

# **Garrett County Behavioral Health Authority**

FY 2019 Program Plan &  
Financial Plans



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**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**TABLE OF CONTENTS**

<b>PART I FY 2019 PROGRAM PLAN</b>	<b>Page</b>
A. Introduction	4
B. FY 2017 Highlights and Achievements	6
C. Organizational Structure of the LBHA	11
1. Organizational charts	13
D. Planning Process	17
E. Services	20
1. Treatment Services	20
2. Outreach and Assessment	26
3. Prevention	28
4. Sub Grantee Monitoring	28
F. Cultural and Linguistic Competence:	29
G. Data and Planning	30
1. Mental Health Data Section (MH)	30
2. Substance Related Disorder Data Section (SRD)	53
H. FY 2019 Goals, Objectives, Strategies, Performance Measures, and Performance Targets	76
I. Plan Approval Requirement	86
J. Appendices	90
1. Bidirectional Referral Tracking Pilot	91
2. GCMHAC Membership List	94
3. GCDFCC Membership List	97

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

4.	Local Interface and Linkages	<b>100</b>
5.	Acronyms	<b>103</b>

**PART II**

**FY 2019 FINANCIAL PLAN**

**II-A Mental Health Financial Plan**

A.	State General Fund Administrative Budget	<b>106</b>
B.	State General Fund Mental Health Services Budget(s)	<b>112</b>
C.	Federal Mental Health Block Grant (MHBG) Budget(s)	<b>121</b>
D.	FY 2018 Conditions of Award (COAs)	<b>127</b>
E.	Attachment I - Budget Worksheets 1 – 3	
1.	Worksheet #1 – FY 2018 – Budgeted and Year to Date Expenditures	<b>143</b>
2.	Worksheet #2 – FY 2019 – Budget Request	<b>144</b>
3.	Worksheet #3 – Federal Mental Health Block Grant	<b>145</b>
F.	DHMH 433 and DHMH 434 Forms	<b>146</b>
G.	Attestation Letters	
a.	Review of Subvendor Budgets	<b>154</b>
b.	Audit of Subvendor Cost Reimbursement Contract	<b>155</b>
c.	Procurement Policy	<b>156</b>

**II-B Substance Related Disorder Financial Plan**

A.	Budgets	<b>157</b>
1.	Administrative/LAA Budget	<b>158</b>
2.	General Treatment Grant Budget	<b>164</b>
3.	Federal Treatment Grant Budget	<b>169</b>
4.	Temporary Cash Assistance Budget	<b>173</b>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

5.	Substance Abuse Treatment Outcomes Partnership	<b>177</b>
6.	Recovery Support Service Expansion Budget	<b>185</b>
7.	Opioid Operational Command Center (OIT) Budget	<b>191</b>
8.	Opioid Misuse Prevention Program (OMPP) Budget	<b>194</b>
9.	Prevention Services Budget	<b>199</b>
10.	Partnership for Success (MSPF2	<b>205</b>
B.	FY 2018 Conditions of Award (COAs	<b>210</b>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**A. INTRODUCTION**

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

Garrett County is geographically separated from the rest of Maryland by the Appalachian Mountain Chain. The county is sparsely populated as 76% of residents living outside of designated town limits, making Garrett the most rural in Maryland. 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 declined from 2016 (29,425) to 2017 (29,233). There is very little ethnic or racial diversity. Estimates for 2017 indicate 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. It is estimated that 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. Education level indicates that Garrett County has 88.5% of the residents being a high school graduate and 19.2% having a Bachelor's degree or higher.<sup>1</sup>

The Garrett County Behavioral Health Authority (GCBHA) has responsibilities of leadership, direction, management, and education for publically funded behavioral health services in Garrett County. 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.

Maryland's Public Behavioral Health System continues to transition to an increasingly integrated administrative and service delivery system. Similar to how the state is integrating, Garrett County's behavioral health system is continuing to become increasingly integrated. 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 develop new partners that are supportive of an integrative service delivery system.

In a collaborative programmatic manner, the Garrett County Center for Behavioral Health continues to work with the now two Medication Assisted Programs in Garrett County. Each physician requires enrolled patients to be open with a Behavioral Health Clinic or other supportive therapy provider in an effort to have ongoing individual and group therapy. Peer Recovery can also occur whether or not the individual is enrolled with 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 Related Disorders.

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<sup>1</sup> <https://www.census.gov/quickfacts/MD>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

There are Adult 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. Targeted Case Management (TCM) services are provided through Burlington United Methodist Family Services. The intent for TCM services is to enhance the opportunities for individuals to become increasingly engaged with resources and other services that may foster ongoing wellness and recovery. Services are provided 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 being released from 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.

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, Garrett County Drug Free Communities Coalition, 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).

- o *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).*

The State of Maryland has been implementing Accreditation requirements, for providers of Behavioral Health services, since 2011. The Behavioral Health Integrated Workgroup recommended that programs become accredited, as a prerequisite to licensure, as a means to shape the service delivery system.

There are now three providers of behavioral health services who have become accredited in Garrett County. Additionally, the Garrett County Health Department became one of only six local health departments in the state of Maryland to achieve accreditation through the national 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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. It is a three year accreditation which 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.

**B. FY 2017 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 who were served.
  - Management and Coordination Activities for Fiscal Year 2017 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, this included 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 very 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

provision of mental health services in rural communities. In FY 17 GCMHAC members conducted three Agency Site Reviews. These reviews included two of the county nursing facilities, Dennett Road Manor and Oakland Nursing and Rehabilitation Center. The third review was of Appalachian Crossroads a private non-profit that provides employment services to BHA, DDA, and DORS funded clients, and a Collaborative Transitions Program for transition aged-students.

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, Suicide Prevention Week, and presentation at one of the three senior centers located in Garrett County.

One of the largest Public Awareness/Education events related to health and wellness is the Garrett County Health Fair. There were over 700 individuals who attended the Health Fair in 2017. This provided our office with the ability to share various types of behavioral health information related to symptoms, treatment strategies and provider information in and around Garrett County. Additionally our office sponsored a showing of the DVD *Learn to LEAP – Listen-Empathize-Agree-Partner*, which was based on Dr. Xavier Amador’s best-selling book “*I am not sick, I don’t need help!*”

One final public awareness/education event involved the Older Adults Transition Services (OATS) Program Coordinator and the Coordinator of Adult Services also doing a presentation at the Grantsville Senior Center. There were advertisements in the Steps Magazine, a twice yearly insert in the local newspaper, which has a subscriber base of over 6,000.

Accomplishments related to training focused on sessions for local and regional mental health professionals and other human service occupations. One training provided through the GCBHA addressed Ethics and Social Work and Professional Counselor Practice Common Dilemmas and Challenges. A total of 36 local and regional behavioral health providers attended the training.

There were two Mental Health First Aid Training sessions conducted providing three year certification for 17 people. Our office collaborated with the Garrett County Center for Behavioral Health on an annual two day Dual Diagnosis training provided through the Office of Workforce Development Training (OWDT). This training was attended by 33 substance related disorder treatment clinicians and other mental health providers.

There were several accomplishments through the Health Department’s Health Education and Outreach Unit in local communities in FY 17.

Action Teams are a group of passionate youth and adults in Garrett County working together towards a common goal to reduce the consequences of substance abuse by leading and educating the communities about the extent of our drug problems. As a sub-group to the Drug-Free Communities Coalition, they are working towards solutions and connecting people to the resources needed to prevent



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

substance use and misuse. The Action Teams meet monthly during the evening to accommodate community partners. During FY17, members educated non-profit organizations in the county about the opioid problem, conducted marijuana environmental scans at community events and attended training in order to more effectively support and be a resource for community.

The four Youth In Action groups are housed in the two county middle and high schools, each one has one adult leader to empower teens by equipping these middle and high school teams with the tools they need to bring positive outcomes through peer-to-peer education. Youth In Action believes that to find the solutions to the big issues our teens are dealing with today such as tobacco, alcohol, and drugs, the teens themselves must have a voice and they must be part of the solution in their schools.

During FY 17 there were six Community Planning Groups implementing prevention activities, the communities include Accident, Crellin, Deer Park, Friendsville, Kitzmiller and Oakland. There were 61 events completed between all six groups reaching over 3,500 people. Kitzmiller was able to provide three additional events.

*Just Like You!* is a positive role modeling campaign kicked off in November 2016. The campaign is designed to remind **parents, guardians, grandparents, teachers, coaches - all adults - the importance of positive role modeling for children, including that related to alcohol, tobacco and other drug use.** During 2017, the campaign reached 30,000 individuals through various marketing and media venues.

Five worksites within the county received worksite wellness mini-grants to bring nutrition, physical activity, tobacco, alcohol, prescription drug and other drug prevention messages into the workplace. There were fourteen organizational policy changes that took place during FY17 including the creation of walking trails, healthier options for vending machines, and allowing employees time to attend ATOD prevention presentations during work time.

Block grant dollars are utilized to implement alcohol, tobacco, prescription drug and other drug prevention messages at the local college. During FY17, there were seven ATOD prevention messages delivered to over 600 students.

To reduce retail access, fifty compliance checks were conducted and 80 vendor packets with educational information about not selling alcohol to minors were provided to alcohol establishments. To reduce social access, Sticker Shock was conducted at sixteen stores, with a total of 5,408 stickers placed on cases of beer.

Parenting Wisely, and the HFGC Early Care System of Care (EC-SOC) which offers intensive home visiting to the most high- risk parents and their children, provided services to 89 families.

A drop box was delivered to Oakland City Hall to ensure that residents have an additional place to dispose of prescription drugs. The county now has three locations for community access. County residents disposed of 287 lbs. of their unwanted prescription drugs at the three drop box locations,

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

exceeding their goal by 51 lbs. A training was held for local pharmacists, 29 attended, exceeding the goal of 15. Funeral homes are sharing Deterra® pouches with their families who want to get medications out of the home.

The MSPF2 Strategic Plan was approved March 27, 2017. Due to the late approval date, the implementation plan evolved very little. A Social Host Ordinance training was held in April where eleven community partners, 42 individuals, came together to begin the discussion. The presentation was done by the Maryland Collaborative from Johns Hopkins University. The MSPF2 Program Manager for Behavioral Health Administration attended the training.

The kNOwDrinking.net is a campaign funded through the MSPF2 grant. It is a campaign for 18-25 year olds designed to bring about behavior change around alcohol consumption in an effort to reduce binge drinking rates among college age students. It also includes efforts to provide tools to young adults with knowledge and skills to take actions that could help them to become a responsible drinker while at the same time continuing to promote that underage drinking is against the law.

Addictionhappens.org provides the community with a place to go to look for treatment and recovery services in the county and surrounding areas. It is a resource of importance for the prescription drop off boxes and their locations to help with the prevention of unused or expired prescription drugs being accessible to youth. It also provides a platform for individuals to share how addiction has affected their lives.

There were 20 Overdose Response Training sessions provided in FY 17. A total of 223 participants attended, leading to 207 Naloxone kits being dispensed.

The Overdose Fatality Review Team met on three occasions in FY 17 and completed four fatality reviews. Two of the four reviews were opiate related overdose deaths the other two were hypothermia complicated by alcohol intoxication.

The Transition Aged Youth program (TAY and TAY-C) served 33 youth in fiscal year 2017. 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 art work 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.

The following information was provided by the TAY Program from participants in the 2016-17 class:

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

- TAY participant program quotes,
  - “Today was fun and we went to state park and did a cool hike. Rachel (mentor) braided my hair and it looks really good. Today was so much fun and sunny, I love TAY, so glad I am in it!”
  - “Today we went skiing. I was scared to try it at first, but I’m glad I did it. I had so much fun for my first time. I was not sure about trying it, but as I got the hang of it, I really knew that I liked it. I really like that I got to try a new thing even though I did not like it at first. I love TAY!”
  - “Today we went bike riding. Well long story short, it was fun for first 10 minutes, but then my legs started to hurt but I have been doing this exercise program “Insanity” and it kicks your butt. I had fun today and that’s what counts. I like TAY and the challenges they give me.”
- *Services needed by individuals in the population served and, as applicable, total number who were served.*

There were a variety of public behavioral health services available in FY 2017. 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 which is typically provided in and around Cumberland, MD. The closest Inpatient services are available in Cumberland, Maryland which is one hour from Oakland, MD and thirty minutes from Grantsville, MD.

For the child and adolescent age group there were three services provided outside of Garrett County during FY 2017: 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, there are now Garrett County providers who have the ability to provide psychiatric medication monitoring duties and allow the individual to maintain therapy with the current provider.

Substance Use Disorder services were available for all age groups in Garrett County in clinic and school-based settings. There are two locations where Co-occurring Disorder services are provided by the Garrett County Center for Behavioral Health. One location was at Garrett County Lighthouse, Inc., a Psychiatric Rehabilitation Program for Adults. The second location occurred in the Garrett County Detention Center. Training for Co-occurring Disorders has continued to be identified as a need for mental health professionals and other support staff. This need is met through Office of Workforce Development and Training (OWDT) each fiscal year.

Populations historically identified as needing additional services that may not be reimbursable through the fee-for-service system were able to be served in Garrett County. These populations

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

included those with forensic issues, homelessness, domestic violence, consultation with schools, and after traditional business hours psychiatric emergencies.

As has been mentioned, in previous Garrett County Plans of Operations, transportation continued to be identified as a need. The transportation discussions, as related to behavioral health services, primarily occurred during the GCMHAC meetings. 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 discussed into FY 2017, leading GCHMAC to develop a Transportation Ad-Hoc Committee, which met with the sole provider of public transportation, Garrett Transit Authority. The Peer Recovery Support Specialists have provided transportation, as part of their many duties, to and from treatment locations. Frequently, individuals enrolled in the Intensive Outpatient Treatment program and the Medication Assisted Treatment Program 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 transportation is pre-scheduled through the Peer Recovery Specialists Supervisor.

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.

**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 designated as the 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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.

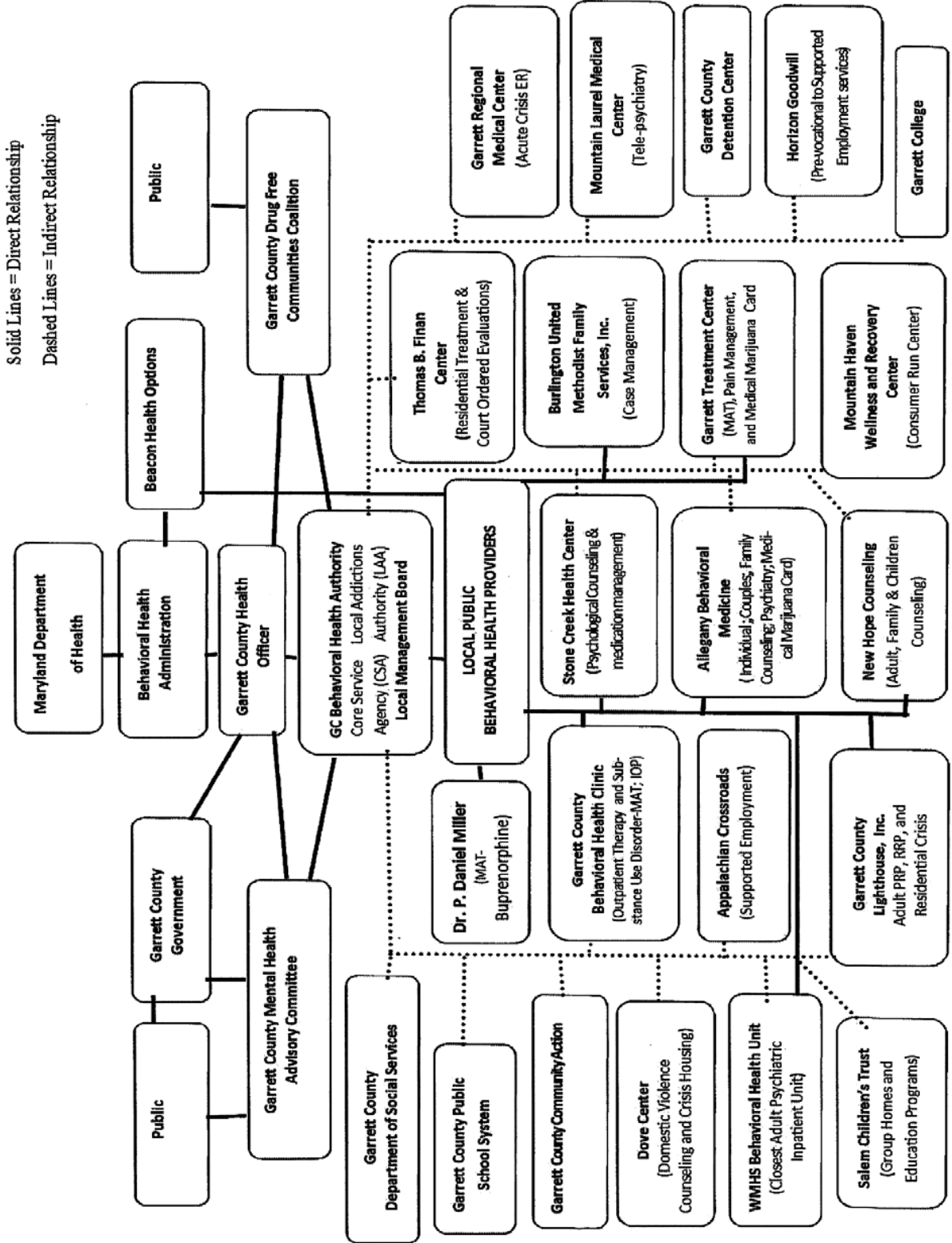
As can be seen with the organizational charts, on pages 13 and 16, GCBHA is part of a localized network that includes a variety of agencies, organizations, and the public. Our agency has two advisory committees, the Garrett County Mental Health Advisory Committee and Garrett County Drug Free Communities 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 newly developed digital planning tool that provides for public input into health outcomes prioritized for Garrett County, including the services, programs, and supports to achieve the prioritized health outcomes. It was believed this digital planning tool should be mentioned in 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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**Garrett County Behavioral Health Authority (BHA)/  
 Local Management Board(LMB)**



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

- *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 Assistant; and Director/Coordinator of Child/Adolescent Services. The fifth staff position is funded 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.

The Coordinator of Adult Services is fully funded 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; reviewing urgent care exception requests for public behavioral health services, as well as the exception requests for Substance Use Treatment Services from Allegany County; review and authorization of supported employment requests, review residential crisis service extension requests, review of residential rehabilitation applications for eligibility and maintaining wait list in addition, facilitating 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; Coordinator of Special Programs; Administrative Assistant and a Director. Our Accountant provides significant oversight for development and completion of program budgets; contract development and fiscal monitoring through our office; as well as Local Management Board Audit requirements; and has time compensated through the Fiscal Unit of the Health Department for assistance with monitoring payroll and timekeeping entries, income statement preparation, purchasing requisitions, credit card and bank statement reconciliation, and procurement.

The Coordinator of Special Programs is funded 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

in the launch of the digital Garrett County Resource Directory.

The Administrative Assistant 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**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**D. PLANNING PROCESS**

- o *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 involved with local behavioral health services has been shown to be inconsistent, as some doors are not always connected, pun intended. 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 has intentions of working within the Health Planning Unit at the Garrett County Health Department, to develop an internal bi-directional referral form with hopes of partnering with other local agencies that are utilizing digital systems that are compatible with sharing priority needs of individuals regardless of what agency the information is obtained.

The Garrett County Department of Human Services has been involved as a lead in working with a digital system that will allow multiple Maryland agencies to share information and theoretically enhance the ability of “no wrong door”. 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 more seamless delivery of services to individuals who are involved with both agencies.

We are expecting to pilot the bi-directional referral within the Garrett County Health Department prior to requesting other community partners to be engaged with the referrals and communication process. A description of the Bi-Directional Referral 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.*

Investigating complaints about providers and enhancing existing contract monitoring functions has evolved since our office was designated as the Local Behavioral Health Authority for Garrett County. During the initial transition of our office being designated as the Local Behavioral Health Authority

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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 seemed to be related 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. Interestingly, our office has always had the ability to address complaints about mental health providers, in Garrett County, when we operated as the Core Service Agency and eventually the Core Service Agency/Local Management Board.

The Maryland Association of Behavioral Health Authorities, consisting of Core Service Agencies, Local Addiction Authorities, and Local Behavioral Health Authorities representing all 23 Maryland jurisdictions and Baltimore City, has had discussions on the potential conflict of interest issues during combined meetings with the Behavioral Health Administration. Recently, the Behavioral Health Administration has provided direction on how the CSA's, LAA's and LBHA's could select one of four options to address the mitigation of potential conflicts of interests. At the time of this Fiscal Year 2019 Plan of Operations being completed, we believed Option #1 (The CSA, LAA, or LBHA can cease providing direct clinical services that are also being provided by non-governmental entities within their jurisdiction over which they have oversight responsibility). The primary reason for selecting Option #1 was due to our office not providing clinical services.

o *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 is currently being utilized in Garrett County. The digital planning approach is conducted through mygarrettcountry.com . A recommendation made by private behavioral health providers in Garrett County, would be for our agency to outreach to insurance companies. It is believed this would increase opportunities for private behavioral health providers to be paneled in our county. It is our understanding that some insurance companies have providers listed in Garrett County that have no known office locations in the county. Our intention is to obtain specific names of insurance companies and provide clarification regarding the difficulty private behavioral health providers are encountering.

The Drug Free Communities Coalition (also known as LDAAC) 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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

- *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 six months. As previously mentioned in the plan, the utilization of MyGarrettCounty.com provides an opportunity for anyone to be involved in groups that have been developed by the health department, 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 to openly discuss issues, successes and anything else; Organized Action Groups to tackle issues in our communities. The groups can contain a specific strategy, host a collaborative space and much more; and soon to be available will be the Data Lab, providing an opportunity to openly explore data related to public health in Garrett County and analyze historical data and trends to develop predictive models for county health, including behavioral health.

- *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 has not been 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, will be revised within the next two months. The last revision and submission to Maryland Department of Health, Behavioral Health Administration occurred in 2015. There will be a meeting scheduled with John Frank, Director, Garrett County Emergency Services, Virginia Smith, Emergency Preparedness

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

Planner; and Wayne Tiemersma, Emergency Services Chief.

**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, the FQHC for Garrett County, implements an Integrated Behavioral Health care approach in a Primary Care setting. This is accomplished by having their behavioral health staff utilize brief, solution focused interventions and also having patients utilize Tele-psychiatry services, located at a couple FQHC office locations, thus having the ability to receive all their medical/health care under one practice. There is also a history of having 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 employees several Behavioral Health Consultants that see patients using the brief therapy model and they will also 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 which 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

addressed through prescriber and dispenser education, including improving communication between patients and pharmacists.

Maryland's Strategic Prevention Framework-2 involves a planning process for preventing substance use and misuse. Counties are currently in the process of completing strategic planning for FY 19 that include focus groups and needs assessment data. Further clarification regarding prevention is provided under #3 Prevention (LAAs and LBHAs) on page 28 in this section.

*Behavioral Health Treatment:*

There are 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 recently offered enhancement through the Garrett County Center for Health. The same day walk-in option occurs each Monday afternoon, as long as the Clinic is open.

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 are provided 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' is noted. 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, 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 2018 Plan, GRMC maintains an affiliate

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

relationship with WVU Medicine.

A psychiatric Rehabilitation program service for adults is provided by Garrett County Lighthouse, Inc. (GCLH). 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 (4 beds) and Respite Services.

*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 are provided 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 are currently three opportunities for parents to receive education and support for enhancing parent/child relationships. The first parenting service is "The Nurturing Family". This is an innovative program designed to ensure parents have the skills to handle challenging family issues. The sessions are held at the Garrett College McHenry Campus and are sponsored by the Garrett County Judy Center. A second program provided in Garrett County is "Parenting Wisely"

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

individual parenting classes available at the Garrett County Health Department using a curriculum called Parenting Wisely. The program is designed for any parents who have challenges with their children, as well as those who are just interested in improving their parenting skills. Parenting Wisely is an interactive computer based program that teaches skills in assertive discipline, using “I” statements, setting consequences and active listening. It can be completed in 2-3 sessions of 1.5 hours each during appointments at the Health Department, or program CD’s may be signed out for use at home.

The program is designed by experts to answer the following common questions: “Why do children sometimes act the way they do?”; “How can you encourage cooperation from your children?”; “What will improve relationships among family members.

- *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 greater 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 is in the process of being approved for an overdose response site in

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

their Emergency Department. Once approved as an Overdose Response Site, family members and/or patients will receive education on the use of naloxone and be provided a naloxone kit prior to discharging 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 has expanded one additional provider since October 2017. A private physician had been the sole Buprenorphine provider for several years. The Garrett County Center for Behavioral Health is now in the second 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. 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.

Primary Care Physician office involvement for the administration of Buprenorphine therapy seems to be inhibited due to the time requirements and Coordination of Care responsibilities. However, should the primary care office have Buprenorphine therapy as a specialty service the time requirements and Coordination of Care responsibilities are minimized.

- *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.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

○ *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. We are intending to contact the Montgomery and/or Howard County programs to facilitate a four or five day training for law enforcement in Garrett County.

○ *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. This topic does not get spoken about, by providers, 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 cessation aids. Available cessation aids are discussed during the introductory session and there are free cessation aids offered, they are Zyban, nicotine patch, and nicotine gum. 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

○ *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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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?*

Behavioral health service needs for Garrett County have 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.

It is believed the child/adolescent psychiatry need has an opportunity to become lessened with the psychiatry services provided by two newer behavioral health providers in the county. Both providers are private group practices, with one office located in the Southern end community of Oakland (Allegany Behavioral Medicine, and the other practice is located in McHenry (Lakeview Integrative Wellness) recently change their name to Stone Creek Health Center, the central area of the county. Lakeview Integrative Wellness began services in July 2016. Services are provided to adults and youth. The psychiatry services include medication management, through tele medicine.

There are two new private behavioral health service providers in Garrett County: Allegany Behavioral Medicine and C.A.R.E. 1st Wellness (Counseling-Advocacy-Rehabilitation-Education). Allegany Behavioral Medicine provides psychiatric care/medication management. Additionally, this practice is able to provide medication management for individuals who may be working with another therapist or behavioral health provider. C.A.R.E. 1st Wellness provides out-patient clinical therapy services to children, adolescents, and adults.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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.

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 been identified as 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.

Some non-clinical services which could be useful include: supportive services for children and youth who have parent(s) 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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 which support the utilization of evidence based practices for individuals with mental illness and substance use disorders will be enhanced 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 2019.

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 public. 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 2019 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)**

- Beginning in FY'19, each local jurisdiction is required to submit to BHA for review and approval a SPF-SABG Strategic Plan that details how it will allocate its SABG prevention funding to plan, implement and evaluate its prevention strategies and programs. These plans are due to BHA for review by March 30, 2018. When approved, the jurisdiction's strategic plan will serve as its application for FY'19 prevention funding. Therefore, the jurisdiction will not need to submit a narrative description of its proposed prevention activities as a part of its FY'19 BHA Local Behavioral Health Plan submission to BHA.

### **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.*

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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 2019 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. There is currently one individual who has been hired to provide interpretative services for individuals who have limited English proficiency or do not speak/understand English and speak the Spanish language. Should other interpretation services be needed, 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 is currently one certified American Sign Language (ASL) staff person at Garrett County Lighthouse, Inc. 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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 remained 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 have reduced risk of not being treated and not being forgotten. 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 19 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:

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

- 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 three sites in the county: Accident, Grantsville, 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 have an involvement 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 2017 is not complete as claims may be submitted up to twelve months from the date of service. The data presented for FY 2017 is based on claims paid through 9/30/17. 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

diagnosed consumers.

A summary of the Garrett County data indicates the following:

Trend analysis for all age groups and services provided (Table 1a.) from FY 2015 to FY 2017 showed an increase in total persons served and a decrease in expenditures. Total Consumers served increased by 10% from FY 2016 (1,173) to FY 2017 (1,290). All age groups, with the exception of Adolescent (age 13-17) at -6.0%, had increases in the numbers served. There was a 56.7% increase from FY 2016 to FY 2017 for the Transitional age group (age 18-21). The decrease in Expenditures from FY 2016 to FY 2017 was 7.9%. It seems as though this decrease could be attributed to a lower number of children Residential Treatment programs (-81.4%) (Table 2a) as well as lower costs for Adult Inpatient Psychiatric care (-29.2%) (Table 2b) even though the number of persons served were the same (53) for Fiscal Year's 2016 and 2017. However, this could change as the data was based on claims paid through September 30, 2017. We suspect the length of stay for the adult consumers may have been a bit lower than in the previous year.

The Dually Diagnosed consumers (mental health Table 1c.), showed an increase in numbers served and a decrease in expenditures. There has been an 8.8% increase in the number of individuals being treated with a dual diagnosis from FY 2016 (375) to FY 2017 (408). However, the expenditures did not show a similar increase, as there was a modest 1.9% decrease of expenditures.

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 Garrett County Index for the Elderly age group was 108.0. 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); Psychiatric Rehabilitation (138.4); and Supported Employment (114.1). Garrett County had a Medicaid Cost per Person served of 157.2) when compared to the Medicaid State Cost per Person served.

The number of Garrett County Veterans receiving Mental Health Services and Related Expenditures in FY 2015 to FY 2017 indicated the number served range from 28 (2015) to 36 (2016) and back to 28 (2017). Expenditures decreased from \$210,089 in FY 2016 to 190,582 in FY 2017. This corresponds to the decrease in number of veterans served in the Behavioral Health System.

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 2016 and Fiscal Year 2017



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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) 2016, showed 36.4% being employed now or within the last 6 months, with the State employment being at 33.1%. The Employment interview data for FY 2017 indicated that 40.6% Garrett County Adults had employment now or within the last 6 months. The State of Maryland OMS Employment for Adults, FY 2017, was 34.9%. 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. Even though employment data indicates an increase from FY 16 to FY 17 it seems as though more employment surface referrals may be possible for the adult population involved with OMHC services.

Adults reporting they smoke cigarettes remains relatively the same from FY 2016 (40.8%). The state percentage for FY 16 was 41% and FY 17 was 39.9%. The individuals accessing behavioral health services have the opportunity to participate in smoking cessation classes provided in Oakland and at the Granstville Health Department office. The adult use of Electronic Cigarettes increased by 1% for Garrett County from 2016 4.1% to 2017 5.1%.

General Health status for FY 16 and FY 17 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 2016 indicated that 5.4% of Garrett County adults had been arrested within the past six months of the OMS interview compared to 5.5% for the state. The FY 2017 data on legal history revealed a 6.2% for Garrett adults and 5.5% 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 2016, the Garrett County population indicated 16.3% as having problems with school attendance and 5.0% being suspended from school within the last six months. The same age group for the state was 13.4% for problems with school attendance and 12.2% for being suspended within the last six months. The data for FY 2017 was close to the percentages reported in FY 2016. Garrett youth reported about one percentage lower for problems with school attendance and being suspended in the past six months.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

There is information collected on smoking for the 11 to 17 year olds. In FY 2016 5.6% of the Garrett County youth reported the smoke compared to 4.3% for the state. FY 2017 was similar, with Garrett County having 5.8% and the state 3.5%. For each year there was a higher percentage of Garrett County youth indicating the use of Electronic Cigarettes.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 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 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
<b>Early Child (0-5)</b>	50	55	10.0%	58	5.5%		\$59,823	\$57,560	-3.8%	\$62,367	8.4%
<b>Child (6-12)</b>	197	202	2.5%	240	18.8%		\$401,942	\$629,847	56.7%	\$540,098	-14.2%
<b>Adolescent (13-17)</b>	171	182	6.4%	171	-6.0%		\$922,469	\$561,214	-39.2%	\$389,990	-30.5%
<b>Transitional (18-21)</b>	78	67	-14.1%	105	56.7%		\$161,231	\$149,240	-7.4%	\$151,856	1.8%
<b>Adult (22 to 64)</b>	608	654	7.6%	700	7.0%		\$1,706,945	\$1,943,884	13.9%	\$1,908,862	-1.8%
<b>Elderly (65 and over)</b>	13	13	0.0%	16	23.1%		\$110,467	\$110,051	-0.4%	\$124,512	13.1%
<b>TOTAL</b>	<b>1,117</b>	<b>1,173</b>	<b>5.0%</b>	<b>1,290</b>	<b>10.0%</b>		<b>\$3,362,877</b>	<b>\$3,451,796</b>	<b>2.6%</b>	<b>\$3,177,685</b>	<b>-7.9%</b>

\*Based on claims paid through September 30, 2017.  
 "FY 2017 data is incomplete as claims may be submitted up to twelve months from date of service"  
 Data Source: MARF0004 run date 10/18/17

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

<b>Table 1a.i Number and Expenditures by Age Group as a Percentage of the Total</b>							
	<b>Persons Served</b>				<b>Expenditures</b>		
	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Early Child (0-5)</b>	4.5%	4.7%	4.5%		1.8%	1.7%	2.0%
<b>Child (6-12)</b>	17.6%	17.2%	18.6%		12.0%	18.2%	17.0%
<b>Adolescent (13-17)</b>	15.3%	15.5%	13.3%		27.4%	16.3%	12.3%
<b>Transitional (18-21)</b>	7.0%	5.7%	8.1%		4.8%	4.3%	4.8%
<b>Adult (22 to 64)</b>	54.4%	55.8%	54.3%		50.8%	56.3%	60.1%
<b>Elderly (65 and over)</b>	1.2%	1.1%	1.2%		3.3%	3.2%	3.9%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
*Based on claims paid through September 30, 2017.							
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."							
Data Source: MARF0004 run date 10/18/17							

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

<b>Table 1b. Three Year Comparisons By Service Type</b>											
	<b>Persons Served</b>						<b>Expenditures</b>				
	<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>
<b>Case Management</b>	42	53	26.2%	52	-1.9%		\$121,850	\$163,747	34.4%	\$160,818	-1.8%
<b>Crisis</b>	20	25	25.0%	22	-12.0%		\$112,751	\$118,657	5.2%	\$81,650	-31.2%
<b>Inpatient</b>	68	66	-2.9%	66	0.0%		\$636,961	\$492,565	-22.7%	\$426,603	-13.4%
<b>Mobile Treatment</b>	0	0	#DIV/0!	0	#DIV/0!		\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Outpatient</b>	1,032	1,087	5.3%	1,200	10.4%		\$1,096,195	\$1,085,226	-1.0%	\$1,285,240	18.4%
<b>Partial Hospitalization</b>	1	0	-100.0%	0	#DIV/0!		\$2,137	\$0	-100.0%	\$0	#DIV/0!
<b>Psychiatric Rehabilitation</b>	121	121	0.0%	118	-2.5%		\$893,782	\$1,012,405	13.3%	\$1,030,262	1.8%
<b>Residential Rehabilitation</b>	31	35	12.9%	25	-28.6%		\$26,078	\$25,410	-2.6%	\$28,086	10.5%
<b>Residential Treatment</b>	5	5	0.0%	2	-60.0%		\$380,782	\$479,067	25.8%	\$89,168	-81.4%
<b>Respite Care</b>	14	9	-35.7%	12	33.3%		\$16,753	\$13,804	-17.6%	\$16,347	18.4%
<b>Supported Employment</b>	39	27	-30.8%	22	-18.5%		\$75,586	\$60,914	-19.4%	\$59,510	-2.3%
<b>BMHS Capitation</b>	0	0	#DIV/0!	0	#DIV/0!		\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Emergency Petition</b>	0	0	#DIV/0!	0	#DIV/0!		\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Purchase of Care</b>	0	0	#DIV/0!	0	#DIV/0!		\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>PRTF Waiver</b>	0	0	#DIV/0!	0	#DIV/0!		\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>**TOTAL</b>	<b>1,117</b>	<b>1,173</b>	<b>5.0%</b>	<b>1,290</b>	<b>10.0%</b>		<b>\$3,362,875</b>	<b>\$3,451,795</b>	<b>2.6%</b>	<b>\$3,177,684</b>	<b>-7.9%</b>
*Based on claims paid through September 30, 2017.											
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."											
Data Source: MARF0004 run date 10/18/17											

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

<b>Table 1c. Three Year Comparisons By Coverage Type</b>											
	<b>Persons Served</b>						<b>Expenditures</b>				
	<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>
<b>Medicaid</b>	1,064	1,121	5.4%	1,240	10.6%		\$2,891,033	\$2,928,988	1.3%	\$2,694,610	-8.0%
<b>Medicaid State Funded</b>	98	99	1.0%	89	-10.1%		\$421,071	\$480,325	14.1%	\$439,821	-8.4%
<b>Uninsured</b>	53	46	-13.2%	35	-23.9%		\$50,773	\$42,482	-16.3%	\$43,254	1.8%
<b>**TOTAL</b>	<b>1,117</b>	<b>1,173</b>	<b>5.0%</b>	<b>1,290</b>	<b>10.0%</b>		<b>\$3,362,877</b>	<b>\$3,451,795</b>	<b>2.6%</b>	<b>\$3,177,685</b>	<b>-7.9%</b>
<b>DUALLY Dx^</b>	<b>270</b>	<b>375</b>	<b>38.9%</b>	<b>408</b>	<b>8.8%</b>		<b>\$1,236,721</b>	<b>\$1,288,421</b>	<b>4.2%</b>	<b>\$1,264,482</b>	<b>-1.9%</b>
<b>Percent of Total Served/Expenditures</b>	<b>24.2%</b>	<b>32.0%</b>		<b>31.6%</b>			<b>36.8%</b>	<b>37.3%</b>		<b>39.8%</b>	
*Based on claims paid through September 30, 2017.											
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."											
Data Source: MARF0004 run date 10/18/17											
**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 run date 10/18/17											

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**Table 2a. Child / Adolescent - 0 - 17**

	Persons Served					Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change	FY 2015	FY 2016	% Change	FY 2017	% Change
<b>Case Management</b>	15	18	20.0%	15	-16.7%	\$47,594	\$68,888	44.7%	\$70,417	2.2%
<b>Crisis</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Inpatient</b>	19	13	-31.6%	13	0.0%	\$352,335	\$138,438	-60.7%	\$175,726	26.9%
<b>Mobile Treatment</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Outpatient</b>	415	438	5.5%	468	6.8%	\$586,016	\$548,800	-6.4%	\$636,087	15.9%
<b>Partial Hospitalization</b>	1	0	-100.0%	0	#DIV/0!	\$2,137	\$0	-100.0%	\$0	#DIV/0!
<b>Psychiatric Rehabilitation</b>	4	5	25.0%	11	120.0%	\$3,488	\$8,846	153.6%	\$21,055	138.0%
<b>Residential Rehabilitation</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Residential Treatment</b>	5	5	0.0%	2	-60.0%	\$380,782	\$479,067	25.8%	\$89,168	-81.4%
<b>Respite Care</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Supported Employment</b>	8	4	-50.0%	0	-100.0%	\$11,883	\$4,581	-61.4%	\$0	-100.0%
<b>BMHS Capitation</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Emergency Petition</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Purchase of Care</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>PRTF Waiver</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>**TOTAL</b>	<b>418</b>	<b>439</b>	<b>5.0%</b>	<b>469</b>	<b>6.8%</b>	<b>\$1,384,235</b>	<b>\$1,248,620</b>	<b>-9.8%</b>	<b>\$992,453</b>	<b>-20.5%</b>
*Based on claims paid through September 30, 2017.										
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."										
Data Source: MARF0004 run date 10/18/17										

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**Table 2b. Adults - Ages 18 and Over**

	Persons Served					Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change	FY 2015	FY 2016	% Change	FY 2017	% Change
<b>Case Management</b>	27	35	29.6%	37	5.7%	\$74,256	\$94,859	27.7%	\$90,400	-4.7%
<b>Crisis</b>	20	25	25.0%	22	-12.0%	\$112,751	\$118,656	5.2%	\$81,649	-31.2%
<b>Inpatient</b>	49	53	8.2%	53	0.0%	\$284,627	\$354,127	24.4%	\$250,878	-29.2%
<b>Mobile Treatment</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Outpatient</b>	617	649	5.2%	732	12.8%	\$510,180	\$536,426	5.1%	\$649,153	21.0%
<b>Partial Hospitalization</b>	1	0	-100.0%	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Psychiatric Rehabilitation</b>	117	116	-0.9%	107	-7.8%	\$890,293	\$1,003,558	12.7%	\$1,009,207	0.6%
<b>Residential Rehabilitation</b>	31	35	12.9%	25	-28.6%	\$26,078	\$25,410	-2.6%	\$28,086	10.5%
<b>Residential Treatment</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Respite Care</b>	14	9	-35.7%	12	33.3%	\$16,753	\$13,804	-17.6%	\$16,346	18.4%
<b>Supported Employment</b>	31	23	-25.8%	22	-4.3%	\$63,704	\$56,333	-11.6%	\$59,510	5.6%
<b>BMHS Capitation</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Emergency Petition</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>Purchase of Care</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>PRTF Waiver</b>	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	#DIV/0!
<b>**TOTAL</b>	<b>699</b>	<b>734</b>	<b>5.0%</b>	<b>821</b>	<b>11.9%</b>	<b>\$1,978,642</b>	<b>\$2,203,173</b>	<b>11.3%</b>	<b>\$2,185,229</b>	<b>-0.8%</b>

\*Based on claims paid through September 30, 2017.

Data Source: MARF0004 run date 10/18/17

\*\*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 2017 data is incomplete as claims may be submitted up to twelve months from data of service."



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Table 3a. Fiscal Year 2017 State &amp; County Comparisons</b>								
<b>AGE</b>	<b>Persons Served</b>				<b>Expenditures</b>			
	<b>STATE*</b>		<b>COUNTY</b>		<b>STATE*</b>		<b>COUNTY</b>	
	<b>Number</b>	<b>Per Cent</b>	<b>Number</b>	<b>Per Cent</b>	<b>Number</b>	<b>Per Cent</b>	<b>Number</b>	<b>Per Cent</b>
<b>Early Child</b>	7,246	3.6%	58	4.5%	\$17,712,103	1.9%	\$62,367	2.0%
<b>Child</b>	35,876	17.8%	240	18.6%	\$158,195,873	16.8%	\$540,098	17.0%
<b>Adolescent</b>	25,996	12.9%	171	13.3%	\$144,788,864	15.4%	\$389,990	12.3%
<b>Transitional</b>	11,653	5.8%	105	8.1%	\$48,139,953	5.1%	\$151,856	4.8%
<b>Adult</b>	117,878	58.6%	700	54.3%	\$555,270,818	59.0%	\$1,908,862	60.1%
<b>Elderly</b>	2,356	1.2%	16	1.2%	\$16,982,896	1.8%	\$124,512	3.9%
<b>TOTAL</b>	<b>201,005</b>	<b>100.0%</b>	<b>1,290</b>	<b>100.0%</b>	<b>\$941,090,507</b>	<b>100.0%</b>	<b>\$3,177,685</b>	<b>100.0%</b>
<b>SERVICE TYPE</b>								
<b>Case Management</b>	6,111	3.0%	52	4.0%	\$11,796,488	1.3%	\$160,818	5.1%
<b>Crisis</b>	2,121	1.1%	22	1.7%	\$9,886,915	1.1%	\$81,650	2.6%
<b>Inpatient</b>	19,534	9.7%	66	5.1%	\$233,847,519	24.8%	\$426,603	13.4%
<b>Mobile Treatment</b>	4,143	2.1%	0	0.0%	\$33,825,429	3.6%	\$0	0.0%
<b>Outpatient</b>	189,144	94.1%	1,200	93.0%	\$363,398,810	38.6%	\$1,285,240	40.4%
<b>Partial Hospitalization</b>	2,408	1.2%	0	0.0%	\$10,783,064	1.1%	\$0	0.0%
<b>Psychiatric Rehabilitation</b>	32,350	16.1%	118	9.1%	\$204,087,243	21.7%	\$1,030,262	32.4%
<b>Residential Rehabilitation</b>	4,675	2.3%	25	1.9%	\$11,509,587	1.2%	\$28,086	0.9%
<b>Residential Treatment</b>	542	0.3%	2	0.2%	\$44,326,803	4.7%	\$89,168	2.8%
<b>Respite Care</b>	346	0.2%	12	0.9%	\$1,081,514	0.1%	\$16,347	0.5%
<b>Supported Employment</b>	3,702	1.8%	22	1.7%	\$8,773,352	0.9%	\$59,510	1.9%
<b>BMHS Capitation</b>	372	0.2%	0	0.0%	\$7,275,450	0.8%	\$0	0.0%
<b>Emergency Petition</b>	268	0.1%	0	0.0%	\$61,276	0.007%	\$0	0.000%
<b>Purchase of Care</b>	28	0.01%	0	0.0%	\$256,540	0.027%	\$0	0.000%
<b>PRTF Waiver</b>	49	0.02%	0	0.0%	\$180,517	0.019%	\$0	0.000%
<b>TOTAL</b>	<b>201,005</b>	<b>100.0%</b>	<b>1,290</b>	<b>100.0%</b>	<b>\$941,090,507</b>	<b>100.0%</b>	<b>\$3,177,684</b>	<b>100.0%</b>
<b>COVERAGE TYPE</b>								
<b>Medicaid</b>	192,795	95.9%	1,240	96.1%	\$842,086,185	89.5%	\$2,694,610	84.8%
<b>Medicaid State Funded</b>	27,709	13.8%	89	6.9%	\$87,129,142	9.3%	\$439,821	13.8%
<b>Uninsured</b>	6,581	3.3%	35	2.7%	\$11,875,181	1.3%	\$43,254	1.4%
<b>TOTAL</b>	<b>201,005</b>	<b>100.0%</b>	<b>1,290</b>	<b>100.0%</b>	<b>\$941,090,508</b>	<b>100%</b>	<b>\$3,177,685</b>	<b>100%</b>
<b>DUALLY DIAGNOSED INDIVIDUALS</b>								
<b>All with DD #</b>	<b>63,927</b>	<b>31.8%</b>	<b>408</b>	<b>31.6%</b>	<b>\$425,456,012</b>	<b>45.2%</b>	<b>\$1,264,482</b>	<b>39.8%</b>

\*Based on claims paid through September 30, 2017.  
Data Source: MARF0004 run date 10/18/17  
# Dually Dx/Co-Occurring is based on those individuals with a primary mental health diagnosis and a secondary substance abuse diagnosis.  
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

<b>Table 3b. FY 2017 Comparisons: Cost per Person Served</b>				
	<b>State</b>	<b>County</b>	<b>Difference</b>	<b>Index<sup>^</sup></b>
<b>AGE</b>				
Early Child	\$2,444	\$1,075	-\$1,369	44.0
Child	\$4,410	\$2,250	-\$2,159	51.0
Adolescent	\$5,570	\$2,281	-\$3,289	40.9
Transitional	\$4,131	\$1,446	-\$2,685	35.0
Adult	\$4,711	\$2,727	-\$1,984	57.9
Elderly	\$7,208	\$7,782	\$574	108.0
<b>TOTAL</b>	<b>\$4,682</b>	<b>\$2,463</b>	<b>-\$2,219</b>	<b>52.6</b>
<b>SERVICE TYPE</b>				
Case Management	\$1,930	\$3,093	\$1,162	160.2
Crisis	\$4,661	\$3,711	-\$950	79.6
Inpatient	\$11,971	\$6,464	-\$5,508	54.0
Mobile Treatment	\$8,164	#DIV/0!	#DIV/0!	#DIV/0!
Outpatient	\$1,921	\$1,071	-\$850	55.7
Partial Hospitalization	\$4,478	#DIV/0!	#DIV/0!	#DIV/0!
Psychiatric Rehabilitation	\$6,309	\$8,731	\$2,422	138.4
Residential Rehabilitation	\$2,462	\$1,123	-\$1,339	45.6
Residential Treatment	\$81,784	\$44,584	-\$37,200	54.5
Respite Care	\$3,126	\$1,362	-\$1,764	43.6
Supported Employment	\$2,370	\$2,705	\$335	114.1
BMHS Capitation	\$19,558	#DIV/0!	#DIV/0!	#DIV/0!
Emergency Petition	\$229	#DIV/0!	#DIV/0!	#DIV/0!
Purchase of Care	\$9,162	#DIV/0!	#DIV/0!	#DIV/0!
PRTF Waiver	\$3,684	#DIV/0!	#DIV/0!	#DIV/0!
<b>TOTAL</b>	<b>\$4,682</b>	<b>\$2,463</b>	<b>-\$2,219</b>	<b>52.6</b>
<b>COVERAGE TYPE</b>				
Medicaid	\$4,368	\$2,173	-\$2,195	49.8
Medicaid State Funded	\$3,144	\$4,942	\$1,797	157.2
Uninsured	\$1,804	\$1,236	-\$569	68.5
<b>TOTAL</b>	<b>\$4,682</b>	<b>\$2,463</b>	<b>-\$2,219</b>	<b>52.6</b>
Data Source: MARF0004 run date 10/18/17				
^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.				
"FY 2017 data is incomplete as claims may be submitted up to twelve months from data of service."				

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Number of Veterans Receiving Mental Health Services and Related Expenditures in FY 2015-2017</b>								
<b>COUNTY</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>		<b>COUNTY</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
Allegany	130	142	142		Allegany	\$864,459	\$724,021	\$747,317
Anne Arundel	234	237	237		Anne Arundel	\$2,167,634	\$2,200,736	\$2,266,540
Baltimore City	1,403	1,395	1,372		Baltimore City	\$11,298,190	\$10,584,193	\$10,776,453
Baltimore County	513	515	507		Baltimore County	\$4,811,956	\$4,490,451	\$4,818,220
Calvert	64	71	66		Calvert	\$350,508	\$298,551	\$297,053
Caroline	49	45	53		Caroline	\$176,811	\$353,256	\$330,085
Carroll	102	95	94		Carroll	\$887,235	\$875,208	\$955,286
Cecil	104	102	108		Cecil	\$731,593	\$409,412	\$854,562
Charles	95	84	81		Charles	\$461,289	\$346,917	\$492,979
Dorchester	61	54	48		Dorchester	\$408,924	\$417,077	\$436,345
Frederick	151	133	134		Frederick	\$1,126,054	\$1,285,442	\$1,440,234
Garrett	28	36	28		Garrett	\$110,908	\$210,089	\$190,582
Harford	163	154	148		Harford	\$947,282	\$1,220,288	\$1,239,781
Howard	97	103	107		Howard	\$831,762	\$975,215	\$1,058,222
Kent	16	15	17		Kent	\$111,681	\$75,095	\$87,964
Montgomery	277	265	280		Montgomery	\$3,682,077	\$3,502,100	\$3,080,370
Prince George's	269	273	281		Prince George's	\$3,376,331	\$3,080,283	\$3,322,512
Queen Anne's	34	27	28		Queen Anne's	\$177,176	\$105,092	\$100,111
St. Mary's	75	33	37		St. Mary's	\$450,580	\$433,307	\$505,748
Somerset	33	27	58		Somerset	\$160,776	\$176,665	\$213,622
Talbot	41	36	33		Talbot	\$260,320	\$156,681	\$150,589
Washington	210	236	224		Washington	\$1,045,630	\$1,184,773	\$1,303,981
Wicomico	150	146	139		Wicomico	\$1,227,126	\$1,136,467	\$938,133
Worcester	83	70	76		Worcester	\$266,933	\$141,782	\$158,261
<b>Statewide</b>	<b>4,131</b>	<b>4,168</b>	<b>4,149</b>		<b>Statewide</b>	<b>\$35,933,238</b>	<b>\$34,383,103</b>	<b>\$35,764,950</b>

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Table 4. Fiscal Year 2016 State &amp; County Comparisons</b>				
<b>Outcome Measurement System</b>				
<b>Most Recent Mental Health Interview - FY 2016*</b>				
	STATE	COUNTY		
	Percent	Percent	STATE	COUNTY
			Percent	Percent
<b>ADULTS</b>				
<b>OMS - Q41/42. Employed now or last 6 months</b>	33.1%	36.4%	<b>Q3. Have you been homeless at all in the past six months?</b>	12.1% 5.2%
<b>^Percentage of Adults Served in PBHS Supported Employment</b>	2.9%	3.1%	<b>Q39. In the past six months, have you been arrested?</b>	5.5% 5.4%
<b>OMS - Smoking</b>				
<b>Q45. Do you smoke?</b>			<b>Q38. During the past month, Did you have problems from your drinking or drug use?</b>	
Cigarettes	41.0%	40.8%		
<b>Q47. In the past month use tobacco products?</b>			Often	3.4% 1.4%
Cigars	3.6%	4.4%	Always	4.4% 1.9%
Smokeless Tobacco	1.0%	4.4%		
Electronic Cigarettes	4.7%	4.1%		
Pipes	0.6%	0.8%		
Other Tobacco Product	2.0%	1.8%		
<b>OMS - Q48. General Health Status</b>				
Excellent	6.1%	3.2%		
Very Good	18.0%	17.2%		
Good	36.4%	36.0%		
Fair	30.1%	28.8%		
Poor	9.3%	14.8%		
<b>CHILDREN AND ADOLESCENTS</b>				
<b>OMS - Q32. Problems with school attendance</b>	13.4%	16.3%	<b>Q2. Have you been homeless at all in the past six months?</b>	2.6% 1.2%
<b>OMS - Q34. Suspended from school in past 6 months</b>	12.2%	5.0%	<b>Q40. In the past six months, have you been arrested?</b>	3.4% 0.5%
<b>OMS - Smoking**</b>				
<b>Q37. Do you smoke?</b>			<b>Q41. Did you drink any alcohol?</b>	5.7% 6.3%
Cigarettes	4.3%	5.6%	<b>Q42. Did you smoke any marijuana or hashish?</b>	8.6% 2.9%
<b>Q39. In the past month use tobacco products?</b>			<b>Q43. Did you use anything else to get high?</b>	1.4% 0
Cigars	0.9%	0.5%		
Smokeless Tobacco	0.2%	3.3%		
Electronic Cigarettes	1.6%	4.9%		
Pipes	0.3%	0.0%		
Other Tobacco Product	0.4%	0.0%		
<b>OMS - Q36. General Health Status</b>				
Excellent	25.5%	14.6%		
Very Good	36.3%	47.7%		
Good	30.5%	31.5%		
Fair	6.8%	5.4%		
Poor	0.9%	0.8%		
* Most recent observation for each Mental Health consumer in FY 2016; provisional data which may change slightly as DataMart refinement continues				
** For children and adolescents, only those ages 11 to 17				
^Table2b cell C38/C43				
***First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over				
Data Source: <a href="http://maryland.valueoptions.com/services/OMS_Welcome.html">http://maryland.valueoptions.com/services/OMS_Welcome.html</a>				
Most Recent Interview Only, FY 2016				
Based on Final FY2016 data				

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Table 4. Fiscal Year 2017 State &amp; County Comparisons</b>					
<b>Outcome Measurement System</b>					
<b>Most Recent Mental Health Interview - FY 2017*</b>					
	<b>STATE</b>	<b>COUNTY</b>		<b>STATE</b>	<b>COUNTY</b>
	<b>Percent</b>	<b>Percent</b>		<b>Percent</b>	<b>Percent</b>
<b>ADULTS</b>				<b>ADULTS</b>	
<b>OMS - Q41/42. Employed now or last 6 months</b>	34.9%	40.6%	<b>Q3. Have you been homeless at all in the past six months?</b>	12.0%	5.4%
<b>^Percentage of Adults Served in PBHS Supported Employment</b>	2.8%	2.7%	<b>Q39. In the past six months, have you been arrested?</b>	5.5%	6.2%
<b>OMS - Smoking</b>			<b>Q38. During the past month, Did you have problems from your drinking or drug use?</b>		
<b>Q45. Do you smoke?</b>					
Cigarettes	39.9%	40.9%	Often	3.7%	0.9%
<b>Q47. In the past month use tobacco products?</b>			Always	4.1%	1.7%
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%			
<b>OMS - Q48. General Health Status</b>					
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%			
<b>CHILDREN AND ADOLESCENTS</b>				<b>CHILDREN AND ADOLESCENTS</b>	
<b>OMS - Q32. Problems with school attendance</b>	14.4%	15.3%	<b>Q2. Have you been homeless at all in the past six months?</b>	2.2%	0.4%
<b>OMS - Q34. Suspended from school in past 6 months</b>	12.8%	3.9%	<b>Q40. In the past six months, have you been arrested?</b>	3.0%	3.2%
<b>OMS - Smoking**</b>			<b>During the past month,</b>		
<b>Q37. Do you smoke?</b>			<b>Q41. Did you drink any alcohol?</b>	5.3%	6.1%
Cigarettes	3.5%	5.8%	<b>Q42. Did you smoke any marijuana or hashish?</b>	9.3%	6.7%
<b>Q39. In the past month use tobacco products?</b>			<b>Q43. Did you use anything else to get high?</b>	1.1%	0.6%
Cigars	1.0%	0.0%			
Smokeless Tobacco	0.2%	3.4%			
Electronic Cigarettes	1.1%	4.5%			
Pipes	0.2%	0.6%			
Other Tobacco Product	0.4%	0.0%			
<b>OMS - Q36. General Health Status</b>					
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%			
* Most recent observation for each Mental Health consumer in FY 2017; provisional data which may change slightly as Datamart refinement continues					
** For children and adolescents, only those ages 11 to 17					
^Table2b cell E38/E43					
*** First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over					
Data Source: <a href="http://maryland.valueoptions.com/services/OMS_Welcome.html">http://maryland.valueoptions.com/services/OMS_Welcome.html</a>					
Most Recent Interview Only, FY 2017					
Based on Final FY2017 data					

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN and BUDGETS**

Average Medical Assistance Eligibility, PBHS MA Participation, and PBHS MA Penetration Rates					
Fiscal Year 2017 - PBHS claims as of September 30, 2017					
Accessing the Public Behavioral Health System					
COUNTY	Average MA Eligible	MA Served in MH/PBHS	Penetration Rate	Total County Population*	% of County MA Eligible
Allegany	21,671	4,579	21.1%	72,528	29.9%
Anne Arundel	90,463	14,502	16.0%	564,195	16.0%
Baltimore County	190,778	28,610	15.0%	831,128	23.0%
Calvert	14,130	2,534	17.9%	90,595	15.6%
Caroline	11,761	1,804	15.3%	32,579	36.1%
Carroll	23,158	4,233	18.3%	167,628	13.8%
Cecil	26,411	4,698	17.8%	102,382	25.8%
Charles	30,775	3,536	11.5%	156,118	19.7%
Dorchester	12,825	2,382	18.6%	32,384	39.6%
Frederick	39,065	6,414	16.4%	245,322	15.9%
Garrett	8,768	1,240	14.1%	29,460	29.8%
Harford	43,410	7,492	17.3%	250,290	17.3%
Howard	43,873	4,991	11.4%	313,414	14.0%
Kent	4,973	870	17.5%	19,787	25.1%
Montgomery	182,775	15,960	8.7%	1,040,116	17.6%
Prince George's	221,180	18,577	8.4%	909,535	24.3%
Queen Anne's	8,564	1,375	16.1%	48,904	17.5%
St. Mary's	22,494	3,026	13.5%	111,413	20.2%
Somerset	8,778	1,568	17.9%	25,768	34.1%
Talbot	8,312	1,443	17.4%	37,512	22.2%
Washington	43,083	7,896	18.3%	149,585	28.8%
Wicomico	33,725	5,378	15.9%	102,370	32.9%
Worcester	13,414	2,479	18.5%	51,540	26.0%
Baltimore City	262,827	51,405	19.6%	621,849	42.3%
<b>Statewide</b>	<b>1,367,211</b>	<b>192,795</b>	<b>14.1%</b>	<b>6,006,402</b>	<b>22.8%</b>

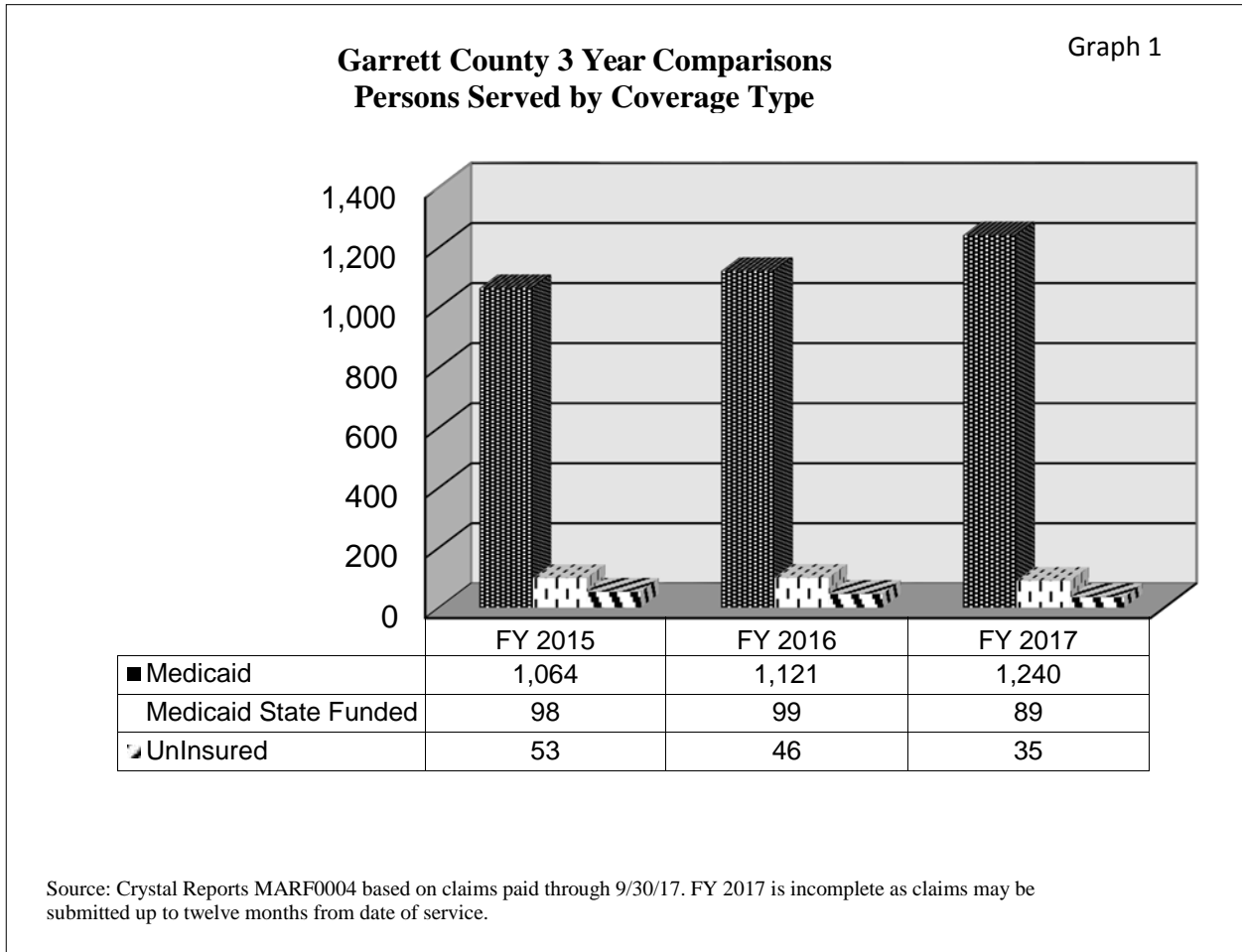
\*Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2015  
 Data Source: Average MA Eligible supplied by UMBC Hilltop Institute. Data through September 2017.

Percent of Total Population in Poverty, 2015			
Jurisdiction	All	Children 0-17	Ranking Total Population in Poverty
United States	14.7	20.7	
Allegany	20	27.1	3
Anne Arundel	6	8.1	22
Baltimore	9.1	11.9	14
Calvert	5.9	8.1	23
Caroline	14.4	22.9	7
Carroll	6.2	7.2	21
Cecil	10	14.8	12
Charles	7.1	10.4	20
Dorchester	18.1	29.8	4
Frederick	7.4	9	18
Garrett	13.6	19.3	8
Harford	7.8	10.3	16
Howard	5.2	6.5	24
Kent	14.8	21.6	5
Montgomery	7.5	10.5	17
Prince George's	9.5	14.2	13
Queen Anne's	7.2	10.5	19
St. Mary's	8.7	12.7	15
Somerset	25.8	35.9	1
Talbot	10.4	15.9	11
Washington	12	17.8	9
Wicomico	14.7	21.7	6
Worcester	11.3	20.7	10
Baltimore City	22.7	33.9	2
Statewide	9.9	13.2	

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

14.1 % MA Penetration Rate. Those MA served in PBHS estimated % of Garrett County MA eligible is 29.8%.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

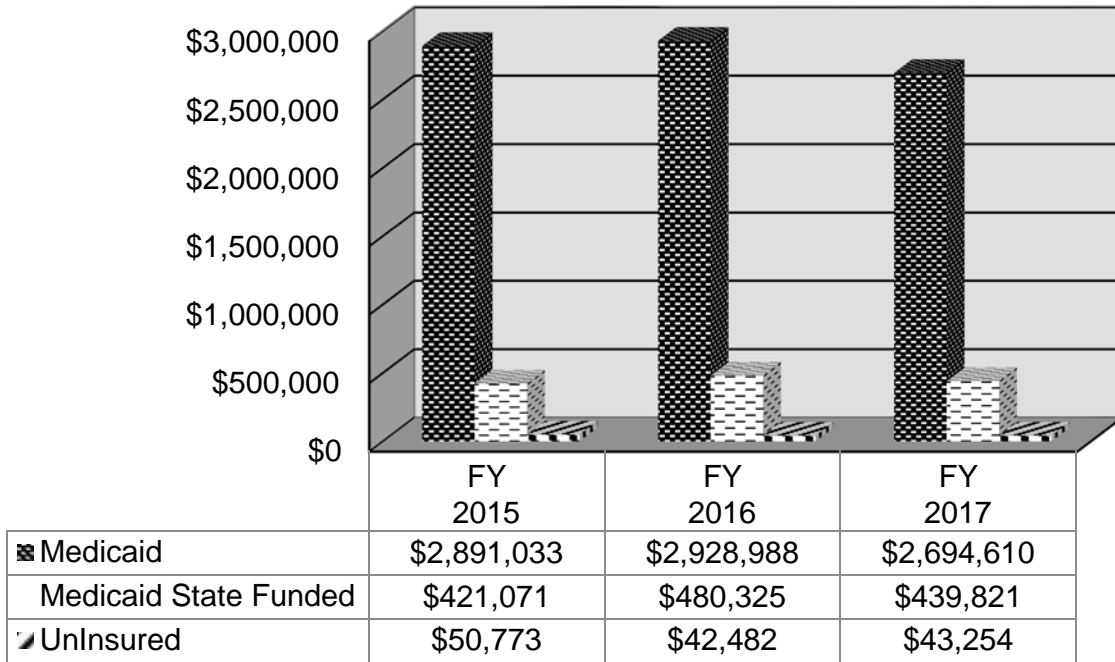


Graph 1 reveals a consistent increase in the number of Garrett County individuals funded through Medicaid receiving public behavioral health services from FY 2015 to FY 2017 (Table 1c). The number of Medicaid State Funded individuals and Uninsured Funded individuals showed a slight decrease over the past three years. The MA penetration rate of 14.1% could be the reason for the increase in persons served.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**Garrett County 3 Year Comparisons  
 Expenditures by Coverage Type**

Graph 2

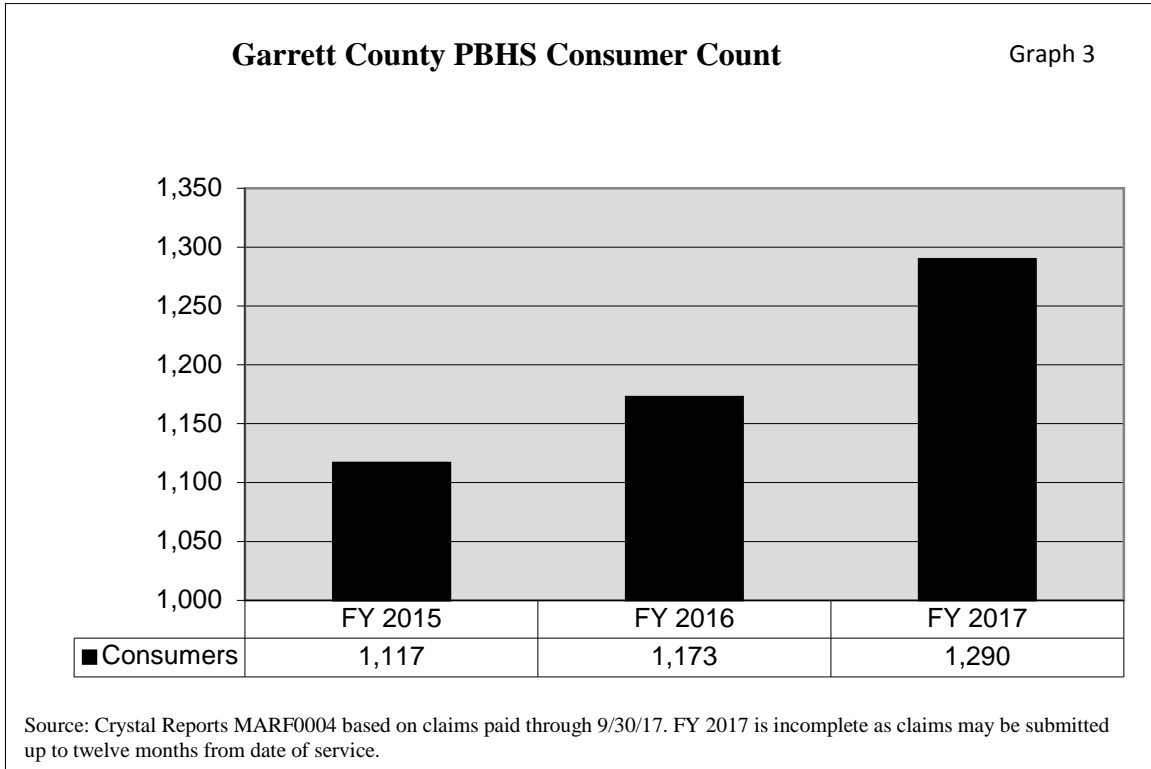


Source: Crystal Reports MARF0004 based on claims paid through 9/30/17. FY 2017 is incomplete as claims may be submitted up to twelve months from date of service.

Graph 2 reports the Expenditures by Coverage Type in Garrett County for the past three fiscal years. The largest decrease in expenditures occurred in the Medicaid Coverage Type. This decrease is believed to be related to the decrease in expenditures for Residential Treatment in the 0-17 age group (Table 2a) and expected decreases for crisis and inpatient for the 18 and over age group (Table 2b).

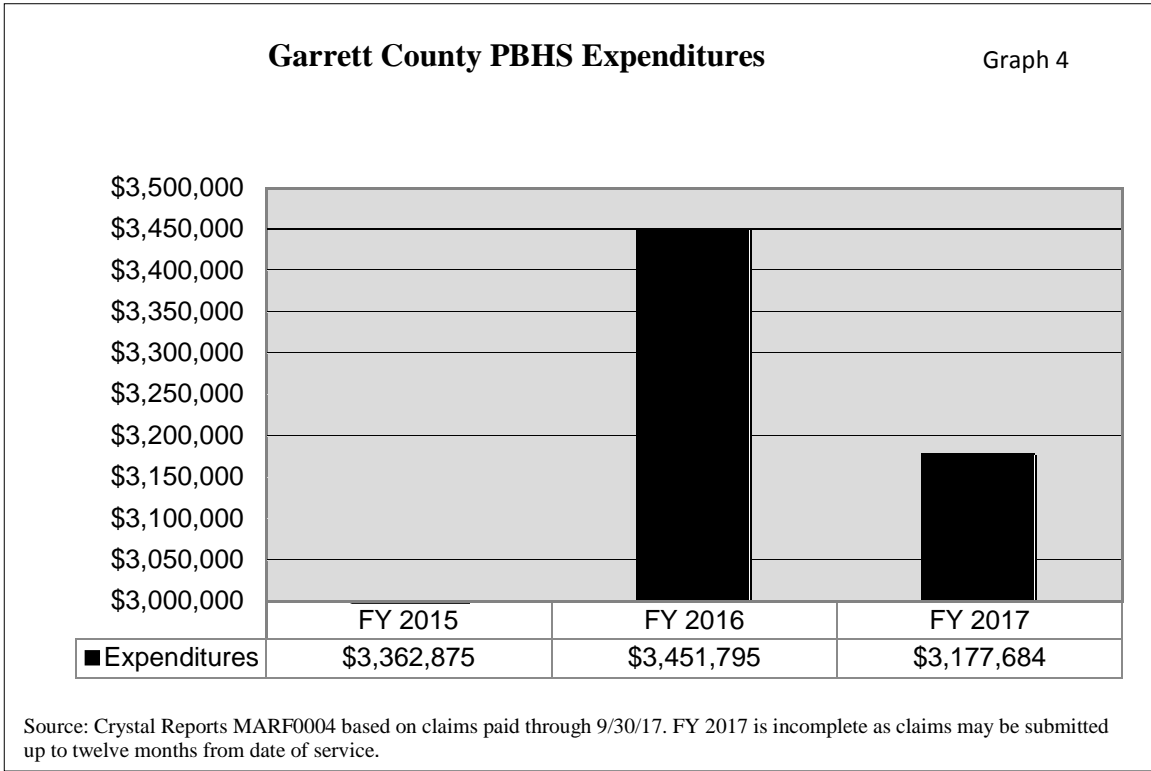


**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



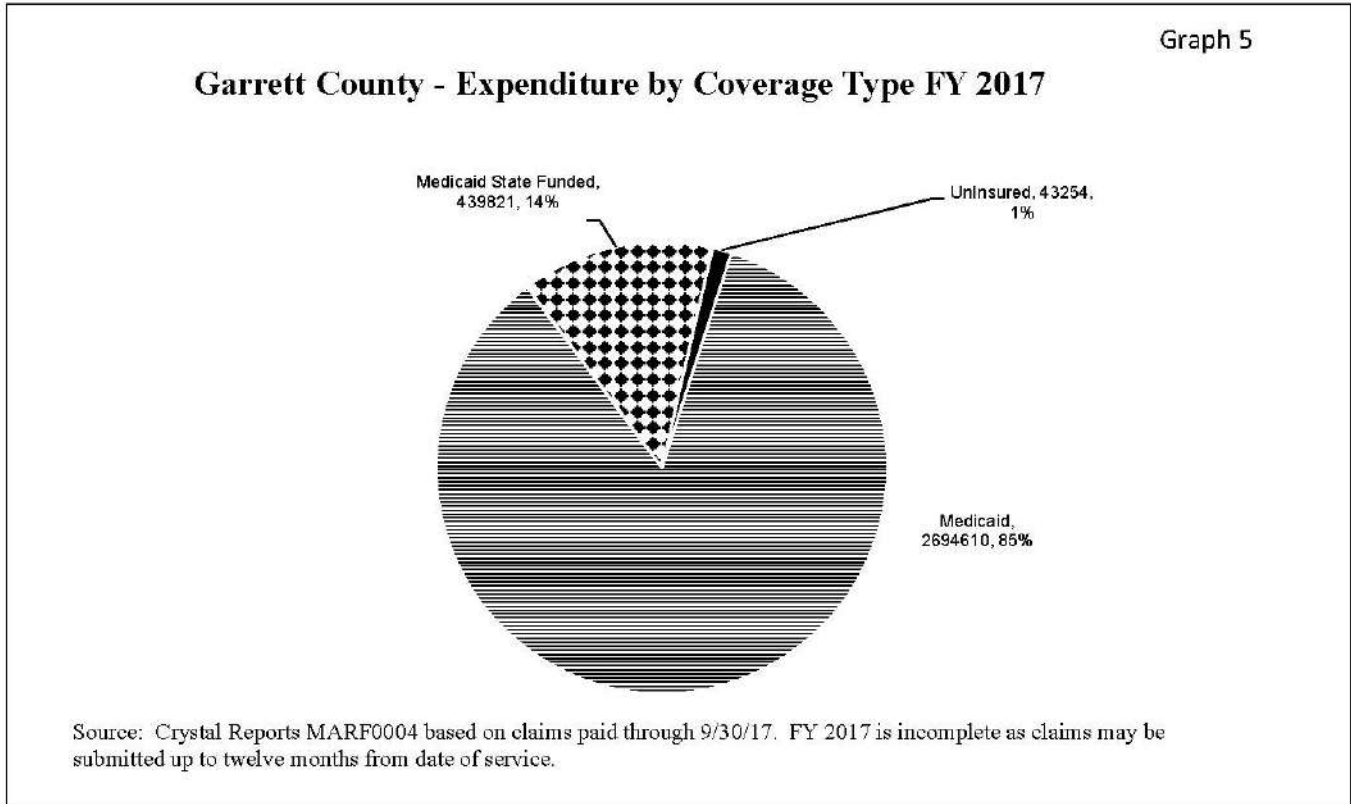
Graph 3 depicts the number of Garrett County Consumers receiving public behavioral health services over the past three fiscal years. The increase in number of consumers served from FY 16 to FY 17 was 10%, which is very similar to the 5% increase from FY 15 to FY 16 (Table 1a).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



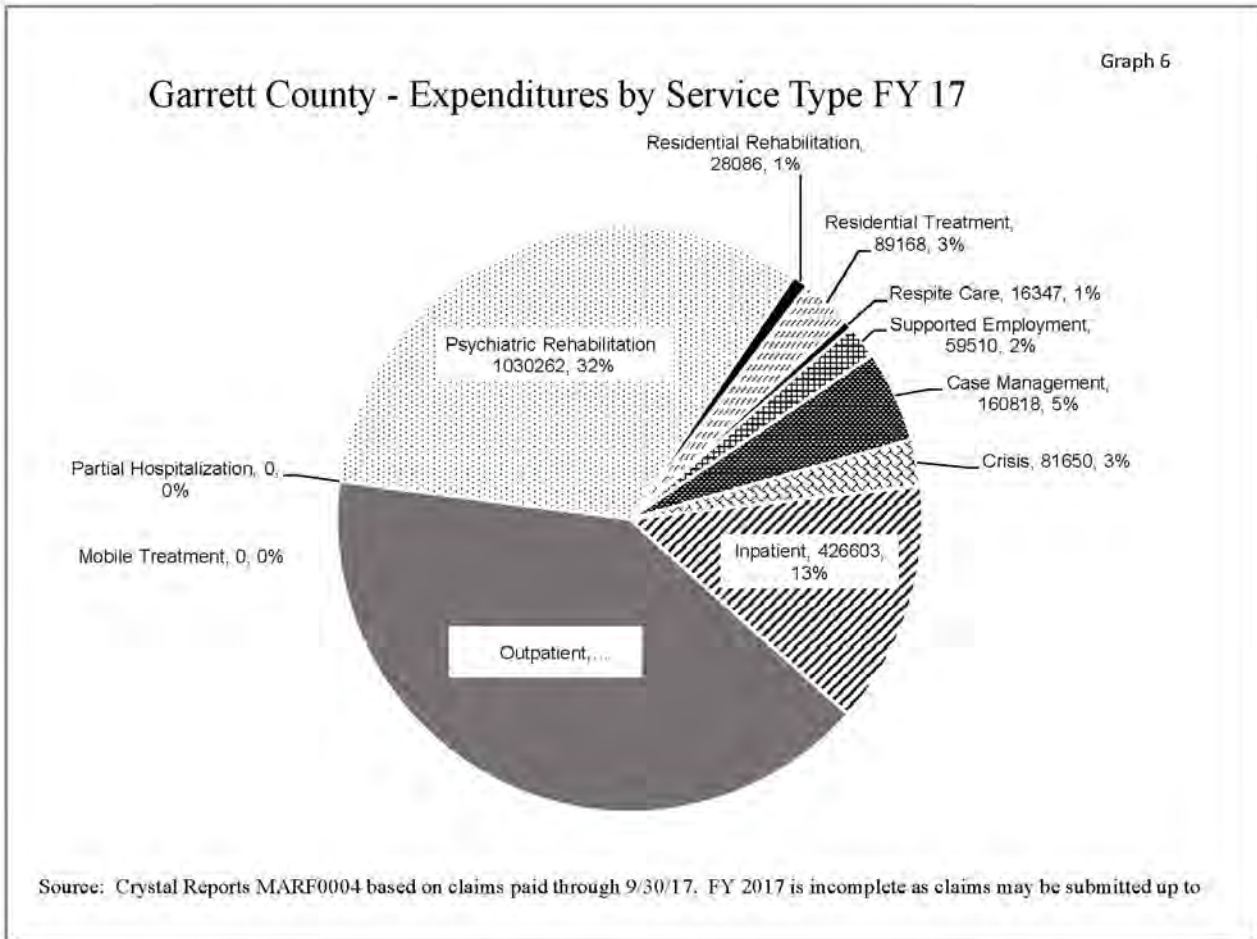
Graph 4 provides total expenditures for the Garrett County Public Behavioral Health System over the past three fiscal years. The 7.9% decrease seems to be attributed to the reductions in the traditional MA and MA State Funded services of Residential Treatment Services; Residential Crisis and Inpatient Hospitalization (Table 1b).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**



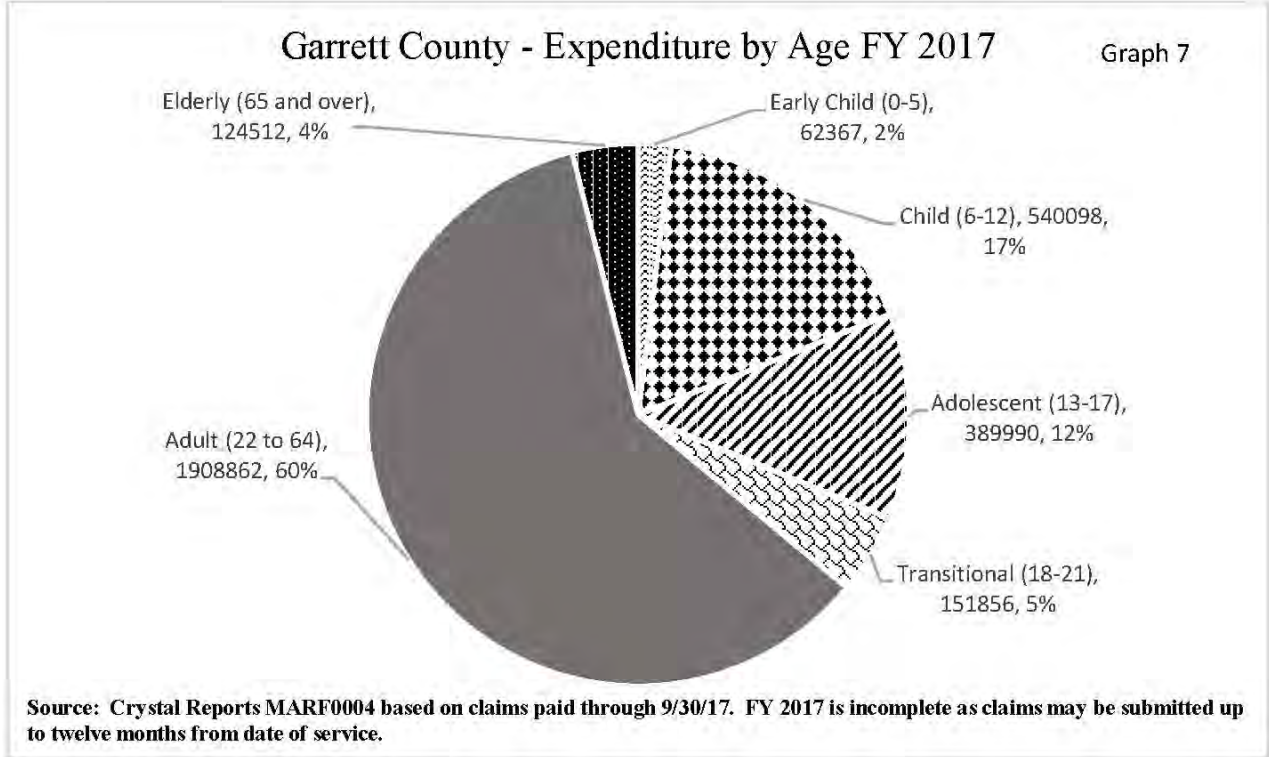
Graph 5 reveals the breakdown of expenditures by coverage type and percentage of total expenditures (Table 1c). Consistent with previous fiscal years, the number of individuals under the Medicaid Coverage Type accounts for the majority of expenditures (85%) in the public behavioral health system for 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 (1%).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**



Graph 6 provides expenditures by service type for mental health services provided to Garrett County residents during FY 2017 (Table 1b). Consistent with previous years, the two highest expenditures by service type are Outpatient Therapy (40%), and Psychiatric Rehabilitation (32%). An interesting change from FY 2016 data to FY 2017, revealed that Inpatient was the third highest Expenditure by Service Type. Case Management expenditures were higher than Residential Treatment, which has traditionally been one of the top three service type expenditures for Garrett County.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



Graph 7 illustrates the Expenditure by Age Group for FY 2017 (Table 1a). The adult age group (22 to 64) continues to have the highest expenditures (60%). 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 expenditures by age group (Table 3a).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**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 first 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 one full Fiscal Year (2016) and two partial Fiscal Years (2015 & 2017). The SRD data for FY 2015 is from January 1, 2015 to June 30, 2016. The data for F 2017 is based on claims paid through 09/30/2017. Being able to assess data trends was not attempted due to having one full year of claims paid data. Total number of persons served in SRD Treatment Services increased from FY 2016 to FY 2017 b 8.7%. The largest age group receiving SRD Treatment Services was the Adult (22 to 64), having a 12.7% increase from FY 2016 to FY 2017. That same age group has made up over 86% of the total SRD treatment population and expenditures for Fiscal Year's 2015, 2016, and 2017. (See Table 1a.1 for breakdown). The breakdown by Coverage Type for SRD to services (Table 3a), indicates that 98.7% of persons served had Medicaid as a coverage type, and 2.4% were uninsured during FY 2017. Based on data reports, persons served with Medicaid (Table 1c) increased 7.3% from FY 2016 to FY 2017, with the understanding that the 2017 numbers could change due to the FY 17 data being based on claims paid through September 30, 2017. There were 17 more individuals served from FY 16 (1) to FY 17 (18) who were Uninsured.

The child/adolescent (0-17) SRD group had 28 persons served during FY 17 which was one less than in FY 2016. However, there was an expectation of an increase with expenditures from FY 16 to FY

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

17 of 32.1%. We are not sure if the increase is due to length of stay in treatment combined with the increase in Medicaid coverage type for this age group.

Information regarding FY 2017 cost per person served for SRD Treatment Services (Table 3b) indicated that with the exception of the Elderly age group, County costs per person served were less than the state costs. The Elderly, cost per person served, was \$10,281 higher than the state leading to a 448% difference. The number of Elderly persons served was 2 (Table 1a). Overall, Garrett County cost per person was 56.6% (Table 3b) less than the state cost.

Fiscal Year 2017 state and county comparison SRD data indicated our county percentage for age group persons served as well as expenditures for age group were very similar to the state values (Table 3a). Veterans receiving SRD Treatment Services from Garrett County numbered 24 in FY 2017, with expenditures of \$38,830.

Opioid overdose deaths for Garrett County from FY 2014, 2015, and 2016 indicated there were two in FY 2014; 4 in FY 2015; and 0 in FY 2016. Unfortunately there has been an increase.

Information related to Primary Substance at Admission to SRD Treatment for all ages in Garrett County from FY 2015 through FY 2017, showed that opiates were by far the primary substance. In FY 2015, there were 163 of the 265 total served with opiates as a primary substance of use. Of the 265 served, 78 had Heroin indicated as the primary type of opiate. During FY 2016, the number of individuals having opiates as a primary substance of use was 179 of 288 served and the number indicating Heroin as the primary opiate was 62. FY 2017 showed another increase with both opiates as primary and Heroin as the opiate. In FY 2017, there were 235 of 353 individuals indicating opiates as primary and 92 having Heroin as the primary opiate. Alcohol and Marijuana had the next two highest primary substance indicated in each of the past three fiscal years. During FY 2015, 58 of the 265 were identified as having Alcohol as a primary substance and 33 of the 265 had Marijuana/Hashish as primary substance. Information for FY 2016 showed 62 of the 288 had Alcohol as primary and 33 of the 288 had Marijuana/Hashish as primary. Finally, for FY 17, 53 of the 353 had Alcohol as primary substance and 39 of the 353 had Marijuana/Hashish.

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

Adult Employment data indicates that for FY 2016, 70.5% were employed now or with in last six months and in FY 2017 60.6% were employed now or with in last six months.

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. Use of most tobacco products seems to be increased

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

when compared to the mental health 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%. General Health Status for the Adult group was higher than the state in both FY 2016 and FY 2017 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.

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%.

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%.

Child and Adolescent OMS SRD data was also reviewed. Problems with school attendance showed an increase from FY 2016 to FY 2017. 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. 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%

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%. The smoking information is only for those 14 and older. The use of Electronic Cigarettes also increased over the last two years. During FY 2016, there were 40% Garrett County youth interviewed who had used an E-cigarette within 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 within the past month compared to state of 5.4%.

There were no children/adolescents indicating homeless in the past six months. State data was lower than adult group, being 2.0% in FY 2016 and 3.2% in FY 2017.

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%.

The OMS interview data on use of alcohol, marijuana/hashish or any other drug to get high in the past month was interesting. 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



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

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

**Table 1a. Three Year Comparisons By Age - SRD**

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
<b>Early Child (0-5)</b>	0	1	#DIV/0!	0	-100.0%		\$0	\$63	#DIV/0!	\$0	-100.0%
<b>Child (6-12)</b>	1	5	400.0%	4	-20.0%		\$79	\$555	602.5%	\$415	-25.2%
<b>Adolescent (13-17)</b>	14	23	64.3%	24	4.3%		\$11,447	\$18,947	65.5%	\$25,440	34.3%
<b>Transitional (18-21)</b>	27	65	140.7%	48	-26.2%		\$36,687	\$124,714	239.9%	\$84,200	-32.5%
<b>Adult (22 to 64)</b>	322	608	88.8%	685	12.7%		\$364,761	\$1,102,636	202.3%	\$1,180,702	7.1%
<b>Elderly (65 and over)</b>	0	0	#DIV/0!	2	#DIV/0!		\$0	\$0	#DIV/0!	\$26,471	#DIV/0!
<b>TOTAL</b>	<b>364</b>	<b>702</b>	<b>92.9%</b>	<b>763</b>	<b>8.7%</b>		<b>\$412,974</b>	<b>\$1,246,915</b>	<b>201.9%</b>	<b>\$1,317,228</b>	<b>5.6%</b>

\*Based on claims paid through September 30, 2017.

Data Source: S-MARF0004

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

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

<b>Table 1a.i Number and Expenditures by Age Group as a Percentage of the Total-SRD</b>							
	<b>Persons Served</b>				<b>Expenditures</b>		
	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Early Child (0-5)</b>	0.00%	0.14%	0.00%		0.00%	0.01%	0.000%
<b>Child (6-12)</b>	0.27%	0.71%	0.52%		0.02%	0.04%	0.03%
<b>Adolescent (13-17)</b>	3.85%	3.28%	3.15%		2.77%	1.52%	1.93%
<b>Transitional (18-21)</b>	7.42%	9.26%	6.29%		8.88%	10.00%	6.39%
<b>Adult (22 to 64)</b>	88.46%	86.61%	89.78%		88.33%	88.43%	89.64%
<b>Elderly (65 and over)</b>	0.00%	0.00%	0.26%		0.00%	0.00%	2.01%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>		<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

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

FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.
<b>Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.</b>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**Table 1c. Three Year Comparisons By Coverage Type-SRD**

	Persons Served						Expenditures				
	FY 2015	FY 2016	% Change	FY 2017	% Change		FY 2015	FY 2016	% Change	FY 2017	% Change
<b>Medicaid</b>	364	702	92.9%	753	7.3%		\$412,974	\$1,246,873	201.9%	\$1,231,175	-1.3%
<b>Medicaid State Funded</b>	0	0	#DIV/0!	1	#DIV/0!		\$0	\$0	#DIV/0!	\$864	#DIV/0!
<b>Uninsured</b>	0	1	#DIV/0!	18	1700.0%		\$0	\$41	#DIV/0!	\$85,190	207680.5%
<b>**TOTAL</b>	<b>364</b>	<b>702</b>	<b>92.9%</b>	<b>763</b>	<b>8.7%</b>		<b>\$412,974</b>	<b>\$1,246,914</b>	<b>201.9%</b>	<b>\$1,317,229</b>	<b>5.6%</b>
<b>DUALLY Dx<sup>^</sup></b>			<b>#DIV/0!</b>		<b>#DIV/0!</b>				<b>#DIV/0!</b>		
<sup>^</sup> Dually Dx is based on those individuals admitted to SRD treatment services for whom a Mental Health diagnosis was noted.											

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

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

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

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

<b>Table 2a. Child / Adolescent - 0 - 17-SRD</b>											
	<b>Persons Served</b>						<b>Expenditures</b>				
	<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>
<b>**TOTAL</b>	15	29	93.33%	28	-3.45%		\$11,526	\$19,565	69.75%	\$25,855	32.15%

*Based on claims paid through September 30, 2017.	
Data Source: S-MARF0004	
**Does not include adjustments included in Table 1a..	
Also, TOTAL is unduplicated as an individual may have more than one service or have been covered by multiple funding streams throughout the fiscal year.	
FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.	
<b>Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.</b>	

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

<b>Table 2b. Adults - Ages 18 and Over-SRD</b>											
	<b>Persons Served</b>						<b>Expenditures</b>				
	<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>% Change</b>	<b>FY 2017</b>	<b>% Change</b>
<b>**TOTAL</b>	<b>349</b>	<b>673</b>	<b>92.84%</b>	<b>735</b>	<b>9.21%</b>		<b>\$401,448</b>	<b>\$1,227,350</b>	<b>205.73%</b>	<b>\$1,291,373</b>	<b>5.22%</b>
*Based on claims paid through September 30, 2017.											
Data Source: S-MARF0004											
**Does not include adjustments included in Table 1a..											
Also, TOTAL is unduplicated as an individual may have more than one service or have been covered by multiple funding streams throughout the fiscal year.											
FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.											
<b>Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.</b>											

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

<b>Table 3a. Fiscal Year 2017 State &amp; County Comparisons-SRD</b>									
	Persons Served					Expenditures			
	STATE*		COUNTY			STATE*		COUNTY	
<b>AGE</b>	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	
<b>Early Child</b>	34	0.0%	0	0.0%	\$14,210	0.00%	\$0	0.0%	
<b>Child</b>	262	0.3%	4	0.5%	\$131,767	0.04%	\$415	0.0%	
<b>Adolescent</b>	3,216	3.1%	24	3.1%	\$4,846,521	1.54%	\$25,440	1.9%	
<b>Transitional</b>	4,338	4.2%	48	6.3%	\$8,679,011	2.76%	\$84,200	6.4%	
<b>Adult</b>	94,413	91.5%	685	89.8%	\$298,386,594	94.84%	\$1,180,702	89.6%	
<b>Elderly</b>	866	0.8%	2	0.3%	\$2,558,359	0.81%	\$26,471	2.0%	
<b>TOTAL</b>	<b>103,129</b>	<b>100.0%</b>	<b>763</b>	<b>100%</b>	<b>\$314,616,462</b>	<b>100.0%</b>	<b>\$1,317,228</b>	<b>100.0%</b>	
<b>COVERAGE TYPE</b>									
<b>Medicaid</b>	98,997	96.0%	753	98.7%	\$290,624,717	92.4%	\$1,231,175	93.5%	
<b>Medicaid State Funded</b>	1,497	1.5%	1	0.1%	\$3,308,955	1.1%	\$864	0.1%	
<b>Uninsured</b>	7,736	7.5%	18	2.4%	\$20,682,790	6.6%	\$85,190	6.5%	
<b>TOTAL</b>	<b>103,129</b>	<b>100.0%</b>	<b>763</b>	<b>100.0%</b>	<b>\$314,616,462</b>	<b>100.0%</b>	<b>\$1,317,229</b>	<b>100.0%</b>	
<b>DUALLY DIAGNOSED INDIVIDUALS</b>									
All with DD ^		0.0%		0.0%		0.0%		0.0%	
*Based on claims paid through September 30, 2017.									
Data Source: S-MARF0004									
**Does not include adjustments included in Table 1a..									
Also, TOTAL is unduplicated as an individual may have more than one service or have been covered by multiple funding streams throughout the fiscal year.									
FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.									
^ Dually Dx is based on those individuals admitted to SRD treatment services for whom a Mental Health diagnosis was noted.									
Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.									

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

<b>Table 3b. FY 2017 Comparisons: Cost per Person Served-SRD</b>				
	<b>State</b>	<b>County</b>	<b>Difference</b>	<b>Index^</b>
<b>AGE</b>				
<b>Early Child</b>	\$418	#DIV/0!	#DIV/0!	#DIV/0!
<b>Child</b>	\$503	\$104	-\$399	20.6
<b>Adolescent</b>	\$1,507	\$1,060	-\$447	70.3
<b>Transitional</b>	\$2,001	\$1,754	-\$247	87.7
<b>Adult</b>	\$3,160	\$1,724	-\$1,437	54.5
<b>Elderly</b>	\$2,954	\$13,236	\$10,281	448.0
<b>TOTAL</b>	<b>\$3,051</b>	<b>\$1,726</b>	<b>-\$1,324</b>	<b>56.6</b>
<b>COVERAGE TYPE</b>				
<b>Medicaid</b>	\$2,936	\$1,635	-\$1,301	55.7
<b>Medicaid State Funded</b>	\$2,210	\$864	-\$1,346	39.1
<b>Uninsured</b>	\$2,674	\$4,733	\$2,059	177.0
<b>TOTAL</b>	<b>\$3,051</b>	<b>\$1,726</b>	<b>-\$1,324</b>	<b>56.6</b>
^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.				



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Number of Veterans Receiving Substance Related Disorder Treatment Services and Related Expenditures in FY 2015-2017</b>								
<b>COUNTY</b>	<b>FY 2015*</b>	<b>FY 2016</b>	<b>FY 2017</b>		<b>COUNTY</b>	<b>FY 2015*</b>	<b>FY 2016</b>	<b>FY 2017</b>
Allegany	63	106	129		Allegany	\$106,678	\$271,710	\$289,761
Anne Arundel	122	184	186		Anne Arundel	\$224,299	\$661,910	\$691,238
Baltimore City	858	1,260	4,135		Baltimore City	\$2,051,067	\$5,004,402	\$6,828,849
Baltimore County	171	350	408		Baltimore County	\$416,716	\$1,027,890	\$1,472,277
Calvert	24	38	49		Calvert	\$18,280	\$69,514	\$94,916
Caroline	10	21	25		Caroline	\$7,524	\$62,517	\$60,269
Carroll	55	82	86		Carroll	\$86,158	\$284,334	\$327,394
Cecil	62	87	99		Cecil	\$97,984	\$212,453	\$247,730
Charles	25	50	51		Charles	\$26,473	\$116,152	\$118,432
Dorchester	17	29	32		Dorchester	\$44,900	\$140,750	\$140,607
Frederick	52	82	90		Frederick	\$123,539	\$321,389	\$463,712
Garrett	13	18	24		Garrett	\$7,535	\$32,946	\$38,830
Harford	82	109	127		Harford	\$118,562	\$270,369	\$331,579
Howard	28	56	59		Howard	\$69,544	\$148,112	\$262,093
Kent	7	11	15		Kent	\$2,719	\$18,793	\$89,503
Montgomery	75	104	117		Montgomery	\$154,093	\$419,692	\$461,982
Prince George's	42	87	91		Prince George's	\$43,087	\$160,905	\$219,743
Queen Anne's	12	16	19		Queen Anne's	\$18,952	\$68,639	\$68,837
St. Mary's	13	27	34		St. Mary's	\$13,756	\$42,065	\$85,218
Somerset	12	21	15		Somerset	\$16,061	\$60,985	\$55,200
Talbot	8	11	21		Talbot	\$22,395	\$36,453	\$75,916
Washington	81	137	154		Washington	\$198,892	\$443,549	\$591,715
Wicomico	53	91	112		Wicomico	\$103,988	\$243,343	\$410,908
Worcester	23	33	53		Worcester	\$13,641	\$51,445	\$108,524
<b>Statewide Total</b>	<b>1,896</b>	<b>2,869</b>	<b>3,309</b>		<b>Statewide Total</b>	<b>\$3,986,843</b>	<b>\$10,170,317</b>	<b>\$13,535,233</b>
*Based on claims paid through September 30, 2017.								
Data Source: ASO Report #152820.1.01								
Veteran status is based on individual response to question, "Are you a Veteran?"								
* Note: FY2015 data is for 6 months as the SRD services were not captured in the PBHS until January 1, 2015.								
Fiscal Year is based on date of service. County refers to an individual's county of residence.								
Statewide Total is unduplicated and may not equal the sum of individual lines.								
FY 17 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.								

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

Number of Opioid Related Overdose Deaths by County				
COUNTY	FY 2014	FY 2015	FY 2016	% Change FY14-16
Allegany	11	19	55	400.0%
Anne Arundel	88	87	169	92.0%
Baltimore City	275	365	628	128.4%
Baltimore County	146	196	305	108.9%
Calvert	16	21	25	56.3%
Caroline	7	2	9	28.6%
Carroll	29	36	44	51.7%
Cecil	23	26	28	21.7%
Charles	16	16	36	125.0%
Dorchester	0	1	5	#DIV/0!
Frederick	33	38	80	142.4%
Garrett	2	4	0	-100.0%
Harford	36	43	76	111.1%
Howard	18	25	40	122.2%
Kent	4	3	4	0.0%
Montgomery	52	60	84	61.5%
Prince George's	47	45	106	125.5%
Queen Anne's	8	4	6	-25.0%
St. Mary's	8	11	13	62.5%
Somerset	2	4	6	200.0%
Talbot	4	5	10	150.0%
Washington	35	58	63	80.0%
Wicomico	16	18	44	175.0%
Worcester	10	12	20	100.0%
<b>Statewide Total</b>	<b>886</b>	<b>1,099</b>	<b>1,856</b>	<b>109.5%</b>
These are deaths caused by an overdose of opioids.				
Note: Numbers are based on location of occurrence, so all deaths may not reflect Maryland residents.				
Data Source: Maryland Office of the Chief Medical Examiner (OCME)				

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

Primary Substance at Admission to SRD Treatment All Ages Statewide vs County FY15-17							
Statewide	FY 2015	FY 2016	FY 2017	Garrett	FY 2015	FY 2016	FY 2017
Alcohol	4,712	8,162	9,053	Alcohol	58	62	53
Amphetamines	48	110	169	Amphetamines	1	3	4
Barbiturates	4	6	2	Barbiturates	0	0	0
Benzodiazepines	188	412	445	Benzodiazepines	1	2	10
Cocaine	1,193	1,974	2,615	Cocaine	4	3	7
Diphenylhydantoin (Dilantin)	0	0	1	Diphenylhydantoin (Dilantin)	0	0	0
GHB/GBL	1	0	0	GHB/GBL	0	0	0
Hallucinogens	12	59	72	Hallucinogens	0	0	0
Inhalants	5	8	11	Inhalants	0	0	0
Ketamine	4	17	24	Ketamine	0	0	0
Marijuana/Hashish	2,971	4,863	4,886	Marijuana/Hashish	33	33	39
Meprobamate	4	8	5	Meprobamate	0	0	0
Opiates	27,931	26,979	40,647	Opiates	163	179	235
Over the Counter	26	36	46	Over the Counter	1	0	0
PCP	142	270	294	PCP	0	0	0
Sedatives	8	25	30	Sedatives	0	1	0
Stimulants	39	83	67	Stimulants	0	1	0
Tranquilizers	0	2	2	Tranquilizers	0	0	0
Synthetic Cannabinoids	50	134	110	Synthetic Cannabinoids	0	0	0
Other Substance	529	4,662	4,236	Other Substance	1	2	3
^None	5,142	991	985	^None	3	2	2
<b>TOTAL</b>	<b>43,009</b>	<b>48,801</b>	<b>63,700</b>	<b>TOTAL</b>	<b>265</b>	<b>288</b>	<b>353</b>
<b>Heroin (Opiates subset)</b>	<b>22,408</b>	<b>21,145</b>	<b>31,567</b>	<b>Heroin (Opiates subset)</b>	<b>78</b>	<b>62</b>	<b>92</b>
*Based on claims paid through September 30, 2017.				*Based on claims paid through September 30, 2017.			
Data Source: ASO Report 151172.1.01				Data Source: ASO Report 151172.1.01			
^None=Not Available at the time of initial authorization of Admission. This data is updated.				^None=Not Available at the time of initial authorization of Admission. This data is updated.			
<b>Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.</b>				<b>Data for FY15 is for the second half the Fiscal Year-1/1/15-6/30/15.</b>			

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Table 4. Fiscal Year 2016 State &amp; County Comparisons</b>				
<b>Outcome Measurement System</b>				
<b>Most Recent Substance-Related Disorder Interview - FY 2016*</b>				
	STATE	COUNTY		
	Percent	Percent	STATE	COUNTY
			Percent	Percent
<b>ADULTS</b>				
OMS - Q41/42. Employed now or last 6 months	45.2%	70.5%		
<b>OMS - Smoking</b>				
Q45. Do you smoke?				
Cigarettes	68.6%	78.8%		
Q47. In the past month use tobacco products?	6.9%	8.3%		
Cigars				
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%		
<b>CHILDREN AND ADOLESCENTS</b>				
OMS - Q32. Problems with school attendance	37.7%	20.0%		
OMS - Q34. Suspended from school in past 6 months	35.8%	20.0%		
<b>OMS - Smoking**</b>				
Q37. Do you smoke?				
Cigarettes	29.9%	20.0%		
Q39. In the past month use tobacco products?	13.1%	0.0%		
Cigars				
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%		
<b>ADULTS</b>				
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%
<b>CHILDREN AND ADOLESCENTS</b>				
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](http://maryland.valueoptions.com/services/OMS_Welcome.html)

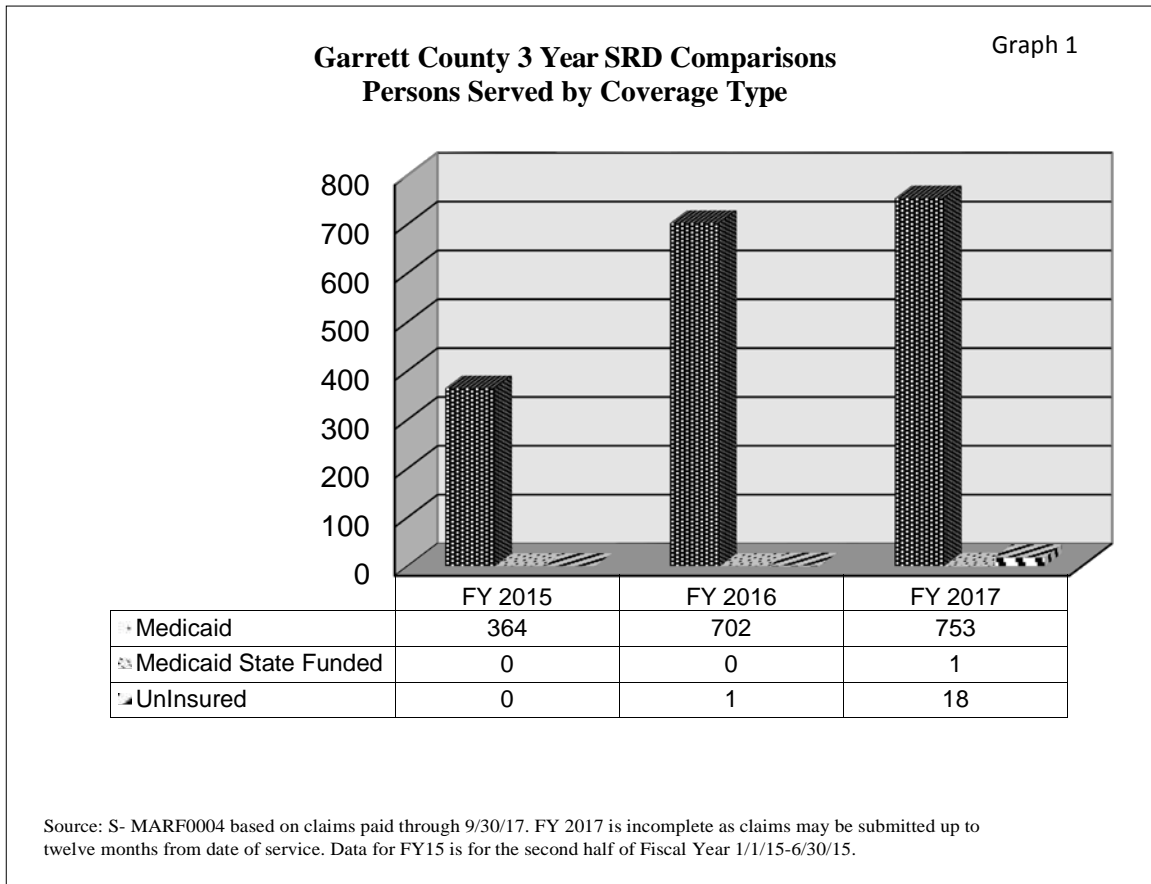
Most Recent Interview Only, FY 2016

Based on Final FY2016 data

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<b>Table 4. Fiscal Year 2017 State &amp; County Comparisons</b>				
<b>Outcome Measurement System</b>				
<b>Most Recent Substance-Related Disorder Interview - FY 2017*</b>				
	STATE	COUNTY		
	Percent	Percent	STATE	COUNTY
			Percent	Percent
<b>ADULTS</b>				
OMS - Q41/42. Employed now or last 6 months	38.5%	60.6%		
<b>OMS - Smoking</b>				
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%		
<b>OMS - Q48. General Health Status</b>				
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%		
<b>CHILDREN AND ADOLESCENTS</b>				
OMS - Q32. Problems with school attendance	32.8%	38.5%		
OMS - Q34. Suspended from school in past 6 months	31.5%	30.8%		
<b>OMS - Smoking**</b>				
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%		
<b>OMS - Q36. General Health Status</b>				
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%		
<b>ADULTS</b>				
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%		
<b>Q38. During the past month, Did you have problems from your drinking or drug use?</b>				
	Often	12.7%	7.0%	
	Always	10.7%	5.8%	
<b>CHILDREN AND ADOLESCENTS</b>				
	STATE	COUNTY		
	Percent	Percent		
<b>CHILDREN AND ADOLESCENTS</b>				
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%		
<b>During the past month,</b>				
	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: <a href="http://maryland.valueoptions.com/services/OMS_Welcome.html">http://maryland.valueoptions.com/services/OMS_Welcome.html</a>				
Most Recent Interview Only, FY 2017				
Based on Final FY2017 data				

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

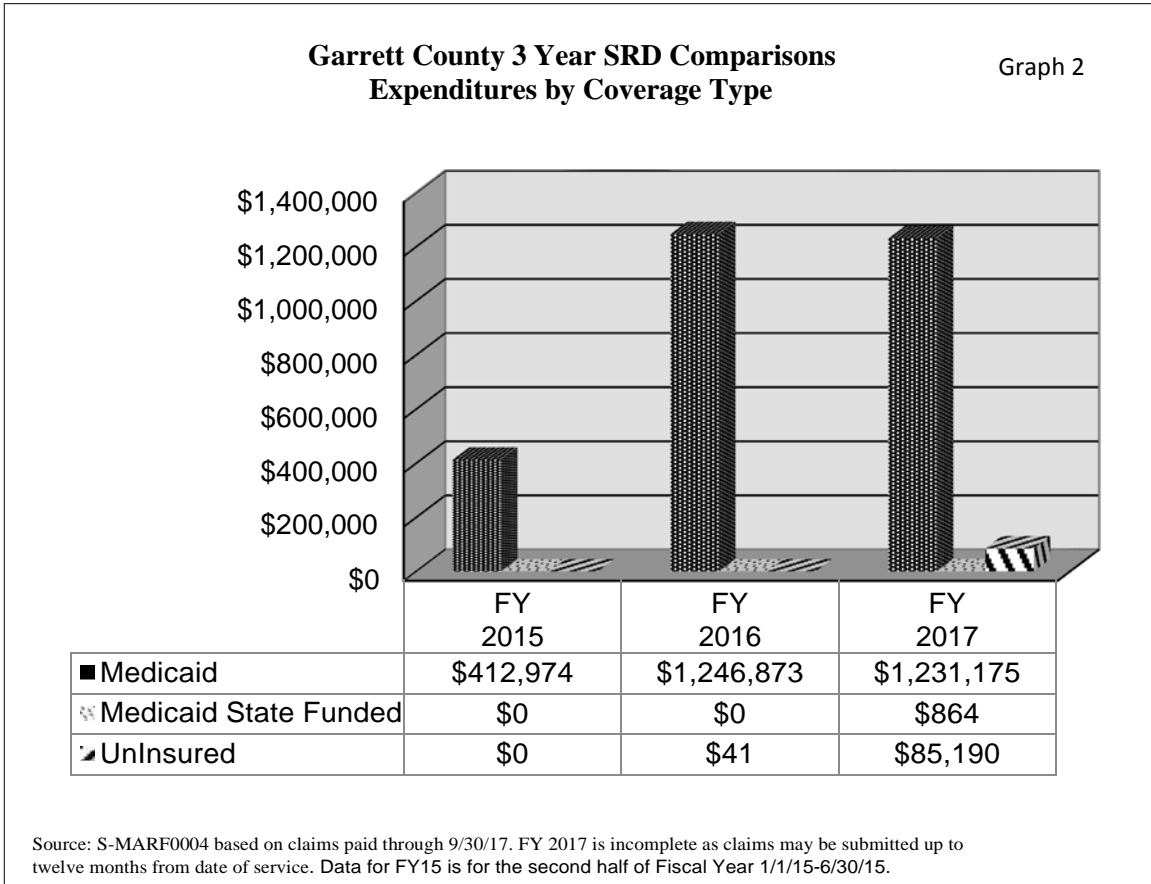


Graph 1: The comparison of coverage type demonstrates a significant majority of the persons served have Medicaid insurance. The resource of Adult Evaluation and Review Services (AERS) and Health Care Navigators located within the Health Department has been beneficial to supporting individuals in obtaining benefits.

There is a slight increase in the number of uninsured individuals served going from 1 in FY 2016 to 18 in FY 2017.

The number of Medicaid individuals served had a significant increase between FY 2015 and FY 2016 of 338 more individuals served. There was a minimal change between FY 2016 and FY 2017 of 51 more individuals served.

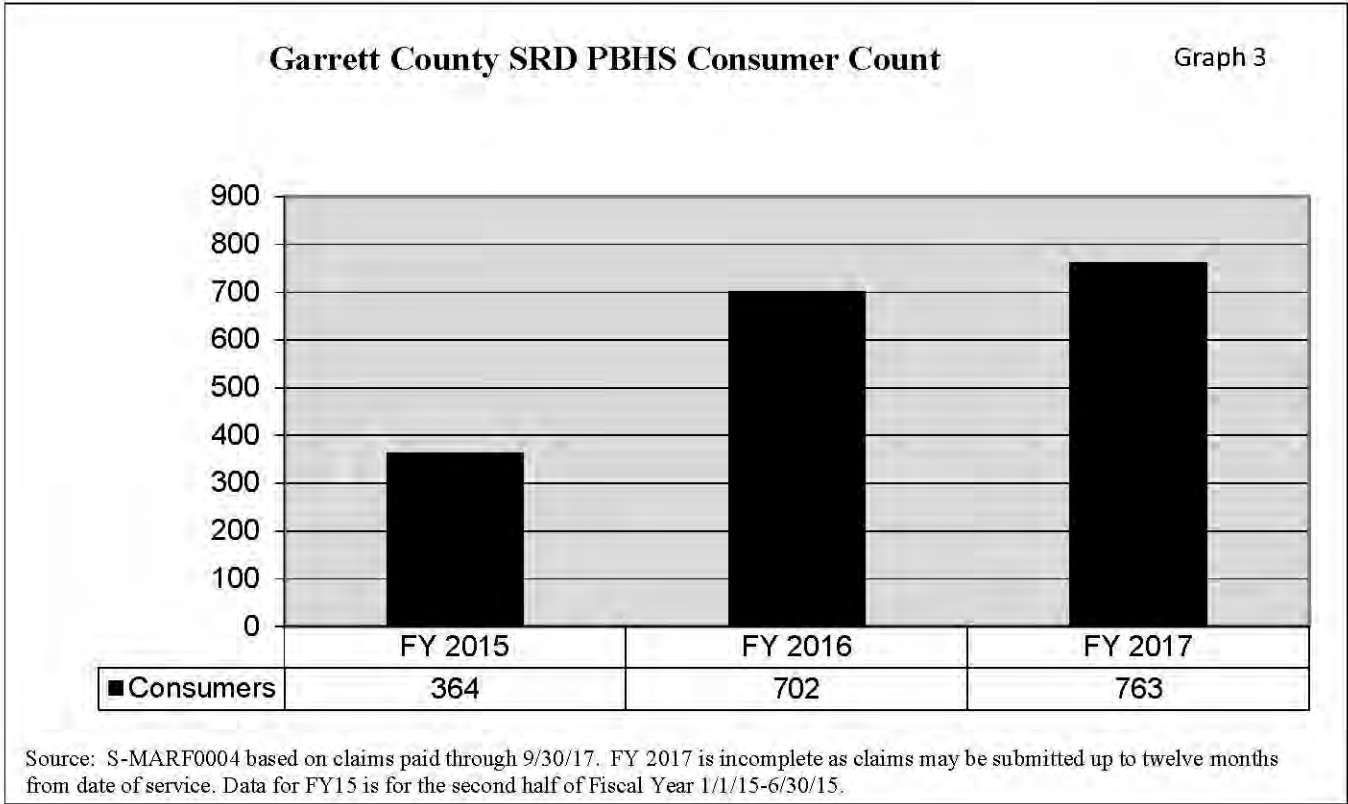
**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



Graph 2: The expenditures by coverage type correspond with the consumer count trends. The expenditure increase in FY 2017 for the uninsured to \$85,190 corresponds to the number served increase to 18 uninsured consumers. The significant increase in expenditures for Medicaid recipients from FY 2015 of \$412,974 to FY 2016 of \$1,246,873 relates to the significant increase in consumers served. The Garrett County Center for Behavioral Health Services reports as the transition to fee for service the internal system improvement for claims and authorization process.

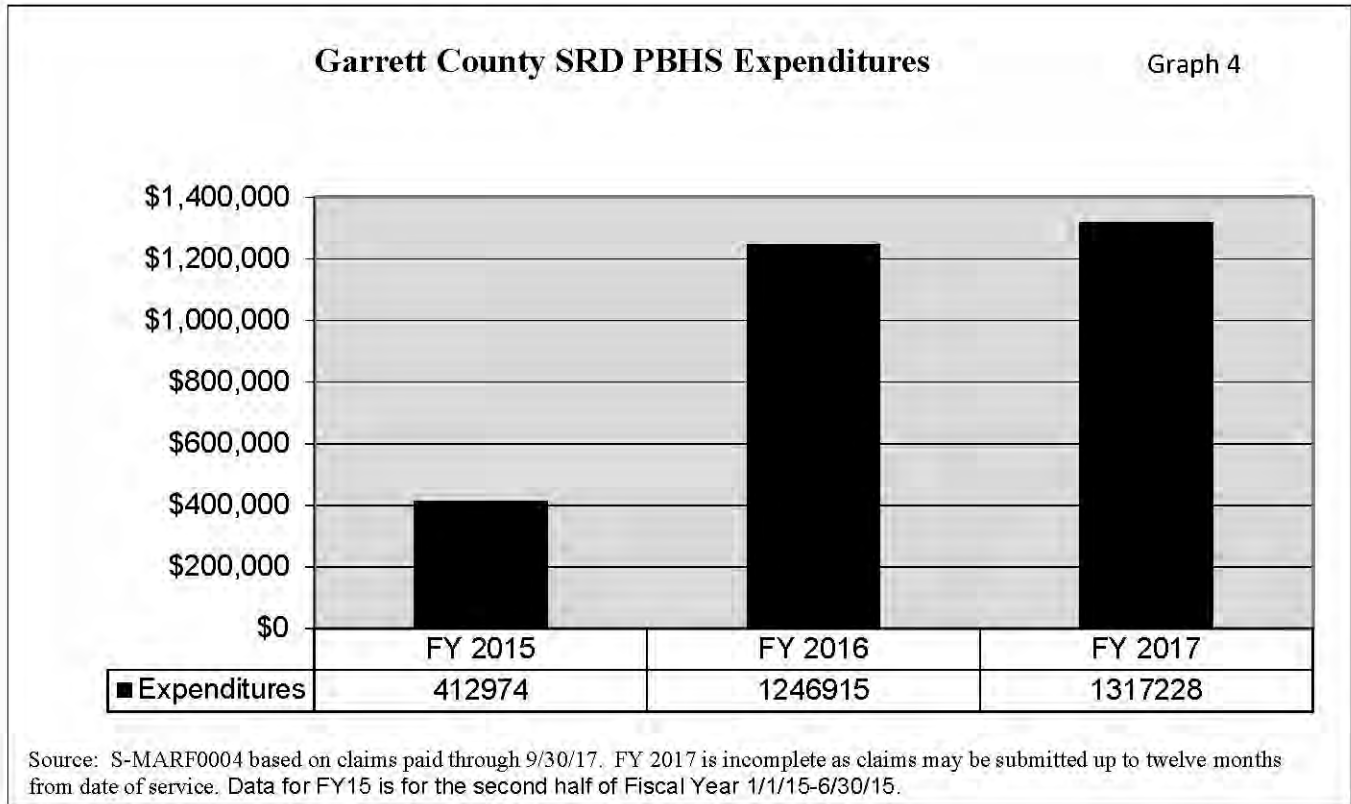


**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



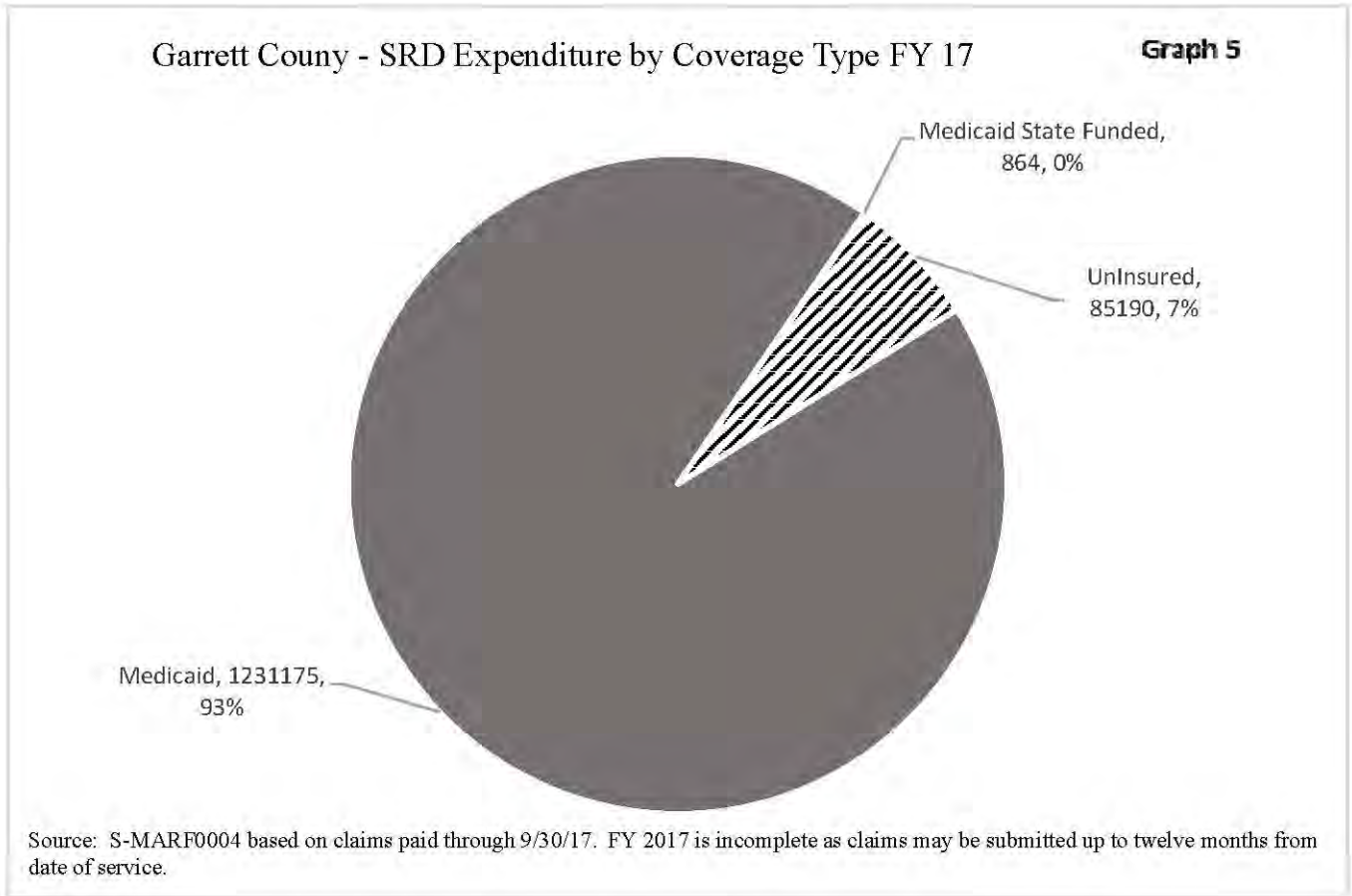
Graph 3 shows there is a 92% increase in the number of consumers served from FY 2015 to FY 2016. Multiple factors have impacted the significant increase in the number of consumers served. The increase in Medication Assisted Treatment (MAT) program providers in Garrett and Allegany Counties has impacted consumer access. There has been an expansion of physician caseload number of consumers served providing MAT services with program requirement for consumers of participation in weekly outpatient group SRD treatment. The Garrett County Center for Behavioral Health Services started a MAT program in October 2016.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



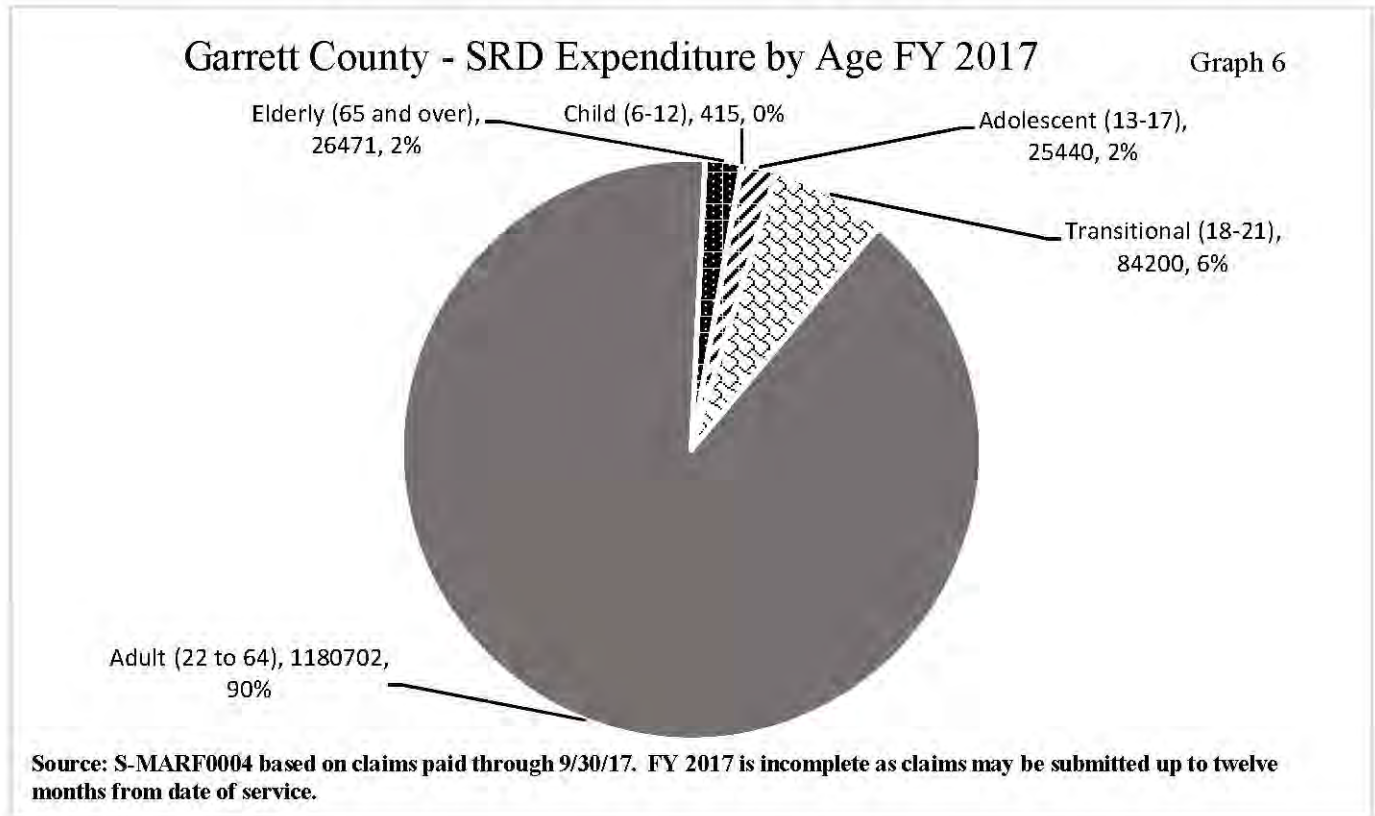
Graph 4: The significant increase in SRD PBHS Expenditures from FY 2015 and FY 2016 demonstrates a growth in serves accessed and number of consumers served.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**



Graph 5: It is notable that 93% of the expenditures are Medicaid coverage. The uninsured expenditures of only 7% demonstrate positive results of access to Medicaid coverage.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**



Graph 6: The expenditure by age group demonstrated 90% of expenditures is for Adult 22 to 64 age group, which is the largest age group. The percent of expenditures for adults is similar to the state percentage of 94% for adults. The expenditure of 6% for transition aged youth (18-21) is 3.64% more than the state expenditures for that age group. The early child (0-5) is 0% which is consistent with the state expenditures. The adolescent (6-12) expenditures of 2% is similar to the state expenditure of 1.54%.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**H. FY 2019 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 2019 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 tool, mygarrettcountry.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.

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 2019 plan essentially remain the same from last year's plan as that was the first year of those goals for the county. The three goals closely compare to Goals 1, 3, 4, and 5 of the goals selected by the BHA.

FY 2019 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 behavioral health services and quality of care throughout the continuum of care.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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

<i>Objective 1.1 Develop, implement, and evaluate screening, prevention, and early intervention services.</i>	
Strategy: 1.1.a: 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:	Performance Target:
<ul style="list-style-type: none"> <li>• # SBIRT training offered</li> <li>• # of Implementation sites</li> <li>• # of Adults screened</li> <li>• # of Youth screened</li> <li>• # of Referrals to behavioral health treatment</li> </ul>	<ul style="list-style-type: none"> <li>• 3</li> <li>• 2</li> <li>• 15</li> <li>• 5</li> <li>• 5</li> </ul>
Strategy: 1.1.b: Garrett County Behavioral Health Authority will schedule Mental Health First Aid Training during FY 2019.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of Mental Health First Aid (MHFA) Training sessions provided to general public and lay professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Adult focused trainings</li> <li>• 1 Youth focused training</li> <li>• 1 Law Enforcement training</li> </ul>

<i>Objective 1.2: Enhance and sustain a comprehensive approach to discourage youth substance use.</i>	
Strategy: 1.2.a: The Health Education and Outreach unit of the Garrett County Health Department will utilize the Strategic Prevention Framework to implement 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:	Performance Target:
<ul style="list-style-type: none"> <li>• # of Evidenced Based Strategies implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• 6 (2 Strategies per Grant)</li> </ul>
<ul style="list-style-type: none"> <li>• # of general public individuals involved in DFCC Action Teams or similar Teams and/or planned prevention education events.</li> </ul>	<ul style="list-style-type: none"> <li>• 45</li> </ul>
<ul style="list-style-type: none"> <li>• # of Children and Youth attending scheduled prevention events.</li> </ul>	<ul style="list-style-type: none"> <li>• 400</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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:	Performance Target:
<ul style="list-style-type: none"> <li># of alcohol compliance checks for the sale of alcohol to underage buyers.</li> </ul>	<ul style="list-style-type: none"> <li>50</li> </ul>
<ul style="list-style-type: none"> <li># of tobacco compliance checks for sale of tobacco to minors.</li> </ul>	<ul style="list-style-type: none"> <li>80</li> </ul>
<ul style="list-style-type: none"> <li># of Alcohol Legislation Education Regulation and Training (ALERT) server and concession training.</li> </ul>	<ul style="list-style-type: none"> <li>2 annually</li> </ul>

<i>Objective 1.3: Increase Behavioral Health Recovery Rates for Adolescents and Adults.</i>	
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	Performance Target
<ul style="list-style-type: none"> <li>#/% of in-person or telephonic collaborations with Primary Care Physicians and other Somatic Health providers during course of behavioral health treatment.</li> </ul>	<ul style="list-style-type: none"> <li>65%</li> </ul>
<ul style="list-style-type: none"> <li>#/% of Behavioral Health providers utilizing drug screen protocol for individuals enrolled in treatment.</li> </ul>	<ul style="list-style-type: none"> <li>70%</li> </ul>
<ul style="list-style-type: none"> <li>#/% of drug screens completed by all Behavioral Health treatment providers, providing follow-up report(s) to required entities.</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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:	Performance Target:
<ul style="list-style-type: none"> <li>• #/% of Outcome Management System Interviews completed by OMHC providers for Behavioral Health Services at designated time during treatment span.</li> </ul>	<ul style="list-style-type: none"> <li>• 85%</li> </ul>
<ul style="list-style-type: none"> <li>• #/% of Outcome Management System Interviews completed, showing improvement from previous interview in General Health Status.</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> </ul>
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:	Performance Target:
<ul style="list-style-type: none"> <li>• # of consumer support requests received and processed by the GCBHA</li> </ul>	<ul style="list-style-type: none"> <li>• 5</li> </ul>

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

<i>Objective 2.1: In collaboration with local Wellness and Recovery Center and On Our Own of Maryland (OOMD) and Health Education/Outreach Unite, expand outreach and education efforts of the Anti-Stigma Project (ASP).</i>	
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:	Performance Target:
<ul style="list-style-type: none"> <li>• # of Public service Announcements Activities created to educate families and loved ones regarding behavioral health disorders including overdose prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• 15</li> </ul>
<ul style="list-style-type: none"> <li>• # of public informational presentations provided</li> </ul>	<ul style="list-style-type: none"> <li>• 20</li> </ul>



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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:	Performance Target:
<ul style="list-style-type: none"> <li>• # of public education and training activities to increase awareness of behavioral health issues, as well as recovery and resiliency among children, youth, and adults.</li> <li>• # of approved, positive Wellness and Recovery messages presented via digital format</li> </ul>	<ul style="list-style-type: none"> <li>• 15</li> <li>• 24</li> </ul>

Strategy: 2.1.c: Mountain Haven Wellness and Recovery Center representative(s) to promote community engagement.

Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of Community Outreach and other presentations completed by Mountain Haven Wellness and Recovery Center to provide training on reducing stigma for designated vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> </ul>

*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:	Performance Target:
<ul style="list-style-type: none"> <li>• #of literally homeless or at risk of homelessness placed in temporary housing.</li> </ul>	<ul style="list-style-type: none"> <li>• 75 (combined with Community Action and DOVE Center)</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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:	Performance Target:
<ul style="list-style-type: none"> <li>#of literally homeless or at risk of homelessness placed in permanent housing.</li> </ul>	<ul style="list-style-type: none"> <li>35 (Combined with Community Action and DOVE Center)</li> </ul>

*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:	Performance Target:
<ul style="list-style-type: none"> <li># of individuals who have received trained.</li> </ul>	<ul style="list-style-type: none"> <li>65</li> </ul>

Strategy: 2.3.b: Approved distributor of Naloxone maintains certification.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li># of Naloxone kits dispensed to certified holders.</li> </ul>	<ul style="list-style-type: none"> <li>65</li> </ul>

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:	Performance Target:
<ul style="list-style-type: none"> <li># of individuals treated at local hospitals for substance related overdose; responses through EMS and Law Enforcement</li> </ul>	<ul style="list-style-type: none"> <li>40</li> </ul>
<ul style="list-style-type: none"> <li># of strategies developed with plan of implementation for local communities in Garrett County.</li> </ul>	<ul style="list-style-type: none"> <li>12</li> </ul>

Strategy: 2.3.d: Explore creating a Local Incident Response (LIR) Team or facets of LIR to act on data provided from the state and/or local Opioid Command Center, other entities.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li># of individuals treated at local hospitals for substance related overdose;</li> </ul>	<ul style="list-style-type: none"> <li>15</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<ul style="list-style-type: none"> <li>• #/% of responses through EMS/Law Enforcement/Emergency Department who are referred to and follow up with treatment/education recommendations.</li> <li>• #/% of responses through EMS/Law Enforcement/Emergency Department who are referred to and do not follow up with treatment/education recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• <math>\geq 20\%</math></li> <li>• <math>\leq 20\%</math></li> </ul>
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**Goal 3:** Support access to Behavioral Health services and quality of care throughout the continuum of care.

<i>Objective 3.1: Enhance Crisis Response services and Community Based Suicide Prevention.</i>	
Strategy: 3.1.a: Consult with Behavioral Health Administration, local law enforcement, including first responders, and mental health professionals on necessary training.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of training sessions provided through Crisis Intervention Training Grant</li> </ul>	<ul style="list-style-type: none"> <li>• 4</li> </ul>
<ul style="list-style-type: none"> <li>• # of Crisis Intervention Team meetings conducted annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of 4</li> </ul>
Strategy: 3.1.b: GCBHA will schedule Mental Health First Aid (MHFA) training during FY 2019.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of law enforcement personnel trained in MHFA.</li> <li>• # of general public trained in MHFA</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> <li>• 20</li> </ul>
Strategy: 3.1.c: GCBHA will review monthly reports sent by Garrett Regional Medical Center; Complete Annual Contract Monitoring.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of individuals screened for psychiatric emergencies at Garrett Regional Medical Center.</li> </ul>	<ul style="list-style-type: none"> <li>• 120</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

Strategy: 3.1.d: Review and discuss reporting forms provided to GCBHA from contract vendor.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li># of Urgent Care referral forms sent from Garrett Regional Medical Center to Garrett County Behavioral Health Clinic.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>
Strategy: 3.1.e: Review and discuss reporting forms provided to GCBHA from contract vendor.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li># of Urgent Care referrals having verified follow-up by the Garrett County Behavioral Health Clinic.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>
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:	Performance Target:
<ul style="list-style-type: none"> <li># of quarterly Garrett County Suicide Prevention Committee Meetings facilitated</li> </ul>	<ul style="list-style-type: none"> <li>4</li> </ul>

<i>Objective 3.2: Support the expansion of accredited behavioral health providers in Garrett County.</i>	
Strategy: 3.2.a: GCBHA will review Outcome Measurement System (OMS) reports for Adults and Adolescents.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li># of Outcome Measure Systems interviews completed by OMHC clinics and other providers which indicate employment status.</li> </ul>	<ul style="list-style-type: none"> <li>115</li> </ul>
<ul style="list-style-type: none"> <li># of referrals made to employment services for individuals indicating not be employed.</li> </ul>	<ul style="list-style-type: none"> <li>38</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

Strategy: 3.2b: Collaborate with grant funded programs to assist in promoting the registration and training in using the PDMP.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• #/% of healthcare providers utilizing the PDMP.</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> </ul>
Strategy: 3.2c: GCBHA will assist, as possible, to have additional recover specialists trained and maintain certification.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of trained peer support recovery specialists.</li> </ul>	<ul style="list-style-type: none"> <li>• 3</li> </ul>
Strategy: 3.2d: GCBHA will conduct necessary monitoring reviews during the fiscal year.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of Opioid Treatment Programs or other Medication Assisted Treatment Programs monitored to determine compliance with education and treatment of individuals with behavioral health disorders.</li> </ul>	<ul style="list-style-type: none"> <li>• 3</li> </ul>

<i>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.</i>	
Strategy: 3.3a: Monitor Conditions of Award for the MCCJTP and Substance Use Disorder Grants provided in the Garrett County Detention Center.	
Performance Measure:	Performance Target:
<ul style="list-style-type: none"> <li>• # of incarcerated served that have a behavioral health disorder.</li> </ul>	<ul style="list-style-type: none"> <li>• 80</li> </ul>
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:	Performance Target:
<ul style="list-style-type: none"> <li>• #/% of Continuing Care Plans developed for individuals being released from the detention center.</li> </ul>	<ul style="list-style-type: none"> <li>• 85%</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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:	Performance Target:
<ul style="list-style-type: none"> <li>• #/% of Juvenile Service youth who follow-up with appropriate clinical services when returning to the County or as stipulated in sanctions determination.</li> </ul>	<ul style="list-style-type: none"> <li>• 92%</li> </ul>
Strategy: 3.3d: Enhance access to community resources for seniors (elderly) with behavioral health conditions to prevent unnecessary institutionalization.	
Performance Measure	Performance Target
<ul style="list-style-type: none"> <li>• # of local vulnerable adult meetings conducted with GCBHA and Behavioral Health Providers, in attendance</li> </ul>	<ul style="list-style-type: none"> <li>• 3</li> </ul>
<ul style="list-style-type: none"> <li>• # of follow-up visit contact/possible visit with the individual who has been admitted to Nursing Facility (NF) under PASRR</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 for each individual Admitted to NF.</li> </ul>

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**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. With the exception of weather related cancellations the committee is scheduled to meet twelve times a year. 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 GCCSA provides the GCMHAC with an electronic version, and as requested a paper version, of the proposed FY 19 Program Plan. The document is reviewed at GCMHAC's meeting, recommendations provided from the committee, and approval obtained.

An electronic version of the FY 2019 Program Plan was emailed to the GCMHAC and GCDFCC on February 8, 2018.

The GCMHAC and GCDFCC were scheduled to complete a combined review meeting on February 7, 2018. However, weather circumstances led to the cancellation of scheduled meetings. There were four additional plan review meetings scheduled: February 9, 2018 at 9 am and 1:30 pm; and February 12, 2018 at 10 am and 1:00 pm.

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 LHMALC or LDAAC Chairperson must sign the letter or report. If there are no recommendations, the letter or report must so state and must*

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

*indicate that the LMHAC or LDAAC has reviewed the plan.*

*Minutes of the LMHAC or 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.*



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**



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](mailto:gccsa.gchd@maryland.gov)



**Public Health**  
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FAX 301-334-7701  
Equal Opportunity Employer

February 13, 2018

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 2019 Program and Financial Plans. Program/financial plan review meetings were held on Friday, February 9<sup>th</sup> and Monday, February 12<sup>th</sup>, with two meetings held each day.

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 Education and Outreach programs; the pilot of a new Health Department Bi-directional in-house referral; expansion of behavioral health services at Mountain Laurel Medical Center (FQHC for Garrett County), the addition of new local providers; and updates on Substance Related Disorder services in Garrett County.

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 service needs in Garrett County as well as the positive aspects for services. There has been a slight expansion in tele-psychiatry services for adults. The potential for tele-psychiatry outpatient therapy programs related to Medication Assisted Treatment Substance Abuse Disorders will also be of continued interest. Additionally, we are hoping to see more public involvement in additional Mental Health First Aid training sessions, during the remainder of Fiscal Year 2018 and throughout Fiscal Year 2019. Finally, GCMHAC and GCDFCC hopes to see continued efforts made in having the geriatric population provided opportunities of clinical behavioral health intervention that take into account the short and long term effects of medications and incorporate increased physical activity components to better manage psychiatric disabilities.

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.

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Toll Free Maryland Department of Health 1-877-463-3464  
TDD for Disabled Maryland Relay Service 1-800-735-2258

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

Many providers have expressed concerns about the affect this was having on their ability to provide services to their clients.

GCMHAC continues to encourage all providers to share information about their services and availability to access services on a public website. We also recommended Letters of Support for initiatives of providers as to services. Additionally, it is recommended they check the Network of Care or the MyGarrettCounty.com website to inform the Behavioral Health Authority of changes for contact information or services.

GCMHAC continues its annual on-site review of three providers by members of the committee. This past year these reviews showed the problem involving increased use and abuse of prescription drugs due to inadequate statewide controls to monitor prescriptions by various providers continues. The increased use and abuse also brings to light the need for additional inpatient addiction services beds in the area. The reviews also focused attention on the effect of an inadequate transportation system to meet the expanding needs of our target population.

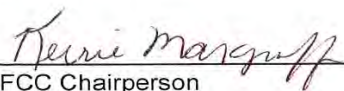
GCMHAC and GCDFCC would like to thank the GCBHA Director, Coordinator of Adult Services, Accountant, and Administrative Staff for its outstanding accomplishments on behalf of behavioral health consumers and their families. The programs and providers the GCBHA monitors have been held to a positive outcome 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 Burling 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 approves the Garrett County Behavioral Health Authority Fiscal Year 2019 Program Plan and Fiscal Year 2019 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

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**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**J. APPENDICES**

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

**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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

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.mygarrettcountry.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](https://www.cdc.gov/stltpublichealth/townhall/presentations/2013/vs_september.pptx)

[http://www.chronicdisease.org/mpage/domain4\\_ref\\_strategy](http://www.chronicdisease.org/mpage/domain4_ref_strategy)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN**

<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 BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN and BUDGETS**

<b>Appendix 4</b>		
<b>LOCAL INTERFACE AND LINKAGES - FY 2018</b>		
<i>Monthly Meetings</i>	<i>Topics Addressed</i>	<i>GCBHA Staff</i>
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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN and BUDGETS**

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
<i><b>Bi-Monthly Meetings</b></i>	<i><b>Topics Addressed</b></i>	<i><b>GCBHA Staff</b></i>
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
<i><b>Quarterly Meetings or Scheduled as Needed</b></i>	<i><b>Topics Addressed</b></i>	<i><b>GCBHA Staff</b></i>
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	Adult Coordinator; Director



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN and BUDGETS**

	address the holistic needs of adults with mental illness in Garrett County.	
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
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 Assistant
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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN and BUDGETS**

**Appendix 5**

**Acronyms**

<b>AERS</b>	Adult Evaluation and Review Services
<b>ARC</b>	Appalachian Regional Commission
<b>ASAM</b>	American Society of Addiction Medicine
<b>ASI</b>	Adventure Sports Institute
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>ASO</b>	Administrative Service Organization
<b>ATOD</b>	Alcohol, Tobacco and Other Drugs
<b>BHA</b>	Behavioral Health Administration
<b>CARC</b>	Community Aquatic & Recreation Complex
<b>CARF</b>	Commission on Accreditation of Rehabilitation Facilities International
<b>CCO</b>	Care Coordination Organization
<b>CHA</b>	Community Health Assessment
<b>CIT</b>	Crisis Intervention Team
<b>CSA</b>	Core Service Agency
<b>DDA</b>	Developmental Disabilities Administration
<b>DRADA</b>	Depression and Related Affective Disorders Association
<b>ECS</b>	Enhanced Support Services
<b>FFS</b>	Fee-For-Service
<b>FQHC</b>	Federal Qualified Health Center
<b>GCBHA</b>	Garrett County Behavioral Health Authority
<b>GCBOE</b>	Garrett County Board of Education
<b>GCCAC</b>	Garrett County Community Action Committee
<b>GCCBH</b>	Garrett County Center for Behavioral Health
<b>GCDFCC</b>	Garrett County Drug Free Communities Coalition

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN and BUDGETS**

<b>GCDOFRT</b>	Garrett County Drug Overdose Fatality Review Team
<b>GCDSS</b>	Garrett County Department of Social Services
<b>GCHD</b>	Garrett County Health Department
<b>GCHPC</b>	Garrett County Health Planning Council
<b>GCICA</b>	Garrett County Interagency Committee on Aging
<b>GCMHAC</b>	Garrett County Mental Health Advisory Committee
<b>HMIS</b>	Homeless Management Information System
<b>ICM</b>	Intensive Case Management
<b>LCT</b>	Local Care Team
<b>MAT</b>	Medication Assisted Treatment
<b>MCCJTP</b>	Maryland Community Criminal Justice Treatment Program
<b>MCSS</b>	Mobile Crisis Stabilization Services
<b>MSPF</b>	Maryland Strategic Planning Framework
<b>NET</b>	Navigation Enhancement Team
<b>OATS</b>	Older Adults Transition Services
<b>OMHC</b>	Outpatient Mental Health Services
<b>OMS</b>	Outcome Management System
<b>OMPP</b>	Opioid Misuse Prevention Program
<b>OWDT</b>	Office of Workforce Development and Training
<b>PAC</b>	Primary Adult Care
<b>PATH</b>	Projects for Assistance in Transition from Homelessness
<b>PBHS</b>	Public Behavioral Health System
<b>PCP</b>	Primary Care Physicians
<b>PHAB</b>	Public Health Accreditation Board
<b>PRP</b>	Psychiatric Rehabilitation Program
<b>RRP</b>	Residential Rehabilitation Program
<b>RTC</b>	Residential Treatment Center
<b>SSRS</b>	Social Skills Rating System
<b>SE</b>	Supported Employment

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY**  
**FY 2019 PROGRAM PLAN &**  
**FY 2019 FINANCIAL PLAN and BUDGETS**

<b>SHIP</b>	State Health Improvement Plan
<b>SOAR</b>	SSI/SSDI Outreach, Access, and Recovery
<b>SRD</b>	Substance Related Disorder
<b>TAY</b>	Transition Age Youth
<b>TGH</b>	Therapeutic Group Homes

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN  
 FY 2019 FINANCIAL PLAN**

**PART II-A**

**FY 2019 MENTAL HEALTH SERVICES FINANCIAL PLAN**

**A. State General Fund Administrative Budget (Narrative)**

The GCCSA staff currently consists of a .65 FTE Executive Director/Child and Adolescent Coordinator, a .44 FTE Finance Manager, a .24 FTE Adult Services Coordinator and a .14 FTE Administrative Assistant for a total of 1.47 FTE.

In FY 2018, the GCCSA staff consisted of a .71 FTE Executive Director/Child and Adolescent Coordinator, a .19 FTE Accountant, a .37 FTE Adult Services Coordinator and a .13 FTE Administrative Assistant for a total of 1.40 FTE.

In FY 2013-2018 the administration budget remained at the same level of \$152,110. In FY 2012 the administration budget was increased to \$152,110. (All amounts are prior to any one-time-only reductions for rollover.)

1. The budgets for CSA, POS, and FMHBG are included and are presented in the DHMH 4542 packet. (The budgets will be updated to the newly released formats prior to submission).
2. Budget Worksheets 1, 2, and 3 (see Attachment I)

**Cost of COLAs and increase in fringe costs for CSA Administrative budget**

We are anticipating a 2% COLA beginning January 1, 2019. Additionally, we anticipate increased health insurance and other fringe benefits. As per the budget instructions, these increases have NOT been incorporated into the current FY 2019 proposed budget.

The increases expected by position are as follows:

BHA Director	\$ 4,242
Adult Coordinator	\$ 4,136
Accountant	\$ 1,993
Office Assistant	\$ 204
<b>Total needed above budget</b>	<b>\$10,575</b>

(Increases reflect only CSA percentage of total costs incurred).

DHMH 433/434 (w/original signatures)

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4542A)

<b>FUNDING ADMINISTRATION:</b>	Behavioral Health Administration
<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>ADDRESS:</b>	1025 Memorial Drive
<b>CITY, STATE, ZIP CODE:</b>	Oakland, MD 21550
<b>TELEPHONE #:</b>	301-334-7440
<b>PROJECT TITLE:</b>	Care Service Agency
<b>AWARD NUMBER:</b>	MH4307H
<b>CONTACT PERSON:</b>	Frederick Polce, Jr., Exec Dir.
<b>FEDERAL ID #:</b>	217390991
<b>INDEX:</b>	20011
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019
<b>FISCAL YEAR:</b>	2019
<b>COUNTY PCA:</b>	F821N
<b>FILE NAME: (see instructions)</b>	19-Garret-F821N-MH4307H

DATE SUBMITTED: February 12, 2018  
 ORIGINAL BUDG. (Y/N): Y  
 MODIFICATION:  
 SUPPLEMENT:  
 REDUCTION:

	Current Budget	DHMH Funds Mod/Supp/Red	Local Funds Mod/Supp/Red	Other Funds Mod/Supp/Red	Total Mod/Supp/Red
Direct Costs-Net of Collections	138,282.00	0.00	0.00	0.00	0.00
Indirect Costs	13,828.00				
Total Costs-Net of Collections	152,110.00	0.00	0.00	0.00	0.00
DHMH Funding	152,110.00				0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval

DGLHA Approval  
 <DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) DHMH FUNDING REQUEST	(4) OTHER DIRECT FUNDING			(7) TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	(8) DHMH BUDGET MOD., SUPP or REDUCTION CHANGE (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGE (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGE (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries	77,230			77,230					0
2	0121 FICA	5,622			5,622					0
3	0131 Retirement	15,338			15,338					0
4	0139 Def Compensation	0			0					0
5	0141 Health Insurance	14,707			14,707					0
6	0142 Retiree Health Insurance	9,618			9,618					0
7	0161 Unemployment Insurance	217			217					0
8	0162 Workmen's Compensation	600			600					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	3,500			3,500					0
14	0291 FICA	268			268					0
15	0292 Unemployment Insurance	110			110					0
16	0299 Contractual See Salaries & Fringe	0			0					0
17	0301 Postage	100			100					0
18	0305 Telephone	600			600					0
19	0406 In-state Travel	260			260					0
20	0409 Out-of-State Travel	0			0					0
21	0415 Training	0			0					0
22	0420 Stipend/Tuition	350			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			100					0
27	0703 Insurance & Title	40			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 Personal Investigations	0			0					0
32	0815 Landscaping	0			0					0
33	0833 Repair & Maintenance	0			0					0
34	0834 Photocopier Rental	0			0					0
35	0835 Equipment Service	0			0					0
36	0836 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	13,828			13,828					0
41	0880 Laboratory Services	0			0					0
42	0889 Photography (Commercial)	0			0					0
43	0873 Printing	0			0					0
44	0881 Purchase of Care	0			0					0
45	0895 Trash Disposal	0			0					0
46	0896 Human Service Contracts	0			0					0
47	0899 Special Projects	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	1,000			1,000					0
54	0966 Other Supplies	0			0					0
55	1000 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	701			701					0
61	1332 Insurance	0			0					0
62	1334 Rent	9,031			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

DHMH 430 (Rev. APRIL 2016)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE  
 ESTIMATED PERFORMANCE MEASURES**

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b> Y
<b>PROJECT TITLE:</b>	Core Service Agency	<b>MODIFICATION:</b>
<b>AWARD NUMBER:</b>	MH4380TH	<b>SUPPLEMENT:</b>
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>
		<b>DATE SUBMITTED:</b> February 12, 2018

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
<b>CSA Administration -- Meet condition of MOU</b>	<b>100%</b>

(DHMH pms4542C, February 2012)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**B. 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 2019 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 2019 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 2019 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 2019 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 2019 in the amount of \$15,547.

***Transition Age Youth Services***

This 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 participants, and will be operated in FY 2019 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 2019 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 2018 at the funding level of \$38,448.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

***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 2019 at the funding level of \$35,168.

**The total Purchase of Service for these programs is \$401,690.**

***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 2019 as it is in FY 2018 in the amount of \$23,434.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4542A)

<b>FUNDING ADMINISTRATION:</b>	Behavioral Health Administration
<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>ADDRESS:</b>	1025 Memorial Drive
<b>CITY, STATE, ZIP CODE:</b>	Oakland, MD 21550
<b>TELEPHONE #:</b>	301.334.7440
<b>PROJECT TITLE:</b>	Purchase of Service
<b>AWARD NUMBER:</b>	MH4390TH
<b>CONTACT PERSON:</b>	Frederick Polco, Jr., Exec Dir.
<b>FEDERAL ID #:</b>	23789991
<b>INDEX:</b>	20011
<b>AWARD PERIOD:</b>	July 1, 2018 June 30, 2019
<b>FISCAL YEAR:</b>	2019
<b>COUNTY PCA:</b>	F818N
<b>FILE NAME:</b> (see instructions)	19-Garrett-F818N-MH4390TH

DATE SUBMITTED: February 12, 2018  
 ORIGINAL BUDG. (Y/N): Y  
 MODIFICATION:  
 SUPPLEMENT:  
 REDUCTION:

	Current Budget	DHMH Funds Mod/Supp/Red	Local Funds Mod/Supp/Red	Other Funds Mod/Supp/Red	Total Mod/Supp/Red
Direct Costs Net of Collections	375,000.00	0.00	0.00	0.00	0.00
Indirect Costs	26,884.00				0.00
Total Costs Net of Collections	401,884.00	0.00	0.00	0.00	0.00
DHMH Funding	401,884.00				0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval

DGLHA Approval  
 < DGLHA Log In ID

(1)	(2)	(3)	(4) OTHER DIRECT FUNDING			(5)	(6)	(7)	(8)	(9)	(10)	(11)
LINE ITEM NO.	LINE ITEM DESCRIPTION	DHMH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 7)			DHMH 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	107,522				107,522						0
2	0121 FICA	7,827				7,827						0
3	0131 Retirement	21,354				21,354						0
4	0139 Def Compensation					0						0
5	0141 Health Insurance	18,244				18,244						0
6	0142 Retiree Health Insurance	10,791				10,791						0
7	0161 Unemployment Insurance	303				303						0
8	0162 Workmen's Compensation					0						0
9	0171 Overtime Earnings					0						0
10	0181 Additional Assistance					0						0
11	0182 Adjustments					0						0
12	0201 Consultants					0						0
13	0280 Special Payments/Payroll	67,737				67,737						0
14	0291 FICA	5,192				5,192						0
15	0292 Unemployment Insurance	190				190						0
16	0299 Contractual Re-Salaries & Fringe	15,760				15,760						0
17	0301 Postage					0						0
18	0306 Telephone					0						0
19	0405 In-state Travel					0						0
20	0409 Out-of-State Travel					0						0
21	0415 Training	5,500				5,500						0
22	0420 Stipend/Tuition	5,000				5,000						0
23	0604 Electricity					0						0
24	0613 Water					0						0
25	0615 Utilities - Combined					0						0
26	0701 Gas and Oil					0						0
27	0703 Insurance & Title					0						0
28	0705 Vehicle Maintenance & Repair					0						0
29	0801 Advertising					0						0
30	0803 Client Transportation					0						0
31	0812 Personnel Investigations					0						0
32	0814 Contractual Labor	500				500						0
33	0827 Education & Training	2,000				2,000						0
34	0924 Photocopyer Rental					0						0
35	0935 Equipment Service					0						0
36	0939 Software					0						0
37	0939 Software Maintenance					0						0
38	0963 Maintenance					0						0
39	0964 Housekeeping					0						0
40	0965 Indirect Cost	26,884				26,884						0
41	0969 Laboratory Services	500				500						0
42	0969 Photocopy (Commercial)					0						0
43	0973 Printing					0						0
44	0981 Purchase of Care	88,622				88,622						0
45	0982 Spec. Student/Patient Activities	15,047				15,047						0
46	0981 Pharmacy Services	1,500				1,500						0
47	0999 Special Projects					0						0
48	0999 Cleaning Supplies					0						0
49	0919 Educational Supplies					0						0
50	0924 Food					0						0
51	0953 Medicine, Drugs & Chemicals					0						0
52	0967 Medical Supplies	527				527						0
53	0965 Office Supplies					0						0
54	0965 Other Supplies					0						0
55	1000 Computer Equipment					0						0
56	1073 Office Equipment					0						0
57	1100 Personal Computer Equipment					0						0
58	1192 Medical Equipment					0						0
59	1193 Office Equipment					0						0
60	1331 Dues & Memberships					0						0
61	1332 Insurance					0						0
62	1334 Rent					0						0
63	1336 Subscriptions					0						0
64	1600 Interest Income					0						0
65	1802 Bad Debt Collections					0						0
66	1803 Self-Pay Collections					0						0
67	1806 Medicaid Collections					0						0
68	1807 Medicare Collections					0						0
69	1808 Other Collections					0						0
70	1812 County Contribution					0						0
71						0						0
72						0						0
73						0						0
74						0						0
75						0						0

DHMH 140 (Rev. APRIL 2016)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE  
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Garrett County Health Department	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Purchase of Service	MODIFICATION:	
AWARD NUMBER:	MH4390TH	SUPPLEMENT:	
AWARD PERIOD:	July 1, 2018~June 30, 2019	REDUCTION:	
		DATE SUBMITTED:	February 12, 2018

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

(DHMH pms4542C, February 2012)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

NOTE: THIS FORM NOT TO BE USED FOR COST REIMBURSEMENT CONTRACTS

LOCAL HEALTH DEPT:	Garrett County Health Department
PROJECT TITLE:	Purchase of Service
AWARD NUMBER:	MH4390TH
AWARD PERIOD:	July 1, 2018-June 30, 2019

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	
SUPPLEMENT:	
REDUCTION:	
DATE SUBMITTED:	February 12, 20

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)	DHMH	TOTAL
				FUNDED COST	COST
Transition Age Youth	fixed price	Garrett College - Adventure Sports Inst	28 Program Days, 15 participants	\$69,372	\$69,372
			TAY Coordinator 20/WK		
Crisis Response	fixed price	Garrett County Memorial Hospital	416 Emergency Room Staff hours	\$19,250	\$19,250
<b>TOTAL (MUST EQUAL DHMH AND TOTAL PURCHASE OF CARE SERVICES COSTS ON BUDGET PAGE)</b>				<b>\$69,372</b>	<b>\$88,622</b>

4542a  
Formula Check  
88,622.00  
0.00

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**Federal Mental Health Block Grant (MHBG) Budget(s) (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, excluding one-time supplemental funding.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

**FUNDING ADMINISTRATION:** Behavioral Health Administration  
**LOCAL HEALTH DEPT:** Garrett County Health Department  
**ADDRESS:** 1025 Memorial Drive  
**CITY, STATE, ZIP CODE:** Oakland, MD 21550  
**TELEPHONE #:** 201 324 7440  
**PROJECT TITLE:** Federal Mental Health Block Grant  
**AWARD NUMBER:** MH400TH  
**CONTACT PERSON:** Frederick Peke, Jr., Exec Dir.  
**FEDERAL I.D.#:** 23729593  
**INDEX:** 20011  
**AWARD PERIOD:** July 1, 2018 - June 30, 2019  
**FISCAL YEAR:** 2019  
**COUNTY PCA:** FR2RN  
**FILE NAME:** (see instructions) 19\_Garrett\_FR2RN\_MH400TH  
(FY:County:CountyCA:Grant#)

**DATE SUBMITTED:** February 12, 2018  
**ORIGINAL BUDG. (Y78):** Y  
**MODIFICATION:**  
**SUPPLEMENT:**  
**REDUCTION:**

	Current Budget	DHMH Funds	Local Funds	Other Funds	Total
	Mod./Supp./Red.	Mod./Supp./Red.	Mod./Supp./Red.	Mod./Supp./Red.	Mod./Supp./Red.
Direct Costs Net of Collections	26,264.00	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
DHMH Funding	40,000.00				0.00
Loc. of Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval: \_\_\_\_\_  
 DOLHA Approval: \_\_\_\_\_  
 HADHNG: <=DOLHA Loc In ID \_\_\_\_\_

(1)	(2)	(3)	(4) OTHER DIRECT FUNDING			(5) TOTAL PROGRAM BUDGET (COL 4 + COL 5 + COL 6)	(6) DHMH BUDGET MOD., SUPP. or REDUCTION CHANGES (+ OR -)	(7) LOCAL BUDGET MOD., SUPP. or REDUCTION CHANGES (+ OR -)	(8) OTHER BUDGET MOD., SUPP. or REDUCTION CHANGES (+ OR -)	(9) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 6 + Col 7 + Col 8)
LINE ITEM NO.	LINE ITEM DESCRIPTION	DHMH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
0111	Salaries	16,243				16,243				0
0121	FICA	1,182				1,182				0
0131	Retirement	3,226				3,226				0
0130	Def Compensation					0				0
0141	Health Insurance	2,943				2,943				0
0142	Retiree Health Insurance	1,724				1,724				0
0161	Unemployment Insurance	46				46				0
0182	Workman's Compensation					0				0
0173	Overtime Expense					0				0
0181	Additional Assistance					0				0
0182	Adjustments					0				0
0201	Commuters					0				0
0280	Special Payments Payout					0				0
0291	FICA					0				0
0292	Unemployment Insurance					0				0
0293	Contractual Ser-Salaries & Fringe	11,000				11,000				0
0301	Postage					0				0
0305	Telephone					0				0
0405	In-State Travel					0				0
0409	Out-of-State Travel					0				0
0416	Training					0				0
0420	Stipend/Tuition					0				0
0504	Electricity					0				0
0515	Water					0				0
0516	Utilities - Combined					0				0
0701	Gas and Oil					0				0
0703	Insurance & Tels					0				0
0705	Vehicle Maintenance & Repair					0				0
0801	Advertising					0				0
0803	Client Transportation					0				0
0812	Personnel Investigations					0				0
0815	Limousine					0				0
0833	Renov & Maintenance					0				0
0834	Photocopyer Rental					0				0
0835	Equipment Service					0				0
0838	Software					0				0
0839	Software Maintenance					0				0
0853	Maintenance					0				0
0854	Housekeeping					0				0
0856	Indirect Cost	3,636				3,636				0
0860	Laboratory Supplies					0				0
0869	Photography (Commercial)					0				0
0873	Printing					0				0
0881	Purchase of Cars					0				0
0885	Trash Disposal					0				0
0886	Human Service Contracts					0				0
0899	Special Projects					0				0
0909	Cleaning Supplies					0				0
0919	Educational Supplies					0				0
0924	Food					0				0
0953	Medicine, Drugs & Chemicals					0				0
0957	Medical Supplies					0				0
0965	Office Supplies					0				0
0986	Other Supplies					0				0
1050	Computer Equipment					0				0
1073	Office Equipment					0				0
1180	Personal Computer Equipment					0				0
1192	Medical Equipment					0				0
1193	Office Equipment					0				0
1331	Dues & Memberships					0				0
1332	Insurance					0				0
1334	Rent					0				0
1336	Subscriptions					0				0
1380	Interest Income					0				0
1502	Bad Debt Collections					0				0
1603	Self Pay Collections					0				0
1605	Medicaid Collections					0				0
1607	Medicare Collections					0				0
1608	Other Collections					0				0
1617	County Contribution					0				0
71						0				0
72						0				0
73						0				0
74						0				0
75						0				0

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE  
 ESTIMATED PERFORMANCE MEASURES**

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b> Y
<b>PROJECT TITLE:</b>	Federal Mental Health Block Grant	<b>MODIFICATION:</b>
<b>AWARD NUMBER:</b>	MH4400TH	<b>SUPPLEMENT:</b>
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>
		<b>DATE SUBMITTED:</b> February 12, 2018

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
<b>IEP Meetings</b>	<b>50</b>
<b>Behavior Support Plans</b>	<b>10</b>
<b>Behavior Support Team Consults</b>	<b>20</b>
<b>Support Services</b>	<b>150 children &amp; 440 services</b>

(DHMH pms4542C, February 2012)

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 9 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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 a minimum of 15 hours a <sup>week</sup> month (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



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 10 of 21 Pages

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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

ATTACHMENT E  
Page 12 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

ATTACHMENT E  
Page 13 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
Education and Training-Community  
\$2,000**

The CSA will provide a minimum of two (2) training sessions, each lasting approximately five (5) hours, on mental health treatment issues. Each session will include 25-50 mental health professionals and support staff. This will include a post-training evaluation.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

ATTACHMENT E  
Page 16 of 21 Pages

**Condition of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

ATTACHMENT E  
Page 3 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 4 of 21 Pages

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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 5 of 21 Pages

- 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 \$1000 per consumer without prior written approval by the BHA Director of Adult Services or Director of Child and Adolescent Services (or Director of CSA Liaison 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, Office of CSA Liaison 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 6 of 21 Pages

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 Health 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.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

ATTACHMENT E  
Page 7 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

ATTACHMENT E  
Page 14 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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.

two hundred (200)

1. The vendor will provide for, services in the areas of prevention, early identification, and on-site early intervention, to ~~two hundred (200)~~ 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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**ATTACHMENT E**  
Page 18 of 21 Pages

**Conditions of Award  
Garrett County Behavioral Health Authority  
FY 2018  
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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**Condition of Award  
Garrett County Behavioral Health Authority  
FY2019  
Crisis Intervention Team  
\$35,168**

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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

ATTACHMENT E  
Page 4 of 5 Pages

**PROGRAM NARRATIVE FY 2018**

**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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**ATTACHMENT E  
Page 5 of 5 Pages**

**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.**

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**ATTACHMENT E1  
Page 1 of 1 Pages**

**Specific Conditions Applicable to: Community Mental Health Services – Block Grant Funds**

The Vendor will provide services under the plan only through appropriate, qualified community programs (which may include community mental health center, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health consumer-directed programs).

The Vendor agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified below:

Criteria for Mental Health Center

- (1) With respect to mental health services, the centers provide services as follows:
  - (a) Services principally to individuals residing in a defined geographic area.
  - (b) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
  - (c) 24-hour-a-day emergency care services.
  - (d) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
  - (e) Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.
- (2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.
- (3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

The Vendor agrees that it will not expend the grant:

- (1) to provide inpatient services;
- (2) to make case payments to intended recipients of health services;
- (3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- (5) to provide financial assistance to any entity other than a public or nonprofit private entity; or
- (6) for services that are reimbursable through the Administrative Service Organization.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

**MARYLAND DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH ADMINISTRATION  
FISCAL YEAR 2019 LOCAL BEHAVIORAL HEALTH PLAN  
BUDGET WORKSHEET #1  
FISCAL YEAR 2018 BUDGETED AND YEAR TO DATE EXPENDITURES**

GRANTEE NAME: Garrett County Behavioral Health Authority  
 PROJECT TITLE: MH Administration & Services  
 AGREEMENT NUMBER: Various

Type of Service	Budgeted FY 2017 Rollover Amount	Budgeted FY 2017 Rollover Outcomes	Year-To-Date FY 2017 Rollover Expenditures	Year-To-Date FY 2017 Rollover Outcomes*	% of Budget C&A	% of Budget Adult	Budgeted FY 2018 MDH Award	Budgeted FY 2018 Outcomes	Year-To-Date FY 2018 MDH Expenditures As of 12/31/17	Projected FY 2018 Total Expenditures	Year-To-Date FY 2018 Outcomes As of 12/31/17	% of Projected Exp. C&A	% of Projected Exp. Adult
MH Agreement #4380TH							\$ 152,110	C&A Administration	60,221,200	\$ 152,110	C&A Administration	10%	90%
<b>Total Administration Award</b>													
MH Agreement #4390TH							\$ 73,857	15 Youth	\$ 22,053	\$ 73,857	14 Youth	95%	5%
1) Transition Age Youth							\$ 176,699	126 Youth 126 Child 126 Adult	\$ 14,577	\$ 176,699	126 Youth 126 Child 126 Adult	100%	90%
2) Rural Psychiatric Services & Mental Health							\$ 45,835	45 Unduplicated	\$ 21,055	\$ 45,835	45 Unduplicated	10%	100%
3) Jail Mental Health Treatment							\$ 15,547	24,900 (Program) 800 (LH) \$13,000 (Other) 800 (Transport)	\$ 8,710	\$ 15,547	24,900 (Program) 800 (LH) \$13,000 (Other) 800 (Transport)	5%	95%
4) Client Support Services							\$ 2,000	Advertisements Health Fair Posters	\$ 241	\$ 2,000	Advertisements	40%	60%
5) Public Awareness							\$ 2,000	2 Trainings	\$ 1,970	\$ 2,000	2 Trainings	40%	60%
6) Community Education & Training							\$ 12,141	200 (LH) Educational Outcomes	\$ 5,517	\$ 12,141	200 (LH) Educational Outcomes	100%	0%
7) Preschool Prevention							\$ 35,168	2 Trainings	\$ 11,097	\$ 35,168	2 Trainings	20%	80%
8) Crisis Intervention Team							\$ 30,440	400 (Child Prod) 400 (Emot/Dev/Heal)	\$ 9,100	\$ 30,440	400 (Child Prod) 400 (Emot/Dev/Heal)	25%	75%
9) Crisis Response													
10) Subtotal/Grand Total of Services ONLY	\$0	\$0	\$0	\$0			\$407,690		\$164,410	\$392,690			

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.  
 \*\*\* Please show services in the same order that they appear on the budget purchase of service detail page and/or Human Services page (CHMH-4542-4542) or CHMH-4326).



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**MARYLAND DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH ADMINISTRATION  
FISCAL YEAR 2019 LOCAL BEHAVIORAL HEALTH PLAN  
BUDGET WORKSHEET #2  
FISCAL YEAR 2019 BUDGET REQUEST**

GRANTEE NAME: Garrett County Behavioral Health Authority  
PROJECT TITLE: MH Administration & Services  
FISCAL YEAR: 2019

Type of Service	Budget Request	Proposed Outcomes	\$ Change FY 2018-2019	Explanation of Changes	% of Budget C&A	% of Budget Adult
MH Agreement #: 4380TH Total Administration Award	\$ 152,110.00	CSA Administration	\$ -		10%	90%
MH Agreement #: 4390TH Mental Health Services						
1) Transition Age Youth	\$ 73,852	15 Youth			95%	5%
2) Rural Psychiatric Services & Mental Health	\$ 176,689	250 Days 1000 Hours 1000 Hours 1000 Hours			10%	90%
3) Jail Mental Health Treatment	\$ 45,835	15 Unqualified			0%	100%
4) Client Support Services	\$ 15,547	14 2018 Training 2000 hrs 1000 hrs 1000 hrs			5%	95%
5) Public Awareness	\$ 2,000	Advocates 1000 hrs 1000 hrs			40%	60%
6) Community Education & Training	\$ 2,000	2 Trainings			40%	60%
7) Preschool Prevention	\$ 12,141	200 Services 1000 hrs 1000 hrs			100%	0%
8) Crisis Intervention Training	\$ 35,168	2 Trainings			20%	80%
9) Crisis Response	\$ 38,448	1000 hrs 1000 hrs			25%	75%
10) Subtotal or Grand Total of Services ONLY	\$407,600		\$0			

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).

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

## BUDGET WORKSHEET #3 FEDERAL MENTAL HEALTH BLOCK GRANT

GRANTEE NAME: Garrett County Behavioral Health Authority  
 PROJECT TITLE: FEDERAL MENTAL HEALTH BLOCK GRANT  
 AGREEMENT NUMBER: MM4400TH

Type of Service	FY 2017				FY 2018				FY 2019				Explanation of Changes		
	Approved Award	Contracted Outcomes	Actual Expenditures	Actual Outcome Delivered	% of Exp. CMA	% of Exp. Adult	Year to Date Expenditures As of 12/31/17	Projected Total Expenditures <sup>1</sup>	Contracted Outcomes	% of Total Exp. CMA	% of Total Exp. Adult	Budget Request		Proposed Outcomes	% of Budgeted CMA
1) School Based Mental Health	\$ 74,700	50 IEP Meetings 10 Behavior Support Plans 20 Behavior Support Team Consults	\$ 74,700	61 IEP Meetings 20 Behavior Support Plans 118 Behavior Support Team Consults	100%	0%	\$ 18,928	\$ 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%
<b>Subtotal or Grand Total of Services</b>	<b>\$ 74,700</b>		<b>\$ 74,700</b>				<b>\$ 18,928</b>	<b>\$ 40,000</b>				<b>\$ 40,000</b>			

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.

<sup>1</sup>Please show services in the same order that they appear on the budget purchase of service detail page and/or Human Services page (DHHR 4521H4524 or DHHR 4520).  
<sup>2</sup>Figures for these columns are due to BHA one week prior to your budget review date.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**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 Office of the Inspector General 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 Office of the Inspector General Audit Division, at: [charlesl.thomas@maryland.gov](mailto:charlesl.thomas@maryland.gov) the Schedule of Sub Vendors can be found at [http://www.dhmh.maryland.gov/pages/sf\\_gacct.aspx](http://www.dhmh.maryland.gov/pages/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 Office of the Inspector General Audit Division to the following address:

Department of Health and Mental Hygiene  
Office of the Inspector General’s Audit Division  
201 West Preston Street, Room L-7  
Baltimore, Maryland 21201

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

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: 02/14/18 Certified on Behalf of: GC Behavioral Health Authority

By: Frederick Polce, Jr.

Title: Executive Director

Date: 02/14/18

Agreement Title: CSA, POS, FMHRG, LAA

Agreement Number: MH4380TH, MH4390TH, MH4400TH, AS353ADM

Signature of Official: 

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**


**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.  MH4380TH, MH4390TH, MH4400th, AS353ADM	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  301-334-7440
Signature of Above Official 	Date Signed 02/14/2018

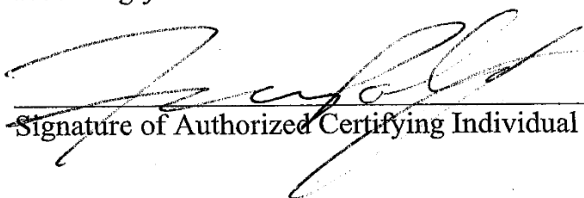
**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**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 Applicant).

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:



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

- 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 contractor's 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

employment. A Recipient 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.

Leandrea Getson

**Name of Designee(s) - Type or Print**

**Date:** 02/14/2018 Garrett County Behavioral Health Authority  
**(Applicant)**

**By:** Frederick Polce, Jr., Executive Director  
**(President, Chairman of Board, or comparable authorized official)**

1025 Memorial Drive, Suite 104

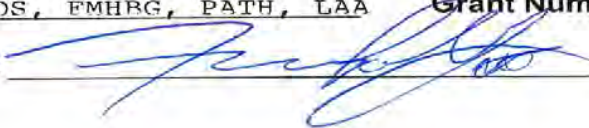
Oakland, MD 21550

**(Applicants Mailing Address)**

**Grant Title:** CSA, POS, FMHRG, PATH, LAA

**Grant Number:**

AS353ADM,  
MH4380TH, MH4390TH,  
MH4400TH, MH4410TH,

**Signature of Official:** 

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

*a. Attestation Letter: Review of Subvendor Budgets*



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](mailto:gccsa.gchd@maryland.gov)



**Public Health**  
Prevent. Promote. Protect.  
301-334-7700 or 301-895-3111  
FAX 301-334-7701  
Equal Opportunity Employer

February 12, 2018

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 2019 Review of Subvendor Budgets

Dear Ms. Katsereles:

I hereby attest the Garrett County Behavioral Health Authority does not have Subvendor budgets for cost reimbursement contracts for FY 2019 to review. If there were, the process would include the vendor submitting 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.

Sincerely,

A handwritten signature in blue ink, appearing to read "Frederick Polce, Jr.", written over a faint circular stamp.

Frederick Polce, Jr., M.S.  
Executive Director  
Garrett County Behavioral Health Authority/  
Local Management Board

*Garrett County, a healthier place to live, work, and play!*

**garretthealth.org**

Toll Free Maryland Department of Health 1-877-463-3464  
TDD for Disabled Maryland Relay Service 1-800-735-2258

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

***b. Attestation Letter: Audit of Subvendor Cost Reimbursement Contracts***



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](mailto:gccsa.gchd@maryland.gov)



**Public Health**  
Prevent. Promote. Protect.  
301-334-7700 or 301-895-3111  
FAX 301-334-7701  
Equal Opportunity Employer

February 12, 2018

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 2019 Audit of Subvendor Cost Reimbursement Contracts

Dear Ms. Katsereles:

I hereby attest the Garrett County Behavioral Health Authority does not have any FY 2019 Sub-vendors under cost reimbursement contract to audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "Frederick Polce, Jr.", written over a faint circular stamp.

Frederick Polce, Jr., M.S.  
Executive Director  
Garrett County Behavioral Health Authority/  
Local Management Board

*Garrett County, a healthier place to live, work, and play!*  
**garretthealth.org**

Toll Free Maryland Department of Health 1-877-463-3464  
TDD for Disabled Maryland Relay Service 1-800-735-2258

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**c. Attestation Letter: Procurement Policy**



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](mailto:gccsa.gchd@maryland.gov)



**Public Health**  
Prevent. Promote. Protect.  
301-334-7700 or 301-895-3111  
FAX 301-334-7701  
Equal Opportunity Employer

February 12, 2018

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 2019 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 2019. Should this policy change, the Garrett County Behavioral Health Authority will notify BHA.

Sincerely,

A handwritten signature in blue ink, appearing to read "Frederick Polce, Jr.".

Frederick Polce, Jr., M.S.  
Executive Director  
Garrett County Behavioral Health Authority/  
Local Management Board

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**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**Part II-B**

**FY 2019 SUBSTANCE RELATED DISORDER SERVICES FINANCIAL PLAN**

**I. Substance Related Disorder Financial Plan**

**A. Budgets**

**1. Administrative/LAA Budget**

See Attachment II-A Over the Allocation Request

The LAA staff currently consists of a .36 FTE Coordinator who also serves as the Adult Services Coordinator for the GCCSA.

In FY 2017 and FY 2018 the administration budget remained at the same level of \$45,000.

The current allocation is \$45,000.

See Attachment II-A Over the Allocation Request to establish the budget at \$60,675.

**2. General Treatment Grant Budget**

**3. Federal Treatment Grant Budget**

**4. Temporary Case Assistance Budget**

**5. Substance Abuse Treatment Outcomes Partnership (S.T.O.P.) Budget**

**6. Recovery Support Service Expansion Budget**

**7. Opioid Operational Command Center (OIT) Budget**

**8. Opioid Misuse Prevention Program (OMPP) Budget**

**9. Prevention Services Budget**

**10. Partnership for Success (MSPF2) Budget**

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**ATTACHMENT IIA - OVER THE ALLOCATION REQUEST**

**PROGRAM NARRATIVE FY 2019 – BEHAVIORAL HEALTH SERVICES**

**NAME OF CSA/LAA/LBHA:**

Garrett County Behavioral Health Authority

**PROJECT NAME:**

LAA Administration

**BUDGET REQUEST:**

\$15,675

**I. Description of project. (Include justification of need, populations to be served, major activities of the project).**

When the initial LAA Administrative budget was established at \$45,000, we believed that the existing CSA Adult Coordinator, who had previously been employed by the CSA as a .5 FTE, would not be filling the position. We anticipated hiring a Mental Health Graduate Professional Counselor at a lower grade to fill the positions for the CSA and the LAA as 1 FTE with the cost split equally between the two budgets.

However, the Adult Coordinator later reconsidered and was made full-time in our office when we became the LAA. In FY 2018, we were able to cover the additional costs by utilizing more of the F821N – CSA Administrative budget for the position and shifting more of the Accountant’s cost to the Local Management Board.

In FY 2019, we are planning for the COLA pay increases for all employees beginning January 1, 2019 and additional increases in health insurance and other fringe benefits. With the increased costs, the CSA Administrative budget can no longer supplement the additional cost. Since the original intent of the LAA Administrative budget was to provide 50% of the cost of the position, we have budgeted 50% of the Coordinator’s cost to the LAA Administrative budget. This results in a proposed budget of \$60,675, an over allocation of \$15,675.

**II. How does this project link with other services? (Include interagency coordination, linkage to the Public Behavioral Health System’s (PBHS) services, if applicable).**

As the LBHA, our office staff will be involved in attending all Overdose Fatality Review Team meetings; completing reports for the Maryland Overdose Fatality Review Office; regular involvement with the Overdose Intervention Team; preparing and submitting the Drug Free Committees Coalition Strategic Plan; developing the STOP proposal; contract monitoring and service/program monitoring to ensure provision of SRD treatment services throughout Garrett County.

**III. Expected outcomes. (Include quantifiable measures for both persons to be served and quality measures for the service).**

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

- IV. Time frames. (Please include specific steps for implementation of the project, if new or indicate renewal if an ongoing program).**
  
- V. Why is this project not able to be funded under the PBHS's fee-for-service reimbursement system? What other funding strategies have been considered, e.g., other federal grants, foundations or local funding.**
  
- VI. Please cite the page number where this is discussed in your Plan.**



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**COMMENTS REGARDING THE BUDGET PACKAGE and GENERAL PROCESS**

Please list below any comments or problems regarding completion of these forms or with the process in general. Your feedback is important to this process. Please place a blank row between each entry.

<b>Comments/Problems/Issues:</b>	<b>Name</b>
The budget includes \$5,000 for the LDACC. \$1,800 in 0924 Food \$3,200 in salaries for D. Boller to coordinate the meetings	

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4542A)

**FUNDING ADMINISTRATION:** Behavioral Health Administration  
**LOCAL HEALTH DEPT:** Garrett County Health Department  
**ADDRESS:** 1025 Memorial Drive  
**CITY, STATE, ZIP CODE:** Oakland, MD 21550  
**TELEPHONE #:** 301.334.7440  
**PROJECT TITLE:** Administrative Budget  
**AWARD NUMBER:** AS353ADM  
**CONTACT PERSON:** Frederick Pope, Jr., Exec. Dir.  
**FEDERAL ID #:** 237390591  
**INDEX:** 20011  
**AWARD PERIOD:** July 1, 2018-June 30, 2019  
**FISCAL YEAR:** 2019  
**COUNTY PCA:** F909H  
**FILE NAME:** (See instructions) 19-Garrett1909H-AS353ADM  
(FY Code=CountyPCAName)

**DATE SUBMITTED:** February 12, 2018  
**ORIGINAL BUDG. (Y/N):** Y  
**MODIFICATION:**  
**SUPPLEMENT:**  
**REDUCTION:**

	Current Budget	DHMH Funds Mod/Supp/Red	Local Funds Mod/Supp/Red	Other Funds Mod/Supp/Red	Total Mod/Supp/Red
Direct Costs Net of Collections	40,969.00	0.00	0.00	0.00	0.00
Indirect Costs	4,091.00				0.00
Total Costs Net of Collections	45,060.00	0.00	0.00	0.00	0.00
DHMH Funding	45,060.00				0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval

DGLHA Approval  
> DGLHA Log In ID

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) DHMH FUNDING REQUEST	(4) OTHER DIRECT FUNDING		(7) TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	(8) DHMH BUDGET MOD., SUPP or REDUCTION CHANGE S (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGE S (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGE S (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			LOCAL FUNDING	ALL OTHER FUNDING					
1	0111 Salaries	22,733			22,733				0
2	0121 FICA	1,656			1,656				0
3	0131 Retirement	4,514			4,514				0
4	0139 Def Compensation	0			0				0
5	0141 Health Insurance	5,265			5,265				0
6	0142 Retiree Health Insurance	3,693			3,693				0
7	0151 Unemployment Insurance	64			64				0
8	0162 Workmen's Compensation	0			0				0
9	0171 Overtime Earnings	0			0				0
10	0181 Additional Assurance	0			0				0
11	0182 Adjustments	0			0				0
12	0201 Consultants	0			0				0
13	0280 Special Payments Payer	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	0305 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 Steward/Fuel	0			0				0
23	0504 Electricity	0			0				0
24	0613 Water	0			0				0
25	0635 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	0816 Language	0			0				0
33	0832 Repair & Maintenance	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	0863 Maintenance	0			0				0
39	0954 Housekeeping	0			0				0
40	0856 Indirect Cost	4,091			4,091				0
41	0960 Laboratory Services	0			0				0
42	0889 Photography (Commercial)	0			0				0
43	0973 Printing	0			0				0
44	0881 Purchase of Cars	0			0				0
45	0905 Trash Disposal	0			0				0
46	0836 Human Service Contracts	0			0				0
47	0999 Special Projects	0			0				0
48	0900 Cleaning Supplies	0			0				0
49	0919 Educational Supplies	0			0				0
50	0924 Food	1,800			1,800				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	1000 Computer Equipment	0			0				0
56	1073 Office Equipment	0			0				0
57	1180 Personal Computer Equipment	0			0				0
58	1152 Medical Equipment	0			0				0
59	1183 Office Equipment	0			0				0
60	1331 Dues & Memberships	175			175				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	1626 Medicare 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

01001 40 (Rev. APRIL 2016)



# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### 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, ZIP CODE:** Oakland, MD 21550  
**TELEPHONE #:** 301.334.7670  
**PROJECT TITLE:** General Fund Treatment Grant  
**AWARD NUMBER:** AS007SAS  
**CONTACT PERSON:** Les McDaniel  
**FEDERAL ID #:** 237300501  
**INDEX:** 20011  
**AWARD PERIOD:** July 1, 2018-June 30, 2019  
**FISCAL YEAR:** 2019  
**COUNTY PCA:** F040N  
**FILE NAME: (see instructions)** 19 Garrett F810N AS007SAS

**DATE SUBMITTED:** Feb. 14, 2018  
**ORIGINAL BUDG. (Y/N):** Y  
**MODIFICATION:** N  
**SUPPLEMENT:** N  
**REDUCTION:** N

	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	141,067.00	0.00	0.00	0.00	0.00
Indirect Costs	14,106.00				0.00
Total Costs Net of Collections	155,173.00	0.00	0.00	0.00	0.00
MDH Funding	155,173.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval Comments

DOLA Approval Comments  
= DOLA Log In ID

LINE ITEM NO.	LINE ITEM DESCRIPTION	HEIP FUNDING REQUEST	OTHER DIRECT FUNDING			TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	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 7 + COL 8 + COL 9)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
0111	Salaries	59,399			0	59,399				0
0121	FICA	4,324			0	4,324				0
0131	Retirement	11,797			0	11,797				0
0139	Dual Compensation				0	0				0
0141	Health Insurance	13,329			0	13,329				0
0142	Retiree Health Insurance	7,811			0	7,811				0
0161	Unemployment Insurance	167			0	167				0
0162	Workmen's Compensation				0	0				0
0171	Overtime Earnings				0	0				0
0181	Autism Assessment				0	0				0
0192	Adjustments				0	0				0
0201	Classifiers				0	0				0
0280	Special Payments Payroll				0	0				0
0291	FICA				0	0				0
0292	Unemployment Insurance				0	0				0
0293	Contractual Ser-Salaries & Fringe				0	0				0
0301	Postage	150			0	150				0
0304	Cellular Telephone				0	0				0
0305	Telephone	1,250			0	1,250				0
0405	In-State Travel	200			0	200				0
0409	Out-of-State Travel				0	0				0
0415	Training	500			0	500				0
0420	Stewardship	500			0	500				0
0612	Water				0	0				0
0615	Utilities - Combined				0	0				0
0701	Gas and Oil	500			0	500				0
0702	Insurance & Tolls				0	0				0
0705	Vehicle Maintenance & Repair	1,000			0	1,000				0
0801	Advertising				0	0				0
0803	Client Transportation				0	0				0
0812	Personal Investigations	55			0	55				0
0816	Lampwork				0	0				0
0823	Repair & Maintenance				0	0				0
0824	Photocopy Rental	1,000			0	1,000				0
0835	Equipment Service	500			0	500				0
0838	Software				0	0				0
0839	Software Maintenance				0	0				0
0843	Maintenance				0	0				0
0854	Housekeeping				0	0				0
0856	Indirect Cost	14,106			0	14,106				0
0880	Laboratory Services	1,000			0	1,000				0
0889	Photography (Commercial)				0	0				0
0873	Printing				0	0				0
0881	Purch. Base of Care				0	0				0
0886	Trash Disposal				0	0				0
0896	Human Service Contracts				0	0				0
0894	Special Projects-Client Transport				0	0				0
0899	Cleaning Supplies				0	0				0
0919	Educational Supplies				0	0				0
0924	Food				0	0				0
0953	Medicine, Drugs & Therapies				0	0				0
0957	Medical Supplies				0	0				0
0965	Office Supplies				0	0				0
0974	Reference Books	200			0	200				0
1060	Computer Equipment	1,000			0	1,000				0
1072	Office Equipment				0	0				0
1180	Personal Computer Equipment				0	0				0
1192	Medical Equipment				0	0				0
1193	Office Equipment				0	0				0
1231	Dues & Memberships	200			0	200				0
1232	Insurance				0	0				0
1234	Rent	26,047			0	26,047				0
1236	Associations	50			0	50				0
1300	Interest Income				0	0				0
1607	Bad Debt Collections				0	0				0
1603	Self-Pay Collections				0	0				0
1606	Medical Collections				0	0				0
1607	Medicare Collections				0	0				0
1608	Other Collections				0	0				0
1617	County Contribution				0	0				0

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

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

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>PROJECT TITLE:</b>	General Fund Treatment Grant	<b>MODIFICATION:</b>	#
<b>AWARD NUMBER:</b>	AS007SAS	<b>SUPPLEMENT:</b>	#
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>	#
<b>COUNTY PCA:</b>	F840N	<b>DATE SUBMITTED:</b>	Feb. 14, 2018

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of patients receiving buprenorphine medication assisted therapy	15
Number served for Naloxone	24
Number of staff persons receiving continuing education credits	25

MDH pms4542C, February 2018



# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

<b>FUNDING ADMINISTRATION:</b>	BHA
<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>ADDRESS:</b>	1025 Memorial Drive
<b>CITY, STATE, ZIPCODE:</b>	Oakland, MD 21550
<b>TELEPHONE #:</b>	301-334-7670
<b>PROJECT TITLE:</b>	Federal Treatment Grant
<b>AWARD NUMBER:</b>	AS23FE D
<b>CONTACT PERSON:</b>	Les McDaniel
<b>FEDERAL I.D. #:</b>	237390591
<b>INDEX:</b>	70011
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019
<b>FISCAL YEAR:</b>	2019
<b>COUNTY PCA:</b>	FB46N
<b>FILE NAME: (see instructions)</b>	19-Garrett-FB46N-AS23FE D

<b>DATE SUBMITTED:</b>	Feb. 14, 2018
<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>MODIFICATION:</b>	#
<b>SUPPLEMENT:</b>	#
<b>REDUCTION:</b>	#

	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	145,190.00	0.00	0.00	0.00	0.00
Indirect Costs	14,520.00				0.00
Total Costs Net of Collections	159,710.00	0.00	0.00	0.00	0.00
MDH Funding	159,710.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments

DGLHA Approval/Comments  
c DGLHA Log In ID

(1)	(2)	(3)	(4)			(7)	(8)	(9)	(10)	(11)
LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	OTHER DIRECT FUNDING			TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	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)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111	Salaries	71,989		0	71,989				0
2	0121	FICA	5,237		0	5,237				0
3	0131	Retirement	14,267		0	14,267				0
4	0139	Ret Compensation	0		0	0				0
5	0141	Health Insurance	9,632		0	9,632				0
6	0142	Retiree Health Insurance	5,645		0	5,645				0
7	0161	Unemployment Insurance	202		0	202				0
8	0162	Workmen's Compensation	0		0	0				0
9	0171	Overtime Earnings	0		0	0				0
10	0181	Additional Assistance	0		0	0				0
11	0182	Adjustments	0		0	0				0
12	0201	Consultants	0		0	0				0
13	0200	Special Payments Payroll	0		0	0				0
14	0291	FICA	0		0	0				0
15	0292	Unemployment Insurance	0		0	0				0
16	0299	Contractual Ser-Salaries & Fringe	0		0	0				0
17	0301	Postage	150		0	150				0
18	0304	Cellular Telephone	0		0	0				0
19	0305	Telephone	300		0	300				0
20	0405	In-state Travel	0		0	0				0
21	0409	Out-of-State Travel	0		0	0				0
22	0415	Traveling	0		0	0				0
23	0420	Stipend/Tuition	0		0	0				0
24	0613	Water	0		0	0				0
25	0615	Utilities - Combined	0		0	0				0
26	0701	Gas and Oil	900		0	900				0
27	0703	Insurance & Title	300		0	300				0
28	0705	Vehicle Maintenance & Repair	250		0	250				0
29	0801	Advertising	0		0	0				0
30	0803	Client Transportation	0		0	0				0
31	0812	Personnel Investigations	0		0	0				0
32	0816	Language	0		0	0				0
33	0833	Repair & Maintenance	0		0	0				0
34	0834	Photocopy Rental	0		0	0				0
35	0835	Equipment Service	0		0	0				0
36	0838	Software	0		0	0				0
37	0839	Software Maintenance	0		0	0				0
38	0852	Maintenance	0		0	0				0
39	0854	Housekeeping	0		0	0				0
40	0858	Indirect Cost	14,520		0	14,520				0
41	0860	Laboratory Services	0		0	0				0
42	0869	Photography (Commercial)	0		0	0				0
43	0873	Printing	0		0	0				0
44	0881	Purchase of Care	0		0	0				0
45	0885	Trash Disposal	0		0	0				0
46	0896	Human Service Contracts	0		0	0				0
47	0899	Special Projects-Client Transport	0		0	0				0
48	0909	Cleaning Supplies	0		0	0				0
49	0919	Educational Supplies	100		0	100				0
50	0924	Food	0		0	0				0
51	0953	Medicine, Drugs & Chemicals	0		0	0				0
52	0957	Medical Supplies	0		0	0				0
53	0966	Office Supplies	109		0	109				0
54	0986	Other Supplies	100		0	100				0
55	1060	Computer Equipment	0		0	0				0
56	1073	Office Equipment	0		0	0				0
57	1180	Personal Computer Equipment	0		0	0				0
58	1192	Medical Equipment	0		0	0				0
59	1193	Office Equipment	0		0	0				0
60	1331	Dues & Memberships	0		0	0				0
61	1332	Insurance	0		0	0				0
62	1334	Rent	36,047		0	36,047				0
63	1336	Subscriptions	0		0	0				0
64	1600	Interest Income	0		0	0				0
65	1602	Bad Debt Collections	0		0	0				0
66	1603	Self-Pay Collections	0		0	0				0
67	1606	Medicaid Collections	0		0	0				0
68	1607	Medicare Collections	0		0	0				0
69	1608	Other Collections	0		0	0				0
70	1612	County Contribution	0		0	0				0
71			0		0	0				0
72			0		0	0				0
73			0		0	0				0
74			0		0	0				0
75			0		0	0				0

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

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

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>PROJECT TITLE:</b>	Federal Treatment Grant	<b>MODIFICATION:</b>	#
<b>AWARD NUMBER:</b>	AS233FED	<b>SUPPLEMENT:</b>	#
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>	#
<b>COUNTY PCA:</b>	F846N	<b>DATE SUBMITTED:</b>	Feb. 14, 2018

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
<b>Number of FSP, TCA Child Welfare recipients screened</b>	<b>40</b>
Number of FSP, TCA Child Welfare recipients assessed who are enrolled in treatment at time of the screen	12
Number of FSP, TCA Child Welfare recipients assessed who are referred for treatment or assessment	12
<b>Number of community members trained in overdose recovery program.</b>	<b>28</b>
<b>Number of individuals in Garrett County receiving Care Coordination</b>	<b>20</b>

MDH pms4542C, February 2018



# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

FUNDING ADMINISTRATION:	BHA
LOCAL HEALTH DEPT:	Garrett County Health Department
ADDRESS:	1025 Memorial Drive
CITY, STATE, ZIP CODE:	Oakland, MD 21550
TELEPHONE #:	301 334 7670
PROJECT TITLE:	Temporary Cash Assistance
AWARD NUMBER:	AS072CA
CONTACT PERSON:	Les McDaniel
FEDERAL I.D.#:	237208591
INDEX:	20011
AWARD PERIOD:	July 1, 2018-June 30, 2019
FISCAL YEAR:	2019
COUNTY PCA:	FB65N
FILE NAME: (see instructions)	19_Garrett-FB65N-AS072CA <small>(F:\County\Govt\FY19\06461)</small>

DATE SUBMITTED:	Feb. 14, 2018
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	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  
→ DGLHA Leg 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		TOTAL PROGRAM BUDGET (COL 4 + COL 5 + COL 6 + COL 7)	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)	
			LOCAL FUNDING	ALL OTHER FUNDING						
0111	Salaries	35,202			35,202					0
0121	FICA	2,563			2,563					0
0131	Retirement	6,991			6,991					0
0139	Def Compensation				0					0
0141	Health Insurance	8,106			8,106					0
0142	Retiree Health Insurance	4,750			4,750					0
0161	Unemployment Insurance	99			99					0
0167	Workman's Compensation				0					0
0171	Overtime Earnings				0					0
0181	Additional Assistance				0					0
0187	Adjustments				0					0
0201	Consultants				0					0
0280	Special Payments/Payroll				0					0
0291	FICA				0					0
0292	Unemployment Insurance				0					0
0299	Contractual Ser-Salaries & Fringe				0					0
0301	Postage				0					0
0304	Cellular Telephones				0					0
0306	Telephones				0					0
0405	In-State Travel				0					0
0409	Out-of-State Travel				0					0
0415	Training				0					0
0420	Stipend/Allowance				0					0
0613	Water				0					0
0615	Utilities - Combined				0					0
0701	Gas and Oil				0					0
0703	Insurance & Title				0					0
0706	Vehicle Maintenance & Repair				0					0
0901	Advertising				0					0
0903	Client Transportation				0					0
0912	Personnel Investigations				0					0
0916	Languages				0					0
0933	Repair & Maintenance				0					0
0934	Photography Rental				0					0
0935	Equipment Service				0					0
0939	Software				0					0
0939	Software Maintenance				0					0
0953	Maintenance				0					0
0954	Housekeeping				0					0
0956	Indirect Cost	5,771			5,771					0
0960	Laboratory Services				0					0
0969	Photography (Commercial)				0					0
0973	Printing				0					0
0981	Purchase of Care				0					0
0985	Trash Disposal				0					0
0986	Human Service Contracts				0					0
0999	Special Projects-Client Transport				0					0
0909	Cleaning Supplies				0					0
0919	Educational Supplies				0					0
0924	Food				0					0
0953	Medicine, Drugs & Chemicals				0					0
0957	Medical Supplies				0					0
0965	Office Supplies				0					0
0966	Other Supplies				0					0
1060	Computer Equipment				0					0
1073	Office Equipment				0					0
1180	Personal Computer Equipment				0					0
1192	Medical Equipment				0					0
1193	Office Equipment				0					0
1331	Users & Memberships				0					0
1302	Insurance				0					0
1334	Rent				0					0
1336	Subscriptions				0					0
1600	Interest Income				0					0
1602	Bad Debt Collections				0					0
1603	Self-Pay Collections				0					0
1606	Medicaid Collections				0					0
1607	Medicare Collections				0					0
1608	Other Collections				0					0
1612	County Contribution				0					0
71					0					0
72					0					0
73					0					0
74					0					0
76					0					0

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

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

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>PROJECT TITLE:</b>	Temporary Cash Assistance	<b>MODIFICATION:</b>	#
<b>AWARD NUMBER:</b>	AS072TCA	<b>SUPPLEMENT:</b>	#
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>	#
<b>COUNTY PCA:</b>	F865N	<b>DATE SUBMITTED:</b>	Feb. 14, 2018

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 treatment or assessment	64

MDH pms4542C, February 2018

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4542A)

<b>FUNDING ADMINISTRATION:</b>	BHA
<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>ADDRESS:</b>	1925 Memorial Drive
<b>CITY, STATE, ZIP CODE:</b>	Oakland, MD 21550
<b>TELEPHONE #:</b>	301.334.7670
<b>PROJECT TITLE:</b>	Subs. Abuse Treatment Outcomes Partnership
<b>AWARD NUMBER:</b>	AS159STP
<b>CONTACT PERSON:</b>	Fred Polce
<b>FEDERAL ID.#:</b>	217298591
<b>INDEX:</b>	20011
<b>AWARD PERIOD:</b>	July 1, 2018 - June 30, 2019
<b>FISCAL YEAR:</b>	2019
<b>COUNTY FICA:</b>	FAG0N
<b>TITLE NAME: (see instructions)</b>	19-Garrett-1968N-AS159STP <small>(If 7% Contingency Allowed)</small>

<b>DATE SUBMITTED:</b>	Nov. 30, 2017
<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>MODIFICATION:</b>	#
<b>SUPPLEMENT:</b>	#
<b>REDUCTION:</b>	#

	Current Budget	DHMH Funds Mod/Supp/Red	Local Funds Mod/Supp/Red	Other Funds Mod/Supp/Red	Total Mod/Supp/Red
Direct Costs Net of Collections	129,551.00	0.00	0.00	0.00	0.00
Indirect Costs	12,959.00				0.00
<b>Total Costs Net of Collections</b>	<b>142,550.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
DHMH Funding	142,550.00				0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval

DGLHA Approval  
HARRING - DGLHA Log In ID

(1)	(2)	(3)	(4)			(7)	(8)	(9)	(10)	(11)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111	Salaries	45,489		0	45,489				0
2	0121	FICA	3,312		0	3,312				0
3	0131	Retirement	9,118		0	9,118				0
4	0139	Def Compensation			0	0				0
5	0141	Health Insurance	12,853		0	12,853				0
6	0142	Retiree Health Insurance	7,532		0	7,532				0
7	0161	Unemployment Insurance	127		0	127				0
8	0162	Workmen's Compensation			0	0				0
9	0171	Overtime Earnings			0	0				0
10	0181	Additional Allowance			0	0				0
11	0182	Adjustments			0	0				0
12	0201	Consultants			0	0				0
13	0280	Special Payments Payrol	30,260		0	30,260				0
14	0291	FICA	2,315		0	2,315				0
15	0292	Unemployment Insurance	85		0	85				0
16	0299	Contractual Ser-Other	7,800		0	7,800				0
17	0301	Postage			0	0				0
18	0305	Telephone			0	0				0
19	0405	In-State Travel	750		0	750				0
20	0409	Out-of-State Travel			0	0				0
21	0415	Training	1,500		0	1,500				0
22	0420	Ground/Utility			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	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	0814	Contractual Labor			0	0				0
33	0827	Education & Training	2,100		0	2,100				0
34	0834	Phlebotomy Rental			0	0				0
35	0835	Equipment Service			0	0				0
36	0838	Software	3,800		0	3,800				0
37	0839	Software Maintenance			0	0				0
38	0853	Maintenance			0	0				0
39	0854	Housekeeping			0	0				0
40	0856	Indirect Cost	12,959		0	12,959				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	0886	Human Services Contracts			0	0				0
47	0890	Special Projects			0	0				0
48	0901	Awards			0	0				0
49	0919	Educational Supplies	550		0	550				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	0969	Other Supplies			0	0				0
55	1050	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	1336	Subscriptions			0	0				0
64	1800	Interest Income			0	0				0
65	1802	Bad Debt Collections			0	0				0
66	1803	Check Pay Collections			0	0				0
67	1805	Insurance Collections			0	0				0
68	1806	Medicaid Collections			0	0				0
69	1807	Medicare Collections			0	0				0
70	1808	Other Collections			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 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**MARYLAND DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH ADMINISTRATION  
IN-KIND CONTRIBUTION**

<b>Grantee's Name:</b>	Garrett County Health Department		
<b>Grant Number:</b>	AS159STP - STOP	<b>Fiscal Year:</b>	2019

ITEM	DESCRIPTION	IN-KIND * SOURCE	AMOUNT
<b>Personnel / Staffing:</b>	Salaries/Principals/Counselors/Teachers	BOE	55,171
	Fixed Charges	BOE	8,719
	Teacher Substitute Cost	BOE	6,554
	MSAP Team summer planning meeting	BOE	1,250
	<b>Sub-Total</b>		<b>71,694</b>
<b>Space:</b>	Conference rooms for MSAP	BOE/4 schools	4,286
	Offices for MSAP support	BOE/4 schools	4,286
	Office Space for Addictions/Specialists	BOE/4 schools	17,145
	<b>Sub-Total</b>		<b>25,717</b>
<b>Operations:</b>	Telephone		1,361
	Photocopy		1,541
	Supplies		1,485
	Postage		310
	Food		534
	Incentives		1,349
	<b>Sub-Total</b>		<b>6,580</b>
	<b>TOTAL IN-KIND</b>		<b>103,991</b>

\* Identify source of in-kind contribution.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**MARYLAND DEPARTMENT OF HEALTH  
 BEHAVIORAL HEALTH ADMINISTRATOR  
 IN-KIND CONTRIBUTION**

<b>Grantee's Name:</b>	Garrett County Health Department		
<b>Grant Number:</b>	AS159STP - STOP	<b>Fiscal Year:</b>	2019

ITEM	DESCRIPTION	IN-KIND * SOURCE	AMOUNT
Personnel / Staffing:	Salaries & Fringe - Supervision (10%)	GCHD	7,664
	Salaries & Fringe - RN's	GCHD	12,647
	<b>Sub-Total</b>		<b>20,311</b>
Space:	Office Space	GCHD	5,494
	<b>Sub-Total</b>		<b>5,494</b>
Operations:	Indirect	GCHD	2,580
	<b>Sub-Total</b>		<b>2,580</b>
	<b>TOTAL IN-KIND</b>		<b>28,385</b>

\* Identify source of in-kind contribution.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

<b>FUNDING ADMINISTRATION:</b>	<b>BHA</b>
<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>ADDRESS:</b>	1025 Memorial Drive
<b>CITY, STATE, ZIP CODE:</b>	Oakland, MD 21550
<b>TELEPHONE #:</b>	301.334.7670
<b>PROJECT TITLE:</b>	Recovery Support Service Expansion
<b>AWARD NUMBER:</b>	AS202RSS
<b>CONTACT PERSON:</b>	Les McDaniel
<b>FEDERAL I.D.#:</b>	23730091
<b>INDEX:</b>	20011
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019
<b>FISCAL YEAR:</b>	2019
<b>COUNTY FCA:</b>	F060N
<b>TITLE NAME: (see instructions)</b>	19 Garrett BEH01N AS202RSS

<b>DATE SUBMITTED:</b>	Feb. 14, 2018
<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>MODIFICATION:</b>	#
<b>SUPPLEMENT:</b>	#
<b>REDUCTION:</b>	#

	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	89,821.00	0.00	0.00	0.00	0.00
Indirect Costs	8,982.00				0.00
Total Costs Net of Collections	98,803.00	0.00	0.00	0.00	0.00
MDH Funding	98,803.00				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			(7) TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	(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)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries	24,151			0	24,151				0
2	0121 FICA	1,758			0	1,758				0
3	0131 Retirement	4,796			0	4,796				0
4	0139 Def Compensation	0			0	0				0
5	0141 Health Insurance	1,672			0	1,672				0
6	0142 Retiree Health Insurance	960			0	960				0
7	0161 Unemployment Insurance	68			0	68				0
8	0162 Workman's Compensation	0			0	0				0
9	0171 Overtime Earnings	0			0	0				0
10	0191 Additional Assistance	0			0	0				0
11	0192 Adjuncts	0			0	0				0
12	0201 Consultants	0			0	0				0
13	0280 Special Payments Payroll	44,328			0	44,328				0
14	0291 FICA	3,291			0	3,291				0
15	0292 Unemployment Insurance	123			0	123				0
16	0299 Contractual Ser-Salaries & Fringe	0			0	0				0
17	0301 Postage	0			0	0				0
18	0304 Cellular Telephone	0			0	0				0
19	0305 Telephone	0			0	0				0
20	0405 In-state Travel	750			0	750				0
21	0409 Out-of-State Travel	0			0	0				0
22	0415 Training	250			0	250				0
23	0420 Stipend/Tuition	0			0	0				0
24	0513 Water	0			0	0				0
25	0515 Utilities - Combined	0			0	0				0
26	0701 Gas and Oil	2,000			0	2,000				0
27	0703 Insurance & Title	0			0	0				0
28	0705 Vehicle Maintenance & Repair	0			0	0				0
29	0801 Advertising	0			0	0				0
30	0803 Client Transportation	0			0	0				0
31	0812 Personnel Investigations	0			0	0				0
32	0816 Language	0			0	0				0
33	0833 Repair & Maintenance	0			0	0				0
34	0834 Photocopy Rental	0			0	0				0
35	0835 Equipment Service	0			0	0				0
36	0839 Software	0			0	0				0
37	0839 Software Maintenance	0			0	0				0
38	0853 Maintenance	0			0	0				0
39	0854 Housekeeping	0			0	0				0
40	0866 Indirect Cost	8,982			0	8,982				0
41	0860 Laboratory Services	0			0	0				0
42	0869 Photography (Commercial)	0			0	0				0
43	0872 Printing	0			0	0				0
44	0881 Purchase of Care	4,000			0	4,000				0
45	0886 Trash Disposal	0			0	0				0
46	0886 Human Service Contracts	0			0	0				0
47	0899 Special Projects-Client Transport	0			0	0				0
48	0909 Cleaning Supplies	0			0	0				0
49	0919 Educational Supplies	653			0	653				0
50	0924 Food	1,000			0	1,000				0
51	0963 Medicine, Drugs & Chemicals	0			0	0				0
52	0967 Medical Supplies	0			0	0				0
53	0965 Office Supplies	0			0	0				0
54	0966 Other Supplies	0			0	0				0
55	1060 Computer Equipment	0			0	0				0
56	1073 Office Equipment	0			0	0				0
57	1180 Personal Computer Equipment	0			0	0				0
58	1192 Medical Equipment	0			0	0				0
59	1193 Office Equipment	0			0	0				0
60	1231 Dues & Memberships	0			0	0				0
61	1302 Insurance	0			0	0				0
62	1334 Rent	0			0	0				0
63	1335 Subscriptions	0			0	0				0
64	1500 Interest Income	0			0	0				0
66	1602 Bad Debt Collections	0			0	0				0
66	1603 Self-Pay Collections	0			0	0				0
67	1605 Medicaid Collections	0			0	0				0
68	1609 Medicare Collections	0			0	0				0
69	1608 Other Collections	0			0	0				0
70	1612 County Contribution	0			0	0				0
71		0			0	0				0
72		0			0	0				0
73		0			0	0				0
74		0			0	0				0
75		0			0	0				0

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

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

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>PROJECT TITLE:</b>	Recovery Support Service Expansion	<b>MODIFICATION:</b>	#
<b>AWARD NUMBER:</b>	AS282RSS	<b>SUPPLEMENT:</b>	#
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>	#
<b>COUNTY PCA:</b>	F859N	<b>DATE SUBMITTED:</b>	Feb. 14, 2018

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of persons receiving recovery support	60
Number of persons receiving continuing care	10
Number of nights of recovery housing provided.	180
Number served for Recovery Housing	10
Number of persons served in Detention Center Based SRD Services	42
Number of Consults with Detention Inmates having SRD history	18
Number of Consults resulting in Dentention Center based Intakes for SRD Services	12
Number of 8505 Assessments Completed	Up to 15

MDH pms4542C, February 2018





# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

<b>FUNDING ADMINISTRATION:</b> BHA		<b>DATE SUBMITTED:</b> Feb. 11, 2018	
<b>LOCAL HEALTH DEPT:</b> Garrett County Health Department		<b>ORIGINAL BUDG. Y/N:</b> Y	
<b>ADDRESS:</b> 1825 Memorial Drive		<b>MODIFICATION:</b> #	
<b>CITY, STATE, ZIP CODE:</b> Oakland, MD 21558		<b>SUPPLEMENT:</b> #	
<b>TELEPHONE #:</b> 301.334.7700		<b>REDUCTION:</b> #	
<b>PROJECT TITLE:</b> Opioid Operational Command Center - OIT			
<b>AWARD NUMBER:</b> AS010CC			
<b>CONTACT PERSON:</b> Bob Stephens			
<b>FEDERAL I.D. #:</b> 237300591			
<b>INDEX:</b> 20011			
<b>AWARD PERIOD:</b> July 1, 2018 - June 30, 2019			
<b>FISCAL YEAR:</b> 2019			
<b>COUNTY PCA:</b> F511N			
<b>FILE NAME: (see instructions)</b> 19-Garret-F511N-AS010CC			

	Current Budget	MDH Funds	Local Funds	Other Funds	Total
		Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red
Direct Costs Net of Collections	64,704.00	0.00	0.00	0.00	0.00
Indirect Costs	6,479.00				0.00
Total Costs Net of Collections	71,273.00	0.00	0.00	0.00	0.00
MDH Funding	71,273.00				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		TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	MDH BUDGET MOD., SUPP. or REDUCTION (CHANGE \$ (+ OR -))	LOCAL BUDGET MOD., SUPP. or REDUCTION (CHANGE \$ (+ OR -))	OTHER BUDGET MOD., SUPP. or REDUCTION (CHANGE \$ (+ OR -))	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (COL 8 + COL 9 + COL 10)
1	0111 Salaries				0	0				0
2	0121 FICA				0	0				0
3	0131 Retirement				0	0				0
4	0159 Prof Compensation				0	0				0
5	0141 Health Insurance				0	0				0
6	0142 Retiree Health Insurance				0	0				0
7	0161 Unemployment Insurance				0	0				0
8	0162 Workmen's Compensation				0	0				0
9	0171 Overtime Earnings				0	0				0
10	0131 Additional Assistance				0	0				0
11	0102 Adjustment				0	0				0
12	0301 Consultants				0	0				0
13	0200 Special Payments-Payroll	44,700			0	44,700				0
14	0291 FICA	3,420			0	3,420				0
15	0292 Unemployment Insurance	126			0	126				0
16	0299 Contractual Ser-Salaries & Fringe				0	0				0
17	0161 Postage				0	0				0
18	0304 Cellular Telephone	1,200			0	1,200				0
19	0305 Telephone				0	0				0
20	0406 In-state Travel	676			0	676				0
21	0409 Out-of-State Travel				0	0				0
22	0415 Training				0	0				0
23	0420 Stipend/Tuition				0	0				0
24	0613 Water				0	0				0
25	0615 Utilities - Combined				0	0				0
26	0701 Gas and Oil	-260			0	-260				0
27	0703 Insurance & Title				0	0				0
28	0705 Vehicle Maintenance & Repair				0	0				0
29	0801 Advertising	300			0	300				0
30	0803 Client Transportation				0	0				0
31	0812 Personnel Investigations	150			0	150				0
32	0816 Language				0	0				0
33	0833 Repair & Maintenance				0	0				0
34	0834 Photocopy Rental				0	0				0
35	0836 Equipment Service				0	0				0
36	0838 Software				0	0				0
37	0839 Software Maintenance				0	0				0
38	0863 Maintenance				0	0				0
39	0864 Housekeeping				0	0				0
40	0866 Indirect Cost	6,473			0	6,473				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				0	0				0
47	0899 Special Projects-Client Transport				0	0				0
48	0909 Cleaning Supplies				0	0				0
49	0919 Educational Supplies	-3,000			0	-3,000				0
50	0924 Food				0	0				0
51	0953 Medicine, Drugs & Chemicals	10,000			0	10,000				0
52	0957 Medical Supplies	500			0	500				0
53	0966 Office Supplies	673			0	673				0
54	0996 Other Supplies				0	0				0
55	1000 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 & Member dues				0	0				0
61	1337 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 Post Office Collections				0	0				0
66	1603 Staff 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 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**COMMENTS REGARDING THE BUDGET PACKAGE and GENERAL PROCESS**

Please list below any comments or problems regarding completion of these forms or with the process in general. Your feedback is important to this process. Please place a blank row between each entry.

<b>Comments/Problems/Issues:</b>	<b>Name</b>
0899-15,811 These funds are being set aside for implementation of to-be-determined OMPP activities upon approval of FY19 OMPP Implementation plan	
<u>0415 Training - for HD staff</u>	
<u>0924 Food - for Overdose Fatality Review Panel</u>	

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

<b>FUNDING ADMINISTRATION:</b> BHA	<b>DATE SUBMITTED:</b> Feb. 14, 2018		
<b>LOCAL HEALTH DEPT:</b> Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b> Y		
<b>ADDRESS:</b> 1025 Memorial Drive	<b>MODIFICATION:</b> #		
<b>CITY, STATE, ZIP CODE:</b> Oakland, MD 21550	<b>SUPPLEMENT:</b> #		
<b>TELEPHONE #:</b> 301-334-7730	<b>REDUCTION:</b> #		
<b>PROJECT TITLE:</b> Opioid Misuse Prevention			
<b>AWARD NUMBER:</b> AS2940MP			
<b>CONTACT PERSON:</b> Sandy Miller			
<b>FEDERAL ID #:</b> 237390591			
<b>INDEX:</b> 20011			
<b>AWARD PERIOD:</b> July 1, 2018-June 30, 2019			
<b>FISCAL YEAR:</b> 2019			
<b>COUNTY PCA:</b> FB70N			
<b>F.F. # NAME: (see instructions)</b> 19-Garrett-FB70N-AS2940MP.Org			

	Current Budget	MDH Funds Mod/Supp(Fnd)	Local Funds Mod/Supp(Fnd)	Other Funds Mod/Supp(Fnd)	Total Mod/Supp(Fnd)
Direct Costs Net of Collections	80,617.00	0.00	0.00	0.00	0.00
Indirect Costs	8,067.00				0.00
Total Costs Net of Collections	88,679.00	0.00	0.00	0.00	0.00
MDH Funding	88,679.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Admin/Comments:

DOHHA Approval/Comments - DOHHA Log in ID:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5 + COL 6)	MDH BUDGET MOD. SUPP. or REDUCTION	LOCAL BUDGET MOD. SUPP. or REDUCTION	OTHER BUDGET MOD. SUPP. or REDUCTION	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
1	0111 Salaries	27,849			0	27,849				0
2	0121 FICA	2,027			0	2,027				0
3	0131 Retirement	5,531			0	5,531				0
4	0139 Def Compensation				0	0				0
5	0141 Health Insurance	10,815			0	10,815				0
6	0142 Retiree Health Insurance	6,338			0	6,338				0
7	0161 Unemployment Insurance	79			0	79				0
8	0162 Workers' 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	0298 Contractual Ser-Salaries & Fringe				0	0				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	0408 Out-of-State Travel				0	0				0
22	0415 Training	1,517			0	1,517				0
23	0420 Gilbert/Taken				0	0				0
24	0811 Water				0	0				0
25	0815 Utilities - Combined				0	0				0
26	0701 Gas and Oil				0	0				0
27	0703 Insurance & Title				0	0				0
28	0706 Vehicle Maintenance & Repair				0	0				0
29	0801 Advertising				0	0				0
30	0803 Client Transportation				0	0				0
31	0817 Personnel Investigations				0	0				0
32	0814 Contractual Labor	10,000			0	10,000				0
33	0833 Repairs & Maintenance				0	0				0
34	0824 Photocopy/Prints				0	0				0
35	0834 Equipment Service				0	0				0
36	0838 Software				0	0				0
37	0839 Software Maintenance				0	0				0
38	0851 Maintenance				0	0				0
39	0854 Housekeeping				0	0				0
40	0856 Indirect Cost	0,092			0	0,092				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 Case				0	0				0
45	0885 Trash Disposal				0	0				0
46	0888 Human Service Contracts				0	0				0
47	0909 Special Projects	16,111			0	16,111				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	100			0	100				0
54	0988 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	1102 Medical Equipment				0	0				0
59	1103 Office Equipment				0	0				0
60	1231 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 Self Paid 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 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

MARYLAND DEPARTMENT OF HEALTH  
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE  
DETAIL OF SPECIAL PROJECTS (Line Item 0899)

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Garrett County Health Department
PROJECT TITLE:	Opioid Misuse Prevention
AWARD NUMBER:	AS294OMP
COUNTY PCA:	F870N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	Feb. 14, 2018

TYPE OF SERVICE NOTE: List only NON-health related Cost Reimbursement Contracts with an individual or organization on this Schedule	VENDOR NAME (Individual or organization)	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
These funds are being set aside for implementation of to-be-determined OMPP activities upon approval of FY19 OMPP Implementation plan			15,811	15,811
<b>TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PROJECT COSTS ON BUDGET PAGE)</b>			<b>15,811.00</b>	<b>15,811.00</b>

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 specprojs4542J, February 2018

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

**COMMENTS REGARDING THE BUDGET PACKAGE and GENERAL PROCESS**

Please list below any comments or problems regarding completion of these forms or with the process in general. Your feedback is important to this process. Please place a blank row between each entry.

Comments/Problems/Issues:	Name
<u>0899-16500 These funds are being set aside for implementation of to-be-determined SABG activities upon approval of the FY19 SABG Implementation Plan</u>	
<u>0415 Training - for HD staff</u>	
<u>0919 Ed. Supplies - removed &amp; added to 0899</u>	
<u>0924 Food - for Coalition meetings</u>	

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

FUNDING ADMINISTRATION:	BHA
LOCAL HEALTH DEPT:	Garrett County Health Department
ADDRESS:	1025 Memorial Drive
CITY, STATE, ZIP CODE:	Oakland, MD 21550
TELEPHONE #:	301 334 7730
PROJECT TITLE:	Prevention Services
AWARD NUMBER:	MU516ADP
CONTACT PERSON:	Sandy Miller
FEDERAL I.D.#:	Z37390591
INDEX:	20011
AWARD PERIOD:	July 1, 2018-June 30, 2019
FISCAL YEAR:	2019
COUNTY PCA:	F841H
FILE NAME: (see instructions)	19-Garrett F841H MU516ADP

DATE SUBMITTED:	Feb. 14, 2018
ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#

	Current Budget	MDH Funds	Local Funds	Other Funds	Total
		Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red
Direct Costs Net of Collections	237,734.00	0.00	0.00	0.00	0.00
Indirect Costs	23,774.00				0.00
Total Costs Net of Collections	261,508.00	0.00	0.00	0.00	0.00
MDH Funding	261,508.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:	
DGLHA Approval/Comments: < DGLHA Log In ID	

(1) LHE ITEM NO.	(2) LHE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING			(7) TOTAL PROGRAM BUDGET (COL. 3 + COL. 4 + COL. 5)	(8) MDH BUDGET MOD., SUPP OR REDUCTION	(9) LOCAL BUDGET MOD., SUPP OR REDUCTION	(10) OTHER BUDGET MOD., SUPP OR REDUCTION	(11) TOTAL MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			(4) LOCAL FUNDING	(5) ALL OTHER FUNDING	(6) TOTAL OTHER FUNDING (COL. 4 + COL. 5)					
1	0111 Salaries	117,533			0	117,533				0
2	0121 PCA	8,536			0	8,536				0
3	0131 Retirement	23,347			0	23,347				0
4	0139 Def Compensation				0	0				0
5	0141 Health Insurance	26,335			0	26,335				0
6	0142 Retiree Health Insurance	16,604			0	16,604				0
7	0161 Unemployment Insurance	329			0	329				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	0250 Special Payments Payroll				0	0				0
14	0291 PCA				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	0305 Telephone				0	0				0
20	0405 In-State Travel	500			0	500				0
21	0409 Out-of-State Travel				0	0				0
22	0415 Training	3,200			0	3,200				0
23	0420 Stipend/Tuition				0	0				0
24	0513 Travel				0	0				0
25	0515 Utilities - Combined				0	0				0
26	0701 Gas and Oil	250			0	250				0
27	0703 Insurance & Title	500			0	500				0
28	0705 Vehicle Maintenance & Repair				0	0				0
29	0801 Advancements				0	0				0
30	0803 Client Transportation				0	0				0
31	0912 Personnel Investigations				0	0				0
32	0914 Contractual Labor	6,000			0	6,000				0
33	0933 Repair & Maintenance				0	0				0
34	0934 Photocopy Rental				0	0				0
35	0935 Equipment Service				0	0				0
36	0938 Software				0	0				0
37	0939 Software Maintenance				0	0				0
38	0953 Maintenance				0	0				0
39	0954 Housekeeping				0	0				0
40	0956 Indirect Costs	23,774			0	23,774				0
41	0960 Laboratory Services				0	0				0
42	0969 Photography (Commercial)				0	0				0
43	0973 Printing				0	0				0
44	0981 Purchase of Care				0	0				0
45	0985 Trash Disposal				0	0				0
46	0986 Human Service Contracts				0	0				0
47	0999 Special Projects	16,500			0	16,500				0
48	0909 Cleaning Supplies				0	0				0
49	0919 Educational Supplies				0	0				0
50	0924 Food	200			0	200				0
51	0923 Medicine, Drugs & Chemicals				0	0				0
52	0967 Medical Supplies				0	0				0
53	0965 Office Supplies				0	0				0
54	0906 Other Supplies				0	0				0
55	1050 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	886			0	886				0
61	1332 Insurance				0	0				0
62	1334 Rent	15,000			0	15,000				0
63	1336 Subscriptions				0	0				0
64	1500 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 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

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

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department	<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>PROJECT TITLE:</b>	Prevention Services	<b>MODIFICATION:</b>	#
<b>AWARD NUMBER:</b>	MU516ADP	<b>SUPPLEMENT:</b>	#
<b>AWARD PERIOD:</b>	July 1, 2018-June 30, 2019	<b>REDUCTION:</b>	#
<b>FISCAL YEAR:</b>	2019	<b>DATE SUBMITTED:</b>	Feb. 14, 2018

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	237,735			237,735.00
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	23,774.00	0.00	0.00	23,774.00

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

### MARYLAND DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4642A)

**FUNDING ADMINISTRATION:** DHA  
**LOCAL HEALTH DEPT:** Garrett County Health Department  
**ADDRESS:** 1825 Memorial Drive  
**CITY, STATE, ZIPCODE:** Oakland, MD 21550  
**TELEPHONE #:** 301.331.7730  
**PROJECT TITLE:** Partnership for Success (MSH2)  
**AWARD NUMBER:** MU339PFS  
**CONTACT PERSON:** Sandy Miller  
**FEDERAL LD. #:** 277300591  
**INDEX:** 20011  
**AWARD PERIOD:** July 1, 2018-June 30, 2019  
**FISCAL YEAR:** 2019  
**COUNTY PCA:** F842N  
**FILE NAME:** (see instructions) 19-Garrett-F842N-MU339PFS

**DATE SUBMITTED:** Feb. 14, 2018  
**ORIGINAL BUDG. (Y/N):** Y  
**MODIFICATION:** #  
**SUPPLEMENT:** #  
**REDUCTION:** #

	Current Budget	MDH Funds	Local Funds	Other Funds	Total
		Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red	Mod/Supp/Red
Direct Costs Net of Collections	121,799.00	0.00	0.00	0.00	0.00
Indirect Costs	12,180.00				0.00
Total Costs Net of Collections	133,979.00	0.00	0.00	0.00	0.00
		MDH Funding	Local Funding		0.00
		133,979.00			0.00
			Local Funding		0.00
					0.00
		All Other Funding			0.00
					0.00

MDH Program Approval/Comments

DGUA Approval/Comments  
 < DGUA Log In ID

(1)	(2)	(3)	(4) OTHER DIRECT FUNDING			(5)	(6)	(7)	(8)	(9)	(10)	(11)	
LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 7)	MDH SUPP OF REDUCTION	LOCAL SUPP OF REDUCTION	OTHER SUPP OF REDUCTION	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)	MDH BUDGET CHANGES (+ OR -)	LOCAL BUDGET CHANGES (+ OR -)	OTHER BUDGET CHANGES (+ OR -)
1	0111	Salary	48,822		0	48,822				0			
2	0121	PCA	-3,027		0	-3,027				0			
3	0131	Retirement	9,896		0	9,896				0			
4	0139	Def Compensation			0	0				0			
5	0141	Health Insurance	19,595		0	19,595				0			
6	0142	Retiree Health Insurance	11,427		0	11,427				0			
7	0161	Unemployment Insurance	747		0	747				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	Submittals			0	0				0			
13	0202	Special Payments Payroll			0	0				0			
14	0291	PCA			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	0305	Telephone			0	0				0			
20	0405	In-state Travel	600		0	600				0			
21	0409	Out-of-State Travel			0	0				0			
22	0415	Training	1,518		0	1,518				0			
23	0420	Shipment/Utilities			0	0				0			
24	0512	Water			0	0				0			
25	0515	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	0802	Client Transportation			0	0				0			
31	0812	Personnel Investigations			0	0				0			
32	0914	Contractual Labor	7,200		0	7,200				0			
33	0933	Repair & Maintenance			0	0				0			
34	0934	Photocopy Rental			0	0				0			
35	0935	Equipment Services			0	0				0			
36	0936	Software			0	0				0			
37	0937	Software Maintenance			0	0				0			
38	0952	Maintenance			0	0				0			
39	0954	Housekeeping			0	0				0			
40	0966	Indirect Cost	12,180		0	12,180				0			
41	0960	Laboratory Services			0	0				0			
42	0969	Photography (Commercial)			0	0				0			
43	0973	Printing			0	0				0			
44	0981	Purchase of Care			0	0				0			
45	0985	Trash Disposal			0	0				0			
46	0986	Human Service Contracts			0	0				0			
47	0909	Special Projects	17,099		0	17,099				0			
48	0903	Cleaning Supplies			0	0				0			
49	0919	Educational Supplies	500		0	500				0			
50	0924	Food	300		0	300				0			
51	0963	Medicine, Drugs & Chemicals			0	0				0			
52	0967	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	1072	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	35		0	35				0			
61	1332	Insurance			0	0				0			
62	1334	Wares			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	1604	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 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**MARYLAND DEPARTMENT OF HEALTH  
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE  
DETAIL OF SPECIAL PROJECTS (Line Item 0899)**

**NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.**

<b>LOCAL HEALTH DEPT:</b>	Garrett County Health Department
<b>PROJECT TITLE:</b>	Partnership for Success (MSPF2)
<b>AWARD NUMBER:</b>	MU339PFS
<b>COUNTY PCA:</b>	F842N

<b>ORIGINAL BUDG. (Y/N):</b>	Y
<b>MODIFICATION:</b>	#
<b>SUPPLEMENT:</b>	#
<b>REDUCTION:</b>	#
<b>DATE SUBMITTED:</b>	Feb. 14, 2018

TYPE OF SERVICE NOTE: List only NON-health related Cost Reimbursement Contracts with an individual or organization on this Schedule	VENDOR NAME (individual or organization)	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
These funds are being set aside for implementation of to-be-determined MSPF2 activities upon approval of			17,099	17,099
FY19 MSPF2 Implementation Plan				
<b>TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PROJECT COSTS ON BUDGET PAGE)</b>			<b>17,099.00</b>	<b>17,099.00</b>

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 specprojs4542J, February 2018

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
 FY 2019 PROGRAM PLAN &  
 FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
FY2018 CONDITIONS OF AWARD**

*TABLE OF CONTENTS*

<b>General Conditions of Grant Award</b>	<b>1</b>
<b>Specific Conditions of Award</b>	<b>10</b>
Local Addiction Authority	10
One-time-only Accreditation Assistance	16
Overdose Education and Naloxone Distribution- Naloxone (General Funds)	18
Maryland Opioid Rapid Response MORR – Naloxone (Federal Funds)	19
Buprenorphine Services	20
Drug Court Treatment Services	21
Temporary Cash Assistance	22
House Bill 7 – Integration of Child Welfare and Substance Abuse Treatment	24
Senate Bill 512 – CINA Drug-Exposed Newborns	25
Supportive Housing for Women with Dependent Children	26
Recovery Support Coordinators in Pregnancy and Postpartum Project	27
8505 Evaluator Position	30
Maryland RecoveryNet (MDRN) Regional Area Coordinator Position	31
Prevention Services	32
Opioid Misuse Prevention Project	34
Partnership for Success (MSPF 2)	35
<b>Federal Conditions of Award</b>	<b>37</b>
SUPPLEMENT A. SAPT Block grant – General Conditions of Federal Award Supplement	46
Appendix A - Code of Federal Regulations, 45 CFR, Public Welfare, Subtitle A, Department Of Health And Human Services, Subchapter A – General Administration, Part 96 – Block Grants	51

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
GENERAL CONDITIONS OF AWARD**

**Failure to comply with these General 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 convey General Conditions of Award to all sub-recipients of State and Federal funds.
2. Grantee shall review sub-recipient compliance with Conditions of Award through conducting on-site visits and using a BHA provided monitoring tool.
3. Grantee shall identify areas of non-compliance, require a corrective action plan, and monitor corrective action progress of all non-compliant sub-recipients and submit the completed monitoring report to the BHA Compliance Section within five days of the end of the review period.
4. Grantee and all sub-recipients shall admit pregnant women within 24 hours of request.
5. Grantee and all sub-recipients shall utilize best practices for every age group in the provision of substance use and substance related disorder services. Best practices refer to services that reflect research-based findings.
6. Grantee and all sub-recipients providing treatment services shall:
  - a) assess every patient upon admission for eligibility for Medical Assistance (MA);
  - b) help eligible patients apply for this entitlement;
  - c) check MA enrollment status via the Eligibility Verification System (EVS), if providing an MA reimbursable service;
  - d) for eligible recipients, bill MA for services covered by this entitlement;
  - e) retain proof of the processes outlined above; and
  - f) no longer use BHA funds for services covered by third party payers.
7. Grantee and all sub-recipients of State and Federal funds shall neither
  - a) deny admission or continued stay for a patient solely due to being on full or partial opiate agonist therapy medication regardless of dose;
  - b) make admission contingent upon eventual detoxification from full or partial opiate agonist; nor
  - c) limit the number of patients on full or partial opiate maintenance or detoxification that are admitted to a program.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
General Conditions of Award  
Page 2**

8. Grantee agrees to serve as the BHA's designee regarding Health General Article 8-505 and Health General 8-507 legislative requirements
  - a) The Grantee must provide clinical staff that is compliant with DHMH Code of MD Regulations, Title10, Subtitle 47 to conduct Health General Article 8-505 substance use disorder evaluations.
  - b) The BHA Office of Forensic Services – Justice Service's Section will approve the Health General Article 8-505 evaluator's level of care recommendation and the Grantee will be responsible for appropriate placement if and when a commitment for treatment under Health General Article 8-507 is ordered.
9. Grantee and sub-recipients shall utilize the assessment instrument specified by the Administration for all HG8-505 evaluations
10. Grantee agrees to serve as Behavioral Health Administration's designee regarding referral for residential placements of Pregnant Women and Women with Children.
  - a) Provide clinical staff in compliance with DHMH Code of MD Regulations, Title10, Subtitle 47 or Subtitle 63, as applicable to conduct substance use disorder screening and assessments.
  - b) Once approved by BHA for residential placement, the Local Addiction Authority or Local Behavioral Health Authority will provide care coordination of all placement referrals
  - c) Once treatment is complete, the Local Addiction Authority or Local Behavioral Health Authority will work with the Case Manager for the Residential Treatment Program to secure admission to another level of care.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
General Conditions of Award  
Page 3**

11. Grantee and all sub-recipients shall comply with the Department of Health, Code of Maryland Regulations, Title 10, Subtitle 47, or Title 10, Subtitle 63, and recovery housing and continuing care standards approved by the Behavioral Health Administration. Grantees who subcontract services to another vendor for the purchase of recovery housing must ensure that prior to October 1, 2017, the vendor is a BHA-approved Maryland RecoveryNet vendor and as October 1, 2017, is certified by the state's designated credentialing agency according to HB1411 legislative requirements.
12. The grantee and sub-recipients shall comply with all requirements and conditions set forth in the MDH Local Health Department Funding System Manual or the MDH Human Services Agreements Manual, whichever is applicable.
13. Grantee and sub-recipients providing treatment and recovery services shall provide BHA with 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) Provider capacity information including the number of residential bed capacity and level of care;
  - b) A complete registration and/or authorization for every participant who has entered into treatment or recovery services;
  - c) A complete reauthorization for every participant that has fulfilled the terms of the initial authorization;
  - d) A complete discharge and new authorization for every patient who has changed levels of care within a treatment program;
  - e) A complete discharge for any participant who has completely left treatment or recovery services;
  - f) Any corrections required to ensure that the participant's record is accurate; and
  - g) Results of all drug testing performed, whether the outcome is negative, positive or adulterated, for all drug court patients.
14. The grantee shall provide BHA with data as required by the Administration for all BHA funded recovery community center services, peer recovery support specialists, and adolescent clubhouses.
15. The grantee shall provide BHA with data as required by the Administration for pregnant women and women with dependent children.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
General Conditions of Award  
Page 4**

16. All budget modification requests must be **received** by the BHA Grants Section no later than April 15 or the first business day thereafter. A detailed justification must be provided for each line item change.

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.

17. The grantee shall agree to attend all meetings as required by the MDH and the BHA.
18. Grantee or sub-recipients shall screen patients for gambling and nicotine dependence disorders. If disorders are identified they must be included and addressed in the patient's treatment plan.
19. Grantee shall provide documentation that representatives of the local recovery community are involved in planning and evaluating the quality of substance related disorder services on an ongoing basis.
20. Grantee shall require the use of patient satisfaction surveys as one component of service evaluation.
21. Grantee shall coordinate the care of high-risk and high-cost patients from the jurisdiction, specifically including patients admitted to level 3.7 treatment.
22. Grantee and all sub-recipients providing substance use disorder services shall comply with the Code of Maryland Regulation 10.02.01 of the MDH and MDH Policy #3416 that provide for the setting of charges and collection of fees for health services rendered under the jurisdiction of MDH. This regulation and policy apply to all health facilities operated by the Department of Health, its subordinate units and those operated by political subdivisions and vendors whose programs are funded in whole or in part with funds administered by the Department of Health.
23. Grantee and all sub-recipients shall report to the BHA improper use of and possible criminal conduct related to awarded funds as soon as it becomes known to the grantee or sub-recipient.
24. Grantee shall not use state or federal grant funds to supplement Medicaid reimbursable services.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**Attachment B  
General Conditions of Award  
Page 5**

25. All requests for changes in substance related disorder programming shall be submitted in writing to BHA for approval prior to implementation.
26. Grantee will coordinate the care of high-risk and high-cost patients from the jurisdiction, specifically including patients admitted to Level 3.7WM and Level 3.7 services.
27. The grantee or sub-recipient shall either provide or maintain documented referral arrangements for the provision of pharmacotherapy services to all patients.
28. For all patients with an opiate problem documented in the substance matrix upon admission, pharmacotherapy shall be provided directly or through a referral. If medication is not provided, clinical justification shall be documented in the patient's record.
29. The grantee and all sub-recipients providing substance related disorder services shall provide and document clinical supervision to all clinical staff and peer support staff employed by or volunteering at the program.
30. If the grantee funds recovery housing services, services shall be purchased using a fee-for-service method.
31. Grantee and all sub-recipients providing ASAM level 3.7, 3.5 or 3.3 programs shall:
  - a) provide continuing care arrangements to each patient's care coordinator;
  - b) attempt to obtain consent from the patient prior to discharge enabling the program to contact the outpatient aftercare provider; and
  - c) provide a discharge summary to the outpatient aftercare provider within 24 hours of the patient's discharge from the program.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
General Conditions of Award  
Page 6**

32. Grantee and all sub-recipients shall develop language assistance procedures for assessing the language needs of the population served, translating both oral and written communications and documentation, training staff in the language assistance program requirements, and monitoring to assure that limited English proficiency (LEP) individuals are receiving equal access to services and are not treated in a discriminatory manner, in accordance with DHMH policy 01.02.05. Grantee shall submit an annual report to the DHMH Equal Opportunity Programs by July 30, which shall include the following information:
  - a) a summary of efforts to fully implement and improve LEP services during the reporting period,
  - b) an outline of possible initiatives to enhance LEP services that might be implemented during the forthcoming reporting period,
  - c) a listing of vital documents translated in accordance with this LEP requirement, and
  - d) a description of the number of individual translator services provided to LEP individuals and the process used to deliver such services.
33. The grantee and all sub-recipients shall develop procedures to provide access to services that are culturally and linguistically competent to individuals who are deaf or hard of hearing.
34. The grantee may only spend funds allocated for recovery services on continuing care, care coordination, recovery housing, recovery community center activities, and/or peer recovery specialist positions.
35. The grantee shall notify BHA when the grant funded slots within the Opioid Treatment Programs in their jurisdiction reach 90% capacity.
36. The grantee must review the budgets of all sub-providers receiving funds under cost reimbursement contracts. Review and certification of the review must occur at the beginning of the grant cycle and be complete before any money is awarded to the sub-provider.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

OKAY

**Attachment B**  
**General Conditions of Award**  
**Page 7**

37. Grantees will be required to enter their jurisdictions FY2018 service and funding information in the BHA Web-Based Financial Reporting Application.

*Refer to the BHA Divisions/Finance and Fiscal Management/Grants Management Section of the BHA website, <http://bha.health.maryland.gov/> for instructions.*

38. Grantees shall submit expenditure reports per the following schedule to the BHA via email to [MDH.adaa\\_grants@maryland.gov](mailto:MDH.adaa_grants@maryland.gov)

*Refer to the BHA Divisions/Finance and Fiscal Management/Grants Management Section of the BHA website, <http://bha.health.maryland.gov/> for reporting forms.*

Reporting Period	Due Date
July 1 – September 30	October 15
October 1 – December 31	January 15
January 1 – January 30	February 15
February 1 – February 28	March 15
March 1 – March 31	April 15
April 1 – April 30	May 15

39. Grantee shall submit Year-end Financial Web Reporting forms for each grant award that reflect the actual services, expenditures, slots, persons served and shall be submitted no later than August 1st to [MDH.adaa\\_grants@maryland.gov](mailto:MDH.adaa_grants@maryland.gov)
40. The BHA award is based on estimated levels of State and/or Federal funds. If actual allocations differ from current estimates, the BHA award may be adjusted accordingly.
41. The Maryland Department of Health federal grants have a finite availability period which must also be adhered to by BHA grantees. Therefore, expenditures cannot exceed award amount and they must occur between the provided “Authorized Federal Award Start Date” and “Mandatory Federal Award End Date”.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
General Conditions of Award  
Page 8**

42. If the LHD uses the Department for payment of its payroll and operating expenses, any amounts not recorded, in FMIS, within 30 days following the Mandatory Federal Award End Date will be designated as unavailable to the LHD by the Department.
43. If the grantee **does not use** the Department for payment of its payroll **and** operating expenses, any amounts not invoiced the Department; within 45 days following the Mandatory Federal Award End Date will be designated as unavailable to the grantee by the Department.
44. The BHA assumes no responsibility for paying from its funds an amount greater than the amount awarded to the grantee.
45. A DHMH 440 must be submitted for each sub-grantee included in the amount reported for Human Services Contracts (Item 0896) and Special Projects (Item 0899).
46. Other conditions may be imposed during the course of the fiscal year.

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

OKAY

### ATTACHMENT B CONDITIONS OF AWARD

#### LOCAL ADDICTION AUTHORITY (LAA)

The Local Addiction Authority (LAA) plans, develops and manages a full range of prevention, intervention, treatment, and recovery services for persons who have or are at risk of developing substance-related disorders (SRD). The LAA 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.

#### **Plan**

- Assess and plan for substance-related disorder service needs for its jurisdiction. The plan shall be the basis for LAA 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)
  - This plan must be informed by the BHA needs assessment and the geo-mapping of existing OTPs
  - 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
- Develop measurable outcomes for strategies and activities pertaining to the publicly-funded SRD service system
- Develop and maintain *All Hazards Plan*, including coordination of response to emergencies to insure service availability

#### **Develop: Cooperation and Interfacing**

- Coordinate activities of publicly-funded SRD service providers
- Meet with providers registered in the public SRD network that provide services to the citizens in the LAA jurisdiction
- Collaborate with core service agency (CSA) and mental health providers to develop and implement behavioral health services
- Collaborate with SRD providers to enable service recipients to access appropriate treatment and recovery services in a timely fashion
- Participate in state and /or local activities to implement health reform, as indicated
- Attend Maryland Association of Behavioral Health Agencies (MABHA) meetings

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

OKAY

### Attachment B Local Addiction Authority Conditions of Award Page 2

- Cooperate and collaborate with ASO by:
  - Designating representative;
  - Facilitating communication with local agencies;
  - Responding to ASO requests within reasonable time;
  - Working with ASO and vendors to participate in transition plan, following determination by ASO that service to an individual is no longer medically necessary.
- Serve on local planning and advisory boards and committees
  - To include local community boards as needed, in order to help prevent miscommunication between OTPs and local community leaders
- Meet annually with local Emergency Rooms to provide education and training on access to and services within the public SRD system
- Attend BHA committees, conferences, etc.
- Upon request from ASO:
  - Determine if individual meets criteria for the public SRD system, using criteria established by BHA;
  - Assist in developing a multi-agency or provider-specific treatment plan

#### Develop: Public and Consumer Education and Information

- Inform individuals in their jurisdiction of the availability of public SRD services and benefits
  - To include stigma reduction and educational information on OTPs and MAT in general
- Create and maintain a resource directory, including special-capacity providers (non-English speaking, deaf and hard of hearing, other disabilities)
- Maintain a current ASO fee schedule
- Provide information and training to local health providers on access to local community based SRD services

#### Develop: Network Development

- Encourage providers, as necessary, to enroll in the public SRD system to ensure choice and access to appropriate levels of care
  - This includes encouraging providers to locate in areas of identified treatment gaps, based on needs assessment and geo-mapping information;
  - Helping new providers identify community leaders, community associations and elected officials and;
  - Introduction of new providers to community (newsletter, open house)



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Local Addiction Authority  
Specific Conditions of Award  
Page 3**

**Manage Public SRD System**

- Assist BHA to safeguard against unnecessary utilization of publicly funded services in its jurisdiction and assure that these services are medically appropriate and necessary
- Develop local strategies and implement specific actions to reduce inpatient hospitalization (The LAA 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)
- 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 shall report its findings to the BHA Director or designee, noting the LAA's planned interventions with the provider to assure appropriate delivery of services).
- 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
- 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
- Explore and develop local strategies to improve integration of care between the public SRD service system and local primary care providers
- Coordinate the care of high-risk and high-cost patients from the jurisdiction, specifically including patients admitted to Level 3.7 treatment
- 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
- 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.
- Promote best practices in service delivery

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Local Addiction Authority  
Conditions of Award  
Page 4**

**Manage Public SRD System: Quality Assurance**

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

**Manage Public SRD System: Compliance**

- 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
- Participate as requested by BHA (or ASO as an agent of BHA) in on-site Regulatory Compliance reviews
- Monitor the implementation of Program Improvement Plans and notify BHA of its findings using the protocol developed by the BHA
- Identify appropriate LAA staff to be available when requested by BHA to participate in sanction proceedings

**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

**Manage Public SRD System: Complaints**

- Ensure that the LAA's sub-vendors of SRD services have a protocol for a complaint to be filed by a service recipient (The LAA shall require the sub-vendor to report to the LAA any complaints received and their resolution on a periodic basis).
  - Ensure that OTPs also have a formal process for addressing community/program complaints and documents meetings to attempt to resolve complaints

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Local Addiction Authority  
Conditions of Award  
Page 5**

- Should existing process not be sufficient to resolve community/program complaints, consider obtaining a mediator to assist in resolution of issues
- Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for or post treatment “loitering” to help determining reasons;
- Respond appropriately to all complaints made or referred to the LAA within five (5) business days, documenting the complaint and the type of response, and submit a report to the BHA as required
- Proactively determine that service recipients are able to freely access services without being subject to discriminatory admission and treatment policies

**Reports**

- Submit monthly *Recovery Community Center* data to the BHA *Recovery Services Manager* by the 10<sup>th</sup> of each month
- Submit monthly *Peer Recovery Support Specialist* data to the BHA Director, Office of Consumer Affairs by the 10<sup>th</sup> of each month
- Submit *monthly wait list data* for all levels of care to the *Regional Manager* by the 5<sup>th</sup> of each month, and specialty populations (*Women and Children*) to the Director of Gender-Specific Services
- Submit monthly *Adolescent Club House data* to BHA *Adolescent Clubhouse Manager* by the 10<sup>th</sup> of each month
- 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 by the 10<sup>th</sup> of each month
- Submit monthly data on the *number women with dependent children referred for child care services* to the Director of Gender-Specific Services by the 10<sup>th</sup> of each month
- Submit monthly data on the *number women with dependent children referred for pediatric services* to the Director of Gender-Specific Services by the 10<sup>th</sup> of each month
- Submit monthly data to Chief of Justice Services by the 5<sup>th</sup> of each month. This report shall include:
  - Number of evaluations completed;
  - number of recommendations for treatment to each level of care;
  - number of people who refused evaluations or failed to show for appointment; number of non-amenable 8-505 evaluation recommendations;
  - number of people admitted to treatment and the levels of care;
  - number of people discharged and the reason they were discharged;

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**Attachment B  
Local Addiction Authority  
Conditions of Award  
Page 6**

- Number of people placed on a waitlist for treatment ( if any) and the reason the person has been waitlisted.

**Other –**

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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**ONE-TIME-ONLY ACCREDITATION ASSISTANCE**

1. The Behavioral Health Administration (BHA) will provide funding, contingent on availability, to Local Addiction Authorities (LAAs), Local Behavioral Health Authorities (LBHAs), and/or Core Service Agencies (CSAs), to assist behavioral health providers with becoming accredited.
2. The LAAs, LBHAs, and CSAs may utilize grant funding to provide one-time only funding to providers who are not currently accredited due to financial hardship to become accredited. The funding may be used for the following:
  - o application fee for accreditation;
  - o purchase of manual and workbook;
  - o fees associated with accreditation body's Site visit/Survey;

Non-eligible activities include, but are not limited to the following:

- o consultation
- o staff time
- o hiring additional staff to meet accreditation requirements
- o equipment
- o office supplies
- o computer software
- o retroactive reimbursement for fees already paid (prior to April 1, 2017).

In order to be eligible to receive assistance, the provider must:

- o be currently approved or certified to provide services in Maryland;
- o provide services to Medicaid eligible or uninsured individuals who meet the medical necessity criteria for public behavioral health services;
- o register or be registered as a Medicaid provider if services are reimbursed by Medicaid (ASAM Level 3.1 grant funded residential programs are excluded from this requirement);
- o obtain or have a National Provider Identifier (NPI) number;
- o register or be registered with Beacon Health Options;
- o provide an explanation as to why assistance is needed;
- o provide documentation demonstrating financial need;
- o have a plan for becoming accredited by the required deadline of December 31, 2017;
- o provide a detailed budget for the request; and

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
One-Time-Only Accreditation Assistance  
Page 2**

- provide receipt or proof of payment to the LAA, LBHA, and/or CSA or an invoice from the provider from the accrediting body showing detailed cost.
- New providers who intend to meet the requirements listed above may also apply for one-time only accreditation support.
- 3. The LAA, LBHA, and CSA shall obtain the following information from the provider for consideration for funding:
  - Provider's name, contact, and location;
  - Type of agency
  - Certification status as a behavioral health provider (approved or certified to provide services in Maryland);
  - A description of the services provided to Medicaid eligible or uninsured individuals who meet the medical necessity criteria for public behavioral health services;
  - Medicaid number or registration status to become a Medicaid provider;
  - National Provider Identifier (NPI) number;
  - registration status with Beacon Health Options;
  - an explanation as to why assistance is needed, a plan for becoming accredited by the required deadline, and a detailed budget for the request; and
  - an invoice from accrediting body with details on the cost to be paid or receipt as proof of payment (After April 1, 2017)
- 4. The LAA, LBHA, and CSA will receive, review, and approve all request for one-time only funding. The designated entity for system management should receive, review and approve if the local entity is a direct service provider and local authority.
- 5. The LAA, LBHA, and CSA will send to BHA bi-weekly (by the 15<sup>th</sup> and 30<sup>th</sup> of each month) BHA's accreditation assistance reporting form. Forms should be sent to the following address: [mdh.adaa\\_grants@maryland.gov](mailto:mdh.adaa_grants@maryland.gov)
- 6. The LAA, LBHA, and CSA shall notify BHA if the jurisdiction does not need funding for accreditation assistance within 15 days of award letter.
- 7. The LAA, LBHA, and CSA shall notify BHA if funding has been utilized and additional funding is needed for accreditation assistance.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION (OEND)  
NALOXONE FUNDING – GENERAL FUNDS  
August 1, 2017 through June 30, 2018**

Failure to comply with the following 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.

The Behavioral Health Administration (BHA) is distributing additional funding to the Opioid Crisis Grant. All funding to local addiction authorities and local behavioral health authorities is subject to the following conditions:

1. Participate in SAMHSA State Targeted Response (STR) related grant activities, including, but not limited to, training attendance, collaboration with community-based organizations, and participation in coordination activities across neighboring jurisdictions.
2. Comply with requirements of Overdose Response Program (ORP) law and regulations, Health – General Article Title 13, Subtitle 31, Code of Maryland, and COMAR 10.47.08.
3. Notify BHA of any significant changes from the original application for entity authorization. Significant information includes names and contact information for entity director and training director, copies of new or revised written agreements with health care providers; naloxone dispensing protocols and training materials used in educational training programs.
4. Respond timely and accurately to BHA/MDH requests for information about ORP trainings, naloxone dispensing and reported naloxone administrations.
5. Adhere to additional monitoring and evaluation requirements as requested by BHA including: publishing naloxone trainings on the BHA ORP website calendar, participation in quarterly technical assistance calls for ORPs, and participation in two check-in calls with BHA Prevention Office Staff.
6. Recipients purchasing naloxone for distribution in clinical settings, such as mental health and substance use treatment programs or hospital emergency departments, must provide a 6-month progress report on steps taken toward billing insurance and obtaining reimbursement for naloxone.
7. Funding allocated pursuant to this award may not supplant existing dollars dedicated for these or other activities.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**MARYLAND OPIOID RAPID RESPONSE (M.O.R.R.)  
NALOXONE FUNDING – FEDERAL FUNDS  
August 1, 2017 through April 30, 2018**

Failure to comply with the following 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.

The Behavioral Health Administration (BHA) is distributing additional federal funding through Substance Abuse and Mental Health Services Administration's (SAMHSA) State Targeted Response (STR) to the Opioid Crisis Grant. All funding to local addiction authorities and local behavioral health authorities is subject to the following conditions:

1. Participate in STR-related grant activities, including, but not limited to, training attendance, collaboration with community-based organizations, and participation in coordination activities across neighboring jurisdictions.
2. Comply with requirements of Overdose Response Program (ORP) law and regulations, Health – General Article Title 13, Subtitle 31, Code of Maryland, and COMAR 10.47.08.
3. Notify BHA of any significant changes from the original application for entity authorization. Significant information includes names and contact information for entity director and training director, copies of new or revised written agreements with health care providers; naloxone dispensing protocols and training materials used in educational training programs.
4. Respond timely and accurately to BHA/MDH requests for information about ORP trainings, naloxone dispensing and reported naloxone administrations.
5. Adhere to additional monitoring and evaluation requirements as requested by BHA including: publishing naloxone trainings on the BHA ORP website calendar, participation in quarterly technical assistance calls for ORPs, and participation in two check-in calls with BHA Prevention Office Staff.
6. Recipients purchasing naloxone for distribution in clinical settings, such as mental health and substance use treatment programs or hospital emergency departments, must provide a 6-month progress report on steps taken toward billing insurance and obtaining reimbursement for naloxone.
7. Funding allocated pursuant to this award may not supplant existing dollars dedicated for these or other activities.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**BUPRENORPHINE INITIATIVE**

**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. Funds may be used to provide or reimburse for Buprenorphine treatment services that are not reimbursed by Medicaid.
2. Funds may be used for buprenorphine expansion efforts/projects, including hiring professional staff to assist with expansion projects. Examples of projects that would be considered include:
  - a) Hiring staff to outreach to community providers/prescribers to encourage them to become waivered to prescribe buprenorphine. Providing technical assistance to providers once waivered. This includes mental health and substance use disorder treatment providers, physicians, nurse practitioners, and physician's assistants.
  - b) Assist in setting up agreements between substance use disorder treatment providers and community prescribers for ongoing care
  - c) Provide education, training and technical assistance to prescribers around buprenorphine prescribing and additional treatment resources for their patients.
  - d) Provide technical assistance to hospitals to start patients on buprenorphine in the ED with linkage to next day treatment

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**ATTACHMENT B  
CONDITIONS OF AWARD**

**DRUG COURT SERVICES**

**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. Each jurisdiction is restricted to using their OPSC dollars to provide or purchase:
  - a) Non-reimbursable services delivered in ambulatory treatment settings to individuals actively being served in drug treatment court.
  - b) Time spent in court on behalf of the client; this can be status hearings, pre-court meetings, case consultation meetings with drug court personnel
  - c) Non-reimbursable clinical case management associated with SUD treatment services
  - d) Correspondence with court officials on behalf of the client'
  - e) Transportation of clients back and forth to court hearings
2. If a jurisdiction would like to request the purchase of non-reimbursable services not listed above (e.g., residential services), they must obtain permission from BHA.
3. A separate report will be required at the end of the year that includes the total # of services provided to drug court clients.
4. The award amounts provided for drug court substance related disorder treatment services are subject to change annually.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**TEMPORARY CASH ASSISTANCE  
ADDICTIONS PROGRAM SPECIALIST(S)**

**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 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.
2. Grantee shall report the prescribed Addictions Specialist Screening Results to the Behavioral Health Administration through a monthly report form or another BHA determined data collection process.
3. 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)
4. 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.
5. The following are performance measures for the Addictions Specialist(s):
  - a) Addictions Specialist(s) will screen 85% of all Temporary Cash Assistance applicants/recipients, Food Supplement applicant/recipients referred by the Department of Social Services case managers for substance related disorders.
  - b) Addictions Specialist(s) will screen for substance related disorders, 85% of Temporary Cash Assistance Recipients at re-certification that are referred to the Addictions Specialists by Department of Social Services Case Managers.
  - c) Addiction Specialist will assess and or refer to the Local Addiction Authority 100% of the screened positive Temporary Cash Assistance Applicants/Recipients that are in need of a clinical assessment

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Temporary Cash Assistance  
Page 2**

- d) Addiction Specialist will assess and or refer to the Local Addiction Authority 85% of the screened positive Food Stamp Applicants/Recipients that are in need of a clinical assessment.
  - e) Addiction Specialist will complete toxicology screens on 100% of the Food Stamp Applicants/Recipients who are referred for a screening by the Department of Social Services Case Managers
- 
- 6. Local Addiction Authority shall submit a quarterly report to Behavioral Health Administration of all addiction specialist working hours that are outlined in the Quarterly Reporting Document for TCA.
  - 7. Addiction Specialist shall ensure that a BHA consent is signed by all TCA participants
  - 8. Addiction Specialist shall submit into the TCA data system all elements that are required on the Monthly report.
  - 9. 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.**
  - 10. 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.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**INTEGRATION OF CHILD WELFARE AND  
SUBSTANCE ABUSE TREATMENT – HOUSE BILL 7**

**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.**

House Bill 7 (The Integration of Child Welfare and Substance Abuse Treatment Services Act) was passed in the 2000 session of the Maryland General Assembly. The provisions of the Act require DHR and MDH to develop a protocol for the integration of child welfare and substance abuse services. The primary focus of this initiative is to assess individual and families that are identified in the child welfare system as having a substance related disorder.

1. The grantee shall provide onsite direct screening, referral, and placement services to individuals and families being managed by DSS case managers who are in need of substance abuse services.
2. The grantee shall report monthly data using the form prescribed Administration to the Behavioral Health Administration on a monthly basis.
3. The grantee shall provide a yearly data report on the outcomes of the initiative to Behavioral Health Administration

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**ATTACHMENT B  
CONDITIONS OF AWARD**

**SENATE BILL 512- CHILDREN IN NEED OF ASSISTANCE –  
DRUG EXPOSED NEWBORNS**

**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.**

Senate Bill 512 (Children in Need of Assistance – Drug-Exposed Newborns) went into effect October 1, 1997. The purpose of the legislation was to identify newborns exposed or addicted to drugs/alcohol and offer the mother and birth father drug treatment as well as support.

1. The grantee shall conduct assessments at the hospitals, during home visits and on-site to all individuals referred through case workers at the Local Department of Social Services.
2. The grantee shall provide direct screening, referral, and placement services to the individuals and families being managed by DSS case managers who are in need of substance abuse services.
3. The grantee shall report monthly data using the form prescribed by the Administration to the Behavioral Health Administration on a monthly basis.
4. The grantee shall provide a yearly data report on the outcomes of the initiative to the Behavioral Health Administration

# GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY

## FY 2019 PROGRAM PLAN & FY 2019 FINANCIAL PLAN

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### ATTACHMENT B CONDITIONS OF AWARD

#### SUPPORTIVE RECOVERY HOUSING FOR WOMEN WITH DEPENDENT CHILDREN

**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.**

BHA defined Supportive Recovery Housing for Women with Dependent Children as follows:

Supportive Recovery Housing provides a location where individuals in early recovery from a behavioral health disorder are given the time needed to rebuild their lives while developing the necessary skills to embark on a life of recovery. This model offers a safe, stable and supportive living situation for women who have at least one child in their custody and have been in treatment. This temporary arrangement will provide the family with a safe and secure environment to begin the process of reintegration into society, and to build the necessary recovery capital to return to a more independent and functional life in the community. These residences provide varying degrees of support and structure. Participation is based on individual need and the ability to follow the requirements of the program.

1. All grantees must document the screening process that helps maintain a safe and supportive environment for women with children.
2. All grantee must allow the family to remain together during the recovery process
3. All grantees must document a process that would allow all children from ages 0-18 to stay with mom.
4. All recovery housing must be certified through BHA's Maryland Certification of Recovery Residences certifying body.
5. All houses must meet the national recommendations for Recovery Housing identified by National Association of Recovery Residences NARR and the BHA standards for Supportive Recovery Houses for Women with Dependent Children
6. All recovery houses must have at least one house manager
7. All recovery houses must have a care coordinator who works with the individual women to assist her with skills and entitlements to move forward in her recovery.
8. All recovery houses/Care Coordinators must participate in weekly, monthly, quarterly reporting in the BHA data system.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**RECOVERY SUPPORT COORDINATORS IN PREGNANCY/POSTPARTUM  
PROJECT**

**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. The Local Health Department (LHD)/Local Addiction Authority (LAA) will utilize funding to hire or contract with a provider to hire a 1.0 FTE Recovery Support Coordinator for the Pregnancy/Postpartum Project.
2. The Recovery Support Coordinators for Pregnancy/Postpartum Project will assist pregnant and postpartum women who have an Opioid or other substance related disorder with navigating the service delivery system, accessing wrap-around services and recovery supports.
3. The Recovery Support Coordinators will focus on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. This position will work with the women, their infant and children and will serve as a liaison to all relevant entities involved with each woman. This includes but is not limited to prenatal clinics, Federally Qualified Health Centers (FQHC), licensed substance related disorder treatment providers, labor and delivery hospitals, Maternal Health Entities, and other systems and related support services.
4. Recovery Support Coordinators will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their families. The Project will work to alleviate barriers through comprehensive care coordination using a multisystem approach with the goal to improve outcomes for pregnant/postpartum opioid dependent and other substance related disorders for women and their children.
5. The LHD/LAA will ensure the Recovery Support Coordinator meet the following requirements:
  - Have a minimum of an associate's degree preferred; high school diploma or equivalency.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Recovery Support Coordinators in Pregnancy/Postpartum Project  
Page 2**

- Three years' experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and reach their full potential. The Recovery Support Coordinator's job description will be defined and supervision of the staff person will be defined by the Local Health Department.
  
- The role of the Recovery Specialist shall include, but is not limited to the following:
  - Develop a Recovery Plan which include culturally competent and relevant services; individual goals with measurable objectives the woman desire to achieve; asses the strengths the woman have that can be used to work towards those goals, identify barriers that can inhibit goal attainment; monitor the progress made attaining those goals;
  - Educate the woman on how to appropriately navigate treatment, social service and recovery support systems;
  - Provide recovery support services based on the woman's preference and her family's assessed needs;
  - Ensure woman engages in services for herself and children; prenatal and postpartum up to one year;
  - Maintain relationships with the woman in order to assist her in the treatment engagement and retention process;
  - Reinforce, guide, and ensure the woman that recovery is possible, and is built on multiple strengths, coping abilities, and resources of each individual;
  - Assist the woman with gaining skills and resources needed to initiate and maintain recovery;
  - Assist in establishing and sustaining a social and physical environment supportive of recovery;
  - Enhance identification and participate in the recovery community;
  - Advocating for appropriate and effective community treatment and recovery;
  - Empower individuals to make self-determined and self-directed choices about their recovery pathway;
  - Provide telephone support; and
  - Maintain follow-up during pregnancy and one year after birth. It is expected that the Recovery Support Coordinator will work a flexible schedule and will be available for the women and families on the caseload. It is expected that the caseload will be at minimum 30 women.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**Attachment B  
Conditions of Award  
Recovery Support Coordinators in Pregnancy/Postpartum Project  
Page 3**

6. Allowable expenses for this project are:
  - Staff;
  - Office space;
  - Supplies
  - Equipment, i.e. lap-top computer and or notebook, cell phones for use by staff; and
  - Mileage reimbursement

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**8-505 EVALUATOR POSITIONS**

**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 and the defendant's attorney 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 faxed to the evaluator to facilitate an admission date at the local health department. The admission date shall be communicated to the Treatment Placement Coordinator at the department.

**In regards to the HG 8-505 Contracted Evaluator who conducts evaluations in the Central DPSCS Facilities for defendants who are not in a pretrial status, this evaluator does not coordinate any admissions. BHSB staff is responsible for conducting all Baltimore resident/community based and pretrial evaluations for Baltimore City defendants who may be housed in DPSCS facilities and BHSB staff are responsible for coordinating all placements for Baltimore City residents.**

7. Ensure all evaluations are entered into BEACON Health Options.
8. The HG 8-505 contracted evaluator who conducts evaluations in the Central DPSCS Facilities shall not provide administrative or clinical supervision.
9. Attend trainings and meetings as identified by the Department.
10. 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

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**MARYLAND RECOVERYNET (MDRN) REGIONAL COORDINATOR POSITION**

**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.**

The Regional Coordinator will be responsible for the implementation of the MDRN program for a designated region in the state of Maryland.

1. This includes following established statewide policy and procedure for the following:
  - a) outreach and enrollment of a provider network;
  - b) eligibility determination and authorization of services for MDRN clients;
  - c) monitoring of expenditures for voucher services;
  - d) monitoring quality of provider services;
  - e) analysis of client outcome data;
  - f) maintaining relationships with care coordinators;
  - g) responding to initial complaints about providers;
  - h) troubleshooting provider complaints regarding patients;
  - i) working with MDRN referral sources to train and troubleshoot in regards to the referral process; and
  - j) participating in statewide planning, supervision and team meetings.
  
2. The MDRN Regional Coordinator will work under a matrix model of supervision. The administrative supervisory functions will be provided by the jurisdiction, and direct report for project functions will be with the Behavioral Health Administration's Recovery Services Manager. Performance evaluation will be a collaborative task shared between the designated jurisdiction supervisor and BHA's Recovery Services Manager.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**PREVENTION SERVICES**

**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. This award is based on estimated levels of Federal SAPT funds. If actual allocations differ from current estimates, this award may be adjusted accordingly.
2. All requests for changes in Prevention programming shall be submitted in writing to the BHA Prevention Program Manager for approval prior to implementation.
3. A full-time Alcohol and Other Drug Prevention Coordinator is required for the administration local jurisdiction and college prevention services
4. All local jurisdiction Prevention Coordinators shall attend BHA mandated trainings and meetings provided or sponsored by the BHA.
5. All jurisdictions must submit the required worksheets, reports and plans as they pertain to the SPF process.
6. 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 Program Manager. All literature, materials and/or promotional items shall contain an acknowledgment of BHA and SAMHSA support. Expenditures for unapproved publications may be disallowed regardless of the quality of the publication.
7. All prevention data shall be submitted electronically through the MDS System to the BHA no later than the tenth day after the end of the month. Late and/or inaccurate submissions of Prevention MDS data of two consecutive months may result in administrative action.
8. 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.**
9. **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. This grant period terminates on June 30th. Any monies not spent by June 30th shall revert to the State.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Prevention Services  
Page 2**

11. Prevention funds shall only be used for evidenced based strategies/programs that comport with the Institute of Medicine (IOM) principles.
12. All programs shall maintain compliance with the BHA Prevention Standards.
13. If the jurisdiction has a BHA funded University ATOD Prevention Center, the Prevention Coordinator shall collaborate with the Prevention Center to implement prevention services/activities.
14. Grantee shall use at least 50% of the SAPT Prevention Funds to implement evidence-based strategies that result in population-level change (i.e., environmental, community-based processes, and information dissemination strategies).
15. If the grantee intends to use BHA Prevention funds for media related activities, the following criteria shall be met:
16. The media campaign shall have the support of the local health department as demonstrated by approval sign-off.
17. The media campaign has a specific target audience and the messaging appropriately applies to that audience.
18. Documentation that diverse community stakeholders are engaged in planning the campaign
19. The media campaign uses evidence-based messaging practices to communicate to the target audience.
20. Other conditions may be imposed during the course of the fiscal year

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**ATTACHMENT B  
CONDITIONS OF AWARD**

**OPIOID MISUSE PREVENTION PROGRAM (OMPP)**

**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 OMPP Grant Program Manager for approval prior to implementation.
2. The jurisdiction's BHA designated Substance Abuse Prevention Coordinator will guide and coordinate 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.
3. The jurisdiction must use the SAMHSA Strategic Prevention Framework model to develop its Opioid Misuse Prevention Strategic Plan and to implement the evidence-based strategies outlined in that plan.
4. The jurisdiction's Prevention Coordinator and their designee with OMPP responsibilities shall attend all mandated OMPP trainings and meetings provided or sponsored by the BHA.
5. 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 Program Manager. All literature, materials and/or promotional items shall contain an acknowledgment of BHA and SAMHSA support. Expenditures for unapproved publications may be disallowed regardless of the quality of the publication.
6. All OMPP data shall be submitted electronically through the Monthly Report System to the BHA 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.
7. 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.**

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B  
CONDITIONS OF AWARD**

**PARTNERSHIP FOR SUCCESS (MSPF2)**

**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. This award is based on estimated levels of Federal SAMHSA funds. If actual allocations differ from current estimates, this award may be adjusted accordingly.
2. All requests for changes in MSPF2 programming shall be submitted in writing to the MSPF2 grant Program Manager for approval prior to implementation.
3. A community-led coalition is required for the implementation of the local MSPF2 Initiative.
4. All local jurisdiction Prevention Coordinators, the jurisdiction's MSPF2 Coordinator, and the jurisdiction's MSPF2 Evaluator shall attend mandated trainings, meetings, workshops, webinars, and conference calls provided or sponsored by the BHA and submit any required follow-up documents. For FY18 , trainings, meetings, workshops, webinars, and conference calls include but are not limited to Policy Change Implementation trainings and Peer-Sharing conference calls.
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 MSPF2 by positions funded by MSPF2. These records must be available for review by BHA staff at site visits.
7. All jurisdictions must submit monthly reports to BHA that detail their progress, using the template provided by BHA.
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 may be disallowed regardless of the quality of the publication.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**Attachment B  
Conditions of Award  
Partnership for Success (MSPF2)  
Page 2**

9. SAMHSA-CSAP SPF Data and Cross-site evaluation survey instruments reporting requirements shall be adhered to.
10. 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.**
11. This grant period terminates on June 30th. Any monies not spent by June 30th shall revert to the State.
12. MSPF2 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.
13. Other conditions may be imposed during the course of the fiscal year.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**ATTACHMENT B**

**Specific Conditions of Award**

**FEDERAL CONDITIONS OF AWARD**

**Behavioral Health Administration (BHA)  
Substance Abuse Prevention and Treatment (SAPT) Block  
Grant  
CFDA # 93.959**

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The Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are subject to a variety of restrictions and requirements. Grantees, as well as sub-recipients of SAPT Block Grant funds, shall comply with specific provisions of the Public Health Services Act, as well as general federal conditions of award. Use of these federal funds also continues to be governed by the Code of Maryland Regulations (COMAR) Title 10-Subtitle 47, BHA policy bulletins and guidelines.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**ATTACHMENT B**

**FEDERAL CONDITIONS OF AWARD**

As a recipient of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, the program must adhere to all applicable requirements.

**96.124 Certain Allocations: *(Required Services for Programs Receiving Block Grant Funds Set Aside for Pregnant Women and Women with Dependent Children).***

If the program receives Block Grant funds set aside for pregnant women and women with dependent children (including women attempting to regain custody of their children), the program must adhere to items (1.) through (7.).

1. The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.<sup>1</sup>
2. The program provides or arranges for primary medical care for women who are receiving substance abuse services, including prenatal care.
3. The program provides or arranges for child care while the women are receiving services.
4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.
5. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.
6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (2.) through (6.) above.

**96.126 Capacity of Treatment for Intravenous Drug Abusers**

If the program treats individuals for intravenous substance abuse, the program must adhere to items (8.) through (15.).

8. Within 7 days of reaching 90 percent of its treatment capacity, the program notifies the jurisdiction that 90 percent of the capacity has been reached.

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<sup>1</sup> Such admission may not be appropriate; however, if for example, the father of the child(ren) is able to adequately care for the child(ren).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 2**

9. The program admits each individual who requests and is in need of treatment for intravenous drug abuse not later than:
  - (a.) 14 days after making the request or
  - (b.) 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance abuse treatment program.
10. When applicable, the program offers interim services that include, at a minimum<sup>2</sup>, the following:
  - (a.) Counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission do not occur
  - (b.) Referral for HIV or TB treatment services, if necessary
  - (c.) Counseling on the effects of alcohol and other drug use on the fetus for pregnant women and referrals for prenatal care for pregnant women.
11. The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.
12. The program has a mechanism that enables it to:
  - (a.) Maintain contact with individuals awaiting admission
  - (b.) Admit or transfer waiting list clients at the earliest possible time to an appropriate treatment program within a reasonable geographic area.
13. The program takes clients awaiting treatment for intravenous substance abuse off the waiting list only when one of the following conditions exists:
  - (a.) Such persons cannot be located for admission into treatment *or*
  - (b.) Such persons refuse treatment.
14. The program carries out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method:
  - (a.) The standard intervention model as described in *The NIDA Standard Intervention Model for Injection Drug Users: Intervention Manual*, National AIDS Demonstration Research (NADR) Program, National Institute on Drug Abuse, (Feb. 1992)

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<sup>2</sup> Interim services may also include federally approved interim methadone maintenance.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 3**

- (b.) The health education model as described in Rhodes, F. Humfleet, G.L. et al., *AIDS Intervention Program for Injection Drug Users: Intervention Manual*, (Feb. 1992).
  - (c.) The indigenous leader model as described in Wiebel, W., Levin, L.B., *The Indigenous Leader Model: Intervention Manual*, (Feb. 1992).
15. The program ensures that outreach efforts (have procedures for):
- (a.) Selecting, training, and supervising outreach workers.
  - (b.) Contacting, communicating, and following up with high-risk substance abusers, their associates and neighborhood residents within the constraints of Federal and State confidentiality requirements.
  - (a.) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.
  - (b.) Recommending steps that can be taken to ensure that HIV transmission does not occur.

**96.127 Requirements Regarding Tuberculosis**

16. The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:
- (a.) Counseling the individual with respect to TB
  - (b.) Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual.
  - (c.) Providing for or referring the individuals infected by mycobacteria TB appropriate medical evaluation and treatment.
17. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.
18. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
- (a.) Screening patients and identification of those individuals who are at high risk of becoming infected.
  - (b.) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2.
  - (c.) Case management activities to ensure that individuals receive such services.
19. The program reports all individuals with active TB to the local health department as required by State Law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

**OKAY**

**Attachment B  
Conditions of Award  
Federal Funds  
Page 4**

**96.128 Requirements Regarding HIV**

If the State is a designated State and the program is one of the State's HIV early intervention programs, the program must adhere to items (20.) through (25.).

20. The program makes appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance abuse.
21. The program makes available, at the sites at which the individuals are undergoing treatment for substance abuse, appropriate HIV/AIDS testing, including tests to diagnose the extent of the deficiency in the immune system and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease available.
22. The program makes available appropriate post-test counseling at the sites at which the individuals are undergoing treatment for substance abuse.
23. The program makes available, at the sites at which individuals are undergoing treatment for substance abuse, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
24. The program has established linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.
25. The program ensures that HIV early intervention services are undertaken voluntarily, provided with patients' informed consent, and are not required as a condition of receiving substance abuse treatment or any other services.

**96.131 Treatment Services for Pregnant Women**

26. The program preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, the program gives preference to clients in the following order:
  - (a.) to pregnant injecting drug users, first;
  - (b.) to other pregnant substance abusers, second;
  - (c.) to other injecting drug users, third; and
  - (d.) to all other individuals, fourth.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 5**

**96.132 Additional Requirements**

27. The program makes continuing education in treatment services available to employees who provide the services.
28. The program has in effect a system to protect patient records from inappropriate disclosure and the system:
  - (a.) Is in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2
  - (b.) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

**96.135 Restrictions on the Expenditure of the Grant**

29. The program does not expend SAPT Block Grant funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met:
  - (a.) The individual cannot be effectively treated in a community-based, nonhospital, residential program
  - (b.) The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, nonhospital, residential treatment program
  - (c.) A physician makes a determination that the following conditions have been met:
    - (i.) The primary diagnosis of the individual is substance abuse and the physician certifies that fact.
    - (ii.) The individual cannot be safely treated in a community-based, nonhospital, residential treatment program.
    - (iii.) The service can reasonably be expected to improve the person's condition or level of functioning.
    - (iv.) The hospital-based substance abuse program follows national standards of substance abuse professional practice.
    - (v.) The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in a residential, community-based program).
30. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase or construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 6**

31. The program does not expend SAPT Block Grant funds to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal Funds.
32. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
33. The program does not expend SAPT Block funds to make payments to intended recipients of health services.
34. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
35. The program does not expend SAPT Block Grant funds to provide treatment services in penal or correctional institutions of the State.

**96.136 Requirements Regarding Independent Peer Review**

All providers receiving federal funds are subject to Peer Review consistent with the requirements of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Federal Regulations 42 U.S.C. 300x-53(a); 45 C.F.R. 96.136; and 45 C.F.R. 96.122(f) (3) (v) specifically mandate that the State shall for the fiscal year for which the grant is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least 5 percent of the entities providing services in the State under such program are reviewed. The programs reviewed shall be representative of the total population of such entities.

As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2.

The reviewers shall examine the following:

- (1) admission criteria/intake process;
- (2) assessments;
- (3) treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
- (4) documentation of implementation of treatment services;
- (5) discharge and continuing care planning; and
- (6) indications of treatment outcomes.



**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 7**

36. The State shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision makers. In addition, the State shall ensure that independent peer review is not conducted as part of the licensing/certification process.

The States shall develop procedures for the implementation of this section and such procedures shall be developed in consultation with the State Medical Director for Substance Abuse Services.

As a specific condition regarding continuous receipt of SAPT funds, the above mandate must be adhered to.

**96.137 Payment Schedule**

37. The program uses the Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
- (a.) Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program
  - (b.) Secure from patients or clients payments for services in accordance with their ability to pay.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
Federal Funds  
Page 8**

***Strongly Encouraged Services for All Programs that Provide (Substance Abuse) Services to Women***

The program provides pregnant women, women with dependent children, and their children, either directly or through linkages with community-based organizations, a comprehensive range of services to include:

- 1) case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments;
- 2) employment and training programs;
- 3) education and special education programs;
- 4) drug-free housing for women and their children;
- 5) prenatal care and other health care services;
- 6) therapeutic day care for children;
- 7) Head Start;
- 8) other early childhood programs; and
- 9) trauma-informed services.

Grantee agrees to comply with general conditions of federal fund awards, herein attached entitled "SAPT Block Grant - General Conditions of Federal Award Supplement."

(Cite: OMB Document No. 0930-0080)

- a. Certification Regarding Debarment and Suspension
- b. Certification Regarding Drug-Free Workplace Requirements
- c. Certification Regarding Lobbying and Disclosure of Activities
- d. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)
- e. Certification Regarding Environmental Tobacco Smoke
- f. Certification Regarding Non-Discrimination
- g. Certification Regarding OMB Circular A-133, Audits.

1. Grantee agrees to convey federal conditions of award, specific and general, to all sub-grantee/sub-contractor recipients of SAPT Block Grant funds, to identify areas of non-compliance and to monitor corrective action plan progress.

Failure to comply with federal conditions of award may result in the following including, but not limited to; future audit exceptions, disallowance of funds, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

Supplement A: SAPT Block Grant - General Conditions of Federal Award Supplement  
Appendix A: Code of Federal Regulations (CFR) Web Site Reference Link.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**SUPPLEMENT A.**

**SAPT Block Grant - General Conditions of Federal Award Supplement**

**a. Certification Regarding Debarment and Suspension**

The authorized official signing the Federal Conditions of Award certifies to the best of his or her knowledge and belief that in accordance with 45 CFR 76, the grantee and its principals:

- (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (2) have not within a 3-year period preceding this award been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of the offenses enumerated in paragraph (2) of this certification; and
- (4) have not within a 3-year period preceding this award had one or more public transactions (Federal, State or local) terminated for cause or default.

Should the grantee not be able to provide this certification, an explanation as to why should be provided to the Maryland Alcohol and Drug Abuse Administration (BHA). Grantee agrees to obtain from participants in lower tier covered transaction (sub-grantees/sub-contractors) a certification regarding debarment and suspension from Federal programs.

**b. Certification Regarding Drug-Free Workplace Requirements**

The authorized official signing the Federal Conditions of Award certifies that the grantee organization will provide a drug-free workplace in accordance with 45 CFR Part 76:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an ongoing drug-free awareness program to inform employees about
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B**

**Conditions of Award**

**SUPPLEMENT A. - SAPT Block Grant - General Conditions of Federal Award**

**Page 2**

- (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1) above;
- (4) Notifying the employee in the statement required by paragraph (1) above, that, as a condition of employment under the grant, the employee will
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (5) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (4) (b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working. Notice shall include the identification number of affected grant;
- (6) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (4)(b), with respect to any employee who is so convicted
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5) and (6).

**c. Certification Regarding Lobbying and Disclosure of Activities**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transaction," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
Conditions of Award  
SUPPLEMENT A. - SAPT Block Grant - General Conditions of Federal Award  
Page 3**

The authorized official signing the Federal Conditions of Award 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 grantee's authorized official signing the Unified Grant Award, 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 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 Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an 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 authorized official signing the Federal Conditions of Award shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities" in accordance with its instructions. *(If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," and its instructions is provided as part of this supplement and is also available in PDF format at website link – <http://www.whitehouse.gov/omb/grants/sflllin.pdf>*
- (3) 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, 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."

**d. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)**

The authorized official signing the Federal Conditions of Award certifies that the statements herein are true, complete and accurate to the best of his or her knowledge and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him to her to criminal, civil or administrative penalties. The grantee's authorized official signing the Unified Grant Award agrees that the grantee organization will comply with the Public Health Services terms and conditions of award.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B**

**Conditions of Award**

**SUPPLEMENT A. - SAPT Block Grant - General Conditions of Federal Award**

**Page 4**

**e. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), 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 the provision of health, daycare, 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 and 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 source 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 \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing the Federal Conditions of Award certifies that the grantee 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 grantee organization agrees that it will require that 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.

The Public Health Services (PHS) strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

**f. Certification Regarding Nondiscrimination**

The authorized official signing the Federal Conditions of Award certifies that the grantee organization will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

OKAY

**Attachment B  
SUPPLEMENT A. SAPT Block Grant - General Conditions of Federal Award  
Supplement  
Page 5**

Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age, (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to the nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the award.

**g. Certification Regarding OMB Circular A-133**

OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations requires that grantees (both recipients and sub-recipients) which expend a total of \$750,000 or more in federal assistance have an independent "single audit" (or in some specified cases, a program-specific audit) prepared annually. The audit must be performed in accordance with Single Audit Act Amendments of 1996, and the Office of Management and Budget (OMB) Circular A-133.

The authorized official signing the Federal Conditions of Award certifies that grantee and sub-grantee audit reports, performed in compliance with the aforementioned circular, shall be forwarded to the Maryland Department of Health (MDH), Audit Division, 500 North Calvert Street, Fifth Floor, Baltimore, Maryland 21202 within thirty (30) days of issuance of said report.

The grantee organization agrees that it will require that the language of this certification be included in any sub-awards which contain federal funds and that all sub-recipients shall certify accordingly.

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY  
FY 2019 PROGRAM PLAN &  
FY 2019 FINANCIAL PLAN**

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**APPENDIX A.**

**Behavioral Health Administration  
Substance Abuse Prevention and Treatment (SAPT) Block Grant  
CFDA # 93.959  
Federal Conditions of Award**

Code of Federal Regulations  
45 CFR  
Public Welfare

SUBTITLE A  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER A – GENERAL ADMINISTRATION

PART 96 – BLOCK GRANTS

- **Subpart A – Introduction**
- **Subpart B – General Procedures**
- **Subpart C – Financial Management**
- **Subpart D – Direct Funding of Indian Tribes and Tribal Organizations**
- **Subpart E – Enforcement**
- **Subpart F – Hearing Procedure**
- **Subpart L – Substance Abuse Prevention and Treatment Block Grants**

96.120 Scope. Subpart L applies to the Substance Abuse Prevention and Treatment Block Grant administered by the Substance Abuse and Mental Health Services Administration, 45 CFR Part 96, subparts A through F, are applicable to this subpart to the extent that those subparts are consistent with subpart L. To the extent that subparts A through F are inconsistent with subpart L, the provisions of subpart L are applicable.

The Code of Federal Regulations (CFR) is available in Text and PDF format at the following Link!

Web Site Link: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>  
or Search “Code of Federal Regulations.

- Click on “Browse Your Choice of CFR Titles”
- Scroll to “Title 45, Public Welfare”
- Click “Continue”
- Click on “Oct 1, 2002, Parts 1-199”
- Click on “Part 96