

GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
PLAN OF OPERATIONS & FINANCIAL PLAN
FY 2022



BEHAVIORAL HEALTH AUTHORITY

**GARRETT COUNTY BEHAVIORAL HEALTH AUTHORITY
FY 2022 PROGRAM PLAN & FINANCIAL PLAN**

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A. INTRODUCTION

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

Behavioral Health services include mental health and treatment for substance use disorders and support aspects of care. Our agency also has administrative and planning functions for the Local Management Board, Governor's Office of Crime Prevention, Youth, and Victim Services. Our office is located at the Garrett County Health Department's main office facility in Oakland, Maryland.

Garrett County is a rural community in the westernmost part of Maryland covering 656 geographic miles. With 46.5 persons per square mile (US Census, 2010), Garrett County ranks the third-least populous county in the State of Maryland with the lowest population density. Total population estimates have not seen a significant change since the submission of the FY 2021 Behavioral Health Plan of Operations. The estimated population of Garrett County is 29,014. There is very little ethnic or racial diversity. Estimates for 2019 indicate that 96.2% report to be White, not Hispanic or Latino; 1.2% report to be Hispanic or Latino; and 1.1% report to be Black or African American. There is economic diversity, as evident by Garrett County's median income of \$49,619 well below the State's average median income of \$81,868. Approximately 12.2% of the population is living below the Federal Poverty Level in Garrett County compared to 9.1% of the State. 18.4% of children under 18 in Garrett County are in poverty ranking Garrett County 8th in total poverty population for the State of Maryland.

Additionally, the Supplemental Nutrition Assistance Program (SNAP) information indicates the SNAP recipients, as a percentage of all households, are 15.4% for Garrett County which is the eighth highest utilization rate in the State. Regarding education, 89.3% of Garrett County residents are high school graduates with 20.1% having a Bachelor's degree or higher. (<https://www.census.gov/quickfacts/MD>)

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

An increasingly positive grant funded service for Garrett County residents, engaged with behavioral health services, has been the expansion of Peer Recovery Specialist services as well as the ongoing operation of the Mountain Haven, Consumer Wellness and Recovery Center. The number of peer recovery specialists has increased from one to five over the past two years. One position is through the Wellness and Recovery Center. The other four are through the Garrett County Health Department. Although not all full time positions, the peer recovery specialists work diligently to assist individuals in all stages of recovery. At the time this FY 2022 Plan of Operations was completed, two Peer Recovery Specialist have achieved the credential of "Certified Peer Recovery Specialist", which includes class work,

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training, and volunteer or work hours. The Peer Recovery Specialist from Mountain Haven is working toward obtaining the Certification. Other support services include an Outreach Worker employed through Garrett Regional Hospital Center. This position specifically works with individuals who arrive at the Emergency Department with some type of drug use concern. The outreach worker will attempt to engage the patient with recommended follow-up services and maintain contact to verify the status of the follow-up recommendations.

There are two 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 recipient's home or other community location. Additionally, this provider operates the Adult Residential Crisis/Respite services with locations in Oakland, MD and Cumberland, MD. Garrett County Lighthouse, Inc. is currently under attempting to hire staff in order to begin serving the adolescent age group.

Baltimore Area Community Health Services (B.A.C.H.S. Healthcare) works in partnership with communities, mental health agencies, and individuals to help them achieve their mental health goals. They offer a variety of programs including Adult and Child PRP (Psychiatric Rehabilitation Program), substance abuse, and vocational programs.

Burlington United Methodist Family Services is the provider for Targeted Case Management Services (Care Coordination). The intent for Targeted Case Management services is to enhance the opportunities for individuals to interact with resources and other services that may foster ongoing wellness and recovery. Services are available to all age groups.

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

There are three Medication Assisted Treatment (MAT) providers in Garrett County. The MAT services provide most Garrett County residents with a less time involved in travel time for the necessary MAT service. Although there are three MAT providers, individuals residing in the Northern end of Garrett County have expressed a need to have MAT services provided in a location that would create more convenient access. The Garrett County Behavioral Health Authority has been attempting to work with existing MAT providers to consider expanding services in or around the Friendsville, Bittering, Accident, and Grantsville locations.

During the Fiscal Year 2022 Behavioral Health Plan of Operation review meetings, Garrett County Lighthouse Incorporated expressed interest in expanding services to the Northern end of Garrett County in cooperation with Ideal Options. Ideal Options is a provider of substance use disorder treatment and recovery services.

The Federally Qualified Health Center (FQHC), Mountain Laurel Medical Center, has been providing behavioral health and tele psychiatry services for several years. The facility

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continues to expand behavioral health services, evident through hiring behavioral health staff and providing services in both the Oakland and Grantsville office locations. A third medical center located in McCoole, Allegany County, Maryland opened during Summer 2019 and seems to have provided much need medical and behavioral health services for residents of Garrett and Allegany Counties in Maryland as well as communities in West Virginia.

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, and Stand Together Garrett County against Drug Use, Garrett County Community Action Committee, Inc., Garrett College, Garrett County Public School System, and the Community Planning Groups, (supported through the Health Education & Outreach unit of the Garrett County Health Department.

Community engagement and expanding health and wellness initiatives to a wider population demographic, has been one of the many positive outcomes of the digital community planning tool, MyGarrettCounty.com. There are several mental health and substance related disorder treatment and support groups having an active presence on the planning tool. At the time this Fiscal Year 2022 Behavioral Health Plan of Operations was being completed, a new website GoGarrettCounty.com was operational. The website was used by the Behavioral Health Authority to request community input into the completion of the Fiscal Year 2022 Behavioral Health Plan of Operations.

B. NEW DEVELOPMENTS AND CHALLENGES

The intent of this section is to address any new developments, changes, challenges, and issues impacting the delivery of behavioral health services. In an attempt to relate this to Garrett County, the number of behavioral health providers; access to care and other influencing factors will be discussed.

The provision of behavioral health services in Garrett County was, for the most part, robust during the first eight months of Fiscal Year 2020. There were new providers and existing providers expanded their capacity to serve more individuals. Generally, the number of individuals receiving traditional mental health services seemed to be the primary reason contributing to the increase in the number of services. During Mental Health Advisory Committee, Drug Free Community Coalition, and Stand Together meetings, local Behavioral Health providers indicated increases in referrals.

Perhaps the two most significant developments impacting the provision of behavioral health services in Garrett County were COVID-19 (Corona Virus Disease) and the transition to a new Administrative Services Organization (ASO), Optum Maryland. Optum Maryland has the responsibility to review and authorize requests for public behavioral health (mental health and substance related disorder) treatment services.

The ASO transition became very challenging for several Garrett County Behavioral Health providers. Their ability in obtaining access with the Provider Portal to submit requests for service

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authorizations was difficult as was the ability for previously submitted requests to be evaluated by Optum Maryland Care Managers for authorization. The Garrett County Behavioral Health Authority staff began working with specific providers, in January 2020, who were reporting access issues to the new ASO authorization site and our office served as the local liaison to facilitate an expedited resolution to having service authorization requests screened and payments for claims provided. This process occurred for several months.

In an attempt to alleviate some of the financial strain experienced by public behavioral health providers, the Maryland Department of Health, Behavioral Health Administration made the decision to allow providers to receive estimated weekly payments from Optum Maryland. The estimate weekly payments were based on the average of all weekly payments made to the provider during calendar year 2019. There were a few Garrett County Providers who had difficulty receiving estimated payments and when they did, the payments were much less than what the provider had received during calendar year 2019. Additionally, providers had not yet received payments for service claims submitted before the new ASO began operation. Again, our Behavioral Health Authority office was able to redirect providers to the appropriate Maryland Behavioral Health Administration staff and Optum Maryland staff for resolution. The largest Psychiatric Rehabilitation Program in Garrett County was on the verge of staff layoffs and potentially reducing the number of program/service days each week. Our office was able to initiate contact with Maryland Behavioral Health Leadership and Optum Maryland Leadership to provide clarification and resolve this financial dilemma.

The Optum Maryland transition continued to pose difficulties for providers not only in Garrett County but throughout the State of Maryland. Behavioral Health Authorities, Core Service Agencies, and Local Addiction Authority Offices have all been working with Optum Maryland and the Behavioral Health Administration to ensure the difficulties experienced by Behavioral Health Providers does not lead to difficulties serving individuals and families receiving and seeking treatment and support for mental health and substance related disorder concerns.

The ability for Garrett County residents to receive and seek treatment for mental health and substance related concerns had one of the most tumultuous challenges beginning in March 2020. The primary contributor for this challenge was and, to some extent, continues to be COVID-19.

Behavioral health providers and other support service entities struggled to provide in-person sessions during mid-March 2020. Some behavioral health provider offices closed or reduced office hours until provisions could be made to meet with individuals in a safer manner to reduce the infectious nature of COVID-19.

The array of services offered was traditionally provided in an in-person setting. However, with COVID-19, there were both Federal and State Emergency Declarations that allowed providers to utilize telephonic only therapy and also virtual therapy strategies. To assist with not having to purchase expensive software or additional office equipment, there were waivers instituted to facilitate verbal approval for consent to treatment agreements with current and new patients as well as being able to share some personal treatment information for referral and care management needs.

Although enhancing the ability for behavioral health providers to provide essential behavioral

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health services and for support services through Peer Recovery Specialists and other community agencies, it quickly became evident there were two primary issues leading to additional challenges for those receiving behavioral health services: 1) individuals in Garrett County not having consistent access to a phone; and 2) limited or no access to adequate internet connectivity to participate in virtual clinical therapy or other support services. Phone access was initially problematic due to the reluctance of individuals to answer phone calls if the provider had multiple numbers but showing only the main office number on caller id. There were some providers who shared the various numbers with the individuals being served, to increase the phone support and therapy contacts. Other providers were able to utilize applications that showed the specific unit's phone number that individuals were more likely to recognize and not consider as a tele-marketing call.

Telephone therapy and virtual therapy have been an ongoing service provision strategy for all Behavioral Health Providers in Garrett County, since March 2020. A survey sent through our Behavioral Health Authority office indicated that 100% of Garrett County Providers had the capability to provide and were providing either telephone or virtual therapy services.

An additional strategy to facilitate communication and collaboration between behavioral health providers, public school system, County and State agencies, and community support services was our office providing weekly conference calls to discuss how essential behavioral health and other support services were being provided, challenges in providing essential services and supports and any information providers would like for our office to share with leadership at the Maryland Behavioral Health Administration or Optum Maryland. The calls began in mid-April 2020 and have continued on a weekly basis.

One of the more consistent approaches in the provision of Behavioral Health services for youth and adolescents has been the ability for services to occur during school hours. However, with the Garrett County Public School System being fully virtual instruction since November 2020, students who relied on school based behavioral health services have experienced a significant disruption in ongoing support. School based therapists have indicated that students and their parents/other care providers are difficult to consistently contact through phone or other virtual options. A lot of this is believed to be related to the time students spend with virtual instruction during partial school days and more reluctant to engage for therapy in a telephonic or other virtual therapy strategy.

Medication Assisted Treatment Services (MAT) continued to be provided throughout the more restrictive COVID-19 time periods. The existing MAT providers implemented protective barriers and distancing recommendations for individuals having appointments. They would also use a call in procedure, as similarly done with medical practices, prior to meeting with individuals.

There has been a need identified for individuals residing in the Northern area of Garrett County, to have MAT Services provided in a location other than Oakland. At the time this Fiscal Year 2022 Behavioral Health Plan of Operations is being completed, there are over 100 Garrett County residents travelling to Allegany County Maryland for MAT services and well over 100 Garrett County residents receiving MAT services from Garrett County providers. MAT providers must go through a process to increase their capacity to serve increased numbers of clients.

A relatively new development, related to MAT services, was retirement of one provider who also

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had a primary medical practice. Garrett Regional Medical Center’s regional behavioral health center, Family Health & Wellness Services, assumed the MAT and primary care services the retirement of this provider. In January 2021, the Garrett Treatment Center, also an MAT provider, was able to increase the number of individuals they could serve. The third MAT provider, Garrett County Center for Behavioral Health has not yet decided to expand MAT services. Our office will continue to work with the Maryland Behavioral Health Administration and local providers to assist in the expansion of an office location in the Northern end of Garrett County, should this be identified as a need during the planning process.

COVID-19 has fostered a few exciting developments and refinement of existing projects our office has had the opportunity to be part of over the past few months. The developments will be briefly mentioned and then addressed, in greater detail, within other sections.

- Community residents indicating they were not certain of who the behavioral health providers were, where they were located, or what services were provided became an initiative involving our office toward the last few months of calendar year 2020. This initiative began with a survey developed by the Population Health, Innovation, & Informatics Unit, Garrett County Health Department and completed in a digital and/or paper manner by Middle, High School, and College students in Garrett County. Also, parents/care providers had the opportunity to complete the survey. The survey was available to complete through February 2020, prior to the more extreme COVID-19 restrictions being implemented.

The top five results, for Adolescent students (grades 9 through college) would like to talk with their health care provider about included:

- stress,
- anxiety,
- depression,
- healthiest diet for them, and
- how much sleep they need

Top five results, for Middle School students (grades 6 through 8), to speak with their health care provider about were:

- stress,
- how much sleep needed,
- anxiety,
- future goals, and
- healthiest diet

The survey results provided our office the opportunity to work closely with the “Workgroup on Child and Adolescent Wellness” to refine the Behavioral Health Provider Guide. There was more detail added about specialty services, age groups served, insurance accepted, hours of operation, and other information providers could add. The Behavioral Health Provider Guide (Appendix 1) has been uploaded to the MyGarrettCounty.com page for ease of use.

<https://mygarrettcounty.com/provider-guide/>

Another new development has been the decision to request increased community input with the development of the Fiscal Year 2022 Behavioral Health Plan Goals, as well as identification of

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strengths and gaps with services. The manner in which this is being accomplished is through a new program Go! Garrett County: GoGarrettCounty.com. A primary focus of Go! Garrett County is to foster a county-wide initiative to highlight local resources and connect our community. We posted a video that invites community input and then uploaded draft plan documents. This will be further discussed in the Planning Process.

Mountain Haven, the Consumer Wellness and Recovery, located in Oakland, Maryland relocated due to a property sale. Mountain Haven is now offering peer support services in the downtown Oakland area. The change in location has provided easier access for individuals having concerns about transportation. Additionally, the Mountain Haven program director has maintained positive communication and collaboration with behavioral health providers.

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

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

Prior to our office serving the combined roles, the Garrett County Center for Behavioral Health was the designated Local Addictions Authority (LAA) for Garrett County. As changes associated with Behavioral Health Integration; Allocation of Ambulatory Substance Use Disorder Treatment services grant funds to the Beacon Health Options (Administrative Services Organization for Public Behavioral Health services in Maryland); and the Garrett County Center for Behavioral Health being a service provider, the previous Health Officer recommended the LAA designation.

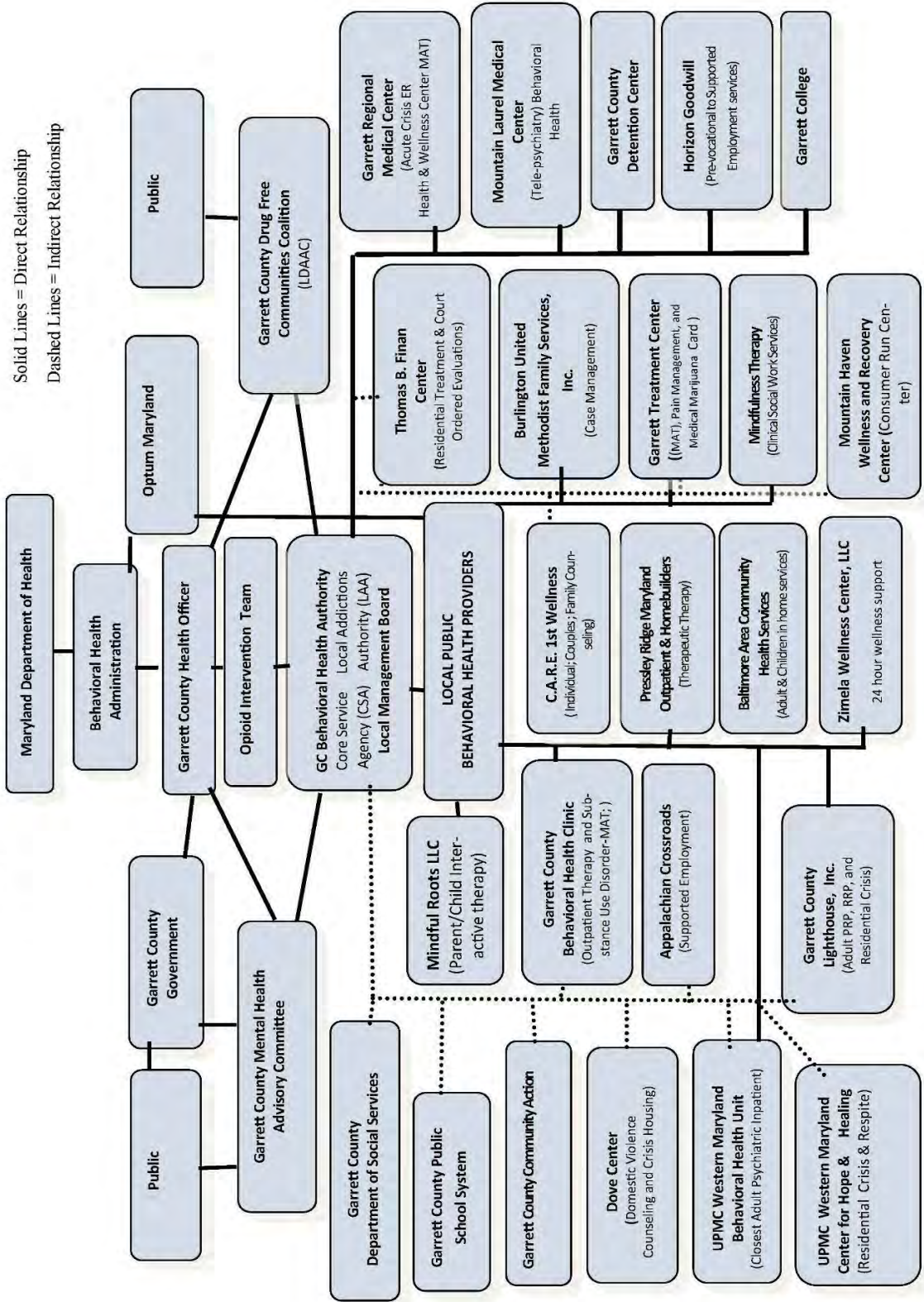
The decision to have our office function as the Local Behavioral Health Authority for Garrett County was logical, since we had been serving as the Core Service Agency (CSA) since 1998. Our staff had been involved in strategic planning related to behavioral health treatment services and supports, gap analysis, and vulnerable populations for several years prior to being designated the Local Behavioral Health Authority.

GCBHA submitted the FY2020 Local Systems Management Integration Self-Assessment Tool to the Behavioral Health Administration in October of 2019. (Appendix 2).

The organizational charts, on pages 9 and 10 indicate how the Garrett County Behavioral Health Authority is part of a localized network that indicates 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 the areas of need for behavioral health services within and around Garrett County.

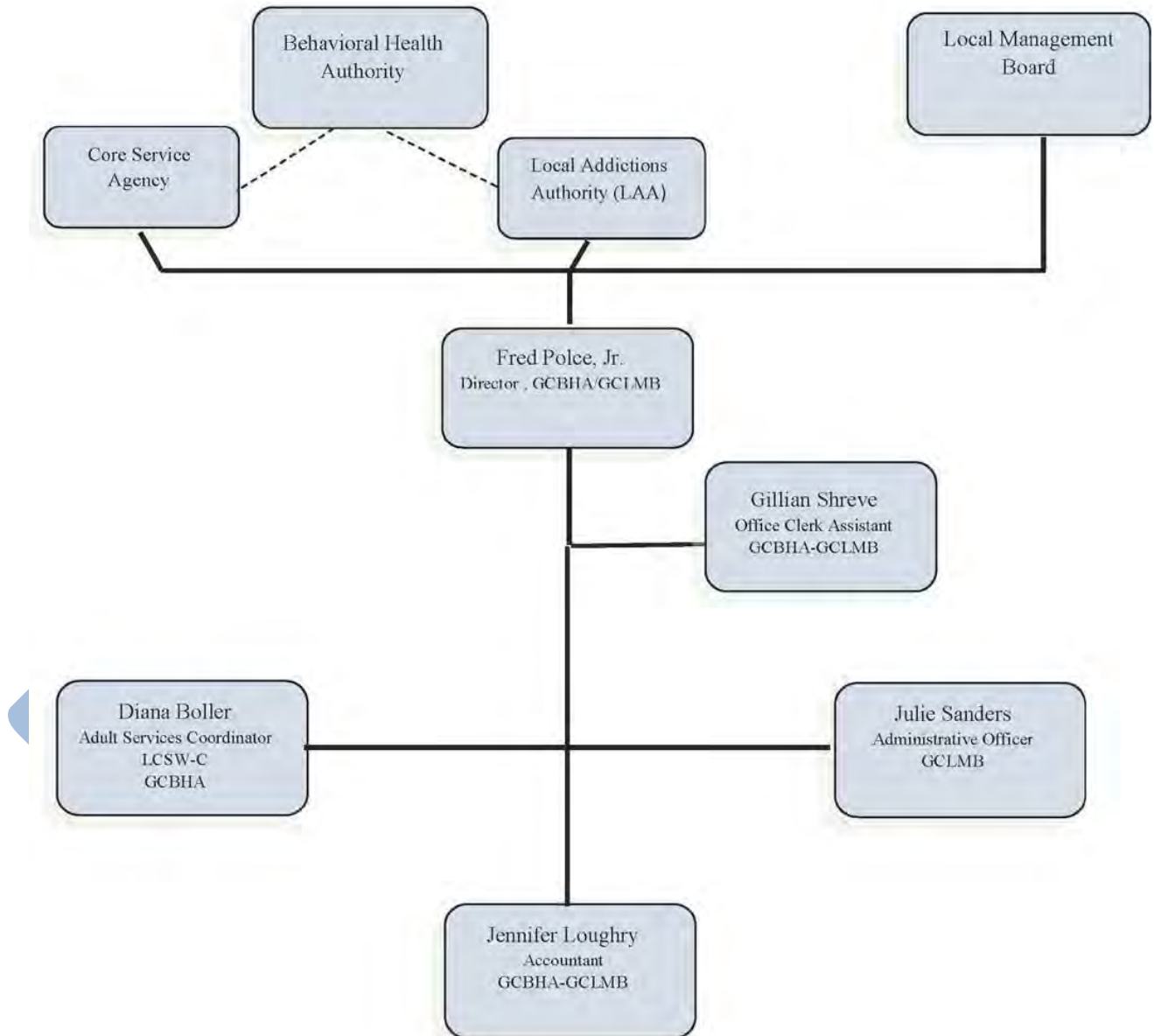
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**Garrett County Behavioral Health Authority (BHA)/
Local Management Board (LMB)**



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



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D. FY 2020 HIGHLIGHTS and ACHIEVEMENTS

Garrett County Behavioral Health Authority staff provided technical assistance, support, collaboration and coordination to assist the Garrett County Behavioral Health community in the provision of behavioral health services following the initiation of the state of emergency due to COVID-19 pandemic. Garrett County Behavioral Health Authority provided the local behavioral health community with information disseminated by the Behavioral Health Administration regarding utilizing Telehealth and Voice Telephone Services. Provider meetings were facilitated by Garrett County Behavioral Health Authority Executive Director twice weekly which provided a venue to troubleshoot problems, share barriers and challenges, as well as successes. The Garrett County Behavioral Health Authority also worked with the recovery community to provide resource information and support. The Behavioral Health Administration Recovery and Wellness Support Resources for the COVID-19 Outbreak were provided to the community through the Stand Together Committee, Drug Free Communities Coalition, My garrettcounty.com website and Peer Recovery Specialist staff.

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

The GCMHAC continued to be very active and productive in providing advocacy services for individuals receiving behavioral health services in Garrett County. They have been supportive of behavioral health services including local mental health provider agencies, individual mental health practitioners, and providing ongoing analysis of legislative decisions to maintain and/or enhance the provision of mental health services in rural communities. A site review of the Mountain Haven Wellness and Recovery Center was planned for March 2020. This had to be postponed when COVID restrictions were implemented. The review was completed December 7, 2020.

Our office was involved in the provision of behavioral health related training events and public awareness events during FY 2020. Continuing Education Units available for Social Workers, Professional Counselors, Certified Addiction Counselors and Certificates of Attendance were provided as necessary. One training event "Understanding Stimulants: Trends, Signs and Symptoms of Use Clinical Challenges and Treatment Strategies" requested by the provider community was postponed to August 21, 2020 due to A brief summary of the FY 2020 Training events is provided below.

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Training Events for FY 20

DATE	EVENT	NUMBER IN ATTENDANCE
December 6, 2019 & December 13, 2019	Youth Mental Health First Aid Training – provided for TAY project Garrett College mentors and coordinator	6
February 18, 2020	Cultural Competency Training; LGBTQ Clients: Clinical Issues & Treatment Strategies	37

There were several accomplishments through the Health Department’s Health Education and Outreach Unit in local communities in FY 20. This unit provides a variety of prevention and education services within the Garrett County Communities and to local businesses. The services highlighted for Fiscal Year 2020 have been included in Table format under each grant funding source.

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FY 20 End of Year Report Prevention Services

PERFORMANCE MEASURE	PROJECTED FY COUNT	ACTUAL FY COUNT
CPG members with increased knowledge of underage drinking & NMUPD	50	24
CPG members providing prevention education to community	25	34
Increased awareness of community responsibly related to underage drinking	50	58
Participants @ community planning group event with increased knowledge of underage drinking and NMUPD	40	30
People reached through CPG events and other prevention presentations	5,000	4608
Number of law enforcement officers & community members with increased knowledge of vendor education	14	5
Retail establishments trained through vendor education	17	56
Number of youth trained increasing knowledge of Sticker Shock implementation	13	31
Retail establishments participating in Sticker Shock	17	15
Community members with increased knowledge of prescription drugs and alcohol	50	85
Number of proper storage of prescription drugs and alcohol materials disseminated	2,000	1539
Early Care Parents with increased knowledge of parenting practices and skills	60	107
Parents show increased knowledge of ways to drug proof youth	15	3
Worksites participating in Empowered Health	2	1
Number of employees with increased knowledge of Empowered Health	25	78
Materials disseminated at worksites	75	14
Materials disseminated for Just Like You	2,000	1151
Number of parents surveyed with increased knowledge of parental role modeling	100	0

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FY 20 End of Year Report Federal Treatment Grant

PERFORMANCE MEASURE	PROJECTED FY COUNT	ACTUAL FY COUNT
Number of FSP, TCA Child Welfare recipients screened	40	348
Number of FSP, TCA Child Welfare recipients assessed who are enrolled in treatment at time of the screening	12	66
Number of FSP, TCA Child Welfare recipients assessed who are referred for treatment or assessment	12	54
Number of community members trained in overdose recovery program	28	364
Number of individuals in Garrett County receiving Care Coordination	20	27
Poundage of prescription drugs collected at drop box sites	250	149.5
Number of publications promoting drop box sites	10	10
Number of educational information/resource packets EMS distribute @ OD calls	10	28
Number of educational information/resource packets (with Detera pouches) shared with veterinarians	15	47
Number of people reached through Prescription Drug Drop Box campaign/AddictionHappens.org	15,000	13,957
Increased knowledge about disposal, storage, and monitoring	50	0
Number of pledges signed from participants who will utilize drop box sites	50	68
Number of material packets pharmacies distributed to patients	200	100
Number of pharmacists, tech, etc. attending training on stigma	15	18
Number of one on one pharmacists, tech, etc. meetings, discussions.	8	0
Number of educational information/resource packets (with Detera pouches) shared with veterinarians	20	150

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FY 20 End of Year Report Partnership for Success

PERFORMACE MEASURE	PROJECTED FY COUNT	ACTUAL FY COUNT
Number reached through social media for kNOwDRINKING.net	17,000	32,019
Number reached through radio, theater slides, billboards, etc. for kNOwDRINKING.net	15,000	424,000
Education/presentation on binge drinking/kNOwDRINKING campaign	100	550
Number of community education/presentation events with increased knowledge measured by pre/post surveys	75	0
Number of campaign messages reaching targeted audience	6	7
Number of Class C liquor license applicants agreeing to RBS practices	16	7
Number of best practices observed	200	77
Number of non-profits displaying BAC information via table tents, banners, signs	16	7
Number of new non-profit partnerships utilizing best practices	4	3
Number of existing non-profit partnerships utilizing best practices	8	4
Number of non-profit partners hosting an event with over 500 attending utilizing best practices	4	2
Number of environmental scans at non-profit new (4) AND over 500 patrons (4)	8	5
Number of non-profits receiving Tips for Concession training	12	4
Number of non-profits increasing their awareness of RBS practices pre-event checklist	16	7

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Enhancing community response for overdose prevention was again a priority for Garrett County during FY 2020. There were 27 Overdose Response Training sessions provided in FY 20, 162 new participants and 23 people requiring recertification attended leading to 192 Naloxone kits dispensed for 384 doses.

The Overdose Fatality Review Team met on five occasions in FY 20. There were under 10 fatality reviews completed. All but one of the fatalities included some form of opiate. There was a combination of fentanyl and methamphetamine intoxication in the majority of the fatality reviews.

Highlights and achievements with programs funded through GCBHA during fiscal year 2020 will be briefly mentioned.

The Older Adult Outreach Program (OAOP) therapist provided training and education to partner agencies involved with older adults and/or family members for whom the OAOP therapist is providing services. The program served 29 unduplicated clients. Arrangements for home visits took place to assist older adults with obtaining behavioral health support, obtaining resources, encouragement of social engagement and collaboration with health care providers.

Peer Recovery and Support continues to build and enhance the recovery services provided in the Garrett county continuum. Peer Recovery Support staff distributed, provided instructions and assistance to peers regarding use of fentanyl test strips and naloxone. Peer recovery services provides a crucial role in reaching out to individuals following an overdose and providing support/assistance to enroll in treatment services. Peer Recovery started a peer support group in a remote area of the county which was lacking in access to recovery support. Peer Recovery staff participated in community café events held through the Health Department's Health Education and Outreach unit. Peer Recovery Specialists work with counselors to provide phone cards for consumers who need this resource in order to be consistent with scheduled counseling sessions.

The Transition Aged Youth program (TAY and TAY-C) served 32 youth in fiscal year 2020. This program utilizes mentoring and adventure-based activities complimented by character themes such as teamwork, compassion, perseverance, and trust. The Garrett College Transition Aged Youth program coordinator and program mentors completed Youth Mental Health First Aid Training

The Garrett College Transition Aged Youth program demonstrated flexibility and creativity in changes to program for continuity of services during COVID-19 related closures. TAY Coordinator maintained contact with youth via phone contacts, weekly meal/food home delivery to families, check in with families regarding needs, coordination of youth contacts with behavioral health and educational supports.

The Garrett County Maryland Community Criminal Justice Treatment Program (MCCJTP) services provided by PrimeCare Medical, Inc. have effectively dealt with many challenges to providing services in the detention center during FY 20. The MCCJTP therapist is located in the Garrett County Detention Center. This has been beneficial for the program through increasing access and availability of treatment services for inmates. In addition,

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communication and consulting with detention center staff is enhanced. The MCCJTP services continue to be provided throughout the COVID-19 state of emergency and the additional challenge of the detention center undergoing renovations. There was a change in that group treatment services were discontinued due to COVID-19 restrictions, but provision of individual treatment, crisis intervention, assessment, and case management services continue. The MCCJTP therapist has identified programming needed for inmates and acted proactively to pursue The Parenting Inside/Out Program. The implementation of this program has been delayed by the COVID-19 closure affecting the company's provision of required trainings. The MCCJTP therapist has provided referral and coordination prior to individuals in need release through the Continuum of Care and PATH program services.

Public behavioral health services to meet the needs of individuals in Garrett County were available for individuals, groups, and family members in FY 2020. The following services were available in Garrett County for all age groups: Case Management, Outpatient Therapy, and Psychiatric Rehabilitation. Public behavioral health services available for adults age eighteen and over included: Residential Crisis, Residential Respite Care, Residential Rehabilitation, Supported Employment, and Intensive Outpatient Public behavioral health services located outside of Garrett County and utilized by all age groups included Inpatient Hospitalizations and Outpatient therapy. The closest Adult Inpatient services are available in Cumberland, Maryland, which is one hour from Oakland, MD and thirty minutes from Grantsville, MD. The closest Child and Adolescent Inpatient treatment services location is a 2-hour 30-minute drive from Oakland to Brooklane Health Services located in Hagerstown, Maryland. A recommendation made during a Plan of Operations review session involved exploring the potential of J-1 Visa students having specialties with Child/Adolescent Psychiatry. For the child and adolescent age group there were three services provided outside of Garrett County during FY 2020: Inpatient Hospitalization, Residential Treatment, and Outpatient Therapy combined with psychiatric Medication Monitoring. These last two services generally occurred due to a need for the child/adolescent to see a child/adolescent psychiatrist in Allegany County. This normally requires the child/adolescent to have the outpatient therapy within the same provider agency. However, due to the one provider closing services in Garrett County and the Garrett County Center for Behavioral Health typically having a wait list for tele psychiatry services, child psychiatry continues to be identified as a need. The need for access to child psychiatry alleviated slightly as the new regional behavioral health provider, through Garrett Regional Medical Center/WVU Hospitals began telemedicine services through Sheppard Pratt at the Family Health and Wellness center.

Substance Use Disorder services were available for all age groups in Garrett County in clinic and school-based settings Garrett County Center for Behavioral Health provides group and individual treatment for Co-occurring Disorder. In addition to Co-occurring therapy services, there is a continuing need for training for Co-occurring Disorders behavioral health professionals and other support staff. Through collaboration with Garrett College approval for continuing education for licensed alcohol and drug counselors, licensed professional counselors, and licensed social workers is available each fiscal year.

Garrett County Behavioral Health Providers in collaboration with partners including the

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

Examples of the collaboration included the Garrett County Roundtable on Homelessness Committee implementing a Resource Day, "Finding Your Way" event. Garrett County Behavioral Health Authority PATH staff person participated in the planning group and the event on September 17, 2019. The goal of this event was to provide individuals and families a "One-Stop" opportunity to obtain resources essential for obtaining housing, employment, veteran's benefits, awareness of community support groups and other agencies. For example, Department of Social Services, Maryland Department of Motor Vehicles, and Garrett County Community Action provided direct assistance to reduce wait time and eligibility determination for necessary documents needed for housing applications and rental assistance. One of the over-arching outcomes for this event was to assist individuals in obtaining stable housing and self-sufficient.

An additional example of multi-agency collaboration included the Community Outreach Worker position funded in part through the GCBHA and Garrett Regional Medical Center. This position has responsibilities of engaging with individuals at GRMC's emergency department having alcohol and/or other drug related conditions.

During FY 2020 there were 138 individuals served resulting in 228 referrals to community based services. 63% (87) of the individuals served followed through with referrals to community based services.

Garrett County Behavioral Health Authority has been working with community partners to expand Screening Brief Intervention and Referral to Treatment (SBIRT.) Mountain Laurel Medical Center has incorporated SBIRT as part of their integrated in behavioral health care protocol. Fiscal Year 2020 SBIRT data for Mountain Laurel was provided for adolescent and adult age groups. Adolescents (12 – 17 years old), had 235 SBIRTS completed. There were 3,543 SBIRTS completed for adults (18+ years old), We are hoping to have Mountain Laurel continue to promote the benefits of screening and referrals with other medical practices in Garrett County.

Transportation has continued to be an identified need for individuals receiving services. There are a couple agencies/organizations providing transportation assistance for those receiving behavioral health services. Mountain Laurel Medical Center, the FQHC for Garrett County, has implemented the use of a van to transport its patients, who have no other means of transportation, to their scheduled appointments. Garrett Transportation Services which served as the Medicaid transportation vendor during FY 2020 continued to provide services for individuals receiving behavioral health services prior and during the COVID time period. Garrett Regional Medical Center does have the ability for Community Health Workers to conduct 'Well Patient' visits for chronically ill patients.

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E. PLANNING PROCESS

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

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

The Garrett County Local Behavioral Health Authority/Local Management Board worked with the Population Health, Innovation, and Informatics Unit at the Garrett County Health Department to develop an internal bi-directional referral form with hopes of collaborating with other local agencies that are utilizing digital systems that are compatible with sharing priority needs of individuals, regardless which agency supplies the information. There has been some difficulty implementing this initiative during the past two years. We attribute the difficulty to a combination of program uncertainty on how to complete the referral form.

This uncertainty is due to the Behavioral Health Authority director not scheduling meetings with Health Department Units on the utilization of the referral form. However, there have been some units, within the Health Department, that have referrals tracked to Behavioral Health Services both internally and to other community providers.

The Garrett County Department of Human Services continues to lead in working with a digital system, ‘MD THINK’, that will allow multiple Maryland agencies to share information and increase the ability of “no wrong door”. Progress made during FY 2020 to obtain detailed information from local service providing agencies on the availability of services to incorporate on the ‘MD THINK’ intake form for Garrett County. Additionally, Garrett County Community Action, Inc. has been involved in developing the ability to share “common customer” data with the Department of Human Services to provide a seamless delivery of services to individuals who are involved with both agencies.

The bi-directional referral within the Garrett County Health Department is still in Phase I of the utilization process. A description of the Bi-Directional Referral can be found in Appendix 3.

The GCBHA along with the Health Planning and Informatics Unit initiated a discussion regarding the use for the Bi-Directional Referral during a February 2020 Child & Adolescent Workgroup meeting. The Garrett County Public School System has expressed an interest in the bi-directional referral process, and its implementation when meeting

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with students during the school day and having follow up from behavioral health and other community services to meet the needs of the students and their families. We are expecting a formal utilization during fiscal year 2021.

Since our office became the Local Behavioral Health Authority for Garrett County, investigating complaints about providers and enhancing existing contract monitoring functions has evolved. During the initial transition of our office becoming the Local Behavioral Health Authority, there was an agreement, with the Allegany County Mental Health Systems Office, to investigate complaints about providers for the other county. The thought behind this decision resulted from direction from the Maryland Department of Health, Behavioral Health Administration and seems to relate to mitigating any conflict of interest for Local Addiction Authorities who also provided direct service and having the responsibility to oversee the provision of Substance Use Disorder Treatment services in their jurisdiction. However, for both Allegany and Garrett Counties, our offices were not providers of Substance Abuse Treatment Services. The Garrett County Behavioral Health Authority submitted a conflict of interest plan to the Maryland Department of Health, Behavioral Health Administration, which received approval on August 14, 2018. GCBHA staff participated in audits with Beacon Health Options. Following the completion of provider audits, staff met with providers to review program implementation plans and follow up with necessary monitoring. We expect to continue the same compliance process with the new Administrative Service Organization, Optum Maryland.

Identified unmet needs/gaps will be incorporated into the FY 2022 Goals discussion. Identifying needs and/or gaps in behavioral health services can become a rather arduous task, leading to increased uncertainty on what the “real” needs/gaps include. A beneficial tactic in determining needs/gaps is the utilization of data from a variety of sources that provide support for the identified needs/gaps and includes potential strategies to reduce or eliminate them.

The Fiscal Year 2022 Garrett County Behavioral Health Plan of Operations will utilize several sources of data to support identified common themes related to behavioral health needs/gaps in our communities. The following assessments, surveys, strategic planning, focus group reports, and other data sources have been included for the reader’s review and the connection of common themed topics for needs/gaps related to behavioral health services and supports.

Planning and Monitoring for local behavioral health initiatives will be 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) serve as groups who provide input into planning of services in the county and maintaining an increasingly integrated array of behavioral health services.

Additional planning tools and priority issues are as follows:

- 2020 Garrett County, Maryland, 2020 Status of Health (Appendix 8).
- Garrett County Health Department Health Planning and Informatics Unit, 2019-

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2021 Garrett County Community Health Assessment (Appendix 9).

- Statewide Ethnographic Assessment of Drug Use and Services (SEADS), Final Report October 2019 (Appendix 10).
- Garrett County Rural Communities Opioid Response Program (R-CORP) Planning Grant– Focus Groups summary report, as completed and presented by Western Maryland Area Health Education West (Appendix 11).
- Garrett County Adolescent Survey (Appendix 12)

Having a variety of stakeholders involved in the planning and evaluation of program services and supporting services, which complement available clinical services, has become more expansive over the last year. As previously mentioned in the plan, the utilization of mygarrettcounty.com provides an opportunity for anyone to be involved in groups 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 share issues, successes and anything else with Organized Action Groups to tackle issues in our communities. The groups can contain a specific strategy, host a collaborative space and much more; there is now a public open data portal labeled: MyDATA, linking mygarrettcounty.com data to external datasets. Data Portal provides an open opportunity to explore hyper-local data related to public health in Garrett County and analyzes historical data and trends to develop predictive models for county health, including behavioral health. Hyper-local data is simply the ability to narrow down data to specific geographic locations within Garrett County. There are over 500 hyper-local data points active in mygarrettcounty.com, and over 100 hyper-local data elements in the Data Portal. Fiscal Year 2021 will bring advanced capacity for determining the impact of programs on identified target measures.

The relationship and interaction with the local and state behavioral health advisory councils has traditionally been an area of need for Garrett County. Our office receives notices and minutes from the State Behavioral Health Advisory Council meetings. Information, however, is not always available to share at local Garrett County Mental Health Advisory Committee meetings or with the Drug Free Communities Coalition meetings.

GCBHA works in conjunction with the Garrett County Emergency Management, under the county's Emergency Operations Plan, to ensure the availability of emergency and crisis services

A revision to the All Hazards Plan was made after a meeting with John Frank, Director, Garrett County Emergency Services, in October 2020 to incorporate the Behavioral Health All Hazards Plan as part of Garrett County's Emergency Operations Plan. (Appendix 9).

F. SERVICE DELIVERY AND RECOVERY SUPPORTS

The intent of this section of the FY 2022 Garrett County Behavioral Health Plan of Operations is to provide an overview of behavioral health treatment and recovery support

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services provided to individuals and families across the lifespan. Services and supports available to specific populations groups will be included.

Garrett County has seven outpatient mental health treatment providers. The age groups served begin as early as 18 months through older adult age group of 65 and elder. Therefore, to have behavior health services across the lifespan, is reasonably supported in Garrett County.

Behavioral Health providers have offices located in Oakland, McHenry and Grantsville. Office locations became less significant beginning in March 2020 as COVID-19 restrictions made in-person therapy and support services very difficult. There were however, outpatient locations and other behavioral health services that were able to provide both in-person and virtual therapy/other support services throughout the COVID-19 restrictions by instituting necessary protection and applicable social distancing as recommended through Maryland Department of Health.

Psychiatric Rehabilitation Programming (PRP) is provided for both adult and child populations. There are two PRP providers. One provider works with both the adult and child groups and the other provider is currently servicing the adult group.

There is one, four bed Residential Crisis Services (RCS) program in Garrett County. The RCS program serves the adult population and is operated by one of the PRP providers. In addition to RCS, the program is also licensed for Residential Respite Care Services for adults. Individuals admitted to the RCS program are considered to be a priority population, so a person receiving Residential Respite Services could be discharged should a crisis bed be needed.

Residential Rehabilitation Program (RRP) services are provided by one program in Garrett County. The program has six RRP beds which are located in two houses in the community with each residence designated as 3 beds for males and 3 beds for females. The inspections of the RRP sites was completed virtually in FY 21 in response to instructions by the Behavioral Health Administration. The RRP provider has worked to follow COVID-19 protocols as recommended by CDC as well as information received from Behavioral Health Administration. The program has worked to meet the challenges of providing services during COVID-19 and ensuring the residents receive support and are able to participate in activities.

Supported Employment specific for adults who have a serious mental illness, is provided in Garrett County. The provider continues to establish and maintain collaborative partnerships with local employers. The provider continues to provide supported employment services while meeting the challenges of service provision during COVID-19 and experiencing difficulty with establishment and processing of authorizations during the transition to the new ASO continuing through the Spring of 2020. The issues were resolved through technical support and assistance provided by Behavioral Health Administration's Director of Statewide Employment Initiatives, the OPTUM team, and the Garrett County Behavioral Health Authority. The Supported Employment provider also serves youth through the Collaborative Transition Program. The overall goal is to create employment

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opportunities for students with disabilities to transition from school to work by introducing them to a real work experience in a community based work environment. Due to covid-19 pandemic, exposure to real work experiences are virtual this year.

Targeted Case Management (TCM) is provided for the adult and child populations. There is one provider in Garrett County with the primary purpose of assisting in having individuals gain access to needed medical, mental health, social, educational, and other services. The Behavioral Health Authority had solicited Requests For Proposals (RFP) to provide adult and well as child/adolescent populations. There was one proposal received for the adult population and no proposals submitted for the child/adolescent population.

Our office has met with staff from Maryland Behavioral Health Administration to determine the most appropriate plan of action to ensure Targeted Case Management services for child/adolescents will be available. There was agreement to provide an opportunity for providers to submit an RFP for the provision of TCM services for the child and adolescent population. The RFP will be shared after the submission of the Fiscal Year 2022 Garrett County Behavioral Health Plan of Operations.

Outside of public behavioral health service providers, there are home based services which provide support to pregnant women, having staff trained through the Center for Mind Body Medicine (CMBM). The staff work with moms and, at times both parents, to relieve stress, heal trauma, and build resilience.

Developing and implementing integrated behavioral health treatment, in Garrett County has primarily taken place within providers who also have an established medical/primary care location. Our office has been working with the Garrett County Population Health Innovation and Informatics Unit to develop and pilot a bi directional referral over the past two years. We will continue to encourage medical practices and behavioral health providers to consider utilizing the bi-directional referral form to assist individuals in accessing services.

There are two behavioral health providers who have medical practices within the same building complex. Mountain Laurel Medical Center, a Federal Qualified Health Center in Garrett County, has been implementing an integrated behavioral health approach since the behavioral health services are provided to individuals receiving somatic care through Mountain Laurel Medical Center. As previously mentioned in Section D FY 2020 Highlights and Achievements a component of Mountain Laurels integrated behavioral health care protocol includes staff completing Screening Brief Intervention and Referral to Treatment (SBIRT.)

The Family Health & Wellness, Garrett Regional Medical Center's Behavioral Health Center implements integrated behavioral health care by providing a primary health care screening for individuals, in addition to counseling care. The ability to provide a higher level of integrated behavioral health care occurred since taking over a primary care practice following the retirement of a local physician.

Behavioral health service needs commonly identified in Garrett County are child/adolescent psychiatry; residential substance use disorder treatment, halfway house

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or recovery housing, Medication Assisted Treatment locations; access to behavioral health services; as well as cultural and linguistic cultural training. Each one of the needs will be discussed in greater detail, including proposed strategies to begin implementing during fiscal year 2021 and expanding throughout fiscal year 2022.

Expansion of tele psychiatry has been the primary treatment service need for the child and adolescent population. Although available through a couple of behavioral health service providers the availability for additional tele psychiatry services has been challenging. Child and adolescent psychiatry has been identified as a need throughout the state of Maryland. Tele psychiatry has assisted in improving access for families seeking medication evaluations to support behavioral and supportive therapy provided through outpatient clinic practices.

Tele psychiatry is also available for the adult population. There is potential expansion for tele psychiatry as a couple of behavioral health providers have been able to utilize partnerships with teaching hospitals having access to Adolescent and Child Psychiatrists.

The need for level 3.1 Residential Substance use disorder treatment has been a frequent topic of discussion during Drug Free Community Coalition and Stand Together meetings over the past two years. The closest Maryland Medicaid approved residential substance use disorder facility is located in Cumberland, MD. The capital costs associated with implementing such a program have been a significant barrier.

Recovery housing has also been identified as a need in Garrett County. As with the American Society for Addiction Medicine (ASAM) Level 3.1 Residential Services, obtaining property has been difficult, and deciding what level of recovery housing to implement. The Garrett County Behavioral Health Authority has been involved in discussions with individuals who have attended the Community Bond Workshops for funding and there is hope the development of a certified recovery residence over the next year.

Services focused more for individuals having Substance Related Disorders include a variety of ASAM Levels of care. Garrett County has one provider for early intervention (ASAM Level 0.5). This level of care is for individuals who do not have a substance related disorder but for a known reason may be at risk for developing a substance use related disorder. Early intervention SUD services are not reimbursable through federally or state funded Medicaid. In Garrett County the Early Intervention services are primarily school based.

Substance Use Disorder Outpatient individual, group, and family therapy (ASAM Level 1) is provided in Garrett County. There are two ASAM Level 1 providers.

Currently there is one Intensive Outpatient (IOP) treatment provider (ASAM Level 2.1). COVID-19 restrictions created some significant barriers in the provision of IOP services. Since March 2020, there have been no traditional IOP services provided. Clinical staff have been able to contact individuals (telephonically) enrolled in IOP between 5 and 6 hours each week. However the ability to conduct group therapy has not been possible.

There is one Wellness and Recovery Center operating in Garrett County. Mountain Haven has been providing peer run mental health support and advocacy services for about 20 years. Mountain Haven is one of three Wellness and Recovery Centers operated through the Office of Consumer Advocates in Hagerstown, Maryland. The current coordinator of

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Mountain Haven is in the process of obtaining certification for Peer Support Specialist. The current coordinator provides input regarding gaps, service needs and provision via role of chairperson for the Garrett Mental Health Advisory Council, board member of the Community Action Housing Authority, and participation in the Garrett County Roundtable on Homelessness committee. Mountain Haven Wellness and Recovery Center has continued providing program services throughout COVID-19 by following CDC guidelines and limiting numbers of participants. The program offers a variety of support groups including Pathways to Recovery, Anger Management Support Group, and Health Classes focusing on topics identified by participants to be of interest.

In addition to the Peer Recovery Specialist mentioned with Mountain Haven Wellness and Recovery Center, there are three Peer Recovery Specialists employed through Garrett County Health Department (GCHD) Two of the three have become Certified Peer Recovery Specialists. The Peer Recovery Specialists working at GCHD assist individuals getting to and from treatment services and that could include transportation to Medication Assisted Treatment services provided in Garrett County. Peer Recovery services include assistance in developing a recovery plan, identify service needs and assist in linkage of the individual to community resources, Peer Support Recovery Group (temporarily discontinued due to COVID-19), provision of Overdose Response Trainings with individual(s) or groups, providing fentanyl test strips and overdose prevention education. The Certified Peer Recovery Specialists have become part of the Community Response Team responding to drug overdoses in the county or contacting individuals who have had a non-fatal overdoses.

Addressing Co-occurring disorders and promoting dual diagnosis capability has taken place in Garrett County and will continue. The Garrett Regional Medical Center's Behavioral Health Services includes provision of medication assisted treatment, psychiatric services, and counselling services which include the focus area of addressing co-occurring clients. Other Garrett County providers include provision of co-occurring disorder focused services. 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.

Addressing crisis services and diversion activities has been challenging. The challenge regarding crisis response services comes from limited inpatient psychiatric bed availability within a reasonable distance from Garrett County. The closest Adult Inpatient Psychiatric bed facility is an hour from Oakland, Crisis Response services becomes more challenging when child/adolescents meet clinical necessity for Inpatient Psychiatric Hospitalization. The closest facilities for this age group are 90 minutes from Oakland sometimes leading to families' ability to participate in inpatient treatment for their child extremely difficult if not impossible. Additionally area that needs ongoing work is the ability of inpatient child and adolescent facilities to inform the family members of available resources for follow up care, including prospective outpatient clinics or providers as identified by the youth and/or family members.

Attempts to provide Crisis Intervention Training (CIT) in Garrett County continues to be

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extremely difficult. During FY 2020 Garrett County law enforcement personnel received an invite to attend two, two-day CIT workshops in Allegany County, Maryland and one Mental Health First Aid Training in Garrett County. The identification of having unfilled positions seemed to be a prohibitive in Garrett County not having participants. The Behavioral Health Authority Office will continue to work with all local law enforcement authorities and other first responders to arrange training topics the remainder of fiscal year 2021 and in fiscal year 2022.

The Garrett County Center for Behavioral Health Substance Use Treatment Program utilizes the South Oaks Gambling Screening as part of the intake assessment. The GCHD Peer Recovery Specialist completed training through the Maryland Center of Excellence on Problem Gambling for Peer Recovery Support for Problem Gambling. The GCHD Peer Recovery program is interested in provision of peer support services to specifically address problem gambling. Providers do not speak about pathological gambling, during Mental Health Advisory Committee or Drug Free Community Coalition meetings, as being a significant need for the populations 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.

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 six weeks and participants must attend at least five of the six classes to receive the full course of cessation aids. Available cessation aids discussed during the introductory session and free cessation aids such as Zyban, Chantix, nicotine patch, nicotine lozenges, and nicotine gum are available. In addition to the cessation classes, the MDQUIT line is available. MD Quit is a free 24/7 hotline staffed by trained quit coaches. Individual counseling is also available for youth and adults who are unable to attend the group sessions. Specific to vaping, cessation services are provided to youth who express an interest in quitting. Services are provided in the school setting or at the Health department, pending preference of the individual.

The Garrett County Behavioral Health Authority is hoping to work with the Maryland Department of Health, Behavioral Health Administration Office of Medicaid Services to determine if reciprocal Medicaid payments could be explored with West Virginia residential treatment programs. The rationale for this comes from having one residential substance use disorder treatment program located less than 10 miles from Oakland, Maryland. Additionally, there are inpatient psychiatric facilities located in Morgantown, West Virginia which is less than an hour from Oakland, Maryland.

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G. DATA AND PLANNING

The system planning process is ongoing and our Behavioral Health Authority, being a unit within the Garrett County Health Department provides ample opportunity to utilize data from the Community Planning Tool, mygarrettcounty.com. There are several groups having measure addressing behavioral health related outcomes and include strategies to meet. In addition to local data sources, the Maryland Department of Health, Behavioral Health Administration has provided jurisdictional data to address both Mental Health and Substance Related Disorders.

The ability to discuss total number of consumers served and total expenditures for mental health and substance related disorder services was not possible as in past years. Analysis of Mental Health priority area data and Substance Related Disorder priority area data will be included.

Mental Health data analysis will focus on:

- ❖ Medicaid Enrollment and Penetration
- ❖ Suicides by Jurisdiction
- ❖ Poverty Rate and Ranking
- ❖ Unemployment Rates

Analysis of Substance Related Disorder data will include:

- ❖ Medicaid Enrollment and Penetration
- ❖ Overdose Deaths by Jurisdiction
- ❖ Overdose Hospital Events
- ❖ Poverty Rate and Ranking
- ❖ Unemployment Rate

When appropriate, the analysis of the priority area data will be combined, rather than categorized as Mental Health or Substance Related, as it includes both mental health and substance related disorder categories. It is important to note that any value between 0 and 10 is indicated as (<11). This is to avoid possible disclosure of Personally Identifiable Information (PII). Using this method may often lead to very little data being produced for small populations. However, it does not indicate there is no reason to be concerned with addressing the story behind the data.

The data explanation for the Fiscal Year 2022 Behavioral Health Plan of Operation will not include a summary of all 18 data tables provided through Maryland Department of Health, Behavioral Health Administration. The rationale for this is based on numbers being below a reportable amount. This is particularly relevant for the number of Garrett County individuals presenting at Emergency Departments for Suicidal Ideation, as indicated through the ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) Data Source. There was consensus during the Fiscal Year 2022 Behavioral Health Plan of Operations review meetings to utilize Table 4 for a

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description on the Garrett County Suicidal Ideation Presentation at Emergency Department's by county of residences. Concerns about the data will be indicated during the Table 4 discussion.

The utilization of ESSENCE as a data source is new for Behavioral Health Planning at the local level. Because of that, a description of ESSENCE data will be included:

Essence is from Maryland's Emergency Department (Ed's) and selected Urgent Care Facilities that log individuals presenting in the ED's with defined syndromes or chief complaints. Surveillance data can be used to monitor and detect changes in disease frequency and guide preventive measures in an attempt to reduce or eliminate morbidity and mortality.

For the purpose of the suicide ideation presentations and overdose presentations, analysis data was pulled utilizing a keyword text query for both Suicide and Overdoses involving Opioids. For suicide the query returned results for all individuals in which a keyword of "suicide", "suicide thoughts", "suicide attempt", "injury to self", or "self-harm" was used. For overdoses data was pulled utilizing a standard query set to return results on all Overdoses involving Opioids. Query results excludes those overdose that were a results of intentional self-harm. Results are derived based on presenting chief complaints and not solely diagnostic codes. Data for CY 2020 is based through 10/31/2020.

The analysis of Medication Enrollment and Penetration as well as Poverty Rate and Ranking include both projected numbers and percentages of Garrett County residents eligible for and/or receiving Mental Health and Substance Related Disorder treatment services. Medicaid (MA) enrollment and penetration rate (Tables 1 and 2) is a percent of those individuals MA eligible that have accessed services or "penetrated: the public behavioral health system, either mental health treatment services or substance use disorder treatment services. It is estimated that 12,202/ 30.7% of Garrett County's population are MA eligible. The Garrett County FY 2019 MA penetration rate for Mental Health is 14.5% and Substance Use is 8.3%. This is similar to the Statewide MA penetration rate of 15.7% Mental Health and 8.2% Substance Use. A key resource which has supported increased access to Medicaid enrollment includes Eligibility Caseworkers, and Health Care Navigators located in multiple agencies and health care facilities throughout the county. Behavioral Health providers are able to provide a warm hand-off to assist individuals in applying for Medical Assistance. There are several agencies in Garrett County providing eligibility case worker services. These agencies include Garrett county Community Action, Mountain Laurel Medical Center, Garrett County Department of Social Services and Garrett County Health Department has eligibility caseworkers who assist Garrett County Detention Center inmates with Medicaid enrollment to support their transition into the community.

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Table 1

Average Monthly Number Medicaid Eligible Population by County and Fiscal Year														
Average Monthly MA Eligible				% Change Over Time			Total County Population		% of County Population that is MA Eligible Based on FY 2021		FY 2019 MA Penetration Rate		Projected Number of MA to Receive Services in the PBHS during FY 2021	
COUNTY	FY 2019	FY 2020	FY 2021 ¹	FY 19-20	FY 20-21	FY 19-21			Mental Health	Substance Use	Mental Health	Substance Use		
Allegany	22,015	22,231	22,932	0.98%	3.15%	4.17%	70,975	32.3%	21.8%	14.0%	4,995	3,220		
Anne Arundel	96,485	98,051	103,122	1.62%	5.17%	6.88%	576,031	17.9%	17.5%	10.7%	18,091	11,083		
Baltimore City	257,776	259,750	268,427	0.77%	3.34%	4.13%	602,495	44.6%	21.6%	12.4%	57,980	33,285		
Baltimore County	201,926	205,540	215,707	1.79%	4.95%	6.82%	828,431	26.0%	16.4%	8.0%	35,458	17,257		
Calvert	14,557	14,597	15,220	0.28%	4.26%	4.55%	92,003	16.5%	20.1%	14.6%	3,054	2,236		
Caroline	12,075	12,151	12,549	0.63%	3.28%	3.93%	33,304	37.7%	15.3%	8.4%	1,918	1,053		
Carrroll	23,534	23,483	24,417	-0.22%	3.98%	3.75%	168,429	14.5%	19.2%	11.0%	4,682	2,691		
Cecil	26,483	26,568	27,759	0.32%	4.48%	4.82%	102,826	27.0%	19.0%	15.0%	5,271	4,161		
Charles	32,432	33,129	35,088	2.15%	5.91%	8.19%	161,502	21.7%	12.2%	7.2%	4,291	2,513		
Dorchester	13,088	13,100	13,528	0.09%	3.27%	3.36%	31,998	42.3%	19.6%	10.8%	2,657	1,465		
Frederick	41,675	42,417	44,832	1.78%	5.69%	7.57%	255,648	17.5%	17.6%	8.8%	7,869	3,958		
Garrett	8,653	8,638	8,941	-0.17%	3.50%	3.33%	29,163	30.7%	14.5%	8.3%	1,298	745		
Harford	45,745	46,322	48,423	1.26%	4.54%	5.85%	253,956	19.1%	18.9%	11.4%	9,171	5,520		
Howard	46,528	47,041	49,409	1.10%	5.03%	6.19%	323,196	15.3%	13.0%	4.5%	6,412	2,244		
Rent	5,003	5,021	5,131	0.35%	2.20%	2.56%	19,383	26.5%	19.0%	12.5%	977	641		
Montgomery	187,798	191,859	202,695	2.16%	5.65%	7.93%	1,052,567	19.3%	9.9%	2.6%	20,018	5,292		
Prince George's	227,014	234,498	249,580	3.30%	6.43%	9.94%	909,308	27.4%	9.6%	2.5%	23,860	6,294		
Queen Anne's	8,469	8,456	8,790	-0.16%	3.95%	3.78%	50,251	17.5%	16.9%	10.1%	1,487	889		
St. Mary's	22,015	23,064	23,857	4.76%	3.44%	8.37%	112,664	21.2%	14.8%	10.9%	3,531	2,601		
Somerset	8,935	8,977	9,226	0.47%	2.77%	3.25%	25,675	35.9%	20.9%	10.5%	1,931	972		
Talbot	8,485	8,548	8,845	0.74%	3.47%	4.24%	36,968	23.9%	18.4%	8.9%	1,630	791		
Washington	44,725	45,012	46,538	0.64%	3.39%	4.05%	150,926	30.8%	19.8%	12.7%	9,210	5,888		
Wicomico	34,772	35,151	36,584	1.09%	4.08%	5.21%	103,195	35.5%	17.0%	9.5%	6,214	3,472		
Worcester	13,424	13,423	13,921	0.01%	3.71%	3.70%	51,823	26.9%	21.4%	10.2%	2,944	1,414		
Statewide Total	1,406,421	1,428,641	1,497,036	1.58%	4.79%	6.44%	6,042,718	24.8%	15.7%	8.2%	235,035	122,757		

Data Source: Medicaid Eligibility: Published by The Hilltop Institute at UMBC. Data and support provided by the Maryland Department of Health.

Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2018

Note: # Penetration rate based on PBHS Service Utilization. Claims data through 12/31/2019.

Note: ¹ As of end October 2020.

Table 2

Maryland Statewide Medicaid Penetration into the Public Behavioral Health System				
Medicaid Eligible Population	Individuals Served		Penetration Percent	
	FY 2019 MA Average	Mental Health	Substance Use	Mental Health
1,406,421	215,660	109,701	15.3%	7.8%
FY 2020 MA Average	224,235	117,449	15.7%	8.2%
1,428,641				
FY 2021 MA Average	235,035	122,757	15.7%	8.2%
1,497,036				
Projected Increase into PBHS from FY2020	4.8%	4.5%		

Medicaid (MA) Penetration is a percent of those individuals that are MA eligible that access services or "penetrate" the public behavioral health system. Applying the overall penetration rate to the average MA eligible population in each jurisdiction will give an estimate of the number of individuals projected to penetrate the PBHS in the coming fiscal years.

FY2020 numbers served are based on claims data through 11/16/2020. Data are subject to change as claims are reconciled.

FY 2021 MA Average is based on data through October 2020.

Data Source: MA data Published by The Hilltop Institute at UMBC. Data and support provided by the Maryland Department of Health.

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The percent of total population in poverty, (Table 3) Calendar Year 2018, for Garrett County was 12.2%, leading Garrett County to being the 8th highest rank in Maryland. Statewide percentage of total population in poverty was 9.1%. The Poverty data was expected, as Garrett County is typically in the top 10 of the Maryland Counties in percent of total population in poverty.

Table 3

Percent of Total Population in Poverty, Calendar Year 2018					
Jurisdiction	All	Number of People in Poverty	Children 0-17	Number of Children 0-17 in Poverty	Ranking Total Population in Poverty
Statewide	9.1	538,823	12.1	159,874	
Allegany	16.7	10,570	21.3	2,557	3
Anne Arundel	7	39,231	9.6	12,144	15
Baltimore	9.9	79,482	13	22,854	11
Calvert	5.4	4,912	6.6	1,394	21
Caroline	13.2	4,320	19.9	1,529	6
Carroll	6	9,828	6.1	2,197	20
Cecil	8.3	8,406	12.8	2,914	13
Charles	6.6	10,487	9.3	3,559	18
Dorchester	15.4	4,851	27	1,779	4
Frederick	6.2	15,552	7.4	4,320	19
Garrett	12.2	3,483	18.4	969	8
Harford	7	17,528	9.7	5,404	15
Howard	5.2	16,874	6.2	4,871	22
Kent	12.9	2,329	19.2	574	7
Montgomery	6.9	72,247	8.4	20,168	16
Prince George's	8.3	73,777	12	23,778	13
Queen Anne's	6.5	3,237	8.6	923	17
St. Mary's	8	8,770	10.6	2,847	14
Somerset	23.4	4,758	31.4	1,339	1
Talbot	9.2	3,377	14.6	967	12
Washington	11.1	15,871	16.5	5,304	9
Wicomico	14.6	14,327	20.1	4,484	5
Worcester	10.4	5,300	17.7	1,552	10
Baltimore City	18.9	109,306	26.1	31,447	2

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

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Mental Health Data, perhaps not representing the extent of an issue for Garrett County, could be the ESSENCE Suicide Ideation information. ESSENCE is the Electronic Surveillance System for the Early Notification of Community based Epidemics, from Maryland’s Emergency Departments. (ED’s) and selected Urgent Care facilities that log individuals presenting in the ED’s with defined symptoms or chief complaints. As can be seen on Table 4, ESSENCE Suicide Ideation for Calendar Years 2018-2020 by County of Residence , the value for Garrett County is <11.

Table 4

ESSENCE Suicide Ideation for Calendar Years 2018-2020 by County of Residence				% Change Over Time		
County Of Residence	Year 2018	Year 2019	Year 2020	CY 18-19	CY 19-20	CY 18-20
Allegany	61	93	38	52.46%	-59.14%	-37.70%
Anne Arundel	561	489	265	-12.83%	-45.81%	-52.76%
Baltimore	794	815	481	2.64%	-40.98%	-39.42%
BALTIMORE CITY	899	983	534	9.34%	-45.68%	-40.60%
Calvert	25	41	29	64.00%	-29.27%	16.00%
Caroline	19	27	17	42.11%	-37.04%	-10.53%
Carroll*	31	256	163	725.81%	-36.33%	425.81%
Cecil	<11	<11	18	N/A	N/A	N/A
Charles	73	117	69	60.27%	-41.03%	-5.48%
Dorchester	26	32	19	23.08%	-40.63%	-26.92%
Frederick	278	293	150	5.40%	-48.81%	-46.04%
Garrett	<11	<11	<11	N/A	N/A	N/A
Harford	37	49	65	32.43%	32.65%	75.68%
Howard	100	150	100	50.00%	-33.33%	0.00%
Kent	<11	22	<11	N/A	N/A	N/A
Montgomery	589	761	479	29.20%	-37.06%	-18.68%
OTHER_REGION	209	269	196	28.71%	-27.14%	-6.22%
Prince Georges	374	478	287	27.81%	-39.96%	-23.26%
Queen Annes	23	29	16	27.81%	-39.96%	-23.26%
Somerset	<11	<11	<11	26.09%	-44.83%	-30.43%
St. Marys	147	201	116	N/A	N/A	N/A
Talbot	28	26	15	36.73%	-42.29%	-21.09%
Washington	76	140	107	-7.14%	-42.31%	-46.43%
Wicomico	57	55	34	84.21%	-23.57%	40.79%
Worcester	24	19	20	-3.51%	-38.18%	-40.35%
Total	4,464	5,364	3,238	-20.83%	5.26%	-16.67%

Note: Data are duplicated as individuals county of residence may change throughout the year.

*Note: *Carroll County numbers reverified. The spike is correct.*

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

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Substance Related Disorder Data outside of the Medicaid Penetration Rate and Poverty information, includes ESSENCE Opioid hospital presentations (Tables 5 through 7 and Graph 1) by county of residence for calendar years 2018-2020 have shown some concerning results. The Opioid Overdose presentation data was to be expected, based on the increases in fatal overdoses occurring in Garrett County. As previously mentioned in the Fiscal Year 2022 Behavioral Health Plan of Operations, Garrett County was identified as a hot spot in Maryland for a significant number of fatal overdoses taking place through July 2020.

There was a 158.33% increase, second highest in Maryland from calendar year 2018 (12) to calendar year 2019 (31). There was a 25.81% decrease in opioid overdose hospital presentations from calendar year 2019 (31) through calendar year 2020 (23). Over the last three calendar years 2018-202 there has been a 91.67% increase in opioid Overdose presentations at Emergency Departments for Garrett County residents. Garrett County had the second highest change over time from calendar year 2018 to 2020, in Maryland.

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Table 5

ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County				% Change Over Time		
County	Year 2018	Year 2019	Year 2020	CY 18-19	CY 19-20	CY 18-20
Allegany	89	79	99	-11.24%	25.32%	11.24%
Anne Arundel	795	635	464	-20.13%	-26.93%	-41.64%
Baltimore County	1,305	1,213	912	-7.05%	-24.81%	-30.11%
Baltimore City	2,056	1,935	1,505	-5.89%	-22.22%	-26.80%
Calvert	67	56	55	-16.42%	-1.79%	-17.91%
Caroline	19	13	<11	-31.58%	N/A	N/A
Carroll*	45	221	144	391.11%	-34.84%	220.00%
Cecil	299	260	134	-13.04%	-48.46%	-55.18%
Charles	38	74	42	94.74%	-43.24%	10.53%
Dorchester	15	11	<11	-26.67%	N/A	N/A
Frederick	159	150	99	-5.66%	-34.00%	-37.74%
Garrett	12	31	23	158.33%	-25.81%	91.67%
Harford	244	186	101	-23.77%	-45.70%	-58.61%
Howard	140	137	109	-2.14%	-20.44%	-22.14%
Kent	26	14	<11	-46.15%	N/A	N/A
Montgomery	282	364	271	29.08%	-25.55%	-3.90%
OTHER_REGION	524	502	362	-4.20%	-27.89%	-30.92%
Prince Georges	153	201	157	31.37%	-21.89%	2.61%
Queen Annes	40	25	<11	31.37%	-21.89%	2.61%
Somerset	20	13	<11	-37.50%	N/A	N/A
St. Marys	150	135	102	-35.00%	N/A	N/A
Talbot	17	<11	<11	-10.00%	-24.44%	-32.00%
Washington	156	133	143	N/A	N/A	N/A
Wicomico	74	84	61	-14.74%	7.52%	-8.33%
Worcester	42	38	18	13.51%	-27.38%	-17.57%
Total	6,767	6,515	4,844	-3.72%	-25.65%	-28.42%

Note: Data are duplicated since all overdose events are taken into consideration.

*Note: *Carroll County numbers reverified. The spike is correct.*

Data Source: Electronic Surveillance System for the Early Notification of Community-

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Table 6

ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence and Gender						
County	Female			Male		
	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020
Allegany	40	35	49	49	44	50
Anne Arundel	275	228	157	520	407	307
Baltimore County	465	452	315	840	761	597
Baltimore City	647	565	443	1,409	1,368	1,062
Calvert	25	13	18	42	43	37
Caroline	<11	<11	<11	15	<11	<11
Carroll*	12	97	67	33	124	77
Cecil	100	88	46	199	172	88
Charles	10	42	10	28	31	32
Dorchester	<11	<11	<11	13	<11	<11
Frederick	50	39	28	109	111	71
Garrett	<11	11	12	<11	20	11
Harford	75	70	41	169	116	60
Howard	43	47	40	97	90	69
Kent	<11	<11	<11	21	11	<11
Montgomery	122	146	105	160	218	166
OTHER REGION	152	167	98	364	333	258
Prince Georges	58	70	51	95	131	106
Queen Annes	15	<11	<11	25	15	<11
Somerset	<11	<11	<11	13	<11	<11
St. Marys	74	62	46	76	73	56
Talbot	<11	0	<11	<11	<11	<11
Washington	60	49	48	95	84	95
Wicomico	25	26	23	49	58	38
Worcester	<11	11	<11	32	27	12
Total	2,288	2,246	1,624	4,470	4,264	3,214

Table 7

ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence and Age Group												
County	Age Group 0-25			Age Group 26-64			Age Group 65+			Age Group Unknown		
	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020
Allegany	14	<11	13	66	67	86	<11	<11	0	0	0	0
Anne Arundel	132	86	49	640	517	392	23	32	23	0	0	0
Baltimore County	142	100	85	1,063	1,003	747	99	109	77	<11	<11	<11
Baltimore City	109	107	78	1,785	1,642	1,282	149	175	138	13	<11	<11
Calvert	17	<11	<11	50	48	49	0	<11	<11	0	0	0
Caroline	<11	<11	<11	14	11	<11	<11	0	0	0	0	0
Carroll*	<11	34	16	37	163	116	<11	24	12	0	0	0
Cecil	52	43	23	242	217	109	<11	0	<11	0	0	0
Charles	<11	<11	<11	30	60	35	<11	<11	<11	<11	0	0
Dorchester	<11	<11	<11	12	<11	<11	<11	<11	0	0	0	0
Frederick	38	26	13	118	115	82	<11	<11	<11	0	0	0
Garrett	<11	<11	<11	11	27	21	0	<11	<11	0	0	0
Harford	58	36	13	183	143	79	<11	<11	<11	0	<11	0
Howard	15	26	11	116	101	86	<11	<11	12	0	0	0
Kent	<11	<11	<11	18	<11	<11	0	0	0	0	0	0
Montgomery	42	56	42	202	235	195	38	73	34	0	0	0
OTHER REGION	80	65	42	409	399	279	20	24	27	15	14	14
Prince Georges	20	30	22	120	139	114	13	32	21	0	0	0
Queen Annes	<11	<11	<11	33	16	<11	0	<11	0	<11	0	0
Somerset	<11	<11	<11	15	<11	<11	<11	<11	<11	0	0	0
St. Marys	15	11	<11	102	115	83	20	<11	<11	13	0	0
Talbot	<11	0	<11	15	<11	<11	0	<11	0	0	0	0
Washington	32	20	31	115	108	107	<11	<11	<11	0	0	0
Wicomico	21	<11	<11	52	76	50	<11	<11	<11	0	0	0
Worcester	<11	<11	<11	31	29	16	<11	<11	0	0	0	0
Total	834	691	471	5,479	5,266	3,963	410	531	386	44	27	24

Note: Data are duplicated since all overdose events are taken into consideration.

*Note: *Carroll County numbers reverified. The spike is correct.*

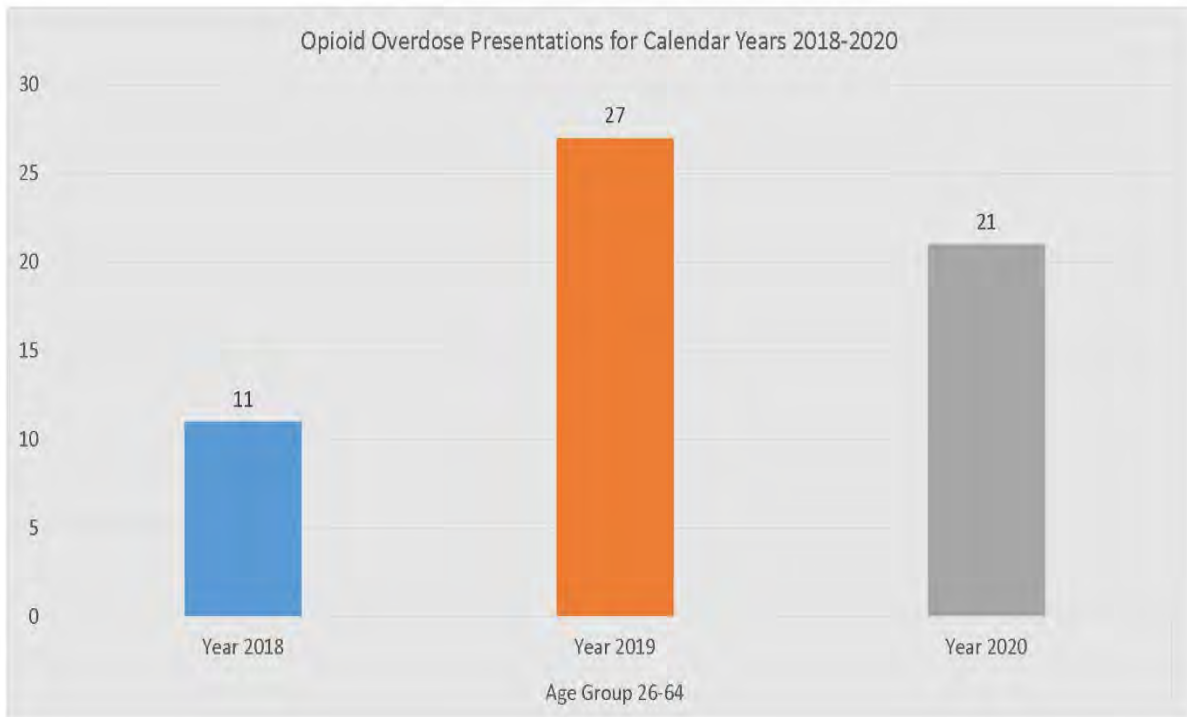
Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

The information provided in Table 6 reflects a three year trend of Opioid Overdose Presentations by Gender and Table 7 relates to the three year trend for Opioid Overdose Presentations by Age Group. With the exception of Calendar Year 2019, Garrett County Males were much more likely to present at Emergency Departments for an Opioid Overdose than Garrett County Females.

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Overdose presentations to Emergency Department by demographic groups provided expected findings. Over the past three years, the age group 26 to 64 has presented to the Emergency Department most frequently with an opioid overdose. As can be seen in Graph (1) for 2018 there were 11. In 2019 there were 27 presenting and in 2020 through October 31, 2020 there were 21. All other age groups were 0 to 10. When using just the numbers of individuals presenting, Garrett County was the bottom three.

Graph 1



Overdose related Hospital Events for the past three calendar years (2018 – 2020) can be seen in Table 8 and Table 9. This information was not surprising and was expected. It is believed the implementation of the Community Resource Team (CRT) as well as law enforcements use of Narcan has contributed for some of the reduction in the number of individuals not presenting at hospitals for overdose. Table 9, shows how there’s been reduction in the difference of female and male presentations at Hospitals for overdose since calendar year 2018.

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Table 8

OD Related Hospital Events for Calendar Years 2018-2020			
County Of Residence	All Substances OD		
	Year 2018	Year 2019	Year 2020
Allegany	261	209	201
Anne Arundel	1,350	1,119	755
Baltimore	2,213	2,149	1,390
BALTIMORE CITY	4,821	4,548	3,088
Calvert	224	206	114
Caroline	72	64	49
Carroll*	437	380	213
Cecil	475	419	262
Charles	169	213	148
Dorchester	85	91	60
Frederick	423	385	246
Garrett	45	43	35
Harford	544	428	303
Howard	343	287	198
Kent	77	66	46
Montgomery	700	704	510
Other Region	262	311	237
Prince Georges	654	625	459
Queen Annes	133	91	49
Somerset	68	52	48
St. Marys	243	226	174
Talbot	97	59	51
Washington	481	484	350
Wicomico	206	213	153
Worcester	94	96	53
Total	14,477	13,468	9,192

OD Related Hospital Events for Calendar Years 2018-2020			
County Of Residence	Any Opioid Related		
	Year 2018	Year 2019	Year 2020
Allegany	108	86	91
Anne Arundel	594	445	298
Baltimore	971	974	589
BALTIMORE CITY	2,601	2,374	1,505
Calvert	98	74	50
Caroline	23	21	15
Carroll*	207	153	77
Cecil	292	234	143
Charles	38	75	52
Dorchester	23	28	20
Frederick	167	113	73
Garrett	15	15	13
Harford	280	174	107
Howard	117	91	56
Kent	35	32	22
Montgomery	156	118	98
Other Region	153	164	132
Prince Georges	136	137	125
Queen Annes	53	33	15
Somerset	20	15	13
St. Marys	102	71	57
Talbot	27	14	12
Washington	217	171	108
Wicomico	75	82	49
Worcester	47	36	21
Total	6,555	5,730	3,741

Note: ** Maryland Overdose Hospital Events Program, 01/01/2018-09/30/2020. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards, November 16, 2020.

Note: *Carroll County numbers reverified. The spike is correct.

Data derived from the CRISP Behavioral Health Indicator dashboards are derived from diagnostic codes

Table 9

OD Related Hospital Events by Gender for Calendar Years 2018-2020						
County Of Residence	All Substances OD					
	Year 2018		Year 2019		Year 2020	
	Female	Male	Female	Male	Female	Male
Allegany	126	135	85	124	87	114
Anne Arundel	509	841	441	678	287	468
Baltimore	808	1,405	799	1,350	504	886
BALTIMORE CITY	1,604	3,217	1,519	3,027	967	2,121
Calvert	88	136	69	137	42	72
Caroline	23	49	26	38	27	22
Carroll*	169	268	147	233	99	114
Cecil	187	288	151	268	105	157
Charles	73	96	102	111	49	99
Dorchester	44	41	41	50	22	38
Frederick	167	256	149	236	91	155
Garrett	15	30	20	23	16	19
Harford	193	351	165	263	128	175
Howard	117	226	101	186	74	124
Kent	34	43	16	50	16	30
Montgomery	301	399	322	382	223	287
OTHER REGION	79	182	98	213	64	173
Prince Georges	287	367	266	359	179	280
Queen Annes	57	76	33	58	18	31
Somerset	26	42	23	29	13	35
St. Marys	118	125	99	127	76	98
Talbot	36	61	21	38	16	35
Washington	209	272	183	301	135	215
Wicomico	88	118	81	132	71	82
Worcester	35	59	28	68	18	35
Total	5,393	9,083	4,985	8,481	3,327	5,865
	Unknown < 11		Unknown < 11		Unknown = 0	
Final Total	14,477		13,468		9,192	

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Table 10

OD Related Hospital Events by Gender for Calendar Years 2018-2020						
County Of Residence	Any Opioid OD					
	Year 2018		Year 2019		Year 2020	
	Female	Male	Female	Male	Female	Male
Allegany	46	62	36	50	40	51
Anne Arundel	176	418	152	293	95	203
Baltimore	303	668	297	677	181	408
BALTIMORE CITY	746	1,855	687	1,685	446	1,059
Calvert	33	65	25	49	14	36
Caroline	<11	17	<11	12	<11	<11
Carroll*	60	147	54	99	35	42
Cecil	102	190	77	157	44	99
Charles	15	23	34	41	17	35
Dorchester	<11	16	13	15	<11	13
Frederick	50	117	32	81	21	52
Garrett	<11	<11	<11	<11	<11	<11
Harford	82	198	57	117	30	77
Howard	21	96	20	71	15	41
Kent	18	17	<11	26	<11	18
Montgomery	44	112	34	84	24	74
OTHER REGION	51	101	50	114	35	97
Prince Georges	38	98	37	100	34	91
Queen Annes	18	35	<11	23	<11	<11
Somerset	<11	12	<11	<11	<11	<11
St. Marys	45	57	23	48	20	37
Talbot	11	16	<11	11	<11	<11
Washington	93	124	63	108	38	70
Wicomico	26	49	31	51	27	22
Worcester	17	30	<11	27	<11	14
Total	2,021	4,533	1,769	3,959	1,157	2,584
	Unknown < 11		Unknown < 11		Unknown = 0	
Final Total	6,555		5,730		3,741	

Table 11

Overdose Deaths by County and Substance for Calendar Years 2018-2020			
County of Residence	All Substances		
	Year 2018	Year 2019	Year 2020 Jan-June*
	Allegany	39	28
Anne Arundel	241	208	120
Baltimore	388	350	193
Baltimore City	888	914	463
Calvert	28	31	13
Caroline	<11	12	<11
Carroll*	72	56	23
Cecil	59	62	48
Charles	27	31	25
Dorchester	<11	11	12
Frederick	78	64	36
Garrett	<11	<11	<11
Harford	101	87	39
Howard	41	37	27
Kent	<11	<11	<11
Montgomery	89	105	66
Prince Georges	127	146	110
Queen Annes	17	13	<11
Somerset	<11	<11	<11
St. Marys	31	33	12
Talbot	<11	14	<11
Washington	91	88	59
Wicomico	36	41	19
Worcester	16	19	15
Total	2,406	2,379	1,344

County of Residence	Opioid Related		
	Year 2018	Year 2019	Year 2020 Jan-June*
	Allegany	33	23
Anne Arundel	218	183	103
Baltimore	352	316	177
Baltimore City	814	851	432
Calvert	25	25	12
Caroline	<11	11	<11
Carroll*	68	51	21
Cecil	58	53	44
Charles	19	26	17
Dorchester	<11	<11	11
Frederick	70	59	34
Garrett	<11	<11	<11
Harford	90	73	34
Howard	36	34	27
Kent	<11	<11	<11
Montgomery	64	86	51
Prince Georges	94	102	87
Queen Annes	16	11	<11
Somerset	<11	<11	<11
St. Marys	27	31	12
Talbot	<11	13	<11
Washington	83	80	57
Wicomico	30	29	15
Worcester	<11	14	14
Total	2,143	2,106	1,203

Note: *Data for Calendar Year 2020 is for January-June.

Data Source: OCME-VSA Monthly Unintentional Intoxication Death Data updated through October 31, 2020.

Note: *Carroll County numbers reverified. The spike is correct.

Date Source OCME-VSA (Office of the Chief Medical Examiner/Vital Statistics Administration)

Table 10 was included, even with the value <11, as this shows an expected result for Garrett County overdoses as reported by EMS and Law enforcement. What is typically found, is the individuals who overdose, are using multiple substances along with opioids but less likely to involve just an opioid or combination of opioids.

Overdose Deaths by County and Substance for the past three calendar years are indicated in Table 11. Fortunately, Garrett County has suppressed values for overdose deaths each one of the three years. Garrett County was identified as a “hot spot” for increased deaths by drug overdose through July 2020, as the three furthest Western Maryland Counties showed a significant overdose death rate through the first three quarters of Calendar Year 2020. The good news is there have been no additional confirmed overdose deaths since July 2020.

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Crisis Response and Prevention is an ongoing area for discussion and collaboration in Garrett County. The positive impact of crisis response and prevention, particularly for suspected drug overdose has been the implementation of a Community Resource Team. Over the past year Garrett County has implemented a Community Resource Team (CRT) related to drug overdose. A team consisting of EMT's and at times a Certified Peer Recovery Specialist respond to 911 calls that could be drug overdose related. The CRT responded to 48 referrals in FY 2020. An example of how the team responds when a call is received: *"Shortly after the Community Response Team was established, we received a call from a local urgent care who had a patient in their office suffering from addiction and who was seeking treatment options. The patient quickly transitioned to a client of ours. Collectively, the team made numerous calls to locate the best facility to meet the client's needs, and the team made transportation arrangements to get the client to the rehabilitation center. A member of the team and the EMS Chief met with the client at the urgent care to build rapport and support the client in this life-changing decision. The team ensures the client had a safe place to stay overnight, as the client was starting the journey to recovery the very next morning. The team kept in contact with the client overnight, which provided the client with reassurance they were not alone in this battle. Early the following morning the client was picked up at a designated location and was on the road to recovery. It was extremely rewarding to have played just a small part in this client's journey to recovery. Cases such as this is why the team strives to do our very best when someone reached out to us for help."* There are "leave behind" Resource Packets left with the individual and for family members, should they be at the scene.

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Table 12

Suspected Overdoses by County for Calendar Years 2018-2020			
County	Calendar Year 2018	Calendar Year 2019	Calendar Year 2020
Allegany	275	207	293
Anne Arundel	1,564	1,350	1,211
Baltimore County	2,187	2,175	1,784
Calvert	219	171	146
Caroline	110	110	67
Carroll	202	247	301
Cecil	846	709	589
Charles	217	311	221
Dorchester	74	94	107
Frederick	292	395	358
Garrett	17	35	47
Harford	679	488	334
Howard	309	297	238
Kent	21	59	51
Montgomery	372	574	514
Prince George's	337	662	538
Queen Anne's	192	113	62
St. Mary's	313	314	272
Somerset	16	47	62
Talbot	54	65	67
Washington	464	595	634
Wicomico	186	270	250
Worcester	110	143	123
Baltimore City	3,463	4,592	3,712
TOTAL	12,519	14,023	11,981

Data Source: ODMAP data run 11/15/2020

The data definition for MIEMSS submissions was updated in July 2019 to:

- Naloxone administered = YES
 - o AND
- Primary Impression = suspected opioid overdose or Poisoning/Overdose/Drug Abuse
 - o OR
- Suspected opioid overdose = YES

Prior to that, it was only based on naloxone administration.

Data Source: ODMAP. Baltimore, MD: Maryland Department of Health; October 31, 2020.

Data derived from the Overdose Mapping Application Program (ODMAP) system. Data are logged by local law enforcement and EMS teams responding to suspected overdoses and Maryland Institute for Emergency Medical Services Systems (MIEMSS) submissions.

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Unemployment rates (Table 16) for Garrett County beginning in January 2019 through September 2020 ranged from a low 3.7% to a high 5.7% (February 2019). The rates from January 2020 through September 2020 ranged from a rate of 5.3% to 12.4%. The two highest rates occurred in April 2020 and May 2020. It is most likely these higher rates were related to the COVID-19 restrictions. Unemployment rates steadily declined since June 2020 from 7.7% to 5.4% in September 2020. Garrett County experienced an unexpected upon local tourism starting in late spring of 2020 related to the pandemic. The Chamber of Commerce identified the following trends as families, due to the closure of schools and shift to teleworking, searched for outdoor activities in a rural environment, lead to an increase in visitors to Garrett County Deep Creek Lake Resort. Families who own vacation homes, in an effort to leave the cities/suburbs, chose to reside in the areas throughout the summer and fall while teleworking. Area grocery stores, sporting stores, rental for boats/recreational items all reported experiencing a large demand. It is felt that this increase in tourism had an effect of reducing the unemployment rates to below the State of Maryland's rate from June 2020 – September 2020. Although, the increase in the employment rate for Garrett County is beneficial, it should be noted this impacts the resort area of the county with more employment in low paying service related jobs an often does not create opportunity for families who reside in the more isolated parts of the county where there is limited transportation.

Table 16

Monthly Maryland Unemployment Rate by County Calendar Years 2019-2020*

Unemployment Rate by County	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Maryland	4.3	4.0	3.7	3.2	3.4	3.9	3.9	3.7	3.3	3.3	3.2	3.0	3.6	3.5	3.5	9.8	9.7	8.5	8.0	7.2	6.9
Allegany	6.0	5.8	5.3	4.4	4.5	5.6	5.7	5.9	4.9	4.8	4.6	4.5	5.6	5.4	5.3	13.2	11.5	9.7	8.3	7.2	6.9
Anne Arundel	3.6	3.4	3.2	2.7	3.0	3.3	3.4	3.3	2.8	2.8	2.7	2.5	3.0	3.0	2.9	9.8	9.1	7.6	6.9	6.0	5.7
Baltimore City	5.8	5.4	5.2	4.7	4.9	5.5	5.5	5.7	4.8	4.8	4.6	4.2	4.9	4.7	4.9	11.6	11.5	10.5	10.3	9.5	9.1
Baltimore County	4.3	4.1	3.9	3.4	3.6	4.0	4.0	3.9	3.4	3.5	3.3	3.1	3.6	3.6	3.6	10.5	10.1	8.5	8.0	7.2	6.9
Calvert	3.8	3.5	3.3	2.8	3.0	3.6	3.7	3.4	2.8	2.8	2.7	2.5	3.0	3.0	2.9	8.1	7.7	6.4	6.1	5.3	5.0
Caroline	4.4	4.5	4.0	3.3	3.3	3.8	3.9	3.5	3.0	3.1	3.2	3.1	3.8	3.8	3.6	8.7	7.9	6.4	6.1	5.6	5.5
Carroll	3.5	3.5	3.1	2.5	2.7	3.2	3.3	3.1	2.6	2.6	2.5	2.4	2.9	3.0	2.8	9.0	8.1	6.5	6.0	5.1	4.7
Cecil	4.5	4.7	4.4	3.6	3.7	4.3	4.5	4.4	3.6	3.5	3.5	3.3	4.0	4.1	3.9	9.6	8.5	7.2	6.8	6.2	5.9
Charles	4.6	3.9	3.7	3.2	3.4	3.8	4.1	4.1	3.3	3.3	3.2	3.0	3.5	3.5	3.6	9.1	9.6	8.5	8.1	7.4	6.9
Dorchester	5.8	5.8	5.3	4.6	4.4	5.2	4.7	4.6	4.0	4.3	4.2	4.2	5.1	4.9	5.2	10.2	9.5	8.3	7.7	7.0	6.6
Frederick	3.8	3.6	3.3	2.8	3.1	3.5	3.5	3.2	2.9	2.9	2.8	2.6	3.2	3.2	3.0	9.5	9.2	7.7	6.9	6.1	5.7
Garrett	5.6	5.7	5.0	3.8	3.7	4.4	4.5	4.3	3.7	3.8	4.2	4.5	5.3	5.4	5.3	12.4	10.4	7.7	7.0	5.8	5.4
Harford	3.8	3.8	3.5	3.0	3.2	3.6	3.9	3.6	3.1	3.1	2.9	2.7	3.3	3.4	3.3	10.0	9.1	7.3	6.8	5.9	5.4
Howard	3.3	3.0	2.9	2.4	2.7	3.1	3.1	2.9	2.5	2.5	2.4	2.2	2.6	2.7	2.6	8.1	7.9	6.9	6.3	5.5	5.2
Kent	5.6	5.5	4.4	3.6	3.3	4.1	3.9	3.7	3.4	3.4	3.4	3.6	5.2	4.9	4.3	9.5	8.5	8.1	7.7	6.3	6.5
Montgomery	3.5	3.3	3.1	2.6	2.9	3.3	3.2	2.9	2.7	2.7	2.6	2.4	2.8	2.9	2.8	8.4	9.0	8.2	7.7	6.9	6.6
Prince George's	4.7	4.1	3.8	3.4	3.6	4.0	3.9	3.9	3.5	3.5	3.4	3.2	3.6	3.6	3.7	9.7	10.9	10.1	9.8	9.2	9.1
Queen Anne's	3.7	3.6	3.4	2.7	2.9	3.3	3.4	3.2	2.8	2.7	2.7	2.6	3.3	3.3	3.0	10.0	8.9	7.0	6.2	5.3	5.0
Somerset	7.8	7.2	6.5	5.6	5.3	6.4	6.2	6.2	5.3	5.4	5.5	5.6	6.8	6.0	5.9	11.2	10.5	9.2	8.6	7.9	8.0
St. Mary's	3.9	3.8	3.5	2.8	3.1	3.6	4.0	3.8	2.9	2.9	2.8	2.6	3.2	3.2	3.1	7.0	6.8	6.0	6.1	5.4	4.8
Talbot	4.6	4.5	4.0	3.0	3.2	3.6	3.6	3.2	2.8	2.8	2.9	2.9	3.8	3.9	3.7	10.1	8.8	7.1	6.5	5.4	5.0
Washington	4.7	4.8	4.4	3.5	3.7	4.1	4.1	3.8	3.4	3.5	3.3	3.2	4.0	4.2	4.0	11.4	10.3	8.4	7.6	6.8	6.4
Wicomico County	6.0	5.8	5.1	4.4	4.0	4.6	4.5	4.4	4.0	4.1	4.4	4.5	5.2	5.0	4.8	13.1	11.6	8.6	7.4	6.6	6.4
Worcester County	11.8	10.9	9.5	7.8	5.7	5.3	5.0	4.9	4.6	5.4	8.5	9.5	10.9	9.3	9.4	21.6	18.0	11.2	9.2	8.0	7.9

*Note: *Data for Calendar Year 2020 is through September 2020.*

Note: ^April 2020 Unemployment increased as a result of layoffs, furloughs, and the expansion of eligibility to self-employed and gig

Data Source: Bureau of Labor Statistics (BLS) Publisher: MD Office of Workforce Information &

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H. FY22 GOALS

The development of Goals, Objectives, Strategies, Performance Measures, and Performance Targets for the FY 2022 Garrett County Behavioral Health Plan has continued to be expanded incorporating priority areas and outcomes from the 2019-2021 Garrett County Community Health Assessment, Garrett County Status of Health Report 2020, Focus Group data from the R-CORP Planning Group, SEADS Report for Garrett County, and general discussion topics from Mental Health Advisory Committee, Drug Free Communities Coalition, Stand Together and Garrett County Roundtable on Homelessness.

The utilization of the web-based community-planning 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.

Goal 1: Increase Access to Care

Goal 2: Improve quality of care in the public behavioral health system

Goal 3: Improve coordination of care

Goal 1: INCREASE ACCESS TO CARE	
<i>Objective 1.1 Expand capacity of 24/7 Crisis Services</i>	
<i>Strategy 1.1a: In partnership with the local behavioral health providers, Garrett Regional Medical Center, and the Garrett County Opioid Intervention Team, GCBHA will assess the current crisis services landscape and identify components needed to create a comprehensive crisis service landscape and crisis intervention teams, crisis walk-in-centers, crisis beds and safe stations.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Share grant fund opportunities with Garrett County Behavioral Health Providers and other Community Organizations that may provide support services for the implementation and expansion of 24/7 Crisis Services. 	<ul style="list-style-type: none"> Submit at least one Garrett County proposal for publically available Crisis Response Program Grant; State Opioid Response Grant; or other Federal Grants addressing Crisis Response for Rural Communities.

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<i>Objective 1.2 Develop, implement, and evaluate screening, prevention, and early intervention services.</i>	
<i>Strategy: 1.2a: Promote the utilization of SBIRT (screening brief intervention and referral to treatment) practices and implantation and other screening strategies across multi-medical disciplines, consumers/participants, and other stakeholders including public events.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • # SBIRT training offered • # of Implementation sites • # of Adults screened • # of Youth screened • # of Referrals to behavioral health treatment 	<ul style="list-style-type: none"> • 3 • 2 • 300 • 275 • 18
<i>Strategy: 1.2.b: Garrett County Behavioral Health Authority will schedule Mental Health First Aid Training during FY 2022.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • # of Mental Health First Aid (MHFA) Training sessions provided to public and lay professionals. 	<ul style="list-style-type: none"> • 2 Adult focused trainings • 1 Youth focused training • 1 Law Enforcement training
<i>Strategy: 1.2.c: Promote Community Training and utilization of alcohol/other drug overdose response and referral to treatment and community supports.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • Enhance training of individuals residing in certified recovery residences and/or emergency shelters and provide them with a naloxone kit. • # of private not for profit events serving alcohol which utilize the SureScan ID devices. 	<ul style="list-style-type: none"> • 45 • 5

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<i>Strategy: 1.2.d: Complete clinically relevant history related to somatic health to address co-morbid conditions that could affect course of treatment and meet/report with the court system including the States Attorney, the Public Defender, Community Supervision, and the Court Family Worker, to educate the judicial system in accessing services in the PBHS.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • #/% of in-person or telephonic collaborations with Primary Care Physicians and other Somatic Health providers during course of behavioral health treatment. • #/% of Behavioral Health providers utilizing drug screen protocol for individuals enrolled in treatment. • #/% of drug screens completed by all Behavioral Health treatment providers, providing follow-up report(s) to required entities. 	<ul style="list-style-type: none"> • 65% • 70% • 80%

<i>Objective 1.3: Expand the capacity of the Behavioral Health Workforce</i>	
<i>Strategy: 1.3.a: Promote the delivery of on-going cultural and linguistic competency training and cross-training of the behavioral health workforce.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • Number of cultural and linguistic competency organizational surveys completed by behavioral health providers in Garrett County. • Number of cultural and linguistic competency training and cross-training of behavioral health workforce 	<ul style="list-style-type: none"> • 3 • 2
<i>Objective 1.4: Increase the use of Telehealth and other Information Technology Applications</i>	
<i>Strategy 1.4a: Assist Maryland Community Criminal Justice Treatment Program (MCCJTP) providers and Substance Use Disorder Treatment utilizing telepsychiatry/telehealth to ensure individual choice and high quality service provision in local detention center.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • Collect program monitoring reports from detention center mental health and substance use disorder treatment providers 	<ul style="list-style-type: none"> • 2

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<ul style="list-style-type: none"> Facilitate meetings with Detention Center Administration and service providers to discuss implementation of telepsychiatry/telehealth 	<ul style="list-style-type: none"> Up to 3
<p><i>Objective 1.5: Increase public awareness on the nature of addiction, the importance of treatment and recovery services, and Maryland Crisis Hotline (call 211, press 1)</i></p>	
<p><i>Strategy 1.5a: Partner with existing media campaigns for extended promotion or begin media campaigns such as: Talk to Your Doctor, Anti-Stigma, How to Administer Naloxone, Problem Gambling or others</i></p>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Track and Monitor number of Impressions for existing public awareness 	<ul style="list-style-type: none"> TBD
<p><i>Strategy 1.5b: Create and disseminate new campaigns as specific needs arise for Garrett County.</i></p>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Track and Monitor number of Impressions for new campaigns 	<ul style="list-style-type: none"> TBD
<p><i>Strategy 1.6a: Provide Training to community groups, clinical services providers, and law enforcement on the prevention of suicide and related behaviors.</i></p>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Assist in the scheduling and funding for the provision of Mental Health First Aid Training Sessions 	<ul style="list-style-type: none"> 3

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Goal 2: IMPROVE QUALITY OF CARE IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)	
<i>Objective 2.1: Improve data collection and Analysis Capabilities</i>	
<i>Strategy 2.1a: Utilize behavioral health data measure effectiveness and to inform policy and planning.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Require all Behavioral Health Authority contract providers to register and develop groups on the digital community planning tool, mygarrettcountry.com. GCBHA staff will review the mygarrettcountry.com group measures related to vendor services on a monthly basis. 	<ul style="list-style-type: none"> 5 12
<i>Strategy 2.1b: Implement and establish suicide fatality review process as developed by the State of Maryland</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Improved data linkage across agencies and organizations, and dissemination of data to stakeholders 	<ul style="list-style-type: none"> TBD
<i>Objective 2.2 Move to Measurement-based Care</i>	
<i>Strategy 2.2a: Ongoing utilization of contract monitoring and accountability tools.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Monitoring tools developed to efficiently manage and track financial resources and program service 	<ul style="list-style-type: none"> 5
<i>Strategy 2.2b: Perform ongoing and consistent auditing and monitoring of the program managers and community-based treatment programs utilizing a site monitoring tool.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Collect and review monthly and quarterly program service reports from vendors 	<ul style="list-style-type: none"> Monthly and quarterly per fiscal year
<i>Strategy 2.2c: Improve Pre-admission Screening and Resident Review (PASRR) process and access to specialized services for individuals with mental illness (for older adults).</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Increase in number of PASRR determinations annually. Increase in utilization of specialized behavioral health services for individuals with mental illness admitted to nursing facilities 	<ul style="list-style-type: none"> TBD TBD

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<i>Strategy 2.2d: Monitor mental health residential crisis bed providers annually to ensure licenses are renewed</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Number of participating programs with current license 	<ul style="list-style-type: none"> 1
<i>Strategy 2.2e: Assist with the expansion of county and/or regional availability and improved access to effective, intermediate and intensive community-based behavioral services for children, youth and their families including cost-effective psychiatric rehabilitation programs (PRP), targeted case management (TCM), respite care, 1915(i) and early intervention/first episode psychosis programs (FEP).</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Reduction in unique child/adolescent ER visits by 5% Annual TCM capacity review related to increase utilization and improved access 	<ul style="list-style-type: none"> Based on FY 2021 year-end total 1
<i>Objective 2.3 Increase support of Evidence-Based and Promising Practices</i>	
<i>Strategy 2.3a: In collaboration with the University of Maryland and key stake holders GCBHA will foster to continue implementation of evidence based practice in public behavioral health services including SBIRT</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Number of new EBP or promising practices endorsed by the State. Number of new providers trained and enrolled in each of these practice categories Number of children, youth, and families served in each practice category 	<ul style="list-style-type: none"> Up to 2 Up to 2 5
<i>Objective 2.4 Create a strategic framework with shared values to promote equity and access to quality of care that addresses the social determinants of health through programming, implementation and evaluation for all individuals served by the Maryland PBHS.</i>	
<i>Strategy 2.4a: Develop and implement comprehensive policies and protocols to effectively address, monitor, and track equity to quality of care across all Public behavioral health programs and devices.</i>	
Performance Measures	FY 2022 Performance Target
<ul style="list-style-type: none"> Implement relevant Behavioral Health Equity Strategic Plan developed and used as a blueprint across the PBHS including policies and protocols to track and measure equity as a measure for quality of care. 	<ul style="list-style-type: none"> TBD

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<i>Strategy 2.4b: Analyze and use data to support the development of behavioral equity outcome measures in program planning and implementation across the Maryland PBHS.</i>	
Performance Measures	FY 2022 Performance Target
<ul style="list-style-type: none"> Metrics will be established around the State of Maryland’s Behavioral Health Equity Strategic Plan’s core elements 	<ul style="list-style-type: none"> TBD

Goal 3: IMPROVE COORDINATION OF CARE	
<i>Objective 3.1 Develop and Utilize an Integrated Systems Management Approach</i>	
<i>Strategy 3.1 a: In collaboration with Mental Department of Health support the implementation of the Behavioral Health Integration (BHI) process across Garrett County through the development of standards and frameworks, for systems to further enhance stakeholder engagement.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Implement the standards to guide and support systems management integration. Completion of annual report of assessment of structural and process integration achieved at the local level 	<ul style="list-style-type: none"> TBD Annually
<i>Strategy 3.1b: Improve screening, assessment, and referral services for individuals in need of entitlements through the Department of Social Services, including but not limited to Food Supplement Programs and Temporary Cash Assistance Program.</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> Monitor the Substance Abuse and Treatment Services (SATS) program in Garrett County and track the percentage of individuals that are assessed/screened and referred to treatment through the Temporary Cash Assistance Program. 	<ul style="list-style-type: none"> 75%

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<i>Strategy 3.1c: In collaboration with the Children’s Cabinet, the Children’s Cabinet Implementation Team, and other similar interagency work groups, develop integrated cross agency approaches to increasing the overall numbers of children, youth and families served in high quality community based services, and/or settings.</i>	
Performance Measure:	FY 21 Performance Target:
<ul style="list-style-type: none"> • Reduce out of state institutional placements • Reduce psychiatric hospital lengths of stay, especially for those youth deemed ready for discharge, but do not have a suitable living arrangement for discharge, • Reduce length of stay in Psychiatric Residential Treatment Centers. • Increase enrollment in 1915(i) SPA and other intensive community based services. • Increase referrals to and utilization of child and family focused crisis and stabilization services. 	<ul style="list-style-type: none"> • TBD • TBD • TBD • TBD • TBD
<i>Objective 3.2 Expand Recovery Services and Supports</i>	
<i>Strategy: 3.2a:Foster the identification of recovery services for pregnant women and women with children, and support process referrals for counties that have recovery support housing for pregnant women and women with children</i>	
Performance Measure:	FY 2022 Performance Target:
<ul style="list-style-type: none"> • Number of referrals • Number of recovery services provided through Peer Recovery staff 	<ul style="list-style-type: none"> • Up to 20 • 35
<i>Strategy 3.2b: GCBHA will collaborate with Behavioral Health Providers and local housing authority, Garrett County Community Action, and DOVE Center, to work with individuals meeting the criteria of homelessness or at risk of homelessness; GCBHA will complete and submit PATH Quarterly and Annual reports as indicated</i>	
Performance Measure	FY 2022 Performance Target
<ul style="list-style-type: none"> • # of literally homeless or at risk of homelessness placed in permanent housing or who maintain current housing. 	<ul style="list-style-type: none"> • 35 (Combined with Community Action and DOVE Center)

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I. PLAN APPROVAL REQUIREMENT

The Plan Approval process for the Fiscal Year 2022 Garrett County Behavioral Health Plan of Operations occurred through the involvement of members from Garrett County Mental Health Advisory Committee, Garrett County Drug Free Communities Coalition, and Stand Together Garrett County Against Drug Use. The Garrett County Mental Health Advisory Committee has meetings scheduled on a monthly basis. The committee meets twelve times a year unless there are weather or holiday cancellations. The GCMHAC consists of a variety of individuals representing public and private organizations; public mental health and non-public mental health local hospital, state hospital, and inpatient psychiatric facility located in Cumberland, MD. Additionally, there are consumers who actively participate in the GCMHAC meetings and provide feedback regarding identified strengths and concerns of services currently provided in Garrett County.

The Garrett County Drug Free Communities Coalition (DFCC) has scheduled meetings on a monthly basis. Meetings are on occasions rescheduled or cancelled because of scheduling conflicts or weather conditions. DFCC has required participants through Legislative Mandate and utilizes a very collaborative public and community agency history to expand membership and fill membership vacancies. DFCC has shown extreme supportive of prevention efforts in Garrett County and openly addresses the benefits of treatment options and the identified gaps in treatment services individuals with an addiction and support strategies for family members in Garrett County.

The Stand Together Garrett County Against Drug Use focuses on better addiction prevention, treatment, and recovery services; strengthening data reporting and collection; enabling access to high quality, evidence-based pain care; targeting high risk populations with overdose reversing drugs; and supporting cutting edge research for acquiring a better understanding of pain, overdose and addiction.

The Garrett County Behavioral Health Authority staff uploaded a video to the new website: [Behavioral Health Authority - YouTube](#) on January 6th, 2021. The intent of this video was to request input from residents of Garrett County in the completion and review of the Fiscal Year 2022 Behavioral Health Plan of Operations. An electronic version of the FY 2022 Program Plan was sent via email to the GCMHAC, The Stand Together Committee and GCDFCC members on February 5, 2021. Prior to the email being sent, sections of the plan were also uploaded to the Behavioral Health Authority group on mygarrettcountry.com for feedback from members of the community [Home – Behavioral Health Authority – MyGarrettCounty.com](#)

There were seven Behavioral Health Plan of Operations Review sessions scheduled. Related to ongoing COVID-19 safety considerations, all review meetings were conducted virtually, with the sections of the plan shared for easier discussion. The review dates occurred on these dates: occurred on these dates:

- February 11,, 2021 (2 meetings);

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- February 12, 2021 (2 meetings);
- February 16, 2021 (1 meeting); and
- February 17, 2021 (2 meetings)

The recommended changes from each planning meeting were reviewed during the beginning of each review session. A summary of the recommended revisions to be made, prior to submission to the Maryland Department of Health, Behavioral Health Administrations, has been included

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Garrett County Behavioral Health Authority
*The Public Behavioral Health Management Agency for Garrett
County*

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February 19, 2021

Dr. Aliya Jones
Deputy Secretary/Executive Director
Behavioral Health Administration
Spring Grove Hospital Center, Dix Building
55 Wade Avenue
Catonsville, Maryland 21228

Dear Dr. Jones,

Members of the Garrett County Mental Health Advisory Committee (GCMHAC) and Garrett County Drug Free Communities Coalition (GCD FCC) attended seven separate meetings to review and approve the Garrett County Behavioral Health Authority's (GCBHA) Fiscal Year 2022 Program and Financial Plans. Program/financial plan review meetings were held:

- ❖ Thursday, February 11, 2021 (2 meetings);
- ❖ Friday, February 12, 2021 (2 meetings);
- ❖ Tuesday, February 16, 2021 (1 meeting); and
- ❖ Wednesday, February 17, 2021 (2 meetings)

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.

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 residential treatment options, for both adults and youth, expansion of buprenorphine therapy providers into the northern area of Garrett County and the transportation problems providers and clients face when trying to access treatment. A recommendation was also made for there to be a reciprocal understanding between Medicaid services in Maryland and West Virginia, as there are recovery services located in West Virginia that are closer for Garrett County residents to access.

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Over the past fiscal year, discussion during the GCMHAC meetings from Public Mental Health System Providers, other agencies and organizations, as well as parents and consumers has provided increased awareness of ongoing services needed in Garrett County as well as positive aspects for services already being provided.

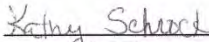
GCMHAC continues its advocacy role on behalf of mental health consumers, their families and mental health providers in the County, as it has during the past year. GCMHAC continues to encourage providers to share information about their services and availability to access services on a public website as well as utilizing the Health Departments digital planning tool mygarrettcountry.com

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

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

As set forth in the State Mandates, the GCMHAC and GCD FCC approves the Garrett County Behavioral Health Authority Fiscal Year 2022 Program Plan. We look forward to working with the Garrett County Behavioral Health Authority to achieve the identified program plan goals and strategies.

Respectfully submitted,



Kathy Schrock
GCMHAC Chairperson



Lisa Thayer Welch
GCD FCC Chairperson

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

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J. APPENDICES

1. Acronyms
2. GCMHAC Membership List
3. GCDFFC Membership List
4. Stand Together Membership List
5. Provider Guide
6. Local Systems Management
7. Bi-Directional Referral Tracking Pilot
8. 2020 Status of Health
9. Community Health Assessment
10. SEADS Regions 1-4
11. Garrett County R-CORP Planning Grant
12. Adolescent Survey
13. GCBHA Behavioral Health Disaster Plan 2019