	18.7
SUD Women with Children/Pregnancy - Residential	$14,661	#DIV/0!	#DIV/0!	#DIV/0!
SUD Residential All Levels	$6,355	$5,500	-$856	8653.3%
SUD Residential Room/Board	$1,116	$946	-$169	8483.0%
****TOTAL**	**$3,596**	**$1,726**	**-$1,870**	**48.0**
COVERAGE TYPE				
Medicaid	$3,264	$1,645	-$1,618	50.4
Medicaid State Funded	$2,275	$4,423	$2,149	194.5
UnInsured	$2,146	$2,460	$314	114.6
TOTAL	**$3,596**	**#REF!**	**#REF!**	**#REF!**

*Based on claims paid through September 30, 2018.
^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.

Shaded cells represent suppressed data where counts are between 1-10. Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

Information regarding FY 2018 cost per person served for SRD Treatment Services (Table 3b) indicated that Garrett County costs per person served, for all age groups, were less than the state costs. Table 3b also provides information on Index, which is 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 that the State. Based on that information for Services, Garrett County had higher costs per person served for: SUD Outpatient (107.3) as the dollar amount was $1,231 and the State value $1,147. Also higher than the State was SUD MD Recovery Net, as the Index was 121.6 ($951 per person for Garrett County and $782 per person for State). The final Index higher than the State was SUD Methadone Maintenance (110.6), with Garrett County's cost per person being $2,943 and the State cost per person being $2,660.

The Index regarding Coverage Type, Garrett County was lower than the State for Medicaid of (50.4). The Medicaid cost per person was $1,645 and the State Medicaid cost per person was $3,264. Garrett County costs per person by Coverage Type for Medicaid State Funded and Uninsured were both higher than the State. The County Medicaid State Funded was (194.5), as the County cost was $4,423 per person and the State cost was $2,275. Finally, the Index for Uninsured was (114.6), with Garrett County having a $2,460 cost per person and the State's cost per person being $2,146

Garrett County Veterans receiving SRD Treatment Services over the past three years has averaged 21 and related expenditures have increased of the past three years. In FY 2016, there were 18 Veterans receiving SRD Treatment Services and expenditures were $32,456. For FY 2017, there were 25 Veterans receiving SRD Treatment Services and expenditures were $39,701. Fiscal Year 2018 revealed there have been 20 Veteran's Receiving SRD Treatment Services and expenditures have been the highest at $57,709.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

Number of Veterans Receiving Substance Related Disorder Treatment Services and Related Expenditures in FY 2016-2018

COUNTY	FY 2016	FY 2017	FY 2018
Allegany	110	133	123
Anne Arundel	190	202	237
Baltimore City	1,300	1,527	1,540
Baltimore County	350	429	444
Calvert	39	53	60
Caroline	22	27	32
Carroll	80	86	79
Cecil	92	104	92
Charles	52	55	52
Dorchester	31	37	40
Frederick	80	99	111
Garrett	18	25	20
Harford	112	137	138
Howard	57	62	53
Kent	11	16	17
Montgomery	110	129	129
Prince George's	90	96	105
Queen Anne's	16	19	23
St. Mary's	29	37	44
Somerset	20	16	23
Talbot	12	22	24
Washington	128	145	159
Wicomico	94	117	106
Worcester	34	54	63
Statewide Total	**2,925**	**3,475**	**3,559**

COUNTY	FY 2016	FY 2017	FY 2018
Allegany	$280,985	$309,975	$373,289
Anne Arundel	$836,287	$970,591	$1,292,287
Baltimore City	$6,536,120	$8,531,520	$10,479,744
Baltimore County	$1,241,487	$1,752,626	$2,460,154
Calvert	$78,569	$142,118	$277,790
Caroline	$79,906	$69,690	$108,295
Carroll	$320,694	$394,070	$407,782
Cecil	$233,690	$277,744	$381,869
Charles	$140,282	$139,123	$273,593
Dorchester	$165,130	$189,179	$191,371
Frederick	$381,935	$500,649	$808,229
Garrett	$32,456	$39,701	$57,709
Harford	$458,839	$431,256	$518,872
Howard	$231,452	$360,711	$301,890
Kent	$24,917	$95,491	$75,208
Montgomery	$631,074	$603,045	$787,366
Prince George's	$192,790	$272,746	$527,616
Queen Anne's	$76,664	$63,697	$135,927
St. Mary's	$67,865	$112,938	$197,917
Somerset	$72,676	$62,417	$142,411
Talbot	$56,209	$118,184	$131,736
Washington	$710,563	$857,275	$911,434
Wicomico	$294,829	$450,255	$560,287
Worcester	$58,168	$113,577	$187,278
Statewide Total	**$13,203,587**	**$16,858,578**	**$21,590,054**

*Based on claims paid through September 30, 2018.
Data Source: ASO Report #152820.1.01

Veteran status is based on individual response to question, "Are you a Veteran?"

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.

FY 18 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.

Number of Opioid Related Overdose Deaths by County

COUNTY	FY 2016	FY 2017	FY 2018	% Change FY16-18	% Change FY17-18
Allegany	55	36	26	**-52.7%**	**-27.8%**
Anne Arundel	169	198	225	**33.1%**	**13.6%**
Baltimore City	628	692	776	**23.6%**	**12.1%**
Baltimore County	305	323	354	**16.1%**	**9.6%**
Calvert	25	27	29	**16.0%**	**7.4%**
Caroline					
Carroll	44	51	71	**61.4%**	**39.2%**
Cecil	28	57	66	**135.7%**	**15.8%**
Charles	36	34	26	**-27.8%**	**-23.5%**
Dorchester		10			
Frederick	80	66	76	**-5.0%**	**15.2%**
Garrett	0				
Harford	76	93	88	**15.8%**	**-5.4%**
Howard	40	47	40	**0.0%**	**-14.9%**
Kent					
Montgomery	84	91	88	**4.8%**	**-3.3%**
Prince George's	106	124	112	**5.7%**	**-9.7%**
Queen Anne's					
St. Mary's	13	33	33	**153.8%**	**0.0%**
Somerset					
Talbot	10				
Washington	63	51	70	**11.1%**	**37.3%**
Wicomico	44	28	27	**-38.6%**	**-3.6%**
Worcester	20	15	14	**-30.0%**	**-6.7%**
Statewide Total	**1,856**	**2,009**	**2,161**	**16.4%**	**7.6%**

These are overdose deaths where one or more opioid was found to contribute to the cause of death.
Note: Numbers are based on location of occurrence, so all deaths may not reflect Maryland residents.
FY18 data is not final and is subject to change.
Data Source: Maryland Office of the Chief Medical Examiner (OCME)/ Vital Statistics Administration (VSA)

Run: October 16, 2018

Data related to Opioid overdose deaths for Garrett County from FY 2016, 2017, and 2018 were not provided from the Maryland Behavioral Health Administration due to there not being more than 10 occurring in a year. Although a positive sign for Garrett County, the Overdose deaths reviewed by the Overdose Fatality Review Team were previously identified.

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Primary Substance at Admission to SRD Treatment All Ages by County FY16-18

Statewide				County			
	FY 2016	FY 2017	FY 2018		FY 2016	FY 2017	FY 2018
Alcohol	8,162	9,056	10,399	Alcohol	62	53	55
Amphetamines	110	169	205	Amphetamines	3	4	19
Barbiturates				Barbiturates			
Benzodiazepines	412	445	527	Benzodiazepines	2	10	7
Cocaine	1,974	2,616	3,162	Cocaine	3	7	3
Diphenyllhydantoin (Dilantin)				Diphenyllhydantoin (Dilantin)			
GHB/GBL				GHB/GBL			
Hallucinogens	59	72	92	Hallucinogens			
Inhalants		11		Inhalants			
Ketamine	17	24	13	Ketamine			
Marijuana/Hashish	4,862	4,886	5,102	Marijuana/Hashish	33	40	31
Meprobamate				Meprobamate			
Opiates	26,975	40,643	27,214	Opiates	179	233	224
Over the Counter	36	46	43	Over the Counter			
PCP	270	294	260	PCP			
Sedatives	25	30	37	Sedatives	1		
Stimulants	83	67	85	Stimulants	1		
Tranquilizers				Tranquilizers			
Synthetic Cannabinoids	134	110	87	Synthetic Cannabinoids			
Other Substance	4,663	4,238	4,454	Other Substance	2	3	1
None	991	986	17	None	286	347	340
TOTAL	**48,797**	**63,703**	**51,720**	**TOTAL**			
Heroin (Opiates subset)	**21,141**	**31,565**	**20,536**	**Heroin (Opiates subset)**			

#REF!

Data Source: ASO Report 151172.1.01

Shaded cells represent suppressed data where counts are between 1-10. Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

Primary Substance at Admission to SRD Treatment, for all ages in Garrett County, from FY 2016 through FY 2018, showed that opiates were by far the primary substance. In FY 2016, there were 179 of the 286 total served with opiates as a primary substance of use. Of the 286 served, 78 had Heroin indicated as the primary type of opiate. During FY 2017, the number of individuals having opiates, as a primary substance of use was 233 of 347 served and the number indicating Heroin as the primary opiate were 62. FY 2018 has shown a slight decrease with opiates as primary substance at admission, with 224 of the 340 indicating so. Alcohol and Marijuana had the next two highest primary substance indicated in each of the past three fiscal years. During FY 2016, 62 of the 286 identified as having Alcohol as a primary substance and 33 pf the 286 had Marijuana/Hashish as primary substance. Information for FY 2017 showed 53 of the 347 had Alcohol as primary and 40 of the 347 had Marijuana/Hashish as primary. Finally, for FY 18, 55 of the 340 had Alcohol as primary substance and 31 of the 340 had Marijuana/Hashish. An interesting finding with Primary Substance at Admission to SRD Treatment for FY 2018 was there being 19 having Amphetamines, compared to three in FY 2016 and four in FY 2017.

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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%	70.5%
OMS - Smoking		
Q45. Do you smoke? Cigarettes	68.6%	78.8%
Q47. In the past month use tobacco products? Cigars	6.9%	8.3%
Smokeless Tobacco	2.1%	12.4%
Electronic Cigarettes	6.9%	21.8%
Pipes	0.4%	0.5%
Other Tobacco Product	5.3%	3.6%
OMS - Q48. General Health Status		
Excellent	8.6%	6.6%
Very Good	27.2%	27.1%
Good	41.8%	47.0%
Fair	18.8%	17.5%
Poor	3.7%	1.8%
CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	37.7%	20.0%
OMS - Q34. Suspended from school in past 6 months	35.8%	20.0%
OMS - Smoking**		
Q37. Do you smoke? Cigarettes	29.9%	20.0%
Q39. In the past month use tobacco products? Cigars	13.1%	0.0%
Smokeless Tobacco	1.5%	0.0%
Electronic Cigarettes	7.4%	40.0%
Pipes	1.5%	0.0%
Other Tobacco Product	2.2%	0.0%
OMS - Q36. General Health Status		
Excellent	27.1%	40.0%
Very Good	32.1%	40.0%
Good	32.3%	20.0%
Fair	8.1%	0.0%
Poor	0.3%	0.0%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	13.6%	7.7%
Q39. In the past six months, have you been arrested?	22.3%	16.6%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	11.5%	5.2%
Always	9.8%	3.6%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.0%	0.0%
Q40. In the past six months, have you been arrested?	31.9%	0.0%
During the past month,		
Q41. Did you drink any alcohol?	38.5%	40.0%
Q42. Did you smoke any marijuana or hashish?	78.1%	100.0%
Q43. Did you use anything else to get high?	13.0%	20%

* 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%	60.6%
OMS - Smoking		
Q45. Do you smoke? Cigarettes	69.7%	82.0%
Q47. In the past month use tobacco products? Cigars	6.0%	5.4%
Smokeless Tobacco	2.0%	7.9%
Electronic Cigarettes	6.2%	14.5%
Pipes	0.5%	0.9%
Other Tobacco Product	6.8%	5.7%
OMS - Q48. General Health Status		
Excellent	5.5%	3.3%
Very Good	20.5%	22.7%
Good	44.2%	54.6%
Fair	25.3%	13.2%
Poor	4.5%	6.2%
CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	32.8%	38.5%
OMS - Q34. Suspended from school in past 6 months	31.5%	30.8%
OMS - Smoking**		
Q37. Do you smoke? Cigarettes	30.9%	46.2%
Q39. In the past month use tobacco products? Cigars	10.5%	0.0%
Smokeless Tobacco	1.8%	7.7%
Electronic Cigarettes	5.4%	46.2%
Pipes	1.1%	0.0%
Other Tobacco Product	3.0%	0.0%
OMS - Q36. General Health Status		
Excellent	31.0%	15.4%
Very Good	31.0%	15.4%
Good	31.3%	53.8%
Fair	6.2%	15.4%
Poor	0.4%	0.0%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	13.3%	9.6%
Q39. In the past six months, have you been arrested?	10.4%	13.6%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	12.7%	7.0%
Always	10.7%	5.8%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	3.2%	0.0%
Q40. In the past six months, have you been arrested?	31.9%	7.7%
During the past month,		
Q41. Did you drink any alcohol?	33.9%	38.5%
Q42. Did you smoke any marijuana or hashish?	81.1%	69.2%
Q43. Did you use anything else to get high?	10.6%	0

* 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

Based on Final FY2017 data

Table 4. Fiscal Year 2018 State & County Comparisons
Outcome Measurement System
Most Recent Substance-Related Disorder Interview - FY 2018*

	STATE Percent	COUNTY Percent
ADULTS		
OMS - Q41/42. Employed now or last 6 months	36.6%	59.9%
OMS - Smoking		
Q45. Do you smoke? Cigarettes	71.0%	83.2%
Q47. In the past month use tobacco products? Cigars	5.8%	5.1%
Smokeless Tobacco	1.8%	7.4%
Electronic Cigarettes	5.7%	15.5%
Pipes	0.5%	1.7%
Other Tobacco Product	5.3%	5.4%
OMS - Q48. General Health Status		
Excellent	5.8%	4.3%
Very Good	23.1%	22.1%
Good	42.7%	51.0%
Fair	24.0%	17.8%
Poor	4.4%	4.7%
CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	14.1%	17.3%
OMS - Q34. Suspended from school in past 6 months	11.8%	7.4%
OMS - Smoking**		
Q37. Do you smoke? Cigarettes	3.2%	2.4%
Q39. In the past month use tobacco products? Cigars	1.0%	0.0%
Smokeless Tobacco	0.2%	1.4%
Electronic Cigarettes	1.5%	3.3%
Pipes	0.2%	0.0%
Other Tobacco Product	0.3%	0.0%
OMS - Q36. General Health Status		
Excellent	24.7%	13.2%
Very Good	36.4%	36.1%
Good	30.7%	39.8%
Fair	7.2%	9.0%
Poor	1.0%	1.9%

	STATE Percent	COUNTY Percent
ADULTS		
Q3. Have you been homeless at all in the past six months?	11.9%	12.8%
Q39. In the past six months, have you been arrested?	8.8%	14.5%
Q38. During the past month, Did you have problems from your drinking or drug use?		
Often	11.3%	6.8%
Always	9.8%	6.8%

	STATE Percent	COUNTY Percent
CHILDREN AND ADOLESCENTS		
Q2. Have you been homeless at all in the past six months?	2.2%	0.7%
Q40. In the past six months, have you been arrested?	2.6%	1.4%
During the past month,		
Q41. Did you drink any alcohol?	5.1%	1.6%
Q42. Did you smoke any marijuana or hashish?	9.2%	2.7%
Q43. Did you use anything else to get high?	1.1%	1.60%

* Most recent observation for each Substance Use consumer in FY 2018; 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 2018

Based on data through June 30, 2018

The Outcome Measurement System (OMS) data for Garrett County individuals involved with SRD Treatment Services is included in Table 4 for FY 2016; FY 2017; and FY 2018. This information is from the "most recent substance related disorder interview" and does not necessarily include the same "most recent substance related disorder interview" data from the same individuals, as OMS interview data is population based not individual information based.

Adult Employment data indicates that the percentage has declined over the past three years. FY 2016, 70.5% were employed now or with in last six months. FY 2017 indicated there were 60.6% were employed now or with in last six months, and FY 2018 has 59.9% indicating employed now or within the last six months. The Garrett County percentage of Adults indicating being employed now or within the last six months is higher than the State percentage for each year.

Garrett County adults who smoke cigarettes was 78.8% in FY 2016 compared to state 68.6% and 82% for FY 2017 compared to 69.7% for state. The information for FY 2018 revealed 83.2% of Adults smoke cigarettes compared to 71% for the State. Use of most tobacco products seems to be increased when compared to the mental health OMS data. With the SRD OMS data, there were 21.8% of Adults indicating use of Electronic Cigarette in FY 2016 with state at 6.95% and 14.5% during FY 2017 with state at 6.25%. The use of Electronic Cigarette for FY 2018 was 15.5% compared to the State percentage of 5.7.

General Health Status for the Adult group was higher than the state in the past three fiscal years under the Good rating. Garrett County showed a 47.0% indicating a Good rating compared to the state percentage of 41.8%. Reports from FY 2017 revealed that 54.6% of Garrett County Adults compared to 44.2% of Adults in the state had a Good Physical Health rating. Finally, for FY 2018 51% of Garrett County Adults rated Physical Health as Good compared to 42.7% State.

Homeless data for the Adults indicated 7.7% in FY 2016 reported being homeless in the past six months. The state percentage was 13.6%. During FY 2017, the Homeless in past six months for Garrett County was 9.6% and the state was 13.3%. Homeless for Garrett County Adults increased in FY 2018 as 12.8% reported being homeless in past six months. The State percentage was 11.9%.

Being arrested in the past six months revealed Garrett County Adults having a higher percentage than the state in Fiscal Years 2017 and 2018. County percentage for FY 2017 was 13.6% and State was 10.4%. The County percentage for FY 2018 was 14.5% and the State 8.8%.

The percentage of Garrett County Adults reporting "Often" having a problem from drinking or drug use over the past 30 days during the FY 2016 interview was 5.25 compared to the state at

11.5%.

For FY 2017 the "Often" rating was a bit increased to 7.0% and the state "Often" rating was 12.7%. The FY 2018 report indicated 6.8% as "Often" for Garrett County, compared to State at 11.3%.

Child and Adolescent OMS SRD data was also reviewed. Problems with school attendance showed an increase from FY 2016 to FY 2017 and then decreasing in FY 2018. In FY 2016 20% of Garrett County, children/adolescents indicated problems with school attendance compared with 37.7% of state. FY 2017 had 38.5% of Garrett County children/adolescents having problems with school attendance compared to 32.8% of same group for state. Information for FY 2018 showed that 17.3% had problems with school attendance compared to the State at 14.1%. However, this data is through September 30, 2018. Suspensions from school in last six months also showed an increase from FY 2016 to FY 2017. For FY 2016 the percentage was 20% and in FY 2017 increased to 30.8%. Suspensions for FY 2018, have shown a lower percentage, with 7.4% of County Child and Adolescents being suspended.

OMS smoking data for children/adolescents indicated a larger percentage of Garrett County use of cigarettes when compared to the state. During FY 2016, the comparison was 20% for Garrett County and 37.7% for the state. However, for FY 2017, the Garrett County percentage was 46.2% and the state was 30.9%. There seemed to be a marked decrease in the percentage of children/adolescents reporting smoking, as the FY 2018 percentage was 2.4%. The smoking information is only for those 14 and older. The use of Electronic Cigarettes has shown a similar decrease with FY 2018 data. During FY 2016, 40% Garrett County youth interviewed had used an E-cigarette with in the past month compared to 7.4% for the state. In FY 2017, there was an increase to 46.2% in the use of E-cigarettes with in the past month compared to state of 5.4%. The FY 2018 report showed 3.3% using electronic cigarettes compared to the state at 1.5%

There were no children/adolescents indicating homeless in the past six months in FY 2016 or FY 2017. The OMS information for FY 2018 indicated that (.7%) of Garrett youth indicated being homeless. State data was lower than adult group, being 2.0% in FY 2016 and 3.2% in FY 2017 and 2.2% for FY 2018.

Garrett County youth indicated a lower percentage of being arrested in the past six months each Fiscal Year. For FY 2016 it was 0% compared to 31.9% at the state level and for FY 2017 the percentage of Garrett County youth was 7.7% compared to state percentage of 31.9%. There was a decrease with the State and Garrett County youth in FY 2018, as 1.4% indicated being arrested in the past six months, compared to the state 2.6%.

The OMS interview data on use of alcohol, marijuana/hashish or any other drug to get high in the past month was interesting. Compared to the previous two fiscal years, FY 2018 has shown much lower percentages. This could be due to the data reporting end time. During FY 2016, percentage of alcohol use was higher than the state, 40% for Garrett County, 38.5% state. Marijuana/Hashish use was 100% for Garrett County compared to 78.1% for the state. Using anything else to get high

was 20% for Garrett County youth and 13.0% for the state youth. The data for FY 2017 revealed that 38.5% of Garrett County youth had used alcohol and the state use was 33.9%. The use of Marijuana/Hashish was 69.2% for Garrett County youth and 81.1% for state youth. There were 0% of Garrett County children/adolescents interviewed reporting using anything else to get high compared to 10.6% for the state. The FY 2018 OMS data revealed that 1.6% of Garrett County youth used alcohol, 2.7% smoked marijuana/hashish, and 1.6% used something else to get high.

H. FY 2020 Goals, Objectives, Strategies, Performance Measures, and Performance Targets

The goals, objectives, strategies, measurement, and target selected may be aligned with the ten established goals for FY 2018-2019 (in Part I), also used in the FY 2018-2019 State Behavioral Health Plan, and/or other priority areas identified through your planning process. The strategies or action steps selected for this plan must reflect what you plan to accomplish in the upcoming fiscal year. Under each of your selected goals, either the BHA FY2018-2019 goals or goals identified in your planning process delineate the following:

The development of Goals, Objectives, Strategies, Performance Measures, and Performance Targets for the FY 2020 Garrett County Behavioral Health Plan has continued to be a learning experience, incorporating priority areas and outcomes from existing Strategic Planning related to Substance Use Disorder Treatment and Prevention. Discussions during the Garrett County Mental Health Advisory Committee meetings and Garrett County Drug Free Community Coalition meetings have been invaluable.

The utilization of the web-based community planning tool, mygarrettcounty.com, which allows anyone to participate in discussion topics, has become a priority planning instrument for health and well-being outcomes determined for Garrett County. It should be mentioned again, the

Additionally, a review of the FY2018-2019 Maryland Behavioral Health Plan and Conditions of Well-being derived from the Outcome Measurement System had a significant influence in the identification of goals, objectives, strategies, and performance measures. The goals for the FY 2020 plan essentially remain the same from last year's plan as FY18 that was the first year the goals were established for the county. The three goals are primarily aligned with the Behavioral Health Administration Domains 1, 3, 4, 5, and 6.

FY 2020 Goals:

Goal 1: Foster a Recovery Oriented and Integrated Behavioral Health System of Care across the lifespan.
Goal 2: Garrett County Communities supportive of Behavioral Health Treatment, Wellness and Recovery.
Goal 3: Support Access to Quality Behavioral Health Treatment and Support Services.

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Goal 1: Foster a Recovery Oriented and Integrated Behavioral Health System of Care across the lifespan.

Objective 1.1 Develop, implement, and evaluate screening, prevention, and early intervention services.	
Strategy: 1.1a: Promote the utilization of SBIRT (screening brief intervention and referral to treatment) practices and implantation across multi-medical disciplines, consumers/participants, and other stakeholders.	
Performance Measure:	FY 20 Performance Target:
• # SBIRT training offered • # of Implementation sites • # of Adults screened • # of Youth screened • # of Referrals to behavioral health treatment	• 3 • 2 • 15 • 5 • 5
Strategy: 1.1.b: Garrett County Behavioral Health Authority will schedule Mental Health First Aid Training during FY 2020.	
Performance Measure:	FY 20 Performance Target:
• # of Mental Health First Aid (MHFA) Training sessions provided to general public and lay professionals.	• 2 Adult focused trainings • 1 Youth focused training • 1 Law Enforcement training

Objective 1.2: Enhance and sustain a comprehensive approach to discourage youth substance use.	
Strategy: 1.2.a: The Health Education and Outreach unit of the Garrett County Health Department will utilize the Strategic Prevention Framework to **i**mplement data driven, evidenced based prevention and early intervention initiatives targeted for youth; Support community ownership of anti-drug efforts and promote coalition building; Consider promoting an Ala-teen group as a support opportunity for youth who have friends or family members using or abusing substances.	
Performance Measure:	FY 20 Performance Target:
• # of Evidenced Based Strategies implemented.	• 6 (2 Strategies per Grant)
• # of general public individuals involved in DFCC Action Teams or similar Teams and/or planned prevention education events.	• 45
• # of Children and Youth attending scheduled prevention events.	• 600

Strategy: 1.2.b: Promote Community awareness of commercial and social access for tobacco, alcohol, and other drugs by utilizing partnerships with Maryland State Police and Sheriff's Office for the completion of Compliance Checks; educate vendors of alcohol, tobacco, and non-tobacco products on the short and long term health risks youth may be exposed to through use.	
Performance Measure:	FY 20 Performance Target:
• # of alcohol compliance checks for the sale of alcohol to underage buyers.	• 50
• # of tobacco compliance checks for sale of tobacco to minors.	• 80
• # of Alcohol Legislation Education Regulation and Training (ALERT) server and concession training.	• 2 annually

Objective 1.3: Increase Behavioral Health Recovery Rates for Adolescents and Adults.	
Strategy: 1.3a: Complete clinically relevant history related to somatic health to address co-morbid conditions that could impact course of treatment and meet/report with the court system including the State's Attorney, the Public Defender, Community Supervision, and the Court Family Worker to educate the judicial system in accessing services in the PBHS.	
Performance Measure	FY 20 Performance Target
• #/% of in-person or telephonic collaborations with Primary Care Physicians and other Somatic Health providers during course of behavioral health treatment.	• 65%
• #/% of Behavioral Health providers utilizing drug screen protocol for individuals enrolled in treatment.	• 70%
• #/% of drug screens completed by all Behavioral Health treatment providers, providing follow-up report(s) to required entities.	• 80%

Strategy: 1.3.b: GCBHA will review Outcome Measurement System data for Adolescents and Adults on a bi-annual basis to assess: Recovery and Functioning; Legal Status; Housing Status; Perception of Self; Employment; and Income.	
Performance Measure:	FY 20 Performance Target:
• #/% of Outcome Management System Interviews completed by OMHC providers for Behavioral Health Services at designated time during treatment span.	• 85%
• #/% of Outcome Management System Interviews completed, showing improvement from previous interview in General Health Status.	• 80%
Strategy: 1.3.c: Ensure, as a last resort, Consumer Support Transportation allotment for individuals to have access to scheduled Behavioral Health appointments.	
Performance Measure:	FY 20 Performance Target:
• # of consumer support requests received and processed by the GCBHA	• 5

Goal 2: Garrett County Communities supportive of Behavioral Health Treatment, Wellness, and Recovery.

Objective 2.1: In collaboration with local Wellness and Recovery Center and On Our Own of Maryland (OOMD) and Health Education/Outreach Unt, expand outreach and education efforts of the Anti-Stigma Project (ASP).	
Strategy: 2.1.a: GCBHA as well as Prevention and Early Intervention Prevention Programs will submit radio and written PSA's throughout the fiscal year; Promote State initiatives (PBS, web casts, Youtube®, etc.) through MyGarrettCounty.com.	
Performance Measure:	FY 20 Performance Target:
• # of Public service Announcements Activities created to educate families and loved ones regarding behavioral health disorders including overdose prevention.	• 15
• # of public informational presentations provided	• 20

Strategy: 2.1.b: Utilize public as well as digital/electronic methods and social media, through the Garrett County Health Department, County, and State of Maryland to provide snippets of positive recovery experiences with family members; individuals involved in a recovery journey; and groups or organizations that promote resiliency and recovery messages.	
Performance Measure:	FY 20 Performance Target:
• # of public education and training activities to increase awareness of behavioral health issues, as well as recovery and resiliency among children, youth, and adults. • # of approved, positive Wellness and Recovery messages presented via digital format	• 15 • 24
Strategy: 2.1.c: Mountain Haven Wellness and Recovery Center representative(s) to promote community engagement.	
Performance Measure:	FY 20 Performance Target:
• # of Community Outreach and other presentations completed by Mountain Haven Wellness and Recovery Center to provide training on reducing stigma for designated vulnerable populations.	• 10

Objective 2.2: Implement efforts to increase housing opportunities through utilization of available state and federal grant subsidies.	
Strategy: 2.2.a: GCBHA will collaborate with Behavioral Health providers and the local housing authority, Garrett County Community Action, and DOVE Center, to work with individuals meeting the criteria of homelessness; GCBHA will complete and submit PATH Quarterly and Annual Reports as indicated.	
Performance Measure:	FY 20 Performance Target:
• #of literally homeless or at risk of homelessness placed in temporary housing.	• 75 (combined with Community Action and DOVE Center)

Strategy: 2.2.b: GCBHA will collaborate with Behavioral Health providers and the local housing authority, Garrett County Community Action, to work with individuals meeting the criteria of homelessness; GCBHA will complete and submit PATH Quarterly and Annual Reports as indicated.	
Performance Measure:	FY 20 Performance Target:
• #of literally homeless or at risk of homelessness placed in permanent housing.	• 35 (Combined with Community Action and DOVE Center)

Objective 2.3: Continue efforts with opioid overdose education and Naloxone distribution to individuals at risk for, or likely to witness, an opioid-related overdose.	
Strategy: 2.3.a: Health Department or other designated personnel provide Overdose Response Training.	
Performance Measure:	FY 20 Performance Target:
• # of individuals who have received trained.	• 250
Strategy: 2.3.b: Approved Overdose Response Program.	
Performance Measure:	FY 20 Performance Target:
• # of Naloxone doses dispensed to certified holders.	• 500
Strategy: 2.3.c: Garrett County Drug Overdose Fatality Review Team and Opioid Intervention Team to meet on at least a quarterly basis; discuss strategies to reduce or eliminate overdoses and deaths attributed to overdose.	
Performance Measure:	FY 20 Performance Target:
• # of individuals treated with Narcan for substance related overdose; responses through EMS and Law Enforcement	• 65
• # of strategies developed with plan of implementation for local communities in Garrett County.	• 12
Strategy: 2.3.d: Explore creating a Local Overdose Incident Response (LIR) Protocol or facets of LIR to act on data provided from the state and/or local Opioid Command Center, other entities.	
Performance Measure:	FY 20 Performance Target:
• # of individuals treated at local hospitals for substance related overdose who receive	• 15

• #/% of responses through EMS/Law Enforcement/Emergency Department who are referred to and follow up with treatment/ education recommendations.	• ≥ 20%
• #/% of responses through EMS/Law Enforcement/Emergency Department who are referred to and do not follow up with treatment/education recommendations.	• ≤ 20%

Goal 3: Support Access to Quality Behavioral Health Treatment and Support Services.

Objective 3.1: Enhance Crisis Response services and Community Based Suicide Prevention.	
Strategy: 3.1.a: Consult with Behavioral Health Administration, local law enforcement, including first responders, and mental health professionals on necessary training.	
Performance Measure:	FY 20 Performance Target:
• # of training sessions provided through Crisis Intervention Training Grant	• 4
• # of Crisis Intervention Team meetings conducted annually.	• Minimum of 4
Strategy: 3.1.b: GCBHA will schedule Mental Health First Aid (MHFA) training during FY 2020.	
Performance Measure:	FY 20 Performance Target:
• # of law enforcement personnel trained in MHFA. • # of general public trained in MHFA	• 10 • 20
Strategy: 3.1.c: GCBHA will review monthly reports sent by Garrett Regional Medical Center; Complete Annual Contract Monitoring.	
Performance Measure:	FY 20 Performance Target:
• # of individuals screened for psychiatric emergencies at Garrett Regional Medical Center.	• 120

Strategy: 3.1.d: Review and discuss reporting forms provided to GCBHA from contract vendor.	
Performance Measure:	FY 20 Performance Target:
• # of Urgent Care referral forms sent from Garrett Regional Medical Center to Garrett County Behavioral Health Clinic.	• Monthly
Strategy: 3.1.e: Review and discuss reporting forms provided to GCBHA from contract vendor.	
Performance Measure:	FY 20 Performance Target:
• # of Urgent Care referrals having verified follow-up by the Garrett County Behavioral Health Clinic.	• Monthly
Strategy: 3.1.f: Expand Garrett County Suicide Prevention Committee membership; Explore follow-up resources for survivors of suicide, to include funeral homes, physicians, emergency medical staff, family members, and friends.	
Performance Measure:	FY 20 Performance Target:
• # of quarterly Garrett County Suicide Prevention Committee Meetings facilitated	• 4

Objective 3.2: Support the expansion of accredited behavioral health providers in Garrett County.	
Strategy: 3.2.a: GCBHA will review Outcome Measurement System (OMS) reports for Adults and Adolescents.	
Performance Measure:	FY 20 Performance Target:
• # of Outcome Measure Systems interviews completed by OMHC clinics and other providers which indicate employment status.	• 115
• # of referrals made to employment services for individuals indicating not being	• 38

Strategy: 3.2b: Collaborate with grant funded programs to assist in promoting the registration and training in using the PDMP.	
Performance Measure:	FY 20 Performance Target:
• #/% of healthcare providers utilizing the PDMP.	• 80%
Strategy: 3.2c: GCBHA will assist, as possible, to have additional recover specialists trained and maintain certification.	
Performance Measure:	FY 20 Performance Target:
• # of trained peer support recovery specialists.	• 3
Strategy: 3.2d: GCBHA will conduct necessary monitoring reviews during the fiscal year.	
Performance Measure:	FY 20 Performance Target:
• # of Opioid Treatment Programs or other Medication Assisted Treatment Programs monitored to determine compliance with education and treatment of individuals with behavioral health disorders.	• 3

Objective 3.3: Support cost-effective, coordinated and recovery oriented services to individuals incarcerated in the local detention center, prisons, supervision programs or juvenile services.	
Strategy: 3.3a: Monitor Conditions of Award for the MCCJTP and Substance Use Disorder Grants provided in the Garrett County Detention Center.	
Performance Measure:	FY 20 Performance Target:
• # of incarcerated served that have a behavioral health disorder.	• 80
Strategy: 3.3b: Monitor the Conditions of Award for the MCCJTP and Substance Use Disorder Grants; Consult with Detention Center Administrator and Sheriff on areas of need.	
Performance Measure:	FY 20 Performance Target:
• #/% of Continuing Care Plans developed for individuals being released from the detention center.	• 85%

Strategy: 3.3c: Facilitate Local Care Team meetings to address the most appropriate type of services, including placement options, for the youth, their family unity, education, employment and behavioral health.	
Performance Measure:	FY 20 Performance Target:
• #/% of Juvenile Service youth who follow-up with appropriate clinical services when returning to the County or as stipulated in sanctions determination.	• 92%
Strategy: 3.3d: Enhance access to community resources for seniors (elderly) with behavioral health conditions to prevent unnecessary institutionalization.	
Performance Measure	FY 20 Performance Target
• # of local vulnerable adult meetings conducted with GCBHA and Behavioral Health Providers, in attendance	• 3
• # of follow-up visit contact/possible visit with the individual who has been admitted to Nursing Facility (NF) under PASRR	• At least 1 for each individual Admitted to NF.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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I. PLAN APPROVAL REQUIREMENT

- ***Describe the process of obtaining regular, periodic input from the local mental health advisory committee (LMHAC), and the local drug and alcohol abuse councils (LDAACs). Include a description of the review and approval process and discuss the participation of consumers, families, and other stakeholders in planning.***

The Garrett County Mental Health Advisory Committee has meetings scheduled on a monthly basis. The committee meets twelve times a year unless there are weather or holiday cancellations. The GCMHAC consists of a variety of individuals representing public and private organizations; public mental health and non-public mental health local hospital, state hospital, and inpatient psychiatric facility located in Cumberland, MD. Additionally, there are consumers who actively participate in the GCMHAC meetings and provide feedback regarding identified strengths and concerns of services currently provided in Garrett County.
The Garrett County Drug Free Communities Coalition (DFCC) has scheduled meetings on a monthly basis. There are occasions that meetings are rescheduled or cancelled because of scheduling conflicts or weather conditions. DFCC has required participants through Legislative Mandate and utilizes a very collaborative public and community agency history to expand membership and fill membership vacancies. DFCC has been extremely supportive of prevention efforts in Garrett County and openly addresses the benefits of treatment options and the identified gaps in treatment services individuals with an addiction and support strategies for family members in Garrett County.

An electronic version of the FY 2020 Program Plan was emailed to the GCMHAC and GCDFCC on February 8, 2019 and February 15, 2019.

Four Plan Review sessions were scheduled on February 13, February 14, February 15 and a final review session on February 19, 2019. The committee members were invited to attend in person or call in via Google Meet for all but the February 19, 2019 meeting.

1. **(**LMHAC and LDAAC) Report of the Review and Approval of the Fiscal Year 2019 Plan/Budget:

The LMHAC/LDAAC must participate in the Plan's development and must comment on the plan. Please submit a letter or report prepared by the Chair of the LMHAC and LDAAC, addressed to BHA's Executive Director or Director of the Office of Planning, on its review and approval of the FY 2019 Program Plan, and Financial Plan. The letter or report must include any recommendations made by the LMHAC or

LDAAC to the local behavioral health entity/authority for modifications to the plan regardless of whether the CSA, LAA, or LBHA has accepted those recommendations. The LHMAC or LDAAC Chairperson must sign the letter or report. If there are no recommendations, the letter or report must so state and must indicate that the LMHAC or LDAAC has reviewed the plan.

Minutes of the LMHAC of LDAAC meetings do not fulfill this requirement. The LMHAC or LDAAC material must also note advocacy efforts which are employed by the committee. The report/letter must document the manner which the LMHAC or LDAAC monitors and reviews the status of the public behavioral health system of care in their jurisdiction. This documentation assists in demonstrating compliance with statutory requirements. FOR THE LDAACs, this will be satisfied through their development and submission of strategic plans. FOR THE LMHACs, this requirement will be satisfied through their development and submission of Annual Reports.

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Public Health
Prevent. Promote. Protect.
334-7700 or 301-895-3111
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Equal Opportunity

February 21, 2019

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

Dear Dr. Bazron:

Members of the Garrett County Mental Health Advisory Committee (GCMHAC) and Garrett County Drug Free Communities Coalition (GCDFCC) attended four separate meetings to review and approve the Garrett County Behavioral Health Authority's (GCBHA) Fiscal Year 2020 Program and Financial Plans. Program/financial plan review meetings were held on Wednesday, February 13, 2019; Thursday, February 14, 2019; Friday, February 15, 2019; and Tuesday, February 19, 2019.

All suggested changes to wording and explanation of programs made during the meetings were incorporated into the document, which was sent out electronically for a final review and vote for approval. Some of the changes included: highlights of the Health Department's Health and Education Outreach programs; the Overdose Response Trainings and Narcan kits dispensed, and the addition of new local behavioral health providers.

Based on comments made during the meetings, the recommendation is to provide more input into expanding treatment options up to and including recovery housing for the County. Issues that were identified included the sparsity of youth residential treatment options and the apparent increase of babies with Neo-natal Abstinence Syndrome.

Over the past fiscal year, discussion during the GCMHAC meetings from Public Mental Health System Providers, other agencies and organizations, as well as parents and consumers, has provided increased awareness of ongoing services needed in Garrett County as well as positive aspects for services. GCMHAC continues to encourage providers to share information about their services and availability to access services on a public website as well as utilizing the Health Departments digital planning tool mygarrettcounty.com

GCMHAC continues its advocacy role on behalf of mental health consumers, their families and mental health providers in the County, as it has during the past year. GCMHAC is working with a number of providers on transportation issues related to getting clients to services using public transportation. Many providers have expressed concerns about the effect this was having on their ability to provide services to their clients.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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GCMHAC and GCDFCC would like to thank the GCBHA Director, Coordinator of Adult Services, Accountant, and Administrative Staff for its outstanding accomplishments on behalf of behavioral health consumers and their families. The programs and providers the GCBHA monitors have been held to a positive outcome standard. GCBHA continues to utilize the Mental Health Advisory Committee's provider site visits to incorporate into the Program Plan and facilitate problem solving discussions during or outside of scheduled GCMHAC monthly Meetings.

GCMHAC will continue to monitor at least three providers of the public mental health system and in some cases support agencies, including, but not necessarily limited to, Burlington United Methodist Family Services, Garrett County Department of Social Services, Garrett County Center for Behavioral Health, Garrett County Lighthouse, Inc., Garrett Regional Medical Center, Appalachian Crossroads-Supported Employment Provider and Mountain Haven (consumer run Wellness and Recovery Center).

As set forth in the State Mandates, the GCMHAC and GCDFCC approve the Garrett County Behavioral Health Authority Fiscal Year 2020 Program Plan and Fiscal Year 2020 Financial Plan. We look forward to working with the Garrett County Behavioral Health Authority to achieve the identified program plan goals and strategies.

Respectfully submitted,

GCMHAC Chairperson

GCDFCC Chairperson

cc: Robert Stephens, Health Officer
Board of County Commissioners of Garrett County, Maryland
Robert R Neall, Acting Secretary of Health
Sen. George Edwards
Del. Wendell Beitzel

J. APPENDICES

1. Bidirectional Referral Tracking Pilot
2. GCMHAC Membership List
3. GCDFCC Membership List
4. Local Interface and Linkages
5. Behavioral Health Survey
6. Acronyms

Appendix 1

Bidirectional Referral Tracking Pilot

Overarching Goal:

The Garrett County Health Department seeks to launch an internal pilot program, to be followed by external applications, to accurately capture the bidirectional referrals issued by units to develop comprehensive continuum of care plans for individuals in efforts to develop an integrated behavioral health system, streamline the end-user experience, and develop research data for the purposes of further developing patient care models that ensure the highest quality of care for Marylanders.

Objectives:

In order to conduct a successful pilot program for the purposes of collecting research data and more fully understanding the possibilities that exist for an integrated behavioral health system, the following objectives must be completed:

- The development of an anonymous referral tracking program whereby:
    - Pilot program participants sign a universal declaration for participation in a nonmedical study of anonymously collected data for an integrated behavioral health pilot.
    - Participants are issued a unique ID code for referral tracking that must be rendered in order to have actions recorded into the referral tracking system.
    - Vendors, in this case, units within the Garrett County Health Department have access to a digital system that tracks referrals based solely on the unique code furnished at time of service delivery, ensuring that information is only released upon the wishes of the pilot participants.
    - A universal, bidirectional referral tracking software is developed to track incoming and outgoing referrals upon a pilot participant rendering their unique ID card.
    - Development of the software is provided as an in-kind benefit to the grantee by the Garrett County Health Department.
    - ½ FTE, "Implementation Specialist," is assigned the responsibility of implementing the pilot program by means of selecting and encouraging individuals to participate through a series of rewards in order to attain the most comprehensive dataset possible for further implementation and study.
    - Participants and vendors are eligible to obtain gamification rewards for participating in the nonmedical pilot program.
    - All results will be tabulated on a quarterly basis, whereby data will be released via the Garrett County Health Department's open data portal by the Garrett County Health Department's Population Health Planning Unit and syndicated to multiple sources for further impact studies upon funding availability.

Workflow

Participants in the nonmedical, bidirectional referral tracking pilot program will be offered the chance to participate in the pilot program by the Implementation Specialist and/or regular care provider in exchange for the opportunity to receive rewards through a gamification process, in addition to receiving regular opportunities for additional care that are selected and disseminated based on data collected and

analyzed by algorithms to provide recommendations based on the care plans of other enrolled individuals.

Upon issuing a universal declination for the opportunity to participate in this nonmedical study, participants will be issued a non-identifiable unique ID card that will contain a code for tracking their referrals within the Garrett County Health Department care setting.

Individuals will supply only gender, estimated income, age range, and point of first contact as initial information for the purposes of tracking the referral and collecting valuable data for more directly understanding the care of vulnerable and potentially vulnerable populations in Garrett County. This data will be used to entice other agencies to use data collected from this pilot in future applications and assist the Garrett County Population Health Planning Unit in developing integrated community care plans and programs following the pilot program.

Whenever pilot program participants visit participating vendors, specific Garrett County Health Department Units, every admitted patient will be asked if they are participating in the pilot program, and if so, if they would like to record this visit and any referrals for tracking purposes and gamification rewards through this program. If participants elect to track their visits and referrals, they and vendors alike will receive a participation point for rewards to be determined.

Participating vendors for the bidirectional referral tracking pilot program are expected to be the following Garrett County Health Department Units:

- Behavioral Health Services (Including Mental Health and Substance Related Disorders)
- Personal Health Services (Including Family Planning, Cancer Control Programs, and others)
- Tobacco Cessation Services
- Others upon request or solicitation

Vendors will then log the visit, outgoing referral, or incoming referral into the system for tracking purposes.

After substantial data has been collected, algorithms may be able to provide recommended services to participants based on the experiences of others in the program.

Once per quarter, Garrett County Health Department Population Health Planning Unit staff will release anonymized datasets on data.mygarrettcounty.com, the Health Department's public facing open data repository, and syndicate the results to others who may be interested in using the datasets for program planning and further analysis of the pilot program. This collection and publication of open datasets will be a tremendous opportunity for Garrett County to accelerate efforts in developing integrated continuum of care systems, specifically those with behavioral health components.

Research

A plethora of research in regards to the implementation and possible program outcomes of bidirectional referral tracking programs in general is available at the following sources:

https://www.cdc.gov/stltpublichealth/townhall/presentations/2013/vs_september.pptx

http://www.chronicdisease.org/mpage/domain4_ref_strategy

http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/health-promotion-and-chronic-disease-prevention.html

http://www.mass.gov/eohhs/docs/dph/com-health/chronic-disease/cop-final-plan.pdf

Potential for Further Impact

This bidirectional referral tracking pilot program carries the potential for limitless further adaptation and study of collected data. Although health outcomes will not be tracked through the initial pilot program scope, the information on referral recommendations, service utilization, and patient overlap will provide mounds of actionable data that can be used to inform program planning and develop truly comprehensive and integrated continuum of care systems for residents in Garrett County, and potentially have wide-ranging benefits for other communities within the state of Maryland.

The bidirectional referral pilot program proposed carries great significance for Garrett County. As one of Maryland's most rural communities, and only Robert Wood Johnson Foundation Culture of Health Prize recipient, this pilot program could give local programs first-of-its-kind hyper local data about patterns of use within vulnerable and potentially vulnerable populations with ties to resource utilization and comprehensive care plan development.

[TBC...]

GARRETT COUNTY HEALTH DEPARTMENT

UNIVERSAL REFERRALS

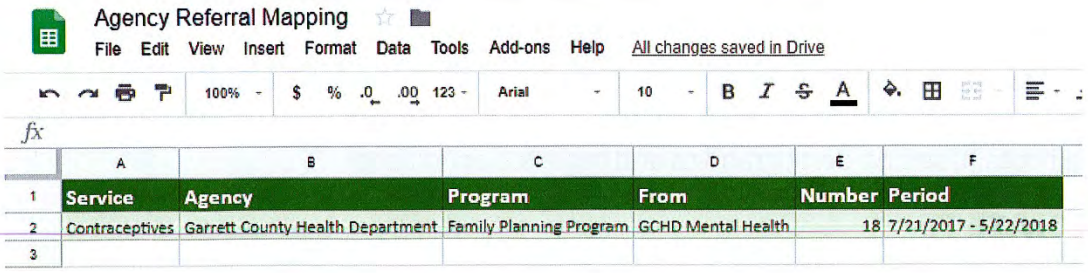
A model for bi-directional efficiency.

COLLABORATING TO ACCELERATE EXCELLENCE.

Units at the Garrett County Health Department have a long history of collaboration within the community. However, many essential services receive few to no referrals due to a lack of awareness and systems in place to ensure that quality, and timely referrals are made to improve the continuum of care delivered to Garrett County stakeholders. The following model seeks to assess the current state of agency referrals and develop a comprehensive network referral map, designed to be the foundation of the upcoming bi-directional program integration strategy.

PHASE I

All participating Units within the Garrett County Health Department are to supply a list of known incoming and outgoing referrals generated from the beginning of the 2018 State Fiscal Year, indicating the number of referrals associated with each object and the agency involved in the listed Google Sheet by July 27, 2018.


Agency Referral Mapping

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	A	B	C	D	E	F
1	Service	Agency	Program	From	Number	Period
2	Contraceptives	Garrett County Health Department	Family Planning Program	GCHD Mental Health	18	7/21/2017 - 5/22/2018
3						

GARRETT COUNTY HEALTH DEPARTMENT

UNIVERSAL REFERRALS

A model for bi-directional efficiency.

PHASE I (CONTINUED)

To access the Google Sheet, and enter your referral data, please visit:

http://bit.ly/GCHDreferrals

PHASE II

Once all referral data has been reported, we will analyze the results on both Unit and Agency levels to generate a comprehensive referral quality score for services referred. We will then query the data that has been collected for the same period from the Garrett County Resource Guide (garrettguide.org) to determine if a quality match exists, and generate a network comparison. The network comparison will serve as the new, universal referral database, from which implementation of the new system will be derived.

PHASE III

As we are comparing programmatic policies and requirements under different labels of accreditation, we will develop a referral generating application that will utilize the new universal referral database, and collect ongoing usage data for quality improvement over time, through initial implementation. This non-associative system will comply with all standards of accreditation as the referrals can be generated within existing systems. Additionally, this system will be accessible to the public in implementation as a self-discovery tool to assist community stakeholders in finding services based on demographics and reported conditions.

PHASE IV

To be determined. Will be based upon EHR/EMR developments.

Appendix 2

GARRETT COUNTY
MENTAL HEALTH ADVISORY COMMITTEE – 1/3/2019
1025 Memorial Drive, Suite 104, Oakland, Maryland 21550

Voting Members

Agency Representatives

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301-777-2056 Fax
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Representation: Local Community Rehab. Program
Term Expiration: 6/30/20

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Term Expiration: 6/30/2020

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Melita L. Friend **FY 19 Chair**
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GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
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Appendix 3

Drug-Free Communities Coalition 2019 Membership
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GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2019 PROGRAM PLAN &
FY 2019 FINANCIAL PLAN

Appendix 4
LOCAL INTERFACE AND LINKAGES FY 2018

Monthly Meetings	***Topics Addressed***	***GCBHA Staff***
Drug Free Communities Coalition (DFCC)	Promotes treatment, intervention and prevention services to those people affected by alcohol and other drug abuse in Garrett County.	Director
Garrett County Health Planning Council	Is a multi-sectorial group of local, county, and state organizations, health care providers and community members involved in assessing the status of health in Garrett County.	Director
Garrett County Health Department Management Team	Internal meeting of health department unit directors and/or other designated staff to assess program attribution; quality improvement; and daily operations of the Garrett County Health Department.	Director
Local Care Team (LCT)	Least restrictive level of care options available in local communities are discussed. LCT monitors the status of children placed in out of home settings.	Director/C&A Coordinator
Mental Health Advisory Committee (MHAC)	Serves as advocate for a comprehensive mental health system for persons of all ages in Garrett County.	Director; Administrative Assistant
Mental Health Education Task Force	Variety of community agencies attend with discussions related to the provision of behavioral health services in the schools and services provided outside of the school setting.	Director/C&A Coordinator; Administrative Assistant

Local Management Board (LMB)	The lead planning and coordinating entity for child and family services in Garrett County, focused on improving early care and prioritizing families and children who are at risk.	Director; Budget Analyst; C&A Coordinator; Administrative Assistant
Bi-Monthly Meetings	***Topics Addressed***	***GCBHA Staff***
Garrett Roundtable on Homelessness	Community agencies, County/City Government, Public, and Mental Health providers address housing issues Garrett County. Mental health and the relationship to housing needs is discussed.	Director and/or Adult Coordinator
Garrett County Judy Center Partnership Steering Committee	Community agencies discuss the needs for Early Head Start and Head Start programs in Garrett County. Behavioral Health of the children and parents are discussed as are training needs for this age group.	Director/C&A Coordinator
Quarterly Meetings or Scheduled as Needed	***Topics Addressed***	***GCBHA Staff***
Disaster Planning	State, County, and Local agency representation discuss the comprehensive disaster response plan for Garrett County, including behavioral health needs and other special populations.	Director
Family Violence Coalition	Agencies discuss the trends related to violent behavior in Garrett County.	Director
Interagency Planning Meetings (Adults)	Relevant agency staff is invited to attend planning meetings which address the holistic needs of adults with mental illness in Garrett County.	Adult Coordinator; Director

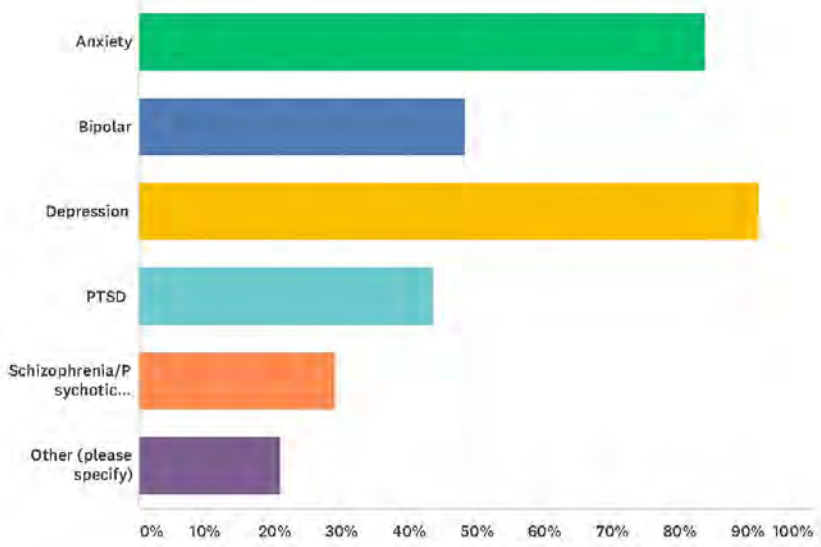
Navigation Enhancement Team for families (NET)	Multi-disciplinary team that utilizes Family Group Decision making strategies for the development of a comprehensive, family oriented plan of care.	Director C&A Coordinator
Quarterly Meetings or Scheduled as Needed	***Topics Addressed***	***GCBHA Staff***
Case Management	CSA staff meets the vendor to review the conditions of award and discuss the status of cases.	Adult Coordinator; Director
Geriatric Mental Health Workgroup	Needs specific for the geriatric population and care providers.	Adult Coordinator
Suicide Prevention Committee	Prevention and Response strategies at a local level which includes training, public awareness and review of local data.	Director; Adult Coordinator; Administrative
Collaborative Planning and Implementation Committee	Multi Agency Committee consisting of law enforcement, Mental Health Professionals, Public Mental Health Management Agency, and other community providers to assess the planning and implementation of the Crisis Intervention Training of Garrett County	Director; Adult Coordinator; Administrative Assistant

Appendix 5 Behavioral Health Survey.

Garrett County Behavioral Health Survey

Q1 In your opinion, what are some of the significant mental health issues in Garrett County? (Check all that apply.)

Answered: 62 Skipped: 2



ANSWER CHOICES	RESPONSES	
Anxiety	83.87%	52
Bipolar	48.39%	30
Depression	91.94%	57
PTSD	43.55%	27
Schizophrenia/Psychotic Disorders	29.03%	18
Other (please specify)	20.97%	13
Total Respondents: 62		

#	OTHER (PLEASE SPECIFY)	DATE
1	TBI and drug misuse	1/8/2019 11:55 AM
2	substance abuse	1/8/2019 8:13 AM
3	Substance abuse	1/7/2019 11:29 AM
4	don't know	1/5/2019 10:10 AM
5	Drug Addiction	1/5/2019 9:03 AM
6	emotional issues following drug addiction as a baby	1/4/2019 2:12 PM
7	co - occurring mental health and substance abuse/addiction	1/4/2019 1:46 PM
8	Hoarding	1/4/2019 12:05 PM

Garrett County Behavioral Health Survey

9	addiction	1/4/2019 12:01 PM
10	Addiction!	1/4/2019 10:30 AM
11	Stigma	1/4/2019 10:28 AM
12	Co-occuring Disorders	1/4/2019 10:22 AM
13	Services for victims of domestic violence as well for those who are violent	12/27/2018 7:51 PM

Garrett County Behavioral Health Survey

Q2 In your opinion, what needs to be done to address mental health issues in Garrett County?

Answered: 57 Skipped: 7

#	RESPONSES	DATE
1	We need help in identifying individuals affected.	1/22/2019 5:10 PM
2	Psychiatrists, more counselors and providers.	1/21/2019 11:29 AM
3	Addressing the stigma	1/11/2019 8:53 AM
4	Additional support groups and more frequent counseling might help. Wellness checks, phone calls or texts on a daily bases to motivate and support the most troubled clients might help clients stick to their recovery plan. This may seem like enabling, but modeling and frequent encouragement might increase the number of good days.	1/9/2019 9:01 AM
5	Provide patient beds for those who cycle in and out of GRMC, (typically bipolar)	1/8/2019 5:16 PM
6	I believe we need more providers; therapists, psychologists & psychiatrists. Access to psychiatric services (particularly for children) is extremely difficult to locate & transportation is often a challenge for families.	1/8/2019 1:30 PM
7	We need more options and certainly more providers. Providers should not be so overburdened with patients that their own health suffers.	1/8/2019 11:55 AM
8	Better quality out-patient counseling- not sitting in church basements in groups	1/8/2019 8:13 AM
9	More opportunity for younger people	1/8/2019 7:30 AM
10	More private psychiatrists as well as additional access to low- or no-cost professionals. Plus, destigmatization through education.	1/7/2019 6:45 PM
11	Get rid of the stigma and help people see that these issues are not abnormal.	1/7/2019 12:49 PM
12	?	1/7/2019 12:37 PM
13	Reduce stigma for treatment	1/7/2019 11:29 AM
14	Increase awareness and overcome stigma.	1/7/2019 9:29 AM
15	Offer supplemental treatment options---provide training to providers in these supplemental options such as mindfulness, mind/body connections, nutrition, yoga, etc.	1/7/2019 8:54 AM
16	Currently the need for additional staff, especially LCSW-C's. Additional psychiatric time to support current demand-flexibility of current staffing.	1/7/2019 4:54 AM
17	The therapist needs to actually meet with the kids and spend more then just 5 or 10 minutes with them. They put all the time down as if they spent it with them but I know for a fact there not	1/5/2019 4:38 PM
18	Address the homeless population. Improved access to child psychiatry.	1/5/2019 12:43 PM
19	don't know	1/5/2019 10:10 AM
20	Education on how one can take steps towards overcoming	1/5/2019 9:25 AM
21	More education directed at elementary school ages to help possibly prevent younger ages experimenting with drugs. More mentor programs for early ages so that good role models take effect earlier in their lives. Outreach to the homes more so that parents have a road to help if they are ready to receive it. Also, helping to lessen the stigma of going to the local health department or any facility that offers help so that those that need it are more apt to take the hand that reaches out to them.	1/5/2019 9:03 AM
22	Early intervention. Education in our schools to reduce the stigma of seeking help. Continued education that stresses the effects of recreational drug use on individuals and their future children .	1/4/2019 11:27 PM

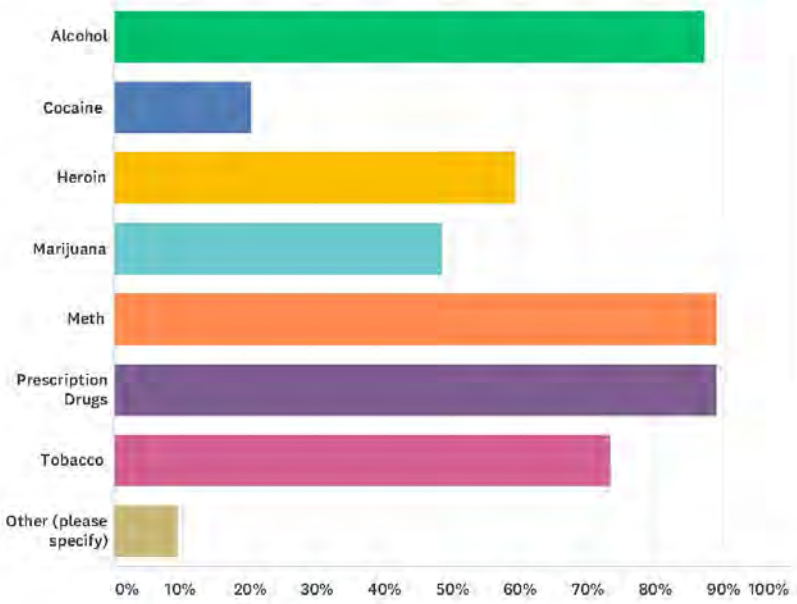
Garrett County Behavioral Health Survey

55	Additional resources to help support these groups of people and more publicity on what is available	1/3/2019 8:18 AM
56	More support for those not in clinical treatment. Less traditional pathways to find help.	1/3/2019 8:01 AM
57	Have a system of mental health providers who have the capacity to serve a variety of individuals on a 24 hour, 7 days a week timeline.	12/27/2018 7:51 PM

Garrett County Behavioral Health Survey

Q3 In your opinion, what are some of the significant addiction issues in Garrett County? (Check all that apply.)

Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
Alcohol	87.50%	56
Cocaine	20.31%	13
Heroin	59.38%	38
Marijuana	48.44%	31
Meth	89.06%	57
Prescription Drugs	89.06%	57
Tobacco	73.44%	47
Other (please specify)	9.38%	6
Total Respondents: 64		

#	OTHER (PLEASE SPECIFY)	DATE
1	Im not really sure what the most frequent abused drug is in Garrett County.	1/9/2019 9:01 AM
2	I think vaping	1/8/2019 5:16 PM
3	Addiction to poor health choices: food, lack of exercise, not seeing health care providers regularly, using the ER for primary care	1/8/2019 11:55 AM
4	Vaping	1/5/2019 9:25 AM

Garrett County Behavioral Health Survey

5	Opiods,Benzos, ADHD Meds , chewless tobacco, ETOH abuse	1/4/2019 3:10 PM
6	e-cigarette/vaping	1/4/2019 1:46 PM

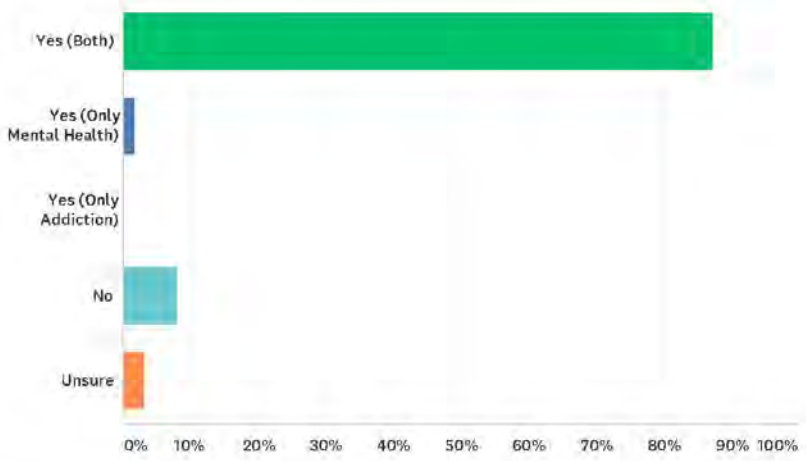
Garrett County Behavioral Health Survey

48	Dentists and doctors need to prescribe less. Medical marijuana should be explored as the much safer alternative. Youth in GC need more social/physical activities, like a ice or roller skating rink.	1/4/2019 10:20 AM
49	A new sheriff.	1/4/2019 10:18 AM
50	Continue to work on the macro-level contributing factors like employment, housing, transportation.	1/4/2019 10:16 AM
51	I feel that we need recovery housing for those who have a substance issue so that they have a place to go after they are released from jail or a treatment facility.I also feel we need to teach basic life skills to them so they they can write a resume,know how to dress for job placement. I feel we need to teach them a trade so they may get a job.	1/4/2019 10:15 AM
52	continued outreach programs and stiffer jail sentences	1/4/2019 10:12 AM
53	Try to change the cultural in Garrett County that alcohol and drug use is the thing to do. It is not a rite of passage.	1/4/2019 8:06 AM
54	Not charging for services when court ordered to seek counseling. More recovery housing and affordable rehab.	1/3/2019 1:57 PM
55	Recovery house transitional living that is not county run	1/3/2019 1:39 PM
56	Our judicial system needs to stop turning these offends back out on the street	1/3/2019 11:18 AM
57	More resources on programs for help. Public education on the addiction process. Support for families. more publicity on programs already in area.	1/3/2019 8:18 AM
58	Focus on the addiction issues that we see in the paper and on Facebook, not just prescription drugs.	1/3/2019 8:01 AM
59	Increase public awareness on the extent of the issues which impact the progressively negative consequences experienced by individuals, families, and the reluctance of the faith community to acknowledge the collective positive impact they could have by joining in solution focused education, prevention, and treatment strategies.	12/27/2018 7:51 PM

Garrett County Behavioral Health Survey

Q5 Do you know where to go for help with mental health and/or addiction issues?

Answered: 63 Skipped: 1

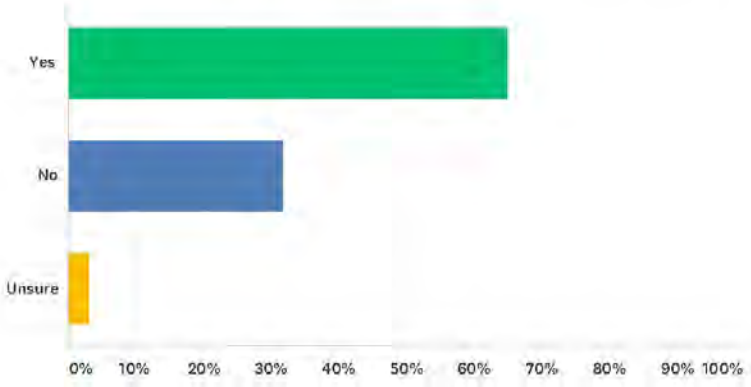


ANSWER CHOICES	RESPONSES	
Yes (Both)	87.30%	55
Yes (Only Mental Health)	1.59%	1
Yes (Only Addiction)	0.00%	0
No	7.94%	5
Unsure	3.17%	2
TOTAL		63

Garrett County Behavioral Health Survey

Q6 Does you doctor or primary care provider ask about your alcohol and/or other drug use during your appointments?

Answered: 63 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	65.08%	41
No	31.75%	20
Unsure	3.17%	2
TOTAL		63

Garrett County Behavioral Health Survey

Q7 In your opinion, what is the best way for our community to address mental health and addiction needs?

Answered: 59 Skipped: 5

#	RESPONSES	DATE
1	Through local schools, police departments and health providers to identify who needs help then connecting the person with established community/health programs.	1/22/2019 5:10 PM
2	Providers	1/21/2019 11:29 AM
3	Physicians using SBIRT and talking about mental illness. Less pills and more alternative methods of treatment. Community as a whole having the discussion about mental health as they are now having about addictions.	1/11/2019 8:53 AM
4	First, I think that Garrett county is trying to address the problems associated with mental health and drug addiction. I realize that resources(especially money)are limited. In the beginning, it might help to provide as much support as needed. This could be in the form of additional after hours phone calls, texts, and visits. Provide transportation to meetings and appointments. A half way house for drug addiction is needed as step down support. This is not a 9-5 job. In the beginning, we need to model the target behavior and then slowly reduce the support as needed. We are trying, but we should always ask ourselves: Is what we are doing making a difference? Is there anything we should change to be more effective? Not all approaches work with all clients.	1/9/2019 9:01 AM
5	Continue the town meetings in which recovering addicts share their personal stories, before-during-after, use	1/8/2019 5:16 PM
6	On-going education & advocacy for individuals with mental health &/or addiction issues.	1/8/2019 1:30 PM
7	Treatment and Recovery cannot occur in 28 days. We have to look at all facets of our lives and improve ourselves and mentor others. It will take community in the largest sense.	1/8/2019 11:55 AM
8	see #2 answer- should be low/no cost to get help!	1/8/2019 8:13 AM
9	Promote facilities that are capable of helping addicts. Also be harsher on people caught with drugs. This county is pretty depressing to young people due to not having many opportunities for work etc	1/8/2019 7:30 AM
10	Education and access.	1/7/2019 6:45 PM
11	Educate, educate, educate	1/7/2019 5:13 PM
12	Help people understand that they're not alone, and that many others are facing the same struggles. Go around town and help people understand that sadly many of these things are normal.	1/7/2019 12:49 PM
13	?	1/7/2019 12:37 PM
14	Frequent media blitz in many forums, some factual, some encouraging treatment. Community forums.	1/7/2019 11:29 AM
15	Outreach	1/7/2019 9:29 AM
16	Coordinated efforts with medical community that engage providers to examine the benefits of alternative and supplemental treatment options	1/7/2019 8:54 AM
17	Start making the public more responsible for their personal needs. Changes to the system to get more people in the work force to earn responsibility for their needs. Make a requirement for hours worked equals the same in available benefits.	1/7/2019 4:54 AM
18	More people who care...education	1/5/2019 4:38 PM
19	MAT induction in the hospital ER and detention center. A part time child psychiatrist. Better transition from the detention center into the community (discharge services).	1/5/2019 12:43 PM
20	Usually complex issues require multiple avenues of attack	1/5/2019 10:10 AM
21	More availability and a goal sheet for the individual	1/5/2019 9:25 AM

Garrett County Behavioral Health Survey

22	Communication, compassion, courage to reach out, and tools and resources to help with recovery.	1/5/2019 9:03 AM
23	Communication between agencies...Community Action ,Health Department, the BOE and the hospital .	1/4/2019 11:27 PM
24	Continue your outreach.	1/4/2019 7:58 PM
25	Continue to support Stand Together and reduce the stigma for the loved ones and the family	1/4/2019 6:09 PM
26	The stigma has to be addressed, lots of people with the attitude "it won't happen to me". The community is ignorant that addiction is a "disease"	1/4/2019 4:20 PM
27	In-school counseling.	1/4/2019 3:45 PM
28	Education especially for those who work with the clients. An alcoholic is not a "wet head" an opiod addict is not a "pill head." People who are depressed are not "just lazy." Education, articles in the paper with credible references. Articles from public health about why needle exchange programs are to prevent HIV, Hep., Sepsis. Community protests greatly, but what if they work in health care and get one needle stick ? Yes, there are treatments for HIV, Hepatitis C, but we have no clue what the long term effects are from those drugs. Narcan education. Narcan use has been complained about from first responders, nurses, CRNP and general public. It's sickening to hear this, it truly is. Could you please run an ad in the Republican that tells people that the reason your insulin is not free, your epi pen is not free, your what ever is not free is the direct result of your insurance plan and manufacture of those medications. Please put up a bill board that states "Addiction is a disease whether you believe it or not."	1/4/2019 3:10 PM
29	A community effort with GRMC, GCHD and MT Laurel and other physician operated programs working together to know what each other's programs are doing.	1/4/2019 2:12 PM
30	Provide more information on all the resources/services. I know to refer to the GCHD for MH and Addiction, but I don't always know about clinics, inpatient, what physicians offer, other counseling services, support groups... Clients usually know more than we do - it's hard to understand all the groups/individual counseling that they need to do. I think the Community Meetings did a good job of making people aware of the drug problem in Garrett County, but the message about services/treatments should be publicized more. Share more research on methods that work to treat addiction. I love the grassroots approach, but I'd like to hear from an expert on what is working to treat addiction. What program/county/state is successful with addiction treatment? How does medical marijuana help/hinder mental health and addiction treatment. Does anyone ever get off of Subutex or Suboxone? I just see them continue indefinitely on this maintenance drug.	1/4/2019 1:46 PM
31	Community town meetings, education, education, education!!!	1/4/2019 1:12 PM
32	I think they do a good job with the resources they have. Maybe just more awareness so that there is not the stigma.	1/4/2019 12:24 PM
33	More awareness and more groups for people to attend	1/4/2019 12:05 PM
34	keep trying	1/4/2019 12:01 PM
35	Ask the consumers "What do they need" I feel if you have not been there, you really don't know. Stop seeing it as a Problem see it as a addiction	1/4/2019 11:37 AM
36	Support for early interdiction and prevention services.	1/4/2019 10:56 AM
37	More people need to get involved.	1/4/2019 10:35 AM
38	More people to get involved	1/4/2019 10:33 AM
39	Seek professional help	1/4/2019 10:32 AM
40	take the shame out of it. Fear of talking about it. We all have issues of one kind or another	1/4/2019 10:30 AM
41	More help groups outside the health department	1/4/2019 10:30 AM
42	Communicate with the community more. Much more needs to be done for suicide awareness, supporting LGBT youth, and domestic violence.	1/4/2019 10:28 AM
43	First, identify those with mental health and addiction needs as early as possible (even early childhood). In K-12, provide positive programs that build up a child's self-esteem/future outlook, encourage positive peer interactions, etc. Then, require programs for those with needs and help them.	1/4/2019 10:23 AM
44	Getting the word out about treatment options and making them affordable and easy to access.	1/4/2019 10:22 AM

Garrett County Behavioral Health Survey

45	Work together	1/4/2019 10:22 AM
46	groups	1/4/2019 10:21 AM
47	Continued forums (town meetings, interested groups) on mental health/addiction issues	1/4/2019 10:20 AM
48	Have more drug give-back days. Build a roller or ice rink for the community. Make things like skiing more affordable for locals.	1/4/2019 10:20 AM
49	Unsure	1/4/2019 10:18 AM
50	Continue to address macro-level contributing factors like employment, housing, transportation, education level.	1/4/2019 10:16 AM
51	try to eliminating the stigma that surrounds it so that people will not be ashamed to get help.	1/4/2019 10:15 AM
52	continued outreach programs and extended mandatory counseling sessions for offenders	1/4/2019 10:12 AM
53	Continue to do what we do	1/4/2019 8:06 AM
54	More education to lessen the stigma associated with seeking help.	1/3/2019 1:57 PM
55	Admit there is one and stop acting like we are solving the problem and stop comparing our overdose death to counties that are triple our size.	1/3/2019 1:39 PM
56	Don't be afraid to ask for help	1/3/2019 11:18 AM
57	Education to reduce the stigma	1/3/2019 8:18 AM
58	Work together and help those that aren't in treatment find ways and motivation to enter.	1/3/2019 8:01 AM
59	Address the barriers for indivuals accessing treatment services and other support services to compliment those being released from jail, under or un-employed; consistent and recovery based housing.	12/27/2018 7:51 PM

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2019 PROGRAM PLAN &
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Appendix 6

Acronyms

ABC	Attachment and Bio Behavioral Catch-up
AERS	Adult Evaluation and Review Services
APA	Appalachian Parent Association
ARC	Appalachian Regional Commission
ASAM	American Society of Addiction Medicine
ASI	Adventure Sports Institute
ASIST	Applied Suicide Intervention Skills Training
ASO	Administrative Service Organization
ATOD	Alcohol, Tobacco and Other Drugs
BHC	Behavioral Health Consultant
BHA	Behavioral Health Administration
BUMFS	Burlington United Methodist Family Services
CARC	Community Aquatic & Recreation Complex
CARE	Counseling Advocacy Rehabilitation Education
CARF	Commission on Accreditation of Rehabilitation Facilities International
CCO	Care Coordination Organization
CHA	Community Health Assessment
CIT	Crisis Intervention Team
CLC	Cultural and Linguistic Competence
COA	Condition of Award
CPS	Child Protective Services
CSA	Core Service Agency
DBA	Doing Business As
DDA	Developmental Disabilities Administration
DFCC	Drug Free Communities Coalition

DORS	Division of Rehabilitation Services
DRADA	Depression and Related Affective Disorders Association
EBP	Evidence Based Practice
ECS	Enhanced Support Services
EMDR	Eye Movement Desenisization Reprocessing
FFS	Fee-For-Service
FQHC	Federal Qualified Health Center
GCBHA	Garrett County Behavioral Health Authority
GCBOE	Garrett County Board of Education
GCCAC	Garrett County Community Action Committee
GCCBH	Garrett County Center for Behavioral Health
GCDFCC	Garrett County Drug Free Communities Coalition
GCDOFRT	Garrett County Drug Overdose Fatality Review Team
GCDSS	Garrett County Department of Social Services
GCHD	Garrett County Health Department
GCHPC	Garrett County Health Planning Council
GCICA	Garrett County Interagency Committee on Aging
GCMHAC	Garrett County Mental Health Advisory Committee
HMIS	Homeless Management Information System
HRSA	Health Resources Sources Administration
ICM	Intensive Case Management
LAA	Local Addictions Authority
LCT	Local Care Team
LDAAC	Local Drug and Alcohol Abuse Council
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MAT	Medication Assisted Treatment
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCSS	Mobile Crisis Stabilization Services
MSPF	Maryland Strategic Planning Framework
NET	Navigation Enhancement Team
NREPP	National Registry Evidence Based Prevention Program
OAOP	Older Adult Outreach Program
OMHC	Outpatient Mental Health Services

OMS	Outcome Management System
OMPP	Opioid Misuse Prevention Program
ORP	Overdose Response Prevention
OWDT	Office of Workforce Development and Training
PAC	Primary Adult Care
PATH	Projects for Assistance in Transition from Homelessness
PBHS	Public Behavioral Health System
PBIS	Positive Behavioral Interventions and Support
PCP	Primary Care Physicians
PDMP	Prescription Drug Monitoring Program
PHAB	Public Health Accreditation Board
PRP	Psychiatric Rehabilitation Program
PTSD	Post-Traumatic Stress Disorder
RRP	Residential Rehabilitation Program
RTC	Residential Treatment Center
Rx	Prescription
SAMHSA	Substance Abuse and Mental Health Services Administration
SSRS	Social Skills Rating System
SE	Supported Employment
SHIP	State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SRD	Substance Related Disorder
STOP	Substance Abuse Treatment Outcomes Partnership
TAY	Transition Age Youth
TAY-C	Transition Age Youth Continuing
TGH	Therapeutic Group Homes
WVU	West Virginia University
YRBSS	Youth Risk Behavior Survey

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

FY 2020 FINANCIAL PLAN

A. State General Fund Administrative Budget (Narrative)

The GCBHA staff currently consists of a .42 FTE Executive Director/Child and Adolescent Coordinator, a .35 FTE Accountant, a .79 FTE Adult Services Coordinator and a .26 FTE Administrative Assistant for a total of 1.83 FTE.

In FY 2019, the GCBHA staff consisted of a .65 FTE Executive Director/Child and Adolescent Coordinator, a .44 FTE Accountant, a .74 FTE Adult Services Coordinator and a .14 FTE Administrative Assistant for a total of 1.47 FTE.

For FY 2020, the Behavioral Health Administration combined the administrative funding for the GCBHA into one budget totaling $203.023. In previous years, the budgets were separated into CSA Administration and LAA Administration.

In each fiscal year from 2017-2019, the combined administrative budgets totaled $197,110. The allocation for FY 2020 represents a 3% increase in funding.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	Behavioral Health Administration	DATE SUBMITTED:	February 21, 2019
LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	1025 Memorial Drive	MODIFICATION:	#
CITY, STATE, ZIPCODE:	Oakland, MD 21550	SUPPLEMENT:	#
TELEPHONE #:	301.334.7440	REDUCTION:	#
PROJECT TITLE:	Purchase of Service		
AWARD NUMBER:	AS353ADM		
CONTACT PERSON:	Frederick Polce, Jr., Exec Dir.		
FEDERAL I.D. #:	237390591		
INDEX:	20011		
AWARD PERIOD:	July 1, 2019-June 30, 2020		
FISCAL YEAR:	2020		
COUNTY PCA:	F909N		
FILE NAME: (see instructions)	20-Garrett-F909N-AS353ADM		
	(FY-County-Count#-PCA-Grant#-)		

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	184,566.00	0.00	0.00	0.00	0.00
Indirect Costs	18,457.00				0.00
Total Costs Net of Collections	203,023.00	0.00	0.00	0.00	0.00
MDH Funding	203,023.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments

DGLHA Approval/Comments
< DGLHA Log In ID

	(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING: LOCAL FUNDING	(5) OTHER DIRECT FUNDING: ALL OTHER FUNDING	(6) OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	(8) MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
1	0111	Salaries	97,530			0	97,530				0
2	0121	FICA	7,100			0	7,100				0
3	0131	Retirement	19,369			0	19,369				0
4	0139	Def Compensation				0	0				0
5	0141	Health Insurance	20,578			0	20,578				0
6	0142	Retiree Health Insurance	12,059			0	12,059				0
7	0161	Unemployment Insurance	273			0	273				0
8	0162	Workmen's Compensation				0	0				0
9	0171	Overtime Earnings				0	0				0
10	0181	Additional Assistance				0	0				0
11	0182	Adjustments				0	0				0
12	0201	Consultants				0	0				0
13	0280	Special Payments Payroll	7,513			0	7,513				0
14	0291	FICA	575			0	575				0
15	0292	Unemployment Insurance	21			0	21				0
16	0299	Contractual Ser-Salaries & Fringe				0	0				0
17	0301	Postage	100			0	100				0
18	0305	Telephone	600			0	600				0
19	0405	In-state Travel	400			0	400				0
20	0409	Out-of-State Travel				0	0				0
21	0415	Training				0	0				0
22	0420	Stipend/Tuition	350			0	350				0
23	0604	Electricity				0	0				0
24	0613	Water				0	0				0
25	0615	Utilities - Combined				0	0				0
26	0701	Gas and Oil	100			0	100				0
27	0703	Insurance & Title	40			0	40				0
28	0705	Vehicle Maintenance & Repair				0	0				0
29	0801	Advertising				0	0				0
30	0803	Client Transportation				0	0				0
31	0812	Personnel Investigations				0	0				0
32	0814	Contractual Labor				0	0				0
33	0827	Education & Training				0	0				0
34	0834	Photocopy Rental				0	0				0
35	0835	Equipment Service				0	0				0
36	0838	Software				0	0				0
37	0839	Software Maintenance				0	0				0
38	0853	Maintenance				0	0				0
39	0854	Housekeeping				0	0				0
40	0856	Indirect Cost	18,457			0	18,457				0
41	0860	Laboratory Services				0	0				0
42	0869	Photography (Commercial)				0	0				0
43	0873	Printing				0	0				0
44	0881	Purchase of Care				0	0				0
45	0882	Spec Student/Patient Activities				0	0				0
46	0891	Pharmacy Services				0	0				0
47	0899	Special Projects-Client Transport				0	0				0
48	0909	Cleaning Supplies				0	0				0
49	0919	Educational Supplies				0	0				0
50	0924	Food	1,800			0	1,800				0
51	0953	Medicine, Drugs & Chemicals				0	0				0
52	0957	Medical Supplies				0	0				0
53	0965	Office Supplies	1,252			0	1,252				0
54	0986	Other Supplies				0	0				0
55	1060	Computer Equipment				0	0				0
56	1073	Office Equipment				0	0				0
57	1180	Personal Computer Equipment	5,000			0	5,000				0
58	1192	Medical Equipment				0	0				0
59	1193	Office Equipment				0	0				0
60	1331	Dues & Memberships	875			0	875				0
61	1332	Insurance				0	0				0
62	1334	Rent	9,031			0	9,031				0
63	1336	Subscriptions				0	0				0
64	1600	Interest Income				0	0				0
65	1602	Bad Debt Collections				0	0				0
66	1603	Self-Pay Collections				0	0				0
67	1606	Medicaid Collections				0	0				0
68	1607	Medicare Collections				0	0				0
69	1608	Other Collections				0	0				0
70	1612	County Contribution				0	0				0
71						0	0				0
72						0	0				0
73						0	0				0
74						0	0				0
75						0	0				0

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	#
AWARD NUMBER:	AS353ADM	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F909N	DATE SUBMITTED:	February 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Local BHA Administration -- Meet condition of MOU	100%
LDAAC meetings (Garrett County Drug Free Communities)	10-12

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	AS353ADM
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F909N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Social Worker II	Boller, D.	Develop/submit SRD Treatment Grants SRD Program Monitoring SRD Audits with Beacon Health Options Adult Coordinator	16-13 7/1	31.4	51,229	51,229
Program Administrator III	Polce, F.	Program Director LDAAC Coordination	18-8 7/1	16.6	28,072	28,072
Accountant Advanced	Loughry, J.	Accountant	16-3 1/1	14	18,229	18,229
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				1.55	97,530.00	97,530.00

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	AS353ADM
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F909N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	COMPANY/ BUSINESS NAME (IF APPLICABLE)	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	HOURLY RATE	MDH FUNDED COST	TOTAL SALARY
Office Services Clerk	Shreve, G.		Clerical	8-B	10.5	13.76	7,513	7,513
TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PAYMENTS ON BUDGET PAGE)					0.26		7,513.00	7,513.00

MDH specpr4542E, February 2018

The desktop computers for both the Executive Director & the Program Coordinator are over 5 years old and need updated.

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF EQUIPMENT COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	#
AWARD NUMBER:	AS353ADM	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F909N	DATE SUBMITTED:	February 21, 2019

MISCELLANEOUS ITEMS COSTING UNDER $500 EACH	MDH FUNDED COST	TOTAL COST
TOTAL (All Items)		

LIST BELOW EACH EQUIPMENT ITEM COSTING OVER $500

DESCRIPTION	NEW OR REPLACEMENT	MDH FUNDED COST	TOTAL COST
Personal Desktop Computer for Program Director	REPLACEMENT	2,500	2,500
Personal Desktop Computer for Program Coordinator	REPLACEMENT	2,500	2,500
TOTAL		5,000.00	5,000.00

(MUST EQUAL MDH AND TOTAL OF ALL EQUIPMENT COSTS,
i.e., OBJECTS 10 and 11, ON BUDGET PAGE)

MDH equip4542G, February 2018

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	**Garrett County Behavioral Health**	**ORIGINAL BUDG. (Y/N):**	**Y**
PROJECT TITLE:	**Purchase of Service**	**MODIFICATION:**	**#**
AWARD NUMBER:	**AS353ADM**	**SUPPLEMENT:**	**#**
AWARD PERIOD:	**July 1, 2019-June 30, 2020**	**REDUCTION:**	**#**
FISCAL YEAR:	**2020**	**DATE SUBMITTED:**	**February 21, 2019**

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	184,566			**184,566.36**
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	**18,457.00**	**0.00**	**0.00**	**18,457.00**

MDH idc4542 K, February 2018

B. General Substance Use Services Grant

Buprenorphine *– TBD*
Recovery Support Services *-- $98,803*

Our sub-vendor for this grant has not supplied an accurate/balanced budget as of February 21, 2019. The budget will be supplied prior to the review.

C. State General Fund Mental Health Services Budget(s) Program Narrative

Jail Mental Health Services
This project provides services to inmates of the Garrett County Detention Center and will be operated in FY 2020 at a funding level of $45,835.

Public Awareness
This program will provide funding for activities within Garrett County to reduce stigma associated with mental illness; activities include participation in area events such as Autumn Glory, Grantsville Days, and the Garrett County Fair, and will be funded in FY 2020 at $2,000.

Education and Training- Community
This program will provide funding for continuing education to mental health professionals in Garrett County and for seminars to the public and will be operated in FY 2020 at $2,000.

Rural Psychiatric and Mental Health Grant
This program provides funding for systems development, program development for the geriatric population, outreach and prevention, and monitoring, and will pay for services not reimbursable under the PMHS fee-for-service system, and will be funded in FY 2020 at $176,699.

Client Support (pharmacy, laboratory, transportation, client support)
This program provides funding for client needs that are not reimbursable through FFS such as pharmacy, laboratory, and transportation for consumers, and will be operated in FY 2020 in the amount of $15,547.

Transition Age Youth Services
This therapeutic program, operated by Garrett College, will provide 28 program days for the continued development and implementation of the Adventure Sports Program for a minimum of 15 youth with diagnosis of mental health disorders, and will be operated in FY 2020 in the amount of $73,852.

Preschool Prevention
This program provides for services to area preschools for prevention and early intervention and will be operated in FY 2020 at the funding level of $12,141.

Crisis Response
This program provides for the enhancement of the existing Garrett County system of coordinated crisis services through the Behavioral Health Clinic and local hospital emergency department. Additionally a Behavioral Health Liaison will work with each individual presenting for crisis to assist with follow-up appointments and to divert future

emergency department visits. This program will operate in FY 2020 at the funding level of $38,448.

Crisis Intervention Team
This program has created a Collaborative Planning and Implementation Committee with state, county, and local law enforcement and mental health professionals to identify, examine, and develop protocols in response to local needs. This committee shall report to BHA's Office of Adults and Special Needs Populations. This program will operate in FY 2020 at the funding level of $29,523.

The total Purchase of Service for these programs is $396,045.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	Behavioral Health Administration	DATE SUBMITTED:	February 21, 2019
LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	1025 Memorial Drive	MODIFICATION:	#
CITY, STATE, ZIPCODE:	Oakland, MD 21550	SUPPLEMENT:	#
TELEPHONE #:	301-334-7440	REDUCTION:	#
PROJECT TITLE:	Purchase of Service		
AWARD NUMBER:	MH439OTH		
CONTACT PERSON:	Frederick Polce, Jr., Exec Dir.		
FEDERAL I.D. #:	237390591		
INDEX:	20011		
AWARD PERIOD:	July 1, 2019-June 30, 2020		
FISCAL YEAR:	2020		
COUNTY PCA:	F018N		
FILE NAME: (see instructions)	20-Garrett-F018N-MH439OTH		
	(FY-County/CounePCA-Grant#)		

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	374,041.00	0.00	0.00	0.00	0.00
Indirect Costs	22,004.00				0.00
Total Costs Net of Collections	396,045.00	0.00	0.00	0.00	0.00
MDH Funding	396,045.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments

DGLHA Approval/Comments
< DGLHA Log In ID

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	OTHER DIRECT FUNDING: LOCAL FUNDING	OTHER DIRECT FUNDING: ALL OTHER FUNDING	OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
1	0111	Salaries	115,719			0	115,719				0
2	0121	FICA	8,424			0	8,424				0
3	0131	Retirement	22,981			0	22,981				0
4	0139	Def Compensation				0	0				0
5	0141	Health Insurance	13,778			0	13,778				0
6	0142	Retiree Health Insurance	8,073			0	8,073				0
7	0151	Unemployment Insurance	323			0	323				0
8	0162	Workmen's Compensation				0	0				0
9	0171	Overtime Earnings				0	0				0
10	0181	Additional Assistance				0	0				0
11	0182	Adjustments				0	0				0
12	0201	Consultants				0	0				0
13	0260	Special Payments Payroll	26,965			0	26,965				0
14	0291	FICA	2,062			0	2,062				0
15	0292	Unemployment Insurance	75			0	75				0
16	0299	Contractual Ser-Salaries & Fringe	15,700			0	15,700				0
17	0301	Postage				0	0				0
18	0304	Cellular Telephone				0	0				0
19	0405	In-state Travel				0	0				0
20	0409	Out-of-State Travel				0	0				0
21	0415	Training	3,700			0	3,700				0
22	0420	Stipend/Tuition	2,200			0	2,200				0
23	0604	Electricity				0	0				0
24	0613	Water				0	0				0
25	0615	Utilities - Combined				0	0				0
26	0701	Gas and Oil				0	0				0
27	0703	Insurance & Title				0	0				0
28	0705	Vehicle Maintenance & Repair				0	0				0
29	0801	Advertising				0	0				0
30	0803	Client Transportation				0	0				0
31	0812	Personnel Investigations				0	0				0
32	0814	Contractual Labor	500			0	500				0
33	0827	Education & Training	2,000			0	2,000				0
34	0834	Photocopy Rental				0	0				0
35	0835	Equipment Service				0	0				0
36	0838	Software				0	0				0
37	0839	Software Maintenance				0	0				0
38	0853	Maintenance				0	0				0
39	0854	Housekeeping				0	0				0
40	0856	Indirect Cost	22,004			0	22,004				0
41	0860	Laboratory Services	500			0	500				0
42	0869	Photography (Commercial)				0	0				0
43	0873	Printing				0	0				0
44	0881	Purchase of Care	88,622			0	88,622				0
45	0892	Spec Student/Patient Activities	15,047			0	15,047				0
46	0891	Pharmacy Services	1,500			0	1,500				0
47	0896	Human Services Contracts	45,835			0	45,835				0
48	0909	Cleaning Supplies				0	0				0
49	0919	Educational Supplies				0	0				0
50	0924	Food				0	0				0
51	0953	Medicine, Drugs & Chemicals				0	0				0
52	0957	Medical Supplies				0	0				0
53	0966	Office Supplies	37			0	37				0
54	0986	Other Supplies				0	0				0
55	1060	Computer Equipment				0	0				0
56	1079	Office Equipment				0	0				0
57	1180	Personal Computer Equipment				0	0				0
58	1192	Medical Equipment				0	0				0
59	1199	Office Equipment				0	0				0
60	1331	Dues & Memberships				0	0				0
61	1332	Insurance				0	0				0
62	1334	Rent				0	0				0
63	1336	Subscriptions				0	0				0
64	1600	Interest Income				0	0				0
65	1602	Bad Debt Collections				0	0				0
66	1603	Self-Pay Collections				0	0				0
67	1606	Medicaid Collections				0	0				0
68	1607	Medicare Collections				0	0				0
69	1608	Other Collections				0	0				0
70	1612	County Contribution				0	0				0
71						0	0				0
72						0	0				0
73						0	0				0
74						0	0				0
75						0	0				0

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	#
AWARD NUMBER:	MH439OTH	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F818N	DATE SUBMITTED:	February 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
MCCJTP	72 Unduplicated
Rural Psychiatric and Mental Health	259 Director Hours 1,850 Clinical Staff Hours 345 Geriatric Outreach Hours
Transitional Age Youth	15 Youth
Consumer Support Services	Pharmacy $1,500 Lab $500 Transportation $500 Other $13,047
Public Awareness	Advertisements Health Fairs Brochures
Education and Training	2 Trainings
Preschool Prevention	200 Services 8 Formal Consultations
CIT	2 Trainings
Crisis Response	416 Clinical Staff Hours 416 Emerg Dept Hours

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	MH4390TH
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F818N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Physician D	Callis, S	psychiatrist - Rural Psych	36-10	11	58,271	58,271
Fiscal Accounts Clerk I	Landis, C	clerical - Rural Psych	9-11	12	12,115	12,115
MH Prof. Counselor	McDaniel, F.	clinical supervision - Rural Psycl	19-5	10	17,025	17,025
MH Prof. Counselor	McDaniel, F.	direct service - Crisis Response	19-5	2	3,410	3,410
MH Graduate Prof Counselor	Peddicord, C.	direct service - Preschool	17-5	1.12	1,624	1,624
Social Worker I	DeWitt, D	direct service - Preschool	15-7	1.6	2,184	2,184
Social Worker II	Brenneman, J	direct service - Rural Psych	17-10	2	3,272	3,272
Social Worker II	Brenneman, J	direct service - Preschool	17-10	2	3,272	3,272
Social Worker II	Boller, D	direct service - TAY	16-13	1.48	2,412	2,412
Program Administrator III	Polce, F	Program director - CIT	18-8	7	12,134	12,134
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				1.26	115,719.00	115,719.00

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	MH439OTH
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F818N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	COMPANY/ BUSINESS NAME (IF APPLICABLE)	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	HOURLY RATE	MDH FUNDED COST	TOTAL SALARY
Social Worker II								
Social Worker I	Swartzentruber, L		Direct service - Rural Psych	15-4	6.7	22.92	7,774	7,774
Office Clerk Assistant	Shreve, G		clerical - CIT	8-B	4.5	13.69	3,220	3,220
Social Worker I	Brenneman, J.		Direct Service - Crisis Response	17-6	2.6	29.16	3,962	3,962
Social Worker II	Hart, C.		Direct service - Rural Psych	16-12	8.2	28.93	12,009	12,009
TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PAYMENTS ON BUDGET PAGE)					0.55		26,965.00	26,965.00

MDH specpr4542E, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF CONSULTANT COSTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	#
AWARD NUMBER:	MH439OTH	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F818N	DATE SUBMITTED:	February 21, 2019

NAME OF CONSULTANT	PROFESSIONAL AREA	COMPANY/ BUSINESS NAME (IF APPLICABLE)	HOURLY RATE	TOTAL HOURS	MDH FUNDED COST	TOTAL COST
Various	Rural Psychiatric Services	Wendy McKenzie	$20	110	2,200	2,200
	Rural Psychiatric Services	Carrie Hook	$20	175	3,500	3,500
	Rural Psychiatric Services	Kim Henson	$20	110	2,200	2,200
Steve Richard	Crisis Response	Wendy McKenzie	20	175	3,500	3,500
Amy Sherbin	Crisis Response	Carrie Hook	20	90	1,800	1,800
Kim Henson	Crisis Response	Kim Henson	20	125	2,500	2,500
					15,700.00	15,700.00

TOTAL (MUST EQUAL TOTAL OF OBJECT .02, EXCLUDING LINE ITEMS 280, 289, 291 & 292)

MDH consult4542F, February 2018

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PURCHASE OF CARE SERVICES (Line Item 0881)
NOTE: THIS FORM NOT TO BE USED FOR COST REIMBURSEMENT CONTRACTS

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	#
AWARD NUMBER:	MH439OTH	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F818N	DATE SUBMITTED:	February 21, 2019

TYPE OF SERVICE NOTE: List only health related Fixed & Unit Price Contracts with organizations on this Schedule	CONTRACT TYPE (Indicate fixed price or unit price contract)	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST
Transition Age Youth	fixed price	Garrett College - Adventure Sports Institute	28 Program Days 15 participants TAY Coordinator 20 hrs/wk	$69,372	$69,372
Crisis Response	fixed price	Garrett County Memorial Hospital	416 Emergency Room Staff hours	$19,250	$19,250
TOTAL (MUST EQUAL MDH AND TOTAL PURCHASE OF CARE SERVICES COSTS ON BUDGET PAGE)				$88,622	$88,622

NOTE: Fixed Price & Unit Price Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is NOT required for these contract types.

MDH purchcare8643H, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Garrett County Behavioral Health Authority
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	MH439OTH
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F818N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST
MCCJTP	Garrett County Government	72 Individuals	45,835	45,835
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			45,835.00	45,835.00

Cost Reimbursement Contracts - The funding administration's attestation via writtem documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542l, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	Garrett County Behavioral Health	**ORIGINAL BUDG. (Y/N):**	Y
PROJECT TITLE:	Purchase of Service	**MODIFICATION:**	#
AWARD NUMBER:	MH439OTH	**SUPPLEMENT:**	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	**REDUCTION:**	#
FISCAL YEAR:	2020	**DATE SUBMITTED:**	February 21, 2019

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

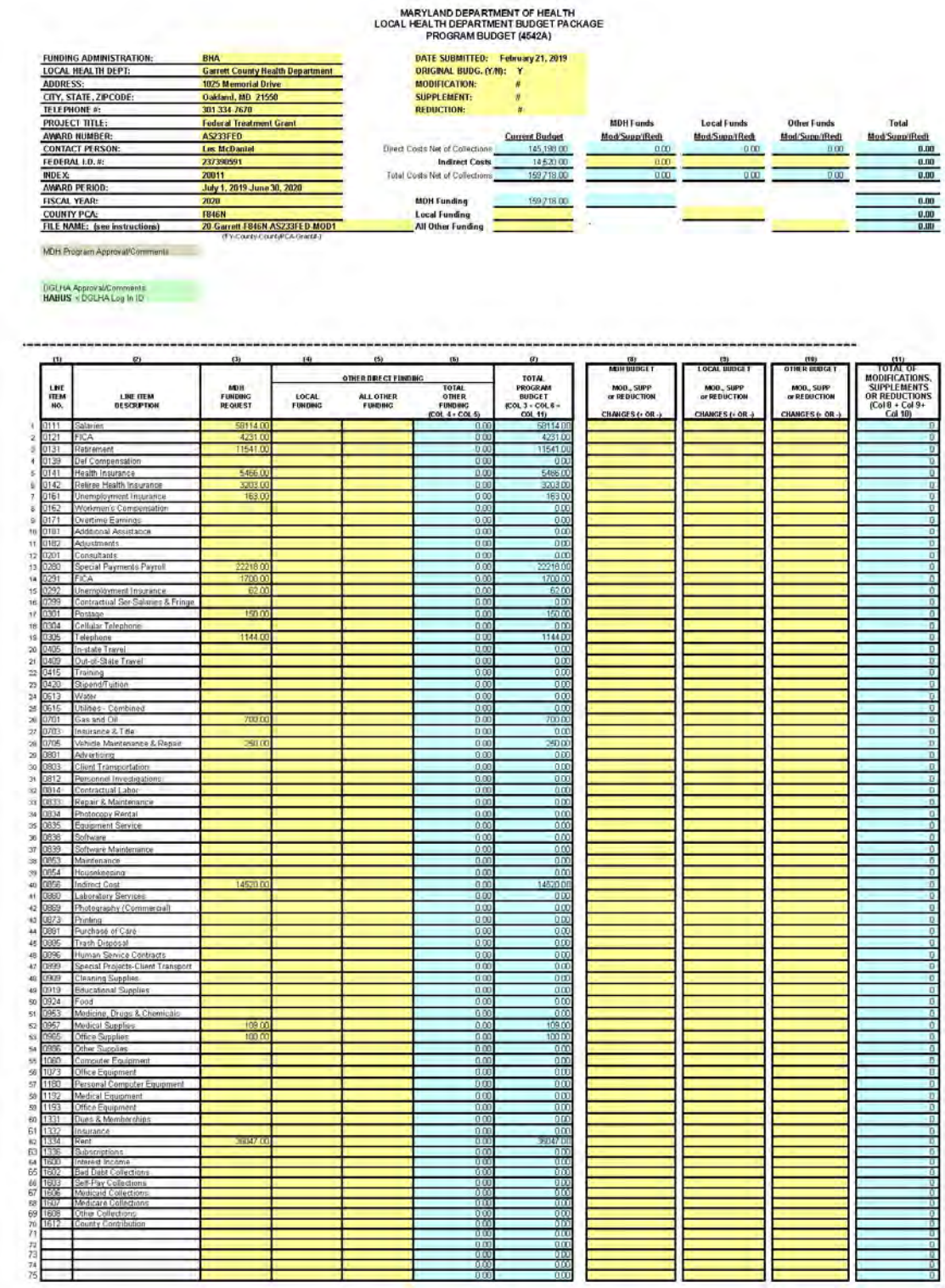
In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	220,040			220,040.00
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	22,004.00	0.00	0.00	22,004.00

MDH idc4542 K, February 2018

D. Federal Substance Use Services Grant



MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	BHA
LOCAL HEALTH DEPT:	Garrett County Health Department
ADDRESS:	1025 Memorial Drive
CITY, STATE, ZIPCODE:	Oakland, MD 21550
TELEPHONE #:	301 334-7670
PROJECT TITLE:	Federal Treatment Grant
AWARD NUMBER:	AS233FED
CONTACT PERSON:	Les McDaniel
FEDERAL I.D. #:	237390591
INDEX:	20011
AWARD PERIOD:	July 1, 2019-June 30, 2020
FISCAL YEAR:	2020
COUNTY PCA:	FB46N
FILE NAME: (see instructions)	20 Garrett FB46N AS233FED MOD1
	(FY-County-Count)(PCA-Grant#-)

DATE SUBMITTED: February 21, 2019
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	185,198.00	0.00	0.00	0.00	0.00
Indirect Costs	14,520.00	0.00			0.00
Total Costs Net of Collections	199,718.00	0.00	0.00	0.00	0.00
MDH Funding	199,718.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:

DGLHA Approval/Comments:
HABUS = DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING: LOCAL FUNDING	(5) OTHER DIRECT FUNDING: ALL OTHER FUNDING	(6) OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 = COL 11)	(8) MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9+ Col 10)
1 0111	Salaries	58114.00			0.00	58114.00				0
2 0121	FICA	4231.00			0.00	4231.00				0
3 0131	Retirement	11541.00			0.00	11541.00				0
4 0139	Def Compensation				0.00	0.00				0
5 0141	Health Insurance	5466.00			0.00	5466.00				0
6 0142	Retiree Health Insurance	3203.00			0.00	3203.00				0
7 0161	Unemployment Insurance	163.00			0.00	163.00				0
8 0162	Workmen's Compensation				0.00	0.00				0
9 0171	Overtime Earnings				0.00	0.00				0
10 0181	Additional Assistance				0.00	0.00				0
11 0182	Adjustments				0.00	0.00				0
12 0201	Consultants				0.00	0.00				0
13 0280	Special Payments Payroll	22218.00			0.00	22218.00				0
14 0291	FICA	1700.00			0.00	1700.00				0
15 0292	Unemployment Insurance	62.00			0.00	62.00				0
16 0299	Contractual Ser-Salaries & Fringe				0.00	0.00				0
17 0301	Postage	150.00			0.00	150.00				0
18 0304	Cellular Telephone				0.00	0.00				0
19 0305	Telephone	1144.00			0.00	1144.00				0
20 0405	In-state Travel				0.00	0.00				0
21 0409	Out-of-State Travel				0.00	0.00				0
22 0415	Training				0.00	0.00				0
23 0420	Stipend/Tuition				0.00	0.00				0
24 0513	Water				0.00	0.00				0
25 0515	Utilities - Combined				0.00	0.00				0
26 0701	Gas and Oil	700.00			0.00	700.00				0
27 0703	Insurance & Title				0.00	0.00				0
28 0705	Vehicle Maintenance & Repair	340.00			0.00	340.00				0
29 0801	Advertising				0.00	0.00				0
30 0803	Client Transportation				0.00	0.00				0
31 0812	Personnel Investigations				0.00	0.00				0
32 0814	Contractual Labor				0.00	0.00				0
33 0833	Repair & Maintenance				0.00	0.00				0
34 0834	Photocopy Rental				0.00	0.00				0
35 0835	Equipment Service				0.00	0.00				0
36 0836	Software				0.00	0.00				0
37 0839	Software Maintenance				0.00	0.00				0
38 0903	Maintenance				0.00	0.00				0
39 0904	Housekeeping				0.00	0.00				0
40 0906	Indirect Cost	14520.00			0.00	14520.00				0
41 0860	Laboratory Services				0.00	0.00				0
42 0869	Photography (Commercial)				0.00	0.00				0
43 0873	Printing				0.00	0.00				0
44 0891	Purchase of Care				0.00	0.00				0
45 0905	Trash Disposal				0.00	0.00				0
46 0096	Human Service Contracts				0.00	0.00				0
47 0999	Special Projects-Client Transport				0.00	0.00				0
48 0909	Cleaning Supplies				0.00	0.00				0
49 0919	Educational Supplies				0.00	0.00				0
50 0924	Food				0.00	0.00				0
51 0963	Medicine, Drugs & Chemicals				0.00	0.00				0
52 0967	Medical Supplies	109.00			0.00	109.00				0
53 0965	Office Supplies	100.00			0.00	100.00				0
54 0996	Other Supplies				0.00	0.00				0
55 1060	Computer Equipment				0.00	0.00				0
56 1073	Office Equipment				0.00	0.00				0
57 1180	Personal Computer Equipment				0.00	0.00				0
58 1192	Medical Equipment				0.00	0.00				0
59 1193	Office Equipment				0.00	0.00				0
60 1331	Dues & Memberships				0.00	0.00				0
61 1332	Insurance				0.00	0.00				0
62 1334	Rent	39847.00			0.00	39847.00				0
63 1336	Subscriptions				0.00	0.00				0
64 1600	Interest Income				0.00	0.00				0
65 1602	Bad Debt Collections				0.00	0.00				0
66 1603	Self-Pay Collections				0.00	0.00				0
67 1606	Medicaid Collections				0.00	0.00				0
68 1607	Medicare Collections				0.00	0.00				0
69 1608	Other Collections				0.00	0.00				0
70 1612	County Contribution				0.00	0.00				0
71					0.00	0.00				0
72					0.00	0.00				0
73					0.00	0.00				0
74					0.00	0.00				0
75					0.00	0.00				0

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal Treatment Grant	MODIFICATION:	#
AWARD NUMBER:	AS233FED	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F846N	DATE SUBMITTED:	February 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of FSP, TCA Child Welfare recipients screened	40
Number of FSP, TCA Child Welfare recipients assessed who are enrolled in treatment at time of the scr	12
Number of FSP, TCA Child Welfare recipients assessed who are referred for treatment or assessment	12
Number of individuals in Garrett County receiving Care Coordination	15

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Health Department
PROJECT TITLE:	Federal Treatment Grant
AWARD NUMBER:	AS233FED
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F846N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Program Administrator IV	McDaniel, Les	N/A	19-5	12	20,442	20,442
A/D Prof. Counselor Supervisor	Beals, Kathryn	N/A	18-5	10	14,884	14,884
A/D Assoc. Counselor	Mills, Susan	Care Coord.	15-11	4	5,887	5,887
Office Services Clerk I	Kulak, Jodi	N/A	9-3	20	16,901	16,901
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				1.15	58,114.00	58,114.00

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal Treatment Grant	MODIFICATION:	#
AWARD NUMBER:	AS233FED	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F846N	DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	COMPANY/ BUSINESS NAME (IF APPLICABLE)	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	HOURLY RATE	MDH FUNDED COST	TOTAL SALARY
Office Services Clerk	Friend, Faith	N/A	Clerical	8-B	33	13.69/13.83	22,218	22,218
TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PAYMENTS ON BUDGET PAGE)					0.83		22,218.00	22,218.00

MDH specpr4542E, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	Garrett County Health Departmen	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal Treatment Grant	MODIFICATION:	#
AWARD NUMBER:	AS233FED	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
FISCAL YEAR:	2020	DATE SUBMITTED:	February 21, 2019

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	145,198			145,198.00
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	14,520.00	0.00	0.00	14,520.00

MDH idc4542 K, February 2018

E. Community Mental Health Block Grant (MHBG) Budget (Narrative)

The Garrett County Health Department continues to provide school-based mental health services using FMHBG funds and has done so for several years. These services have proved vital to incorporating educational services with community based mental health services. This activity has effectively brought the Board of Education into linkages within the community, through the coordination of services through the FMHBG activities.

Specifically, the GCHD has used the $40,000 FMHBG funds to place social workers in classrooms, meeting with teachers and parents regarding child behavior and participating in the schools comprehensive behavior management strategies. Activities include:

- Attend the IEP (Individual Education Plan) meetings,
- Participate in the development of Behavioral Management Plans, written by mental health therapists
- Provide mental health education sessions, and other mental health support services
- Consults with Behavior Support Teams, as well as, Pupil Personnel Teams for high risk youth

These activities have been provided in all school-based mental health schools, including the Alternative Schools, and the CPA (Continuum for Personal Adjustment) program in the two high schools and the two middle schools. The students who are identified as requiring mental health services are referred for appropriate follow-up.

These services are not convertible to FFS. In general, the services provided are not tied to individual students, but are designed to integrate reimbursable activities with these programs that serve emotionally disturbed youth but otherwise would have no integration with the OMHC.

GCBHA proposes continued funding through the Federal Mental Health Block Grant.

This grant has remained at $40,000 in years 2000-2019.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	Behavioral Health Administration
LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority
ADDRESS:	1025 Memorial Drive
CITY, STATE, ZIPCODE:	Oakland, MD 21550
TELEPHONE #:	301 334-7440
PROJECT TITLE:	Federal Mental Health Block Grant
AWARD NUMBER:	MH439OTH
CONTACT PERSON:	Frederick Polce, Jr., Exec Dir.
FEDERAL I.D. #:	237390591
INDEX:	20011
AWARD PERIOD:	July 1, 2019-June 30, 2020
FISCAL YEAR:	2020
COUNTY PCA:	F828
FILE NAME: (see instructions)	20. Garrett F828N MH440OTH

DATE SUBMITTED: February 21, 2019
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	36,364.00	0.00	0.00	0.00	0.00
Indirect Costs	3,636.00				0.00
Total Costs Net of Collections	40,000.00	0.00	0.00	0.00	0.00
MDH Funding	40,000.00				
Local Funding					0.00
All Other Funding					0.00

(FY-County-County PCA-Grant#)

MDH Program Approval/Comments

DGLHA Approval/Comments
< DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING LOCAL FUNDING	(5) OTHER DIRECT FUNDING ALL OTHER FUNDING	(6) TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	(8) MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
1 0111	Salaries	23,401			0	23,401				0
2 0121	FICA	1,704			0	1,704				0
3 0131	Retirement	4,647			0	4,647				0
4 0139	Def Compensation				0	0				0
5 0141	Health Insurance	3,497			0	3,497				0
6 0142	Retiree Health Insurance	2,049			0	2,049				0
7 0161	Unemployment Insurance	66			0	66				0
8 0162	Workmen's Compensation				0	0				0
9 0171	Overtime Earnings				0	0				0
10 0181	Additional Assistance				0	0				0
11 0182	Adjustments				0	0				0
12 0201	Consultants				0	0				0
13 0260	Special Payments Payroll				0	0				0
14 0291	FICA				0	0				0
15 0292	Unemployment Insurance				0	0				0
16 0299	Contractual Ser-Salaries & Fringe	1,000			0	1,000				0
17 0301	Postage				0	0				0
18 0304	Cellular Telephone				0	0				0
19 0405	In-state Travel				0	0				0
20 0409	Out-of-State Travel				0	0				0
21 0415	Training				0	0				0
22 0420	Stipend/Tuition				0	0				0
23 0604	Electricity				0	0				0
24 0613	Water				0	0				0
25 0615	Utilities - Combined				0	0				0
26 0701	Gas and Oil				0	0				0
27 0703	Insurance & Title				0	0				0
28 0705	Vehicle Maintenance & Repair				0	0				0
29 0801	Advertising				0	0				0
30 0803	Client Transportation				0	0				0
31 0812	Personnel Investigations				0	0				0
32 0814	Contractual Labor				0	0				0
33 0827	Education & Training				0	0				0
34 0834	Photocopy Rental				0	0				0
35 0835	Equipment Service				0	0				0
36 0838	Software				0	0				0
37 0839	Software Maintenance				0	0				0
38 0853	Maintenance				0	0				0
39 0854	Housekeeping				0	0				0
40 0856	Indirect Cost	3,636			0	3,636				0
41 0860	Laboratory Services				0	0				0
42 0869	Photography (Commercial)				0	0				0
43 0873	Printing				0	0				0
44 0881	Purchase of Care				0	0				0
45 0882	Spec Student/Patient Activities				0	0				0
46 0891	Pharmacy Services				0	0				0
47 0899	Special Projects-Client Transport				0	0				0
48 0909	Cleaning Supplies				0	0				0
49 0919	Educational Supplies				0	0				0
50 0924	Food				0	0				0
51 0953	Medicine, Drugs & Chemicals				0	0				0
52 0957	Medical Supplies				0	0				0
53 0965	Office Supplies				0	0				0
54 0966	Other Supplies				0	0				0
55 1060	Computer Equipment				0	0				0
56 1073	Office Equipment				0	0				0
57 1100	Personal Computer Equipment				0	0				0
58 1192	Medical Equipment				0	0				0
59 1193	Office Equipment				0	0				0
60 1331	Dues & Memberships				0	0				0
61 1332	Insurance				0	0				0
62 1334	Rent				0	0				0
63 1336	Subscriptions				0	0				0
64 1600	Interest Income				0	0				0
65 1602	Bad Debt Collections				0	0				0
66 1603	Self-Pay Collections				0	0				0
67 1605	Medicaid Collections				0	0				0
68 1607	Medicare Collections				0	0				0
69 1608	Other Collections				0	0				0
70 1612	County Contribution				0	0				0
71					0	0				0
72					0	0				0
73					0	0				0
74					0	0				0
75					0	0				0

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal Mental Health Block Grant	MODIFICATION:	#
AWARD NUMBER:	MH439OTH	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F828	DATE SUBMITTED:	February 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
IEP Meetings	50
Behavior Support Plans	10
Behavior Support Team Consults	20
Support Services	150 children & 440 services

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority
PROJECT TITLE:	Federal Mental Health Block Grant
AWARD NUMBER:	MH439OTH
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F828

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	February 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Social Worker II	Brenneman, J.	direct service	17-10	4	6,544	6,544
MH Graduate Prof Counselor	Peddicord, C.	direct service	17-5	6	8,668	8,668
Social Worker I	DeWitt, D.	direct service	15-7	6	8,189	8,189
						-
				0.40	23,401.00	23,401.00

TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF CONSULTANT COSTS

LOCAL HEALTH DEPT: Garrett County Behavorial Health Authority
PROJECT TITLE: Federal Mental Health Block Grant
AWARD NUMBER: MH439OTH
AWARD PERIOD: July 1, 2019-June 30, 2020
COUNTY PCA: F828

ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #
DATE SUBMITTED: February 21, 2019

NAME OF CONSULTANT	PROFESSIONAL AREA	COMPANY/ BUSINESS NAME (IF APPLICABLE)	HOURLY RATE	TOTAL HOURS	MDH FUNDED COST	TOTAL COST
Carrie Hook	Federal Mental Health Block Grant		$25	20	500	500
Jamie Camp	Federal Mental Health Block Grant		$20	25	500	500
					1,000.00	1,000.00

TOTAL (MUST EQUAL TOTAL OF OBJECT .02, EXCLUDING LINE ITEMS 280, 289, 291 & 292)

MDH consult4542F, February 2018

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

EALTH DEPT:	Garrett County Behavorial Health	ORIGINAL BUDG. (Y/N):	Y
TITLE:	Federal Mental Health Block Gran	MODIFICATION:	#
UMBER:	MH439OTH	SUPPLEMENT:	#
ERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
EAR:	2020	DATE SUBMITTED:	February 21, 2019

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
INDIRECT COST BASIS	36,364			36,364.00
COST RATE	10.0%			
COST AMOUNT	**3,636.00**	**0.00**	**0.00**	**3,636.00**

542 K, February 2018

F. Temporary Cash Assistance

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	DHA	DATE SUBMITTED:	Feb. 21, 2019
LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	1025 Memorial Drive	MODIFICATION:	#
CITY, STATE, ZIPCODE:	Oakland, MD 21550	SUPPLEMENT:	#
TELEPHONE #:	301 334 7670	REDUCTION:	#
PROJECT TITLE:	Temporary Cash Assistance		
AWARD NUMBER:	AS072TCA		
CONTACT PERSON:	Les McDaniel		
FEDERAL I.D. #:	237390591		
INDEX:	20011		
AWARD PERIOD:	July 1, 2019-June 30, 2020		
FISCAL YEAR:	2020		
COUNTY PCA:	F865N		
FILE NAME: (see instructions)	20-Garrett-F865N-AS072TCA		

(FY-County-CountyPCA-GrantID-)

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
(Direct Costs Net of Collections	57,711.00	0.00	0.00	0.00	0.00
Indirect Costs	5,771.00				0.00
Total Costs Net of Collections	63,482.00	0.00	0.00	0.00	0.00
MDH Funding	63,482.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:

DGLHA Approval/Comments
HABUST = DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING: LOCAL FUNDING	(5) OTHER DIRECT FUNDING: ALL OTHER FUNDING	(6) OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 = COL 11)	(8) MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9+ Col 10)
0111	Salaries	34193.00			0.00	34193.00				0
0121	FICA	2489.00			0.00	2489.00				0
0131	Retirement	6791.00			0.00	6791.00				0
0139	Def Compensation				0.00	0.00				0
0141	Health Insurance	8817.00			0.00	8817.00				0
0142	Retiree Health Insurance	5225.00			0.00	5225.00				0
0161	Unemployment Insurance	96.00			0.00	96.00				0
0162	Workmen's Compensation				0.00	0.00				0
0171	Overtime Earnings				0.00	0.00				0
0181	Additional Assistance				0.00	0.00				0
0182	Adjustments				0.00	0.00				0
0201	Consultants				0.00	0.00				0
0280	Special Payments Payroll				0.00	0.00				0
0291	FICA				0.00	0.00				0
0292	Unemployment Insurance				0.00	0.00				0
0299	Contractual Ser-Salaries & Fringe				0.00	0.00				0
0301	Postage				0.00	0.00				0
0304	Cellular Telephone				0.00	0.00				0
0305	Telephone				0.00	0.00				0
0405	In-state Travel				0.00	0.00				0
0409	Out-of-State Travel				0.00	0.00				0
0415	Training				0.00	0.00				0
0420	Stipend/Tuition				0.00	0.00				0
0513	Water				0.00	0.00				0
0515	Utilities - Combined				0.00	0.00				0
0701	Gas and Oil				0.00	0.00				0
0703	Insurance & Title				0.00	0.00				0
0705	Vehicle Maintenance & Repair				0.00	0.00				0
0801	Advertising				0.00	0.00				0
0803	Client Transportation				0.00	0.00				0
0812	Personnel Investigations				0.00	0.00				0
0816	Language				0.00	0.00				0
0833	Repair & Maintenance				0.00	0.00				0
0834	Photocopy Rental				0.00	0.00				0
0835	Equipment Service				0.00	0.00				0
0838	Software				0.00	0.00				0
0839	Software Maintenance				0.00	0.00				0
0853	Maintenance				0.00	0.00				0
0854	Housekeeping				0.00	0.00				0
0856	Indirect Cost	5771.00			0.00	5771.00				0
0860	Laboratory Services				0.00	0.00				0
0869	Photography (Commercial)				0.00	0.00				0
0873	Printing				0.00	0.00				0
0881	Purchase of Care				0.00	0.00				0
0895	Trash Disposal				0.00	0.00				0
0896	Human Service Contracts				0.00	0.00				0
0899	Special Projects-Client Transport				0.00	0.00				0
0909	Cleaning Supplies				0.00	0.00				0
0919	Educational Supplies				0.00	0.00				0
0924	Food				0.00	0.00				0
0953	Medicine, Drugs & Chemicals				0.00	0.00				0
0957	Medical Supplies				0.00	0.00				0
0965	Office Supplies				0.00	0.00				0
0986	Other Supplies				0.00	0.00				0
1069	Computer Equipment				0.00	0.00				0
1073	Office Equipment				0.00	0.00				0
1180	Personal Computer Equipment				0.00	0.00				0
1192	Medical Equipment				0.00	0.00				0
1193	Office Equipment				0.00	0.00				0
1331	Dues & Memberships				0.00	0.00				0
1332	Insurance				0.00	0.00				0
1334	Rent				0.00	0.00				0
1336	Subscriptions				0.00	0.00				0
1600	Interest Income				0.00	0.00				0
1602	Bad Debt Collections				0.00	0.00				0
1603	Self-Pay Collections				0.00	0.00				0
1606	Medicaid Collections				0.00	0.00				0
1607	Medicare Collections				0.00	0.00				0
1608	Other Collections				0.00	0.00				0
1612	County Contribution				0.00	0.00				0
					0.00	0.00				0
					0.00	0.00				0
					0.00	0.00				0
					0.00	0.00				0
					0.00	0.00				0

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Temporary Cash Assistance	MODIFICATION:	#
AWARD NUMBER:	AS072TCA	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F865N	DATE SUBMITTED:	Feb. 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of FSP, TCA and Child Welfare recipients screened.	240
Number of FSP, TCA and Child Welfare recipients assessed who are enrolled in treatment at time of the screening	64
Number of FSP, TCA and Child Welfare recipients assessed who are referred for treament or assessment	64

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Health Department		ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Temporary Cash Assistance		MODIFICATION:	#
AWARD NUMBER:	AS072TCA		SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020		REDUCTION:	#
COUNTY PCA:	F865N		DATE SUBMITTED:	Feb. 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
A/D Assoc. Counselor -TCA-	Bolding-Colaw, Linda	TCA assessments & screenings	14-15	21.5	34,193	34,193
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				0.54	34,193.00	34,193.00

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	Garrett County Health Departmen	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Temporary Cash Assistance	MODIFICATION:	#
AWARD NUMBER:	AS072TCA	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
FISCAL YEAR:	2020	DATE SUBMITTED:	Feb. 21, 2019

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	57,711			57,711.00
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	5,771.00	0.00	0.00	5,771.00

MDH idc4542 K, February 2018

G. Substance Abuse Treatment Outcomes Partnership (S.T.O.P.)

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	BHA	DATE SUBMITTED:	Jan. 18, 2019
LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	1025 Memorial Drive	MODIFICATION:	#
CITY, STATE, ZIPCODE:	Oakland, MD 21550	SUPPLEMENT:	#
TELEPHONE #:	301-334-7440	REDUCTION:	#
PROJECT TITLE:	Subs Abuse Treatment Outcomes Prtnrshp		
AWARD NUMBER:	AS159STP		
CONTACT PERSON:	Fred Police		
FEDERAL I.D. #:	237395591		
INDEX:	20011		
AWARD PERIOD:	July 1, 2019-June 30, 2020		
FISCAL YEAR:	2020		
COUNTY PCA:	F868N		
FILE NAME: (see instructions)	20 Garrett 1868N AS159STP		

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	139,123.00	0.00	0.00	0.00	0.00
Indirect Costs	13,912.00				0.00
Total Costs Net of Collections	153,035.00	0.00	0.00	0.00	0.00
MDH Funding	153,035.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:

DGLHA Approval/Comments
< DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING: LOCAL FUNDING	(5) OTHER DIRECT FUNDING: ALL OTHER FUNDING	(6) OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	(8) MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9+ Col 10)
1 0111	Salaries	46,606			0	46,606				0
2 0121	FICA	3,393			0	3,393				0
3 0131	Retirement	9,635			0	9,635				0
4 0139	Def Compensation				0	0				0
5 0141	Health Insurance	13,499			0	13,499				0
6 0142	Retiree Health Insurance	7,910			0	7,910				0
7 0151	Unemployment Insurance	130			0	130				0
8 0152	Workmen's Compensation				0	0				0
9 0171	Overtime Earnings				0	0				0
10 0181	Additional Assistance				0	0				0
11 0182	Adjustments				0	0				0
12 0201	Consultants				0	0				0
13 0280	Special Payments Payroll				0	0				0
14 0291	FICA				0	0				0
15 0292	Unemployment Insurance				0	0				0
16 0299	Contractual Svc-Salaries & Fringe	7,600			0	7,600				0
17 0301	Postage				0	0				0
18 0304	Cellular Telephone				0	0				0
19 0305	Telephone				0	0				0
20 0405	In-state Travel	250			0	250				0
21 0409	Out-of-State Travel	1,200			0	1,200				0
22 0415	Training	2,000			0	2,000				0
23 0420	Stipend/Tuition				0	0				0
24 0513	Water				0	0				0
25 0515	Utilities - Combined				0	0				0
26 0701	Gas and Oil	2,000			0	2,000				0
27 0703	Insurance & Title				0	0				0
28 0705	Vehicle Maintenance & Repair				0	0				0
29 0801	Advertising				0	0				0
30 0803	Client Transportation				0	0				0
31 0812	Personnel Investigations				0	0				0
32 0816	Language				0	0				0
33 0827	Education & Training	2,500			0	2,500				0
34 0834	Photocopy Rental				0	0				0
35 0835	Equipment Service				0	0				0
36 0838	Software	4,200			0	4,200				0
37 0839	Software Maintenance				0	0				0
38 0853	Maintenance				0	0				0
39 0854	Housekeeping				0	0				0
40 0856	Indirect Cost	13,912			0	13,912				0
41 0860	Laboratory Services				0	0				0
42 0869	Photography (Commercial)				0	0				0
43 0873	Printing				0	0				0
44 0881	Purchase of Care				0	0				0
45 0885	Trash Disposal				0	0				0
46 0896	Human Service Contracts	36,500			0	36,500				0
47 0899	Special Projects-Client Transport				0	0				0
48 0909	Cleaning Supplies				0	0				0
49 0919	Educational Supplies	2,500			0	2,500				0
50 0924	Food				0	0				0
51 0953	Medicine, Drugs & Chemicals				0	0				0
52 0957	Medical Supplies				0	0				0
53 0986	Office Supplies				0	0				0
54 0936	Other Supplies				0	0				0
55 1060	Computer Equipment				0	0				0
56 1073	Office Equipment				0	0				0
57 1180	Personal Computer Equipment				0	0				0
58 1192	Medical Equipment				0	0				0
59 1193	Office Equipment				0	0				0
60 1331	Dues & Memberships				0	0				0
61 1332	Insurance				0	0				0
62 1334	Rent				0	0				0
63 1335	Subscriptions				0	0				0
64 1600	Interest Income				0	0				0
65 1602	Bad Debt Collections				0	0				0
66 1603	Self-Pay Collections				0	0				0
67 1606	Medicaid Collections				0	0				0
68 1607	Medicare Collections				0	0				0
69 1608	Other Collections				0	0				0
70 1612	County Contribution				0	0				0
71					0	0				0
72					0	0				0
73					0	0				0
74					0	0				0
75					0	0				0

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Subs Abuse Treatment Outcomes Prtnrshp	MODIFICATION:	#
AWARD NUMBER:	AS159STP	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F868N	DATE SUBMITTED:	Jan. 18, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of Level 0.5 adolescent clients served.	20
Number of Level 0.5 adolescent clients services provided.	100
Number of MSAP and Behavioral Health in the Schools meetings attended.	18
Number of Pupil Service Team (PST) meetings attended.	28
Number of Back to School nights attended	5
Number of Jail-based Level 1 Outpatient Slots	25
Number of Jail-based Level 1 patients served	42
Number of Jail-based Level I services provided	400
Percentage of incarcerated (Maryland resident) patients who transition into outpatient treatment upon release from jail	40%

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Health Department
PROJECT TITLE:	Subs Abuse Treatment Outcomes Prtnrshp
AWARD NUMBER:	AS159STP
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F868N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	Jan. 18, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Level 0.5 Early Intervention						
A/D Assoc. Counselor	Mills, Susan	Adolescents	14-11	10	13,005	13,005
Level 1						
A/D Supervised Counselor	Judy, Jansen	Adult Jail	14-10	20	29,045	29,045
Bi-Directional Referral Tracking						
Public Affairs Specialist	Corbin, John	N/A	16-B	4	4,556	4,556
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				0.85	46,606.00	46,606.00

MDH salary4542D, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF CONSULTANT COSTS

LOCAL HEALTH DEPT: Garrett County Health Department
PROJECT TITLE: Subs Abuse Treatment Outcomes Prtnrshp
AWARD NUMBER: AS159STP
AWARD PERIOD: July 1, 2019-June 30, 2020
COUNTY PCA: F868N

ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #
DATE SUBMITTED: Jan. 18, 2019

NAME OF CONSULTANT	PROFESSIONAL AREA	COMPANY/ BUSINESS NAME (IF APPLICABLE)	HOURLY RATE	TOTAL HOURS	MDH FUNDED COST	TOTAL COST
To be Determined	Substance Abuse Counseling - Home Therapy		$25	312	7,800	7,800
					7,800.00	7,800.00

TOTAL (MUST EQUAL TOTAL OF OBJECT .02, EXCLUDING LINE ITEMS 280, 289, 291 & 292)

MDH consult4542F, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Garrett County Health Department
PROJECT TITLE:	Subs Abuse Treatment Outcomes Prtnrshp
AWARD NUMBER:	AS159STP
AWARD PERIOD:	July1, 2019-June 30, 2020
COUNTY PCA:	F868N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	Jan. 18, 2019

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST
Community Outreach Worker - Aftercare	Garrett Regional Medical Center	2080 hours	35,000	35,000
Client Transportation - Aftercare	Garrett Regional Medical Center	862 mi @ $.58/mi	500	500
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			35,500.00	35,500.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542l, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	Garrett County Health Departr	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Subs Abuse Treatment Outcor	MODIFICATION:	#
AWARD NUMBER:	AS159STP	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
FISCAL YEAR:	2020	DATE SUBMITTED:	Jan. 18, 2019

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	139,123			139,123.00
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	13,912.00	0.00	0.00	13,912.00

MDH idc4542 K, February 2018

H. Projects for Assistance in Transition from Homelessness (PATH) Grant

The bulk of the program pays for the housing director salary and fringe, 20% of total budget is allocated for client activities. This project will operate at the same level of funding in FY 2020 as it is in FY 2019 in the amount of $23,434.

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	Behavioral Health Administration	DATE SUBMITTED:	February 21, 2019
LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	1025 Memorial Drive	MODIFICATION:	#
CITY, STATE, ZIPCODE:	Oakland, MD 21550	SUPPLEMENT:	#
TELEPHONE #:	301 334-7440	REDUCTION:	#
PROJECT TITLE:	Federal Mental Health Block Grant		
AWARD NUMBER:	MH41OTH		
CONTACT PERSON:	Frederick Police, Jr., Exec Dir.		
FEDERAL I.D. #:	237390591		
INDEX:	20011		
AWARD PERIOD:	July 1, 2019-June 30, 2020		
FISCAL YEAR:	2020		
COUNTY PCA:	F023N		
FILE NAME: (see instructions)	20.Garrett F023N MH41OTH		
	(FY.County.County PCA.Grant#.)		

	Current Budget	MDH Funds Mod/Supp/(Red)	Local Funds Mod/Supp/(Red)	Other Funds Mod/Supp/(Red)	Total Mod/Supp/(Red)
Direct Costs Net of Collections	23,434.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
Total Costs Net of Collections	23,434.00	0.00	0.00	0.00	0.00
MDH Funding	23,434.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments

DGLHA Approval/Comments
< DGLHA Log In ID

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	OTHER DIRECT FUNDING: LOCAL FUNDING	OTHER DIRECT FUNDING: ALL OTHER FUNDING	OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	MDH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9+ Col 10)
1	0111	Salaries	11,606			0	11,606				0
2	0121	FICA	845			0	845				0
3	0131	Retirement	2,305			0	2,305				0
4	0139	Def Compensation				0	0				0
5	0141	Health Insurance	3,035			0	3,035				0
6	0142	Retiree Health Insurance	1,778			0	1,778				0
7	0161	Unemployment Insurance	31			0	31				0
8	0162	Workmen's Compensation				0	0				0
9	0171	Overtime Earnings				0	0				0
10	0181	Additional Assistance				0	0				0
11	0182	Adjustments				0	0				0
12	0201	Consultants				0	0				0
13	0280	Special Payments Payroll				0	0				0
14	0291	FICA				0	0				0
15	0292	Unemployment Insurance				0	0				0
16	0299	Contractual Ser-Salaries & Fringe				0	0				0
17	0301	Postage				0	0				0
18	0304	Cellular Telephone				0	0				0
19	0405	In-state Travel				0	0				0
20	0409	Out-of-State Travel				0	0				0
21	0415	Training				0	0				0
22	0420	Stipend/Tuition				0	0				0
23	0604	Electricity				0	0				0
24	0613	Water				0	0				0
25	0615	Utilities - Combined				0	0				0
26	0701	Gas and Oil				0	0				0
27	0703	Insurance & Title				0	0				0
28	0705	Vehicle Maintenance & Repair				0	0				0
29	0801	Advertising				0	0				0
30	0803	Client Transportation				0	0				0
31	0812	Personnel Investigations				0	0				0
32	0814	Contractual Labor				0	0				0
33	0827	Education & Training				0	0				0
34	0834	Photocopy Rental				0	0				0
35	0835	Equipment Service				0	0				0
36	0839	Software				0	0				0
37	0839	Software Maintenance				0	0				0
38	0853	Maintenance				0	0				0
39	0854	Housekeeping				0	0				0
40	0856	Indirect Cost				0	0				0
41	0860	Laboratory Services				0	0				0
42	0869	Photography (Commercial)				0	0				0
43	0873	Printing				0	0				0
44	0881	Purchase of Care				0	0				0
45	0882	Spec Student/Patient Activities				0	0				0
46	0891	Pharmacy Services				0	0				0
47	0899	Special Projects-Client Transport				0	0				0
48	0909	Cleaning Supplies				0	0				0
49	0919	Educational Supplies				0	0				0
50	0924	Food				0	0				0
51	0953	Medicine, Drugs & Chemicals				0	0				0
52	0957	Medical Supplies				0	0				0
53	0965	Office Supplies				0	0				0
54	0986	Other Supplies				0	0				0
55	1060	Computer Equipment				0	0				0
56	1073	Office Equipment				0	0				0
57	1180	Personal Computer Equipment				0	0				0
58	1192	Medical Equipment				0	0				0
59	1193	Office Equipment				0	0				0
60	1331	Dues & Memberships				0	0				0
61	1332	Insurance				0	0				0
62	1334	Rent	3,834			0	3,834				0
63	1336	Subscriptions				0	0				0
64	1600	Interest Income				0	0				0
65	1602	Bad Debt Collections				0	0				0
66	1603	Self-Pay Collections				0	0				0
67	1606	Medicaid Collections				0	0				0
68	1607	Medicare Collections				0	0				0
69	1608	Other Collections				0	0				0
70	1612	County Contribution				0	0				0
71						0	0				0
72						0	0				0
73						0	0				0
74						0	0				0
75						0	0				0

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2020 PROGRAM PLAN &
FY 2020 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal Mental Health Block Grant	MODIFICATION:	#
AWARD NUMBER:	MH441OTH	SUPPLEMENT:	#
AWARD PERIOD:	July 1, 2019-June 30, 2020	REDUCTION:	#
COUNTY PCA:	F823N	DATE SUBMITTED:	Februsry 21, 2019

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
PATH Consumers	**29**

MDH pms4542C, February 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Garrett County Behavorial Health Authority
PROJECT TITLE:	Federal Mental Health Block Grant
AWARD NUMBER:	MH441OTH
AWARD PERIOD:	July 1, 2019-June 30, 2020
COUNTY PCA:	F823N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	Februsry 21, 2019

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Social Worker I	Boller, D.	direct service	16-3	7	11,606	11,606
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				0.18	11,606.00	11,606.00

MDH salary4542D, February 2018

Condition of Award
Garrett County Health Department
Local Addiction Authority
Administrative Grant
AS353ADM

FY19
~~**$45,000**~~ $203,023

The Behavioral Health Administration (BHA) recognizes and authorizes the Garrett County Health Department as the Local Addiction Authority for Garrett County.

This Condition of Award details the administrative duties and responsibilities of the Local Addiction Authority.

It is the policy of BHA to empower the LAA/LBHA to deliver where applicable, and plan, develop, manage, and report on the implementation of a full range of prevention, intervention, treatment, and recovery publicly funded local behavioral health services, for persons who have or are at risk of developing substance-related disorders (SRD).

The LAA or LBHA develops and implements public health approaches to prevent and mitigate substance-related trauma affecting their communities, and collaborates with other human service agencies to promote comprehensive services for recipients who have multiple needs including those paid under contract with state general funds and or federal funds, as well as those funded under the Fee for Service System (FFS) of the Public Behavioral Health System (PBHS).

The administrative duties described below are to be provided by the LAA/LBHA:

I. A Scope of Work

1. Planning

The LAA/LBHA shall:

a. Assess and plan for substance-related disorder service needs for its jurisdiction. The plan shall be the basis for LAA or LBHA budgetary requests to the BHA. The plan shall be data-driven, identify plans to address gaps in the service delivery continuum, and reflect stakeholder input into both planning and evaluating services (including - but not limited to - representatives of the local recovery community)
    1) This plan must be informed by the BHA needs assessment and the geo-mapping of existing OTPs.
    2) When addressing gaps in service delivery, be aware of input from community leaders regarding perception of areas in need of treatment versus areas with sufficient treatment resources.

b. Develop measurable outcomes for strategies and activities pertaining to the publicly funded SRD service system.
c. Develop and maintain All Hazards Plan, including coordination of response to emergencies to insure service availability.

2. Develop: Cooperation and Interfacing

The LAA/LBHA shall:

a. Coordinate activities of publicly-funded SRD service providers.

b. Meet with providers registered in the public SRD network that provide services to the citizens in the LAA or LBHA jurisdiction.

c. Collaborate with core service agency (*CSA*) and mental health providers to develop and implement behavioral health services.

d. Collaborate with SRD providers to enable service recipients to access appropriate treatment and recovery services in a timely fashion.

e. Participate in state and /or local activities to implement health reform, as indicated.

f. Attend Maryland Association of Behavioral Health Agencies (*MABHA*) meetings.

g. Cooperate and collaborate with ASO by:

    1) Designating representative;
    2) Facilitating communication with local agencies;
    3) Responding to ASO requests within reasonable time; and
    4) Working with ASO and vendors to participate in transition plan, following determination by ASO that service to an individual is no longer medically necessary.

h. Serve on local planning and advisory boards and committees.

i. To include local community boards as needed, in order to help prevent miscommunication between OTPs and local community leaders.

j. Meet annually with local Emergency Rooms to provide education and training on access to and services within the public SRD system.

k. Attend BHA committees, conferences, etc.

l. Upon request from ASO:

1) Determine if individual meets criteria for the public SRD system, using criteria established by BHA.
2) Assist in developing a multi-agency or provider-specific treatment plan

3. Develop: Public and Consumer Education and Information

a. Inform individuals in their jurisdiction of the availability of public SRD services and benefits.
    1) To include stigma reduction and educational information on OTPs and MAT in general.

b. Create and maintain a resource directory, including special-capacity providers (non-English speaking, deaf and hard of hearing, other disabilities).

c. Maintain a current ASO fee schedule.

d. Provide information and training to local health providers on access to local community based SRD services.

4. Develop: Provider Network

Encourage providers, as necessary, to enroll in the public SRD system to ensure choice and access to appropriate levels of care.

a. This includes encouraging providers to locate in areas of identified treatment gaps, based on needs assessment and geo-mapping information/

b. Helping new providers identify community leaders, community associations and elected officials.

c. Introduction of new providers to community (newsletter, open house).

5. Manage Public SRD System

The LAA/LBHA shall:

a. Assist BHA to safeguard against unnecessary utilization of publicly funded services in its jurisdiction and assure that these services are medically appropriate and necessary.

b. Develop local strategies and implement specific actions to reduce inpatient hospitalization (The LAA or LBHA shall meet with local hospital Emergency Departments to improve communication and coordination between Emergency

Department personnel and community withdrawal-management providers, to enhance community-based alternatives to inpatient admission).

c. Review utilization of all services within the public SRD service system to identify changes in service delivery trends for BHA, based upon a monthly review of the data (The LAA or LBHA shall report its findings to the BHA Director or designee, noting the LAA's or LBHA's planned interventions with the provider to assure appropriate delivery of services).

d. Assess high cost users of services on a regular basis, and take steps to assist service recipients to receive any medically appropriate levels of care that are less costly.

e. Assess hospital-based withdrawal management and Level 3.7 residential treatment data at least monthly to include average length of stay, number of readmissions and admission to the next level of care.

f. Explore and develop local strategies to improve integration of care between the public SRD service system and local primary care providers.

g. Coordinate the care of high-risk and high-cost patients from the jurisdiction, specifically including patients admitted to Level 3.7 treatment.

h. Serve as the BHA's designee regarding Health General Article 8-505, Health General Article 8-506 and Health General 8-507 legislative requirements, providing clinical staff to conduct Health General Article 8-505 substance-related disorder evaluations, and facilitating patient placement into the appropriate level of care.

i. Serve as BHA's designee regarding referral for residential placements of pregnant women and women with children, providing or contracting with clinical staff to conduct substance- related disorder screening and assessments; providing care coordination of all placement referrals; and once residential treatment is complete, working with the case manager from the residential treatment program to secure admission to another level of care.

j. Promote best practices in service delivery.

6. Manage Public SRD System Quality Assurance

a. Participate in BHA's evaluation of the public SRD service system, including but not limited to: collaboration in BHA's *Outcomes Measurement System* and partner with BHA to develop outcome measures for services

b. Collaborate with the BHA by completing *Agreements to Cooperate* with new programs, participating in site visits with BHA to programs, and reviewing, evaluating, and providing feedback on Program Improvement Plans

7. Manage Public SRD System Compliance

a. For grant-funded services, convey and develop *Conditions of Award*; develop and monitor criteria for contract performance standards; procure services; develop budgets and monitor expenses; monitor service provision; repurpose unspent grant funds to ensure best utilization of funding; conduct reviews for continued need of services performed
b. Participate as requested by BHA (or ASO as an agent of BHA) in on-site Regulatory Compliance reviews
c. Monitor the implementation of Program Improvement Plans and notify BHA of its findings using the protocol developed by the BHA
d. Identify appropriate LAA or LBHA staff to be available when requested by BHA to participate in sanction proceedings

8. Manage Public SRD System Grievances

Comply with the formal grievance and appeals protocols, as identified in the ASO's policy manual for the public behavioral health system

9. Manage Public SRD System Complaints

a. Ensure that the LAA's or LBHA's sub-vendors of SRD services have a protocol for a complaint to be filed by a service recipient (The LAA or LBHA shall require the sub-vendor to report to the LAA or LBHA any complaints received and their resolution on a periodic basis).

    1) Ensure that OTPs also have a formal process for addressing community/program complaints and documents meetings to attempt to resolve complaints.
    2) Should existing process not be sufficient to resolve community/program complaints, consider obtaining a mediator to assist in resolution of issues.
    3) Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for or post treatment "loitering" to help determining reasons.

b. Respond appropriately to all complaints made or referred to the LAA or LBHA within five (5) business days, documenting the complaint and the type of response, and submit a report to the BHA as required.

c. Proactively determine that service recipients are able to freely access services without being subject to discriminatory admission and treatment policies.

10. Report

The LAA/LBHA shall:

a. Submit monthly ***Recovery Community Center*** data to the BHA *Recovery Services Manager* by the 10th of each month

b. Submit monthly ***Peer Recovery Support Specialist*** data to the BHA Director, Office of Consumer Affairs by the 10th of each month

c. Submit ***monthly wait list data*** for all levels of care to the *Regional Manager* by the 5th of each month, and specialty populations (***Women and Children***) to the Director of Gender-Specific Services

d. Submit monthly ***Adolescent Clubhouse data*** to BHA *Adolescent Clubhouse Manager* by the 10th of each month

e. Submit monthly data on the ***number of pregnant women referred for medical services (OB/GYN)/ or in medical care*** to the Director of Gender-Specific Services *s* by the 10th of each month

f. Submit monthly data on the ***number women with dependent children referred for child care services*** to the Director of Gender-Specific Services by the 10th of each month

g. Submit monthly data on the ***number women with dependent children referred for pediatric services*** to the Director of Gender-Specific Services by the 10th of each month

h. Submit monthly data to Chief of Justice Services by the 5th of each month. This report shall include:

1) Number of evaluations completed;
2) number of recommendations for treatment to each level of care;
3) number of people who refused evaluations or failed to show for appointment;
4) number of non-amenable 8-505 evaluation recommendations;
5) number of people admitted to treatment and the levels of care;
6) number of people discharged and the reason they were discharged; and
7) number of people placed on a waitlist for treatment (if any) and the reason the person has been waitlisted.

11. Other:

a. LAA Director or designee will act a liaison between the BHA, the LAA and the BHA's Administrative Service Organization (Beacon Health Options).

b. Shall not subcontract or assign any portion of the services related to managing the substance-related disorder services in its jurisdiction without the express written permission of the BHA.

MOVE TO AS007SAS

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Recovery Support Service Expansion
AS282RSS

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Recovery Support Service Expansion
AS282RSS

Peer Recovery
$50,896

The LBHA shall provide or contract for the provision of Peer-to-Peer Services.

Peer to Peer services can be broadly defined as the action of one individual with lived experience in Behavioral Health Recovery working with another individual who is initiating or maintaining an individualized pathway of recovery. This partnership works together in order to overcome barriers through the identification and utilization of local recovery supports and services. Peer-to-Peer services will be available either within the program or through linkages to community based resources so that individuals have access to and are able to participate in as many of the services that can be of assistance to their process of recovery. Peer-to-Peer services will demonstrate a high degree of flexibility and be individualized to the person in recovery. Peer-to-Peer services will empower people served, allowing them to exert control over their lives and exercise the maximum level of self-determination. Peer-to-Peer services will focus on supporting recovery and establishment of a life in the community.
Support services include, but are not limited to:

- One-on-one meetings;
- Peer Support Groups;
- Activities that reduce isolation;
- Resume building and interview prep;
- Recovery Plan development;
- Accessing entitlements and other social services;
- Recovery advocacy work.

The Grantee who provides or contracts to provide recovery services shall enter or require the vendor to enter all required data through the Beacon Health Options

Provider Connect system. Late and/or inaccurate submissions of these data for two consecutive months may result in administrative action. This data includes: A complete registration for every participant who will receive Peer Recovery support services.

The Grantee who provides or contracts to provide recovery services shall submit quarterly reports to BHA's Office of Consumer Affairs outlining the following data collection points:

1. Total number of Certified Peer Recovery Specialists providing support services in jurisdiction;
2. Total number of Non-Certified Peer Recovery Specialists providing support services in jurisdiction;
3. Unduplicated number of individuals served by both Certified and Non-Certified Peer Recovery Specialist in the jurisdiction;
4. Total number of contacts (defined as a face to face meeting lasting longer than 15 mins) facilitated by both Certified and Non-Certified Peer Recovery Specialist in the jurisdiction.

Jurisdictions are required to submit the attached form no longer than 30 days after the close of each reporting period:

Quarter 1 Deadline ---------- October 30th
Quarter 2 Deadline ---------- January 30th
Quarter 3 Deadline ---------- April 30th
Quarter 4 Deadline ---------- July 30th

Performance Measure: 60 served

REPORTING FORM LOCATED ON NEXT PAGE

Peer-to-Peer
Recovery Support/Peer Services
REPORT FORM

This form should be submitted quarterly to the Director of the Office of Consumer Affairs for the Maryland Department of Health's – Behavioral Health Administration. Submission deadlines and reporting requirements are identified below.

Jurisdictions are required to submit the attached form no longer than 30 days after the close of each reporting period:

Quarter 1 Deadline ----------October 30th
Quarter 2 Deadline ---------- January 30th
Quarter 3 Deadline ---------- April 30th
Quarter 4 Deadline ---------- July 30th

Jurisdiction		**Person Completing Form**	
Contact Email Address		**Contact Telephone Number**	
Total # of Certified Peers		**Total # of Non-Certified Peers**	
Total # of Peer Contacts with Participants		**Total # of Unduplicated Served by Peers**	

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Recovery Support Service Expansion
AS282RSS

Recovery Housing
$4,000

The LBHA shall provide or contract for the provision of Recovery Housing. Recovery Housing is a safe, clean, sober, residential environment that promotes individual recovery through positive peer group interactions among house members and the house manager. Recovery Housing is affordable, alcohol and drug free and allows the residents to continue to develop their individual recovery plans and to become self-supporting. In doing so, the Recovery House must co-exist in a respectful, lawful, non-threatening manner.

House Bill 1411 titled ”Health- Recovery Residences Certification” was enacted under Article II 179(c) of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016. The legislation requires the Department of Health and Mental Hygiene (DHMH) to establish a credentialing entity to certify recovery residences by October 1, 2017.

Any recovery residence that advertises, represents, or implies to the public that it is a certified recovery residence must a receive certificate of compliance by the credentialing entity. Additionally, Recovery Residences that receive state funding must have a certificate of compliance. The Behavioral Health Administration will be the credentialing entity issuing the certificate of compliance and has established the Maryland Certification of Recovery Residences (MCORR) to develop and administer the certification and recertification process for recovery residences.

The LBHA shall ensure that:

1. A minimum unduplicated count of 180 bed days of Recovery Housing.
2. The screening process shall include an interview and/or referral information sufficient to determine whether the individual meets provider admission criteria.
3. All recovery housing must be certified through the Behavioral Health Administration.
4. All houses must meet the national recommendations for Recovery Housing identified by National Association of Recovery

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Recovery Support Service Expansion
AS282RSS

8-505 Assessments
$34,925

This grant award is subject to the following conditions. Failure to comply with these Conditions of Award may result in the following, including, but not limited to loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. Schedule with the identified staff at the DPSCS facility the entry day, time and defendant's name with DOC Number.

2. Provide backup coverage for the evaluator during vacations and illness.

3. Arrange for the evaluator to conduct the evaluation and send the report to the Court, the Department (8505.eval@maryland.gov), the defendant's attorney or defendant if Pro Se and the State's Attorney Office within 5 days of receipt of court order from the Department.

4. Have direct communication with the Court to clarify or provide additional information related to the evaluation.

5. Be present for court appearances as necessary.

6. If the treatment recommendation is for an outpatient program and the judge signs the 8-507 court order, the signed court order shall be emailed to the evaluator to assist in the identification of a treatment program for the identified level of care, secure an intake/admission date, time, provide a contact name, telephone number and physical address to the Treatment Placement Coordinator at the department.

7. Attend trainings and meetings as identified by the Department.

8. Provide for the supervisor of this position to meet two times a year with the Department's Chief of Justice Services to assure required functions are being fulfilled

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Recovery Support Service Expansion
AS282RSS

Jurisdictional Costs
$8,982

These funds are to be used for administrative and general operating expenses to include water, utilities, rent, and indirect costs.

OKAY

Conditions of Award
Garrett County Behavioral Health Authority
FY 2019
Consumer Support Services
$15,547

The GCBHA shall provide or contract for the provision of the services listed below. It shall also develop local policies and procedures for the administration and prioritization of the funds, approved by the Board of directors or its governmental oversight authority, and are available for review by BHA. These funds may not be used for cash payments directly to consumers.

It is the intent of the BHA that these funds are limited to use for members of the PBHS receiving mental health treatment and rehabilitation services within the Fee for Services network. The BHA will require that a Uninsured Eligibility form be completed for each consumer requesting services for Pharmacy in an urgent situation when eligibility for the PBHS is being processed as a bridge to Medicaid, MCHIPs, other entitlements completion, receipt of Med Bank supplies, and or acceptance by the Pharmaceutical company's Indigent Care Program.

1) Consumer Services - Pharmacy - $1,500

   A) Funds shall be used for non-Medical Assistance or non MCHIPS individuals who receive a prescription for a psychotropic medication, or a medication that supports the administration of a psychotropic medication, from a physician.

   B) Funds shall only be used as a last resort after exhausting other alternatives such as:

      1) Physician samples;

      2) Pharmaceutical companies indigent medicine program;

      3) Med Bank,

      4) Charity organizations.

   C) Attempts will be made to collect co-pay for this service.

Continued

Consumer Support (continued)
Page 2

D) MCHIPS and Medical Assistance Applications shall be completed and submitted each individual who receives medicines paid for by these funds.

E) These funds will provide approximately 7 prescriptions to approximately 4 individuals.

F) Funds are to be used after Medicare Part D coverage is exhausted and not for the Medicare "donut hole".

2) Consumer Services - Transportation - $500

A) Funds may be used for the transportation of consumers; caretakers of minor children, including children in an out of home placement, to obtain PBHS FFS sponsored mental health services.

B) Transportation may be provided to MA recipients when MA does not pay for the transportation to the mental health services. The CSA must discuss the reason for lack of transportation coverage with the local health department.

C) Transportation through a provider (cab, bus, public transportation, or via voucher) will be available for consumers to access a provider in the Public Behavioral Health System (PBHS).

D) Funds may not be used for reimbursement for mileage, or gasoline purchase for use in personal vehicles for staff and or consumers.

E) Funds may not be used for consumers personal or family vehicles repairs, emission's test, registration, transfer tax, titling fee, insurance, monthly payments, or down payment.

3) Other Consumer Support Needs - $13,047

The purpose of these funds is to enable an individual to access or retain his/her community placement. Ideally this should be linked to the consumer's clinical and or rehabilitation plans/goals.

A) Funds may be used as a last resort in combination with Other community, private, and/or public and family resources. The CSA assessment form must be used to document this.

B) These funds must be used to alleviate a problem. Documentation must be included with the GCBHA assessment form.

C) Funds must not be used for family members, for friends of GCBHA staff, GCBHA employees themselves, GCBHA consultants and GCBHA contractual employees, or for those of the GCBHA parent organization.

D) The GCBHA must have a dual signature approval process one of who is the GCBHA Director, or in his or her absence, a GCBHA Board or Local health Department designee.

E) The Use of Other Consumer Support-other funds is limited to once in a FISCAL year and may not exceed $1,000 per consumer without prior written approval by the BHA Assistant Director Clinical Services Division for Adult Consumer Support COA consumers 26 and older or Director of Child and Adolescent & Young Adult Services (or BHA Director Division of Local Planning & Management in their absence). Unless the expenditure is for life and/or safety issue, in which case the GCBHA Director may approve the expenditure and subsequently notify by email the Director, Division of Local Planning & Management as soon as possible.

F) Funding is limited to active clients in the PBHS and receiving services from PBHS credentialed providers.

G) Allowable costs are governed by the Human Services Agreements Manual.

H) Services covered under Medical Assistance, or MCHIPS, are NOT a category of care eligible for reimbursement.

I) Effective Jan 8, 2009 the BHA has identified dental care as an additional ineligible cost for the uninsured as a category of care, as well as for those who are Medicaid eligible.

J) Examples of eligible costs for "Other" Consumer Support Needs funds includes:

1. Security deposit and first month's rent;
2. Utility turn on, or deposit;
3. Basic household goods to establish a residence;

4. Past due utility, rent, or mortgage when payment enables the consumer to remain in the community placement, when a plan for continuing payment by the consumer is feasible.
5. Educational expenses only in concert with a consumer's approved Supported Employment or Individual Rehabilitation Plan when the item is not otherwise eligible for coverage through DORS or a related state or federal program.

K) These funds will serve approximately 75 individuals.

4) Consumer Services-Laboratory $500

A. Funds shall be available for blood tests necessary to monitor psychiatric medications.

B. Lab tests must be ordered by providers in the Public Behavioral Heatlh System (PBHS) and pre-authorized by Garrett County Core service Agency staff.

C. Funds shall be used for individuals who do not have Medical Assistance (MA) or Medicare.

D. These funds will provide approximately 2 Lab Tests to approximately 2 individuals who are receiving medications through the Pharmacy Program.

OKAY

Conditions of Award
Garrett County Behavioral Health Authority
FY 2019
Transitional Age Youth (TAY)
***$73,852**

The GCBHA shall provide or contract for the provision of a Transition Age Youth (TAY) Program. This program shall:

1) Serve fifteen (15) youth and young adults with Emotional and Behavioral Disorders (EBD), ages 13-21, who are living in the community.

2) Have available two (2) mentors (one male, one female) for clients in the program.

3) Coordinate the provision of appropriate mental health services to clients in the program.

4) Submit timely reports and outcome measures, as requested by the Behavioral Health Administration, Child, Adolescent & Young Adult, or its designates.

5) Submit a copy of annual program evaluation report to Behavioral Health Administration, Child, Adolescent & Young Adult Services.

*A line item breakdown of the award amount is reflected in Attachment, Page 8 of 21 Pages.

OKAY

Conditions of Award
Garrett County Behavioral Health Authority
FY 2019
Maryland Community Criminal Justice Treatment Program
(MCCJTP)
$45,835

1. The Core Service Agency shall provide or contract for the provision of services to individuals who are incarcerated in the detention center. The Core Service Agency and its partners (i.e. detention facility, mental health vendors) who participate in MCCJTP are to fulfill the following requirements:

   a. Identify individuals in the criminal justice system who have serious mental illness and/or are at risk for re-institutionalization
      i. A Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that meets criteria in the DSM-V, and that results in functional impairment that substantially interferes with or limits one or more major life activities. Per Maryland's Public Behavioral Health System, an individual with an SMI is 18 years or older and meets the DSM 5 criteria for the following diagnostic codes: 296.2, 296.3, 296.7, 296.33, 296.34, 297.1, 298.8, 298.9, 295.9, 295.4, 295.7, 296.43, 296.44, 296.53, 296.54, 296.4, 296.8,296.89,301.22,301.83
         - For the sole purpose of jail-based mental health treatment, an individual sentenced as an adult who meets the criteria for an SMI except for age is eligible for treatment.
      ii. Screen justice involved individuals for mental health problems
      iii. Assess justice involved individuals for mental health treatment
      *Screenings and assessments may be performed by the detention facility at the request of the CSA and referred to the mental health provider

   b. Assure the delivery of mental health and aftercare planning services to individuals identified in Section 1a.

      i. A licensed mental health professional(s) shall be employed for 15 hours a week (780 hours annually) to conduct and/or provide the following:
         - *mental health screening
         - *mental health assessments
         - Individual and/or group therapy sessions
         - short term crisis intervention

ii. A MCCJTP staff person experience in case management shall be employed for a 15 hours a week (780 hours annually) to conduct and/or provide the following:

- Referral and coordination of community support services
- Advocacy for "mainstream" services
- Monitoring post-release compliance with treatment

*Screenings and assessments may be performed by the detention facility at the request of the GCBHA and referred to the mental health provider.

2. The GCBHA through the MCCJTP program shall provide the above mentioned services to a minimum of 72, unduplicated individuals.

3. The GcBHA shall ensure that detention center staff members, community mental health providers, and other agencies involved with the well-being of MCCJTP participants receive training in effective methods for working with participants.

   a. Documentation of completed training shall be furnished to the MCCJTP director at the close of the fiscal year.

4. The GCBHA shall submit quarterly reports to the Office of Special Needs Populations according to the schedule as outlined on the reporting form.

5. The GCBHA or its designee shall attend MCCJTP Quarterly meetings conducted by BHA's Office Crisis Prevention and Criminal Justice Treatment and Diversion.

- MCCJTP quarterly reporting forms are now available of BHA's website: http://bha.dhmh.maryland.gov/SitePages/Forms.aspx

- A line item breakdown of the award amount is reflected in Attachment E, Page 11 of 21 pages.

OKAY

Conditions of Award
Garrett County Behavioral Health Authority
FY 2019
Public Awareness
$2,000

The CSA will provide or contract for the following services:

1) Newspaper advertisements/articles in supplements to the local newspaper addressing mental health topics;

2) Support to booths at health fairs;

3) Printing of brochures;

4) Purchase of items promoting mental health awareness (i.e. stress balls);

5) Paid radio announcements; and

6) Public presentations on topical issues, such as suicide prevention and alternative therapy awareness.

OKAY

Conditions of Award

Garrett County Behavioral Health Authority

FY 2019

Preschool Prevention Project

***$12,141**

The CSA will contract with a vendor to provide for services in the areas of prevention, early identification, and intervention that are not reimbursable under the Public Behavioral Health System. These services include, but are not limited, to the following: classroom observation, teacher and parent consultation, attending IEP meetings, and general screening activities, follow-up contacts with Head Start teachers, and families of at-risk children.

1. The vendor will provide for two hundred (200) services in the areas of prevention, early identification, and on-site early intervention, to Head Start Children (classified as high-risk) at area pre-schools. Provide consultation as needed with staff and families of head Start and Judy Hoyer Centers regarding mental health issues.

2. The vendor will conduct at least (8) formal consultations, each lasting 30 minutes, to Head Start teachers and other support staff which will educate, identify and manage mental health problems in pre-school age children as determined from classroom observations. The formal consultations must be documented including the needs discussed, suggested, intervention/strategies, and plans for follow-up.

3. The vendor will make quarterly reports to the CSA, describing in detail the services provided and the level of intervention needed.

*A line item breakdown of the award amount is reflected in Attachment E, Page 15 of 21 Pages.

OKAY

Condition of Award

Garrett County Behavioral Health Authority

FY 2019

Rural Psychiatric and Mental Health

***$176,699**

1. Mental Health Clinic Director will participate in 259 hours engaged in MHC coordination and collaboration in systems development i.e. school board, consumer education/support for recovery model of treatment. Drop-In Center mentoring, ongoing training to mental health staff, and other community mental health planning.
2. The Mental Health Clinic Director ensures that new patients referred for medication evaluations are scheduled to see a psychiatrist within 15 days after completion of diagnostic session, and for patients referred from inpatient psychiatric treatment unit within 5 days as defined in COMAR.
3. Mental health Clinical staff will spend a minimum of 1,850 hours providing the following services: Crisis and support phone calls, court reports, travel to remote MHC sites to deliver services, telephone consultations with providers, consumers and families as well as collaborative/interagency meetings; and entitlement coordination for individuals not eligible for Case Management.
4. Geriatric Outreach: provide minimum of 345 hours for outreach to the geriatric community through home visits, collaboration with Area Agency on Aging, Geriatric Assessment Services, primary care physicians, and other agencies as appropriate to facilitate and link this population with mental health services.

*A line item breakdown of the award amount is reflected in Attachment E, page 17 of 21 pages.

OKAY

Conditions of Award
Garrett County Behavioral Health Authority
FY 2019
Crisis Response
$38,448

The CSA will use these funds to enhance the existing system of coordinated crisis services through these additions:

1. Eight hours per week of a Mental Health Professional at the Behavioral Health Clinic to include working as a Behavioral Health Liaison who will work with each individual presenting for Crisis at the Behavioral Health Clinic or Emergency Department to assist them in follow-up with recommended appointments and to divert from future visits to the Emergency Department and potential residential crisis admissions.

2. Eight hours per week of a Mental Health Professional at the local hospital Emergency Department to include working as a Behavioral Health Liaison who will work with each individual presenting for Crisis at the Behavioral Health Clinic or Emergency Department to assist them in follow-up with recommended appointments and to divert from future visits to the Emergency Department and potential residential crisis admissions..

*A line item breakdown of the award amount is reflected in Attachment E, page 19 of 21 pages.

Condition of Award
Garrett County Behavioral Health Authority
FY 2019
Crisis Intervention Team
~~$35,168~~ $29,523

The CSA will provide or contract with a vendor to develop or expand the core components of the Crisis Intervention Team (CIT). The CSA will use the funding to:

1. Secure a commitment from top leadership in law enforcement for engagement in planning and implementation of CIT.

2. Carry out the following:

   a. create a Collaborative Planning and Implementation Committee (CPIC) ; identify the CIT model to be used;
   b. identify local needs related to CIT examine and develop protocols;
   c. identify a CIT curriculum which is responsive to local needs;
   d. coordinate CIT training and encourage participation by County, State, and local law enforcement personnel; and
   e. participate in community meetings as appropriate.

3. Provide for ongoing planning efforts in the development of CIT in Garrett County to include behavioral health training for police personnel, Sheriff's deputies, State Police and mental health professionals.
4. Submit an electronic copy of the training curriculum.
5. The CIT lead or designee will submit quarterly data reporting/progress reports to the Director of Crisis Prevention at the Behavioral Health Administration.
6. The CIT lead or designee will attend quarterly meetings at the Behavioral Health Administration.
7. Participate in the planning of the Maryland CIT Annual Conference.
8. Dependent on availability of CIT funds, the CSA will cover the registration and hotel costs for the CIT lead or designee to attend the International CIT Conference.

*A line item breakdown of the award amount is reflected in Attachment E, page 21 of 21 pages.

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Federal Fund Services Grant
AS233FED

~~Opioid Misuse Prevention Program (OMPP)~~

~~$88,679~~

~~Failure to comply with these Conditions of Award may result in the following, including but not limited to loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected~~.

1. ~~All requests for changes in OMPP programming shall be submitted in writing to the Regional Grant Program Manager for approval prior to implementation.~~

2. ~~The jurisdiction must use the SAMHSA Strategic Prevention Framework (SPF) model to guide its use of funds.~~

3. ~~Each jurisdiction must have an OMPP Leadership Team to collaboratively carry out the day-to-day work throughout the initiative. The leadership team must consist of: a Prevention Coordinator, an OMPP Coordinator, a Local Evaluator, and an OMPP Coalition.~~

    a. ~~The jurisdiction's designated Prevention Coordinator will provide oversight to this prevention initiative to ensure that it is based on prevention best practices and fully integrated with the jurisdiction's other BHA funded substance abuse prevention efforts. The Prevention Coordinator may not also serve as the jurisdiction's OMPP Coordinator.~~
    b. ~~The jurisdiction's OMPP Coordinator's role is to directly assist the Coalition and its members to carry out its capacity building, needs assessment, strategic planning and implementation tasks (as agreed to by Coalition members).~~
    c. ~~The OMPP Evaluator must provide guidance to ensure the process is data driven, and assist in the tracking of process and outcome measures.~~
    d. ~~The OMPP Coalition members must be actively involved in all decision-making processes.~~

4. ~~The jurisdiction's Prevention Coordinator, OMPP Coordinator, and the OMPP Evaluator shall attend mandated trainings, meetings, workshops, webinars, and~~

conference calls provided or sponsored by BHA and submit any required follow-up documents, unless otherwise stated.

5. All jurisdictions must submit the required worksheets, reports and plans as they pertain to the SPF process.

6. All jurisdictions must keep records of the hours worked on OMPP by positions funded by OMPP. These records must be available for review by BHA staff at site visits.

7. All jurisdictions must electronically submit monthly reports to BHA that detail their progress, using the template and form provided by BHA. Monthly reports are due no later than the fifteenth day after the end of the month. Late submissions of reports of two consecutive months may result in administrative actions.

8. No pamphlets and/or written materials or other items supported with BHA funds may be developed and/or published without prior approval from the BHA Prevention Services Manager. All literature, materials and/or promotional items shall contain an acknowledgment of BHA and SAMHSA support. Expenditures for unapproved publications

9. All budget modification requests must be received by the BHA Grants and Contracts Management Section no later than April 15 or the first business day thereafter.

   Implementation of the budget modification may not begin until approval is received in writing from the BHA. Implementation prior to approval may result in the disallowance of expenditures.

10. OMPP funds shall only be used for implementing evidence-based programs and/or strategies that comport with the Institute of Medicine (IOM) principles and SAMHSA's *Identifying and Selecting Evidence-Based Interventions* document.

11. Only strategies that are contained within the approved OMPP Strategic Plan may be carried out with these funds.

12. If the grantee intends to use OMPP funds for media related activities, the following criteria shall be met:

    - The media campaign must be developed utilizing the *MassTAPP Communications Toolkit*, and the worksheets from the toolkit must be submitted to the BHA Regional Grant Program Manager for review and approval prior to the development of drafts or proofs of the media campaign or materials. (http://masstapp.edc.org/sites/masstapp.edc.org/files/MassTAPP%20Communications%20Toolkit%2010.1.15%20FINAL.pdf#overlay-context=communications-toolkit)

- ~~The media campaign has a specific target audience and the messaging appropriately applies to that audience.~~

- ~~Documentation that diverse community stakeholders are engaged in planning the campaign.~~

- ~~The media campaign uses evidence-based messaging practices to communicate to the target audience.~~

- ~~Media campaign messages and materials may not be disseminated without written approval from the BHA Regional Grant Program Manager.~~

- ~~All media messages and materials shall contain an acknowledgment of BHA and SAMHSA support.~~

- ~~The media campaign shall have the support of the local health department as demonstrated by approval sign-off.~~

~~13. This grant period terminates on June 30th. Any monies not spent by June 30th shall revert to the State.~~

~~14. Other conditions may be imposed during the course of the fiscal year.~~

~~All Conditions of Award shall remain in effect through June 30, 2019 and shall be applicable to all approved budgets and/or changes in services. In the event that funding is awarded for new initiatives, additional Conditions of Award may be imposed.~~

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Federal Fund Services Grant
AS233FED

State Care Coordination
$7,600

The LBHA/LAA shall provide or contract for the provision of State Care Coordination (SCC) services within their jurisdiction. The jurisdiction is mandated to enroll into State Care Coordination services individuals for whom there is an uninsured authorization in the Administrative Services Organization (ASO) system for residential Substance Use Disorder (SUD) treatment (Levels 3.7, 3.5, and 3.3), and other populations as identified by the jurisdiction, with written approval of the BHA Coordination of Care Program Manager.

The LBHA/LAA shall ensure that:

1. State Care Coordination services for 20 individuals consist of an intake while the individual is still in treatment and twice monthly contact for the duration of SCC services.

2. All individuals who enroll into SCC complete an initial face-to-face or telephone interview prior to discharge from a residential treatment program. A telephone intake is only appropriate when travel distance is over 20 miles or 30 minutes from the residential program to the SCC location.

3. All required enrollment data is entered into the Administrative Services Organization (ASO) system by the SCC provider.

4. A monthly data report that captures the following elements is submitted to the BHA Coordination of Care Program Manager no later than the 5th of month.

    - Jurisdictions name
    - Coordinators name
    - Month and year
    - # of enrollments for the month
    - # of discharges for the month
    - Anticipated problems relevant to SCC
    - Identified needs for efficient delivery of SCC services
    - Integral changes in staffing

- # of critical incidents reported for the month

5. Individuals are discharged in the ASO system by the SCC provider after 30 days of no contact or the individual declines continuing services and support.

6. Staff changes are immediately reported to the BHA Coordination of Care Program Manager.

7. A representative of the SCC provider participates in monthly SCC Workgroup meetings.

8. A representative of the SCC provider participates in quarterly Regional Meetings The purpose of these meetings is to provide jurisdictions with regular program updates, to explain Administration initiatives, and to provide a forum for jurisdictional discussion. .

9. The SCC provider complies with confidentiality of individual information, including but not limited to Protected Health Information as set forth in applicable state and federal regulations. Confidentiality of individual information is an ethical obligation for State Care Coordination providers and a legal right for every individual.

10. Individuals who become incarcerated after enrollment into SCC services are discharged from SCC services in the ASO system and/or any relevant program EHR/EMR systems. The individual may be re-enrolled into SCC Services three weeks prior to being released from incarceration.

11. A Critical Incident Report to the BHA Coordination of Care Program Manager is submitted to BHA within 24 hours of becoming aware of the incident. Critical incidents are those events that occur while an individual is receiving SCC services that negatively impact the individual, individual's family, other individual or the SCC initiative, including but not limited to:
    - Death
    - Suicide attempt
    - Injury to self (including overdose)
    - Assault or injury to others
    - Any sexual activity between a staff member and a program participant
    - Sexual/physical abuse or neglect, or allegation thereof
    - Inappropriate use of SCC resources
    - Incarceration for any reason

12. A SCC Satisfaction Survey is administered by the State Care Coordinator at prescribed intervals (every 6 months) and during the discharge process for each individual receiving SCC services and is sent via email to the BHA Coordination of Care Program Manager.

Behavioral Health Administration
FY 2019
Conditions of Award
Garrett County Health Department
Federal Fund Services Grant
AS233FED

Jurisdictional Costs

$152,118

These funds are to be used for general operating expenses to include water, utilities, rent, and indirect costs.

OKAY

PROGRAM NARRATIVE FY 2019

NAME OF CSA: **Garrett County Behavioral Health Authority**

PROJECT NAME: **Federal Mental Health Block Grant**

BUDGET REQUEST: **$40,000**

Description of project. (Include justification of needs, population to be served, major activities of the project).

Continuation Project:

This project provides school-based mental health services to children who may be expelled and would not then be permitted to attend school; are placed in a non-mainstream educational schedule with the goal of transition to a full day mainstream schedule. The program shall provide:

A. A total of up to.5 FTE social workers working a total up to of 20 hours per week who will participate in the schools comprehensive behavior management strategies and provide support to (CPA/Alternative) school faculty and staff;
B. therapist (s) will attend IEP meetings for non-mainstream school children or children being considered for alternate placement;
C. attend meetings with teachers and/ or children during the school day to focus on preventing anticipated problems;
D. participate and prepare for the "mental health education session/classes";
E. consult with teachers on strategies for preventing large-scale problems; including consults with Behavior Support Teams;
F. provide support to children and faculty as children are mainstreamed;
G. attend expulsion hearings or meetings where children are to be reviewed for possible expulsion;
H. provide follow-up to teachers, who have participated in the staff training provided by the schools regarding mental health or classroom management issues;
I. act as a resource to teachers regarding how to deal with children's problems, children with special needs and their own feelings about dealing with this challenging population; and
J. provide behavior support consults to education staff, as well as Pupil Personnel Teams.

II. **How does this project link with other services? (Include interagency coordination, linkage to the public behavioral health system's (PBHS) services, if applicable).**

All agencies and providers.

III. **Expected Outcomes. (Use the glossary of contractual services for outcome measures and standards. Include quantifiable measures for both persons to be served and quality for the service).**

A. Attend a minimum of 50 IEP meetings
B. Write a minimum of 10 Behavior Support Plans
C. Provide mental health support services to a minimum of 150 students with a minimum of 440 supports
D. Provide 20 consults with Behavior Support Teams
E. Report to Garrett County Behavioral Health Authority, a least quarterly, the progress of all students served, including numbers who return to regular education, meet mental health goals, and who have incidents of inappropriate behavior.

IV. **Time frames. (Please include specific steps for implementation of the project, new or indicate renewal if an ongoing program).**

This project is continuation of a current project.

V. **Why is this project not able to be funded under the PBHS's fee-for-service reimbursement system, or if potentially able to be funded, why are you requesting an exception?**

This project has no impact upon FFS

VI. **The CSA will submit quarterly reports on deliverables/progress to BHA, Office of Planning and Training.**

OKAY

Conditions of Award
FY19
Garrett County Health Department

Substance Abuse and Treatment Services (SATS)
TCA Addictions Specialist(S) Program

AS072TCA
$ 63,482

This grant award is subject to the following conditions. Failure to comply with these Conditions of Award may result in the following, including, but not limited to loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. Grantee shall provide the following services:
   a) Number of FSP, TCA and Child Welfare recipients screened: 240
   b) Number of FSP, TCA and Child Welfare recipients assessed who are enrolled in treatment at time of the screening: 64
   c) Number of FSP, TCA and Child Welfare recipients assessed who are referred for treatment or assessment: 64

2. Grantee shall comply with all fiscal and programmatic requirements as they relate to the TCA Initiative in the manner prescribed by the Behavioral Health Administration, i.e. budget requests, budget narratives, budget modifications, programmatic issues, and staffing.

3. Grantee shall report the prescribed Addictions Specialist Screening Results to the Behavioral Health Administration through a monthly report form and enter all data including screenings and results of screenings into the TCA Data Collection System

4. Grantee shall deem the Behavioral Health Administration as the primary point of contact for all issues and questions concerning the TCA Addictions Specialist(s) or TCA addiction requirements (monthly reports)

5. Grantee shall inform the Behavioral Health Administration upon Addictions Specialist(s) termination of employment. Program shall inform the BHA of new employee start date, location and contact information.

6. All TCA Specialist are required to attend annual meeting at BHA

7. All TCA Specialist are required to be on site at the Local Department of Social Services for all local site visits by BHA Staff.

8. The following are performance measures for the Addictions Specialist(s):

   a) Addictions Specialist(s) will screen 85% of all Temporary Cash Assistance applicants, referred by the Department of Social Services case managers for substance related disorders.
   b) Addiction Specialist will screen 75% of all Food Supplement Applicants referred by the Department of Social Services case managers for substance related disorders.
   c) Addiction Specialist will screen 85% of Temporary Cash Recipients at Redetermination that are referred to the Addictions Specialists by Department of Social Services Case Managers.

   d) Addiction Specialist will screen 85% of Food Supplement Recipients at re-certification that are referred to the Addictions Specialists by Department of Social Services Case Managers.

   e) Addiction Specialist will complete a clinical assessment and or refer for clinical assessment 100% of the screened positive Temporary Cash Assistance Applicants/Recipients that are in need of a clinical assessment
   f) Addiction Specialist will assess and or refer for assessment 100% of the screened positive Food Supplement Applicants/Recipients that are in need of a clinical assessment
   g) The Addiction Specialist will screen/ assess and refer for treatment 85% of all other Applicants/Recipients that are referred by the Department of Social Services case managers for substance related disorders.
   h) The Addiction Specialist will complete 85% of case management check-ups on all Applicants that have been referred to treatment services for 30, 60,90 days and up to 6 months post referral to substance use disorder treatment.

9. Local Addiction Authority, shall submit a quarterly report to the Behavioral Health Administration of all addiction specialist working hours that are outlined in the Quarterly Reporting Document for TCA. The Local Addiction Authority will let BHA know of all staff changes, including resignations. The Local Addiction Authority will also share with BHA who will take the staff place and perform the duties while the position is vacant.

10. Addiction Specialist shall ensure that a BHA consent is signed by all TCA participants

11. Addiction Specialist shall submit into the TCA Data System all elements that are required on the Monthly report.

12. Program shall submit a report of all expenditures by line item to the BHA Grants and Contracts Management Section within 30 days after the close of the fiscal year.

    The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee.

13. For all Medical Assistance eligible TCA recipients, the Medical Assistance reimbursement rate is to be considered payment in full, no other supplemental payment is permitted.

All Conditions of Award shall remain in effect through April 30, 2019 and shall be applicable to all approved budgets and/or changes in services. In the event that funding is awarded for new initiatives, additional Conditions of Award may be imposed.

Conditions of Award
Garrett County Health Department
FY 2019

Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.)
AS159STP

~~**$142,550**~~ $153,035

1. STOP funds shall be used for the sole purpose of supporting the STOP grant and shall not be used for any other program(s).

2. A plan to repurpose any STOP funds earmarked for Level 3.1 care must be submitted for approval by November 1st, 2018

3. The approved STOP grant proposal will serve as the binding contract for all expected deliverables. To include, but not limited to:

    - Level 0.5 provided to 20 adolescent clients
    - Level 0.5 services to 100 adolescent clients
    - Attend 18 MSAP and Behavioral Health in the Schools meetings
    - Attend 28 Pupil Service Team (PST) meetings
    - Attend 5 Back to School nights
    - 25 Jail-based Level 1 Outpatient Slots to serve 42 individuals
    - Provide 400 ~~individuals with~~ Jail-based Level I services
    - Treat 40% of incarcerated (Maryland resident) patients who transition into outpatient treatment upon release from jail

4. A semi-annual narrative report will be submitted to BHA, detailing progress with the programs funded by the S.T.O.P award. The report will be due on 1/10/19, and 7/10/19. The report should include specific data demonstrating outcomes achieved.

MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
FISCAL YEAR 2020 LOCAL BEHAVIORAL HEALTH PLAN
BUDGET WORKSHEET #1

GRANTEE NAME: **Garrett County Behavioral Health Authority**
PROJECT TITLE: **BH Administration & Services**
AGREEMENT NUMBER: **Various**

	Fiscal Year 2018 Actuals				Fiscal Year 2019 Budget				Fiscal Year 2020	
Type of Service	**Actual Expenditures Charged to Award**	**Actual Expenditures for Services Charged to Rollover Budget**	**Total Expenditures**	**Actual Outcomes**	**Budget Award**	**Budgeted Outcomes**	**Projected Expenditures**	**Projected Outcomes**	**FY 2020 Budget Award**	**Budgeted FY 2020 Outcomes**
AS/MH Agreement #353ADM & 438OTH										
Total Administration Award					$ 197,110.00	BHA Administration	197,110.00	BHA Administration	203,023.00	BHA Administration
AS/MH/MU Agreement #/Service										
1) AS007SAS General Substance Use Services	155,196		155,196							
Buprenorphine				•23 Patients receiving buprenorphine MAT •28 Staff receiving CE credits	57,860	•15 Patients receiving buprenorphine MAT •25 Staff receiving CE credits •52 individuals transported 3 Clinical providers DATA 2000 waivered 4 Community group meetings		•15 Patients receiving buprenorphine MAT •25 Staff receiving CE credits •52 individuals transported 3 Clinical providers DATA 2000 waivered 4 Community group meetings	TBD	
Overdose Education & Naloxone				•18 Number served for Naloxone	14,957	•24 Number served for Naloxone		•24 Number served for Naloxone		
Jurisdictional Costs					55,784				55,784	
Clinical Supervision					88,502				88,502	
Recovery Support Services									98,803	
2) MH439OTH Community Mental Health Services										
Transition Age Youth	73,852		73,852	12 Youth	73,852	15 Youth	73,852	15 Youth	73,852	15 Youth
Rural Psychiatric Services & Mental Health	104,400	73,454	177,854	311 Director hours 3207 Clinical hours 176 Geriatric hours	176,699	259 Director Hours 1,850 Clinical Hours 345 Geriatric Hours	176,699	259 Director Hours 2,375 Staff Hours 345 Geriatric Hours	176,699	259 Director Hours 2,375 Staff Hours 345 Geriatric Hours
Jail Mental Health Treatment	45,835		45,835	113 Unduplicated $1,500 Pharmacy $0 Lab $13,047 Other	45,835	45 Unduplicated $1,500 Pharmacy $500 Lab $13,047 Other	45,835	45 Unduplicated $500 Pharmacy $0 Labs $0 Transportation	45,835	45 Unduplicated $500 Pharmacy $0 Labs $0 Transportation
Client Support Services	14,998	5,000	19,998	$0 Transport Advertisements Health Fairs	15,547	$500 Transportation Advertisements Health Fairs	15,547	$15,047 Other Bingo Health Fair	15,547	$15,047 Other Bingo Health Fair
Public Awareness	1,813	500	2,313	Brochures	2,000	Brochures	2,000	Radio & Newsletter Ads	2,000	Radio & Newsletter Ads
Community Education & Training	1,970	9,500	11,470	2 Trainings	2,000	2 trainings	2,000	2 Trainings	2,000	2 Trainings
Preschool Prevention	12,141		12,141	62 Children 2 Formal Consultations	12,141	200 Services 8 Formal consultations	12,141	200 Services 8 Formal Consultations	12,141	200 Services 8 Formal Consultations
Crisis Intervention Team	25,102		25,102	2 Trainings	35,168	3 trainings	35,168	3 Trainings	29,523	3 Trainings
Crisis Response	38,448		38,448	416 Clinical Staff Hours 416 Emerg Dept Hours	38,448	416 Clinical Hours 416 Emerg Dept Hours	38,448	416 Clinical Hours 416 Emerg Dept Hours	38,448	416 Clinical Hours 416 Emerg Dept Hours
3) AS233FED Federal Substance Use Services										
Care Coordination	7,600		7,600	• 333 FSP, TCA recipients screened • 89 FSP, TCA recipients enrolled • 81 FSP, TCA recipients referred • 205 Community members trained in overdose recovery program • 20 Individuals in Care Coordination	7,600	• 40 FSP, TCA recipients screened • 12 FSP, TCA recipients enrolled • 12 FSP, TCA recipients referred • 28 Community members trained in overdose recovery program • 20 Individuals in Care Coordination	7,600	• 40 FSP, TCA recipients screened • 12 FSP, TCA recipients enrolled • 12 FSP, TCA recipients referred • 28 Community members trained in overdose recovery program • 20 Individuals in Care Coordination	7,600	
Opioid Misuse Prevention					88,679	•250 lbs prescription drugs collected at drop boxes •100 pledges to utilize drop boxes •25 resource packets shared with law enforcement •25 resource packets shared with EMS •8 articles shared with DCLP Assoc •30 resource packets shared with funeral homes •25 resource packets shared with veterinarians •15,000 people reached through AddictionHappens.org •20 non-profits educated •150 surveys from non-profits •100 presentation post surveys	88,679	•250 lbs prescription drugs collected at drop boxes •100 pledges to utilize drop boxes •25 resource packets shared with law enforcement •25 resource packets shared with EMS •8 articles shared with DCLP Assoc •30 resource packets shared with funeral homes •25 resource packets shared with veterinarians •15,000 people reached through AddictionHappens.org •20 non-profits educated •150 surveys from non-profits •100 presentation post surveys		
Jurisdictional Costs	152,118		152,118		152,118		152,118		152,118	

MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
FISCAL YEAR 2020 LOCAL BEHAVIORAL HEALTH PLAN
BUDGET WORKSHEET #1

GRANTEE NAME: **Garrett County Behavioral Health Authority**
PROJECT TITLE: **BH Administration & Services**
AGREEMENT NUMBER: **Various**

	Fiscal Year 2018 Actuals				Fiscal Year 2019 Budget				Fiscal Year 2020	
Type of Service	**Actual Expenditures Charged to Award**	**Actual Expenditures for Services Charged to Rollover Budget**	**Total Expenditures**	**Actual Outcomes**	**Budget Award**	**Budgeted Outcomes**	**Projected Expenditures**	**Projected Outcomes**	**FY 2020 Budget Award**	**Budgeted FY 2020 Outcomes**
4) AS072TCA Temporary Cash Assistance	63,482		63,482	• 333 FSP, TCA recipients screened • 89 FSP, TCA recipients enrolled • 81 FSP, TCA recipients referred	63,482	• 240 FSP, TCA recipients screened • 64 FSP, TCA recipients enrolled • 64 FSP, TCA recipients referred	63,482	• 240 FSP, TCA recipients screened • 64 FSP, TCA recipients enrolled • 64 FSP, TCA recipients referred	63,482	• 240 FSP, TCA recipients screened • 64 FSP, TCA recipients enrolled • 64 FSP, TCA recipients referred
5) AS159STP Substance Abuse Treatment Outcomes Partnership (S.T.O.P.)	83,281		83,281	• 19 Level 0.5 Clients • 163 Level 0.5 Services • 57 MSAP & Behavioral Health in the Schools meetings • 15 PST meetings • 3 Back to School nights • 22 Jail-based Level 1 Slots • 34 Jail-based Level 1 Patients • 73% incarcerated patients transitioned to outpatient treatment	142,550	20 Level 0.5 Clients 100 Level 0.5 Services 18 MSAP and BH in the School meetings attended 28 PST meetings 3 Back to School nights 30 Jail-based Level 1 Slots 42 Jail-based Level 1 patients 40% incarcerated patients transition to outpatient treatment	142,550	20 Level 0.5 Clients 100 Level 0.5 Services 18 MSAP and BH in the School meetings attended 28 PST meetings 3 Back to School nights 30 Jail-based Level 1 Slots 42 Jail-based Level 1 patients 40% incarcerated patients transition to outpatient treatment	153,035***	20 Level 0.5 Clients 100 Level 0.5 Services 18 MSAP and BH in the School meetings attended 28 PST meetings 5 Back to School nights 25 Jail-based Level 1 Slots 42 Jail-based Level 1 patients 400 40% incarcerated patients transition to outpatient treatment
6) MU516ADP Prevention Services	261,508		261,508	• 2 Community Planning Group Trainings • 5 Mini Grants to CPG • 6,963 People reached • 17 Social Media/Marketing venues • 29,000 People reached through media campaign • 5 Worksite wellness mini-grants • 21 Worksite wellness policy changes • 4 YIA mini-grants • 70 ATOD prevention messages for YIA • 11 ATOD prevention messages for Garrett College • 42 Businesses with compliance checks • 100 Vendor Education Packets • 15 Businesses reached through Sticker Shock • 5 CPG's promoting drop box program • 78 Rx Drug pledges • 9 Parents in Parenting Wisely • 85 Families in Healthy Families	261,508	• 50 CPG members with increased knowledge of underage drinking • 25 CPG members providing prevention education • 50 community members with increased knowledge of underage drinking • 40 Participants at community planning group events • 5000 People reached through CPG events/presentations •14 LE officers & community members with increased knowledge of vendor education •21 Retail establishments trained •13 youth trained in Sticker Shock implementation •17 Retail establishments in Sticker Shock •50 Community members with increased knowledge of proper storage of prescription drugs and alcohol •2000 proper storage of prescription drugs and alcohol materials disseminated •60 Early Care parents with increased knowledge of parenting practices and skills •15 Parents showing increased knowledge of ways to drug proof youth •2 Worksites participating in Empowered Health •25 Number of employees with increased knowledge of Empowered Health •75 Materials disseminated at worksites •2000 Materials disseminated for Just Like You •100 parents surveyed with increased knowledge of parental role modeling	261,508	• 50 CPG members with increased knowledge of underage drinking • 25 CPG members providing prevention education • 50 community members with increased knowledge of underage drinking • 40 Participants at community planning group events • 5000 People reached through CPG events/presentations •14 LE officers & community members with increased knowledge of vendor education •21 Retail establishments trained •13 youth trained in Sticker Shock implementation •17 Retail establishments in Sticker Shock •50 Community members with increased knowledge of proper storage of prescription drugs and alcohol •2000 proper storage of prescription drugs and alcohol materials disseminated •60 Early Care parents with increased knowledge of parenting practices and skills •15 Parents showing increased knowledge of ways to drug proof youth •2 Worksites participating in Empowered Health •25 Number of employees with increased knowledge of Empowered Health •75 Materials disseminated at worksites •2000 Materials disseminated for Just Like You •100 parents surveyed with increased knowledge of parental role modeling		
7) MU339PFS Partnership for Success	127,346		127,346	• 14 non-profit partners • 8 Social Host Ordinanace Partners • 6 meetings about social host ordinance • 1 Social Host Issue Brief • 5 new alchohol serving practices • 25 types of media messages for binge drinking • 84 media messages for binge drinking	133,979	• 7 One on One interviews • 3 Law enforcement meetings/interviews • 6 One on One interviews @ Garrett College • 1 Social Host Ordinance Draft • 12 Non profit partners • 12 vendor packets dissimilated • 3 Tips for Concessions • 5 kNOwdrinking.net displays •10 kNOwdrinking.net campaign presentations •15000 reached by kNOwdrinking.net campaign	133,979	• 7 One on One interviews • 3 Law enforcement meetings/interviews • 6 One on One interviews @ Garrett College • 1 Social Host Ordinance Draft • 12 Non profit partners • 12 vendor packets dissimilated • 3 Tips for Concessions • 5 kNOwdrinking.net displays •10 kNOwdrinking.net campaign presentations •15000 reached by kNOwdrinking.net campaign		
8) AS282RSS			-							
Peer Recovery	50,896		50,896	77 Receiving Recovery Support	50,896	60 Persons receiving recovery support	50,896	60 Persons receiving recovery support		
Recovery Housing	4,000		4,000	• 84 Nights in Recovery Housing • 3 Served in Recovery Housing	4,000	• 180 Nights of recovery housing • 10 Served for recovery housing	4,000	• 180 Nights of recovery housing • 10 Served for recovery housing		
Assessments	34,925		34,925	2 Receiving Continuing Care	34,925	• 10 Persons receiving continuing care • 42 Served in Detention Center • 18 Consults with Detention Inmates • 12 Consults resulting in intakes • Up to 15 8505 Assessments Completed	34,925	• 10 Persons receiving continuing care • 42 Served in Detention Center • 18 Consults with Detention Inmates • 12 Consults resulting in intakes • Up to 15 8505 Assessments Completed		
Jurisdictional Costs	8,982		8,982		8,982		8,982			

MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
FISCAL YEAR 2020 LOCAL BEHAVIORAL HEALTH PLAN
BUDGET WORKSHEET #1

GRANTEE NAME: **Garrett County Behavioral Health Authority**
PROJECT TITLE: **BH Administration & Services**
AGREEMENT NUMBER: **Various**

	Fiscal Year 2018 Actuals				Fiscal Year 2019 Budget				Fiscal Year 2020	
Type of Service	**Actual Expenditures Charged to Award**	**Actual Expenditures for Services Charged to Rollover Budget**	**Total Expenditures**	**Actual Outcomes**	**Budget Award**	**Budgeted Outcomes**	**Projected Expenditures**	**Projected Outcomes**	**FY 2020 Budget Award**	**Budgeted FY 2020 Outcomes**
9) AS294OMP Opioid Misuse Prevention	88,679		88,679	• 213 lbs of drugs collected • 1,237 media impressions about AddictionHappens.org • 18 Non-profits educated • 5 Meetings with pharmacists • 5 Discussions with pharmacists • 265 Educational materials to pharmacists						
10) AS0130CC Opioid Operational Command			0		71,834	• 20 Speakers Trained • 10 Community Events • 200 Event Attendees • 6 Medical Practices Trained • 30 Staff Trained • 8 Staff Trained as ORP • 180 Persons trained in naloxone • 160 Naloxone doses/kits distributed	71,834	• 20 Speakers Trained • 10 Community Events • 200 Event Attendees • 6 Medical Practices Trained • 30 Staff Trained • 8 Staff Trained as ORP • 180 Persons trained in naloxone • 160 Naloxone doses/kits distributed		
11)			0							
Subtotal/Grand Total of Services ONLY	**$1,356,571**	**$88,454**	**$1,445,025**		**$1,639,346**		**$1,422,243**		**$862,334**	

Attach additional sheets if necessary:
Provide a subtotal for services on each sheet as well as a grand total on the last page, continue numbering the services consecutively on each page, e.g. 11, 12, 13…

***Figures for these columns are due to BHA one week prior to your budget review date.**
****If other than a straight line projection, attach an explanation to this worksheet.**
*****Amount requested in FY2020 STOP Proposal submitted 1/18/19**

BUDGET WORKSHEET #2
FEDERAL MENTAL HEALTH BLOCK GRANT

GRANTEE NAME: Garrett County Behavioral Health Authority
PROJECT TITLE: FEDERAL MENTAL HEALTH BLOCK GRANT
AGREEMENT NUMBER: MH

	FY 2018						FY 2019						FY 2019				
Type of Service	**Approved Award**	**Contracted Outcomes**	**Actual Expenditures**	**Actual Outcomes Delivered**	**% of Exp. C&A**	**% of Exp. Adult**	**Approved Award**	**Year-To Date Expenditures As of (Date)****	**Projected Total Expenditures****	**Contracted Outcomes**	**% of Total Exp. C&A**	**% of Total Exp. Adult**	**Budget Request**	**Proposed Outcomes**	**% of Budget C&A**	**% of Budget Adult**	**Explanation of Changes**
	$ -						$ -						$ -				
1)MH440OTH - Community Mental Health Block Grant	40,000	• 50 IEP Meetings • 10 Behavior Support Plans • 20 Behavior Support Team Consults • 440 Support Services	40,000	• 35 IEP Meetings • 15 Behavior Support Plans • 92 Behavior Support Team Consults • 411 Support Services	100	0	40,000	15,357	40,000	• 50 IEP Meetings • 10 Behavior Support Plans • 20 Behavior Support Team Consults • 440 Support Services	100	0	40,000	• 50 IEP Meetings • 10 Behavior Support Plans • 20 Behavior Support Team Consults • 440 Support Services	100	0	
Subtotal or Grand Total of Services	**$40,000**		**$40,000**				**$40,000**	**$15,357**	**$40,000**				**$40,000**				

Attach additional sheets if necessary: **Provide a subtotal for services on each sheet as well as a grand total on the last page, continue numbering the services consecutively on each page, e.g. 11, 12, 13…**

***Please show services in the same order that they appear on the budget purchase of service detail page and/or Human Services page (DHMH 4542H/4542I or DHMH 432G).**
****Figures for these columns are due to BHA one week prior to your budget review date.**

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Condition of Human Service Agreement Statement - DHMH 433

The following conditions are understood and accepted by the vendor organization certified below as conditions binding upon the vendor organization upon the receipt of human service agreement funds from the Department of Health and Mental Hygiene (DHMH):

1. All funds received by the vendor in connection with this award will be utilized for the purpose of the approved project as described in the Human Service Contract Proposal. All expenditures not in accordance with the human service agreement award or its modifications are the responsibility of the vendor. The vendor and its independent contractors will maintain accounting records, which are adequate to provide accountability for the use of DHMH human service funds, and maintain a written cost allocation plan, where applicable.

2. The vendor will complete reports and statements concerning the projects in the manner and form prescribed by the Department of Health and Mental Hygiene. Failure to submit any report when due may result in suspension of funding until the report is received. Failure to submit the Annual Report form DHMH 440 within 60 days after the end of agreement period may result in delay, suspension, and possible cancellation, of funding.

3. The vendor and its independent contractors will make available its project records for inspection and audit within a reasonable time, upon request by the Department of Health and Mental Hygiene. In addition, the vendor must comply with all information and data request from DHMH or its representatives.

4. The vendor agrees to comply with the "Standards for Audit of Human Services Sub-Vendors" issued by the DHMH Audit Division.

5. The vendor agrees, within 60 days after the end of the agreement period or fiscal year, whichever is earlier, to complete and electronically submit the Schedule of Sub Vendors to the DHMH Audit Division, at: TLaureska@dhmh.state.md.us. The Schedule of Sub Vendors can be found at www.maryland.gov/SitePages/sf_gacct.aspx

6. The vendor agrees to comply with OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, which requires that certain recipients of federal funds have an independent "single audit" prepared.

   Vendors are required to forward, within 30 days of issuance, all A-133 audits to the DHMH Audit Division to the following address:

   Maryland Department of Health and Mental Hygiene
   Audit Division, RICA
   605 S. Chapel Gate Lane (Old School Bldg.)
   Baltimore, MD 21229

7. The vendor affirms that services will be made available to those unable to pay for such services.

8. The vendor affirms that it has read and understands the Department of Health and Mental Hygiene (DHMH) regulation, COMAR 10.02.01, Charges for Services Provided through the Department of Health and Mental Hygiene, which requires that recipients of services and chargeable persons shall be liable for payment of services based on the ability to pay.

8.1 The vendor agrees to submit a Schedule of Charges as requested by the Division of Cost Accounting and Reimbursement, and to charge recipients of services the fee approved by the Department.

8.2 The vendor agrees to determine the recipient's ability to pay the fee set by the Department as stipulated in COMAR 10.02.01.

8.3 The vendor agrees to use only the DHMH approved ability to pay schedules, unless another schedule has been approved by the Secretary.

8.4 The vendor agrees that failure to use the Department's approved ability to pay schedule will result in an audit exception.

9. The vendor affirms that in relation to employment and personnel practices, there shall be no discrimination because of race, creed, color, sex or country of national origin.

9.1 The vendor agrees to comply with Title IX of the Education Amendments of 1972 (20 U.S.C. Sections 1681 et seq.) which prohibits sex discrimination in federally assisted education programs, including those in health care institutions.

9.2 The vendor agrees to comply with the Age Discrimination Act of 1975 (ADA) (426. S.C. Section 6101) which prohibits exclusion of any person on the basis of age from participating in any program or activity receiving federal financial assistance.

9.3 The vendor agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable, and will contact Program Administrator for specific compliance information.

9.4 The vendor agrees to submit an Affirmative Action Plan, (including, if applicable, a plan for Section 503 of the Rehabilitation Act.), to the Department of Health and Mental Hygiene Office of Community Relations within six (6) months after the date of the award letter if it has not already been submitted. If a current Affirmative Action Plan has been submitted give the date of submission.

10. The vendor agrees to comply with DHMH Policy 01.03.02 (Policy on Research Involving Human Subjects and the DHMH Institutional Review Board (IRB)) when conducting research involving human subjects.

11. The vendor agrees to complete and submit Certification Regarding Lobbying and Disclosure of Lobbying Activities.

Public Law 101-121, Section 1352, prohibits any recipient of funds, which originated as federal funds, from using such funds to lobby Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. A recipient of more than $100,000 of such funds must: (1) file a certification that they have neither used nor will use such funds for federal lobbying and, (2) disclose, on Standard Form LLL, the details of any agreements with lobbyists paid, with profits from federal contracts or with funds other than federal funds. Failure to file the required certification may be punishable by a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.
Prohibitions and Limitations on Lobbying by Grantees: Lobbying can be an attempt to influence legislation, or any government decision making, in the legislative or executive branches of government. It can be direct, or indirect, such as urging members of a special interest group or the public to support a member of a special interest group or the public to support a certain policy. OMB Circular A-122, Cost

Principles for Non-Profit Organizations specifies that most lobbying activities (to influence federal activities), as well as electioneering on the state or local level, are unallowable as charges to federal grants and contracts.

12. **The vendor agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.**

13. **The vendor agrees to complete and submit the Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions and, where applicable, have its sub vendors complete Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions.**

14. **The vendor agrees to complete and submit the Federal Fund Accountability and Transparency Act – Sub Recipient information form.**

15. **The current federal appropriation act law prohibits the use of federal funds from either the U.S. Department of Health and Human Services' National Institutes of Health (NIH)-which includes the National Cancer Institute) or the Substance Abuse and Mental Health Services Agency (SAMHSA), to pay the direct salary of an individual at a rate in excess of "Level 1 of the [federal] Executive Schedule."**

Date Submitted: 2/21/19_____ Certified on Behalf of: GC Behavioral Health Authority_

By: __Frederick Polce, Jr._____

Title: Executive Director_____

Date: 02/21/2019

Agreement Title: _Local Behavioral Health Authority, FMHBG, PATH_____

Agreement Number: AS353ADM, AS007SAS, MH439OTH, AS233FED, MH440OTH, AS072TCA, AS159STP, MH441OTH

Signature of Official: _____

DHMH 434
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND SECTION 503 AND 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

As a condition necessary to the award of State and/or Federal funds, _____ __Garrett County Behavioral Health Authority_____(hereinafter called the AApplicant≅).

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and with Section 503 and 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services issued pursuant to these Acts (45 CFR Parts 80 and 84), to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, or handicapped status, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Department of Health and Mental Hygiene; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color or national origin in any Aprogram or activity receiving federal financial assistance≅ [42 U.S.C. 2000 (d)] (Discrimination on the basis of sex is addressed by a different law.) It does not extend to employment practices unless providing employment is a primary objective of the federal assistance, but relates to the provision of services in a non-discriminatory manner. AEach state agency administering a continuing program that receives federal financial assistance is required to establish a Title VI compliance program for itself and its sub recipients≅ (20 CFR Sec. 42.410).

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures on the basis of race, religion, age, sex, political affiliation or handicap.

Section 503 of the Rehabilitation Act of 1973, as amended: requires federal contractors and subcontractors to take affirmative action to employ and advance in employment qualified disabled people (as opposed to the nondiscrimination of Section 504). An affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of $50,000 or more.

In addition, Section 503 of the Rehabilitation Act of 1973 requires the following clauses in all contracts and subcontracts involving federal funds of $10,000 or more. The required clauses are:

a) The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

b) The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the act.

c) In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.

d) The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractors obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.

e) The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.

f) The contractor will include the provisions of this clause in every subcontract or purchase order of $10,000 or more of federal funding unless exempted by rules, regulations, or orders of the (federal) secretary issued pursuant to Section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance (41 CFR 60-741.4.4)

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 et seq.): prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires that all recipients of federal funds analyze and make any needed changes in three general areas of operation: programs and activities, facilities, and

employment. A Arecipient≅ is specifically defined to include sub recipients. It states among other things that:

A Grantees that provide health... services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.≅

THE ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the Applicant by the State of Maryland, Department of Health and Mental Hygiene, including installment payments after such date on account of applications for Federal and/or State financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

The recipient: (Check (a) or (b)

a. ( ) employs fewer than fifteen persons;
b. (x) employs fifteen or more persons and has designated the following person(s) to coordinate its efforts to comply with these DHHS regulations for Section 504.

_____Leandra Getson _____
Name of Designee(s) - Type or Print

Date: _2/21/19_____ __Garrett County Behavioral Health Authority_____
(Applicant)

By: _Frederick Polce, Jr., Executive Director___ _____
(President, Chairman of Board, or comparable authorized official)

_____1025 Memorial Drive _____

_____Oakland MD 21550_____
(Applicant=s Mailing Address)

Grant Title: LBHA, FMHBG, PATH_____ _____
Grant Number: **AS353ADM, AS007SAS, MH439OTH, AS233FED, MH440OTH, AS072TCA, AS159STP, MH441OTH**

Signature of Official: _____

I. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro Children Act of 1994, Part C Environmental Tobacco Smoke, requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such Federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole sources of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

Signature of Authorized Certifying Individual

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

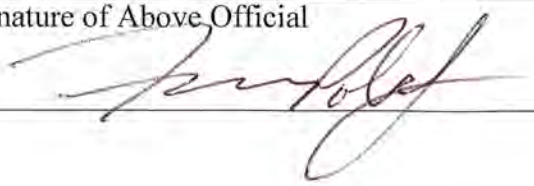
The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Award No. **AS353ADM, AS007SAS, MH439OTH, AS233FED, MH440OTH, AS072TCA, AS159STP, MH441OTH**	Organizational Entity Garrett County Behavioral Health Authority
Name and Title of Official Signing for Organizational Entity Frederick Polce, Jr. Executive Director	Telephone No. Of Signing Official 301-334-7443
Signature of Above Official 	Date Signed 02-21-2019

Robert Stephens, MS, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

Garrett County Health Department

Office of Garrett County Behavioral Health Authority/LMB
301-334-7440 Fax 301-334-7441
gccsa.gchd@maryland.gov

Public Health
Prevent. Promote. Protect.
301-334-7700 or 301-895-3111
FAX 301-334-7701
Equal Opportunity Employer

February 21, 2019

Ms. Marion Katsereles, Director
Office of Fiscal Services
Behavioral Health Administration
Spring Grove Hospital Center, Dix Building
55 Wade Avenue
Catonsville, MD 21228

RE: FY 2020 Review of Subvendor Budgets

Dear Ms. Katsereles:

I hereby attest the Garrett County Behavioral Health Authority reviews subvendor budgets for cost reimbursement contracts in the following manner: the vendor submits their budget to our office at the beginning of the fiscal year. After submission, it would be reviewed by the GCBHA and approval given to the vendor. This process would be repeated each quarter when the vendor makes their payment request.

In FY 2020, the Garrett County Behavioral Health Authority anticipates having only one cost reimbursement contract for MH439OTH.

Sincerely,

Frederick Polce, Jr., M.S.
Executive Director
Garrett County Behavioral Health Authority/
Local Management Board

Robert Stephens, MS, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

Garrett County Health Department

Office of Garrett County Behavioral Health Authority/LMB
301-334-7440 Fax 301-334-7441
gccsa.gchd@maryland.gov

Public Health
Prevent. Promote. Protect.
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February 21, 2019

Ms. Marion Katsereles, Director
Office of Fiscal Services
Behavioral Health Administration
Spring Grove Hospital Center, Dix Building
55 Wade Avenue
Catonsville, MD 21228

RE: FY 2020 Audit of Subvendor Cost Reimbursement Contracts

Dear Ms. Katsereles:

I hereby attest the Garrett County Behavioral Health Authority anticipates having one sub-vendor cost reimbursement contract in FY 2020 and will audit the sub-vendor in compliance with Section 2180.04 of the Local Health Department Funding Systems Manual (LHDFSM).

Sincerely,

Frederick Polce, Jr., M.S.
Executive Director
Garrett County Behavioral Health Authority/
Local Management Board

Robert Stephens, MS, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

Garrett County Health Department

Office of Garrett County Behavioral Health Authority/LMB
301-334-7440 Fax 301-334-7441
gccsa.gchd@maryland.gov

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February 21, 2019

Ms. Marion Katsereles, Director
Office of Fiscal Services
Behavioral Health Administration
Spring Grove Hospital Center, Dix Building
55 Wade Avenue
Catonsville, MD 21228

RE: FY 2020 Procurement Policy

Dear Ms. Katsereles:

I hereby attest the Garrett County Behavioral Health Authority uses the same procurement procedures as the Garrett County Health Department (GCHD) and that the policy is current. The GCHD has both county and Maryland Department of Health procurement procedures available. Typically, the most strict procurement procedure for the purchase of goods and services will be selected.

The Procurement Policy collected from us by BHA reflects the standards that will be used in FY 2020. Should this policy change, the Garrett County Behavioral Health Authority will notify BHA.

Sincerely,

Frederick Polce, Jr., M.S.
Executive Director
Garrett County Behavioral Health Authority/
Local Management Board