Division of Behavioral Health

Annual Report
January 1, 2015 – December 31, 2015

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Public Health
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Harford County
Health Department

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Executive Summary

During calendar year 2015, the Division of Behavioral Health's (Division) mission and vision were the driving forces behind all Division activities.

MISSION

To ensure the residents of Harford County who are at risk of, or suffer from, mental, behavioral, or addictive disorders, have access to a continuum of behavioral health services.

VISION

To enhance the well-being of the community by applying a behavioral health service delivery model that fosters resiliency, freedom from addiction and the attainment of psychological recovery.

In collaboration with Maryland Medicaid, the Harford County Government, the Behavioral Health Administration (BHA), which oversees Maryland's Public Behavioral Health System, and the citizens of Harford County, the Division continued strategic efforts to stay abreast of the rapidly changing public behavioral health system.

A major change that occurred in 2015 was Medicaid's billing and authorization structure, which moved from Maryland's Health Choice to an Administrative Service Organization (ASO). The ASO awarded Maryland's Medicaid contract for behavioral health services was Beacon Health Options (formerly ValueOptions). The Division worked in collaboration with Beacon Health Options, Maryland Medicaid and BHA to ensure that:

- Providers rendering Medicaid reimbursable substance use disorder services were trained on new procedures;
- Providers were properly credentialed
- Appropriate data entry systems were in place.

In addition, the BHA's medical record infrastructure SMART was no longer mandated allowing providers to privatize their electronic medical record (EMR). This change has allowed Division leaders to explore and pursue an interconnected EMR and billing system. Throughout 2015, the Division consulted with other Maryland counties to identify a reliable EMR. Celerity was chosen and the Division has been actively developing Celerity to meet the Division needs, and has also been training staff on the new system. The target date for the implementation of the EMR has been set for early 2016. This new EMR will:

- Formalize processes;
- Establish safeguards and accountability measures;
- Act as an avenue for data collection;
- Promote performance improvement; and
- Enhance conformance with CARF accreditation standards.

In the light of these many changes, the Division continually improved the quality and diversity of services; met the needs of the community; formed and strengthened partnerships; and learned from the community.

Local Addictions Authority

In 2015, the Division was designated as Harford County's Local Addictions Authority (LAA). As the LAA, the Division is responsible for planning, managing, and monitoring publicly funded substance use disorder services. To ensure the duties and responsibilities as the LAA are carried out in accordance with the standards set forth by the BHA, the Division developed and adopted supporting policies and procedures and formalized the collection of county data.

Specific duties of the LAA include the investigation of complaints and the oversight of providers who are DHMH licensed, certified or contracted for the treatment of substance use or addictive disorders. Additionally, LAA's ensure that those in need of services receive unrestricted access to treatment services. To accomplish this, the Division provided the following:

Emergency Room Referral Program

An agreement was established with the University of Maryland Medical Center Upper Chesapeake Health. The agreement states that upon discharge, clients who received treatment or were identified to have a substance-related behavioral health issue could, with consent, have their information forwarded to the Division for follow-up. Upon receipt of the referral, staff would attempt to contact the individual to facilitate access to treatment. During 2015, 22 of the 60 individuals contacted attended a treatment session at the Division.

Health Insurance Availability

Starting in April of 2015, a full time health insurance expert was onsite at the Division. This person helped uninsured individuals apply for Medicaid and health insurance. Since April, 250 individuals were provided insurance education and assistance and over 230 individuals were enrolled in Medicaid.

Peer Recovery Program

The Division's Peer Recovery Programs is facilitated by Peer Recovery Specialists who have "lived experience" and have been trained to assist others in initiating and maintaining long-term recovery. Peers demonstrate that recovery is real. Individuals who had received these services have regarded staff as highly, compassionate, helpful, and competent.

Throughout 2015, the Division's Peer Recovery Specialists:

- Coordinated and monitored the placement of individuals in residential treatment services. These **Care Coordination** services were designed to promote a smooth transition between residential and outpatient treatment. During 2015, Care Coordination was provided to 54 individuals.

- Supported the treatment process by providing **Peer Support Services** assisting individuals with overcoming barriers to recovery, identifying and addressing issues or concerns, providing appropriate recovery and resource information and offering suggestions to identify and cope with problematic behaviors and triggers. During 2015, Peer Support Services were provided to over 103 individuals.

- Assisted individuals in the community with an identified substance-related disorder with **GAP Services**. GAP services included financing and support with clothing, medical care, vital documents, housing and transportation.

- Provided a free **Continuing Care** support services to approximately 60 individuals who had successfully been discharged from treatment services. Close contact was maintained with these individuals during their early stages of recovery in order to help them access resources that met their needs and, if needed, support re-engagement in treatment.

Grant Management

The Division, through the availability of local and state grants, coordinated, monitored and financed outpatient Methadone treatment for 33 individuals and residential detox services for 16 individuals.

Outreach and Education

The Division partnered with other state and local agencies, community members and various stakeholders to combat the county's high rates of opioid and heroin use. In 2014, Harford County had 23 heroin-related deaths, which is an increase from the 22 heroin-related deaths in 2013 and 14 deaths in 2012. The Division played an active role in the following initiatives:

Naloxone Certification Training

With authorization from the BHA, the Division conducted a Naloxone Certification and Training Program. The Naloxone Certification and Training Program educated and certified community members who, either through their occupation, family or social experience, may encounter a person who is experiencing an opioid overdose. Trainees were educated by the Division's Medical Director on opioid overdose identification and response. During calendar year 2015, 720 individuals were trained. The numbers of individuals trained by association are outlined below:

- 119 law enforcement officers
- 94 family members
- 31 volunteers
- 364 employees
- 112 social experience

Drug Overdose Outreach

The Harford County Sheriff's Office began sharing information with the Division related to the identification of opioid overdose victims. The Peer Recovery Specialists used this information to establish contact with the victim and/or their

family to promote access to treatment. During 2015, 160 opioid overdose victims and/or their families were contacted.

Opioid Prevention Plan

In collaboration with the Harford County Department of Community Services - Office of Drug Control Policy, the 2015 Opioid Prevention plan was implemented. The purpose of the plan was to assess, identify, strategize and develop advances in prevention, coordination and treatment to reduce death or potential death, related to the misuse of opioids.

Drug Overdose Fatality Review Team

In 2015, the Division's Director was selected as Chair of Harford County's Drug Overdose Fatality Review Team (DOFRT). DOFRT was provided with drug overdose cases from BHA for review. During calendar year 2015, DOFRT met four times and reviewed 16 cases. Following the review of these cases, DOFRT was able to identify trends, make recommendations, facilitate communication and build community partnerships.

2015 Community Education and Outreach Efforts

In addition to the opioid abuse and misuse initiatives, the Division engaged in the following community outreach and educational efforts:

- Staffed information booths at The Friends R Family Danyelle Filiaggi Memorial 5k/Family Walk, the Drug Exposed Newborns meeting and Healthy Harford Day.
- Presented information on community substance use statistics to the Baltimore Business Community.
- Participated in the HOPE for Harford community meeting.
- Co-sponsored the Run 4 Recovery.

2016 Strategic Goals and Strategies:

Community Outreach and Education

Goal: The Division will build community awareness of behavioral health disorders, crisis diversion and response, and treatment resources.

- Indicator 1: Provide Naloxone Training and Certification Program, at no cost, to county citizens and law enforcement officers.
- Indicator 2: Coordinate the Drug Overdose Fatality Review Team.
- Indicator 3: Collaborate with local law enforcement in an effort to connect with and engage overdose victims in treatment.
- Indicator 4: Participate in the Mental Health and Addictions Advisory Council to ensure behavioral health needs are addressed as part of community planning.

Community/Stakeholder Input

Throughout 2015, Division leaders maintained an active presence in the community by serving on various committees, boards, and workgroups. Additionally, in an effort to better understand the needs of the community, leaders engaged with stakeholders, providers and the general public. By continually interacting with the community and stakeholders, the Division aims to strengthen partnerships, enhance the behavioral health provider network and promote access to care through awareness and education.

One method utilized to obtain community and stakeholder input was through active membership and participation on the Mental Health and Addictions Advisory Board. Representatives from the state and local government, law enforcement, the judiciary system, family members, providers and the general public shared valuable information regarding county initiatives, statistics, and plans.

Additionally, Division leaders participated in the following forums, which promote the exchange of views and ideas:

- Maryland Association of Core Service Agencies
- Harford County Local Management Board
- Harford County Child Fatality Review Board
- Local Addictions Authority Workgroup
- Prescription Drug Task Force
- Local Health Improvement Coalitions Behavioral Health Workgroup

Client Feedback Survey

During 2015, the Client Feedback Survey provided input on the needs and preferences of those served and helped to direct quality improvement initiatives. The Client Feedback Survey provided insight on access to care, staff competence, communication, paperwork, health education, fees, quality of care, respectfulness, cultural competence, overall services and peer support services.

The chart below states the average client rating per category.

2015 Client Feedback Survey: Primary Categories			
Access to Care	92%	Services Covered/Fees	95%
Staff Competence	99%	Quality of Care	92%
Communication	94%	Respectfulness/Cultural Competence	97%
Paper Work	98%	Overall services	93%
Health Education	98%	Peer Support Services	95%
Office Staff - Professionalism	100%		

Additionally, the Client Feedback Survey was revised to include questions asked in the Maryland Public Behavioral Health System's Consumer Perception of Care Survey. The chart below indicates the percent of Division clients who "Agreed" with a question compared to the percent of state surveyed individuals (Consumer Perception of Care Survey 2015) who either "Agreed" or "Strongly Agreed" with the same question. Division clients reported a 7% higher satisfaction rating than the state average and a 27% higher outcome rating than the state average.

Satisfaction	State	Division	Difference
The location of Division services are convenient	86%	97%	11%+
Services are available at times convenient to me	95%	90%	5%-
At admission, I was informed of my rights	91%	100%	9%+
My counselor is sensitive to my religious/spiritual beliefs	90%	100%	10%+
My counselor is sensitive to my cultural and ethnic background	85%	100%	15%+
My counselor treats me with respect	94%	97%	3%+
My counselor believes I can grow, change and recover	90%	97%	7%+
Average	**90%**	**97%**	**7%**

Outcome	State	Division	Difference
Since I've been in treatment, I am better at dealing more effectively with daily problems	76%	93%	17%+
Since I've been in treatment, my housing situation has improved	58%	93%	35%+
Since I've been in treatment, I do better in social situations	65%	90%	25%+
Since I've been in treatment, I do better in school/work	61%	93%	32%+
Average	**65%**	**92%**	**27%**

2016 Strategic Goals and Strategies:

Community/Stakeholder Input

Goal: The Division will achieve a continuous and high level of client and stakeholder satisfaction in the delivery of services and overall business functions.

- Indicator 1: Develop a workforce that is knowledgeable of and skillful at implementing research-based best practices, which promote client satisfaction with their health, financial status, living/housing environment, social and familial relationships and personal endeavors
- Indicator 2: Incorporate client, employee, and stakeholder input into program development, service delivery practices and the evaluation of program outcomes
- Indicator 3: The Performance Measurement and Improvement System will be guided by client, employee, and stakeholder feedback.

Behavioral Health Services

During 2015, Division leaders strived to provide a continuum of behavioral health services that respect the diversities of those served. Services were provided to those who met the eligibility requirements regardless of their race, ethnicity, age, color, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status and ability to pay.

Outpatient Mental Health Center

Outpatient Mental Health Center (OMHC) services included assessment, diagnostic evaluation, treatment planning, medication services, mental health individual, group and family therapy, referral and case management services. OMHC services are designed to treat individuals who have been diagnosed with a severe and persistent mental illness as defined by Maryland Medicaid and BHA. Individuals enrolled in the OMHC receive services at a frequency based on their identified needs and choices. During calendar year 2015, the Division provided OMHC services to 145 individuals.

Traditional Substance Use Disorder Outpatient Treatment

Similar to OMHC, traditional Substance Use Disorder (SUD) Outpatient Treatment includes assessment, treatment planning, case management services, family services, group and individual counseling sessions. Individuals eligible for Outpatient SUD services met, as determined by an assessment, the ASAM patient placement criteria for Level I outpatient. Individuals enrolled in the Traditional SUD treatment attended weekly individual and group treatment. After a month of services and if clinically appropriate, treatment intensity decreased. During calendar year 2015, the Division provided Traditional SUD Treatment to over 1,325 individuals.

Intensive Substance Use Disorder Outpatient Services

Intensive Substance Use Disorder Outpatient Services (SUD-IOP) included the same services as Traditional SUD Treatment with an increased level of service, intensity and frequency. Individuals eligible for SUD-IOP met, as determined by an assessment, the ASAM patient placement criteria for Level II.I intensive outpatient. At a minimum, individuals enrolled in SUD-IOP attend 9 hours of treatment every week until the individual could safely transition to Traditional SUD Treatment. During calendar year 2015, the Division provided SUD-IOP to 111 individuals.

Buprenorphine Treatment Program

The Division provided Buprenorphine treatment to 102 individuals enrolled in SUD-IOP or Traditional SUD treatment. Buprenorphine treatment was led by the Division's psychiatrist who managed, monitored, and coordinated treatment.

Vivitrol Treatment Program

In collaboration with the Harford County Sheriff's Office and the Harford County Detention Center, the Division began efforts to enroll detention center detainees

in the Vivitrol Treatment Program. During 2015, 12 detainees were enrolled in the Vivitrol Treatment Program.The Vivitrol Treatment Program consists of:

- Providing education on the benefits of Vivitrol;
- Screening detainees for clinical eligibility;
- Coordinating toxicology screens and medical evaluations; and
- Providing the first dose of Vivitrol to those detainees that volunteer to participate in the program upon discharge from the detention center.

Court Programs

In collaboration with Harford County's Judiciary System, court-ordered SUD education, evaluation, treatment and support services was provided to nonviolent substance use disorder offenders. During 2015, the services were provided to 47 Drug Court participants and 49 Family Recovery participants.

Court Evaluations (§8-508)

In collaboration with the Harford County District and Circuit Court, twelve 8-508 Court evaluations were conducted. 8-508 evaluations are utilized by the court system, prior to disposition, to determine if a substance-related disorder exists and if treatment services are recommended.

Temporary Cash Assistance (TCA) Program

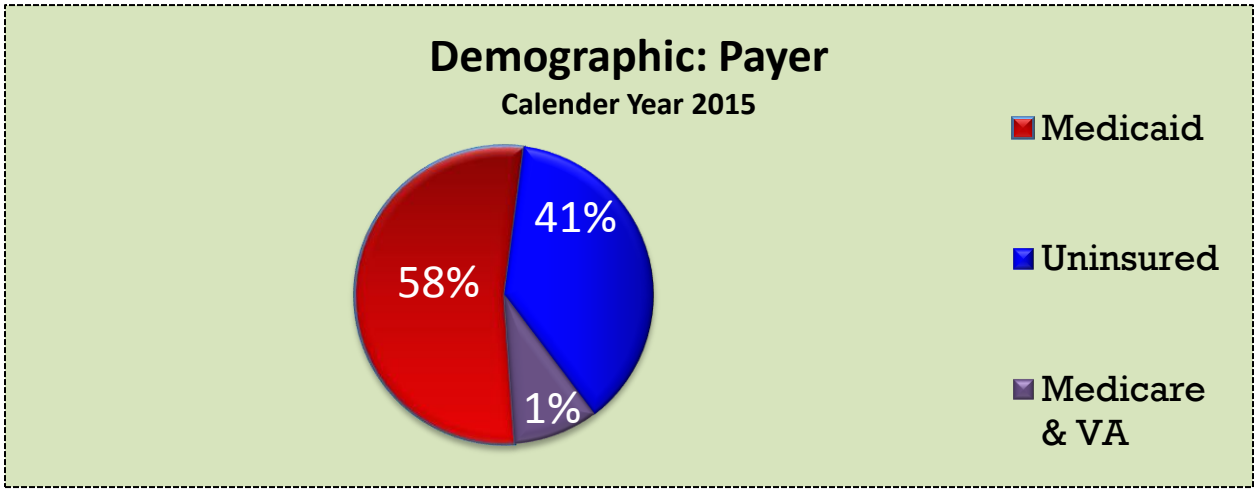
The Division maintained a counselor position at the Local Department of Social Services. Upon referral from the TCA program, the counselor conducted SUD screening assessments and, if services were indicated, made recommendations. During 2015, over 500 TCA screenings were conducted.

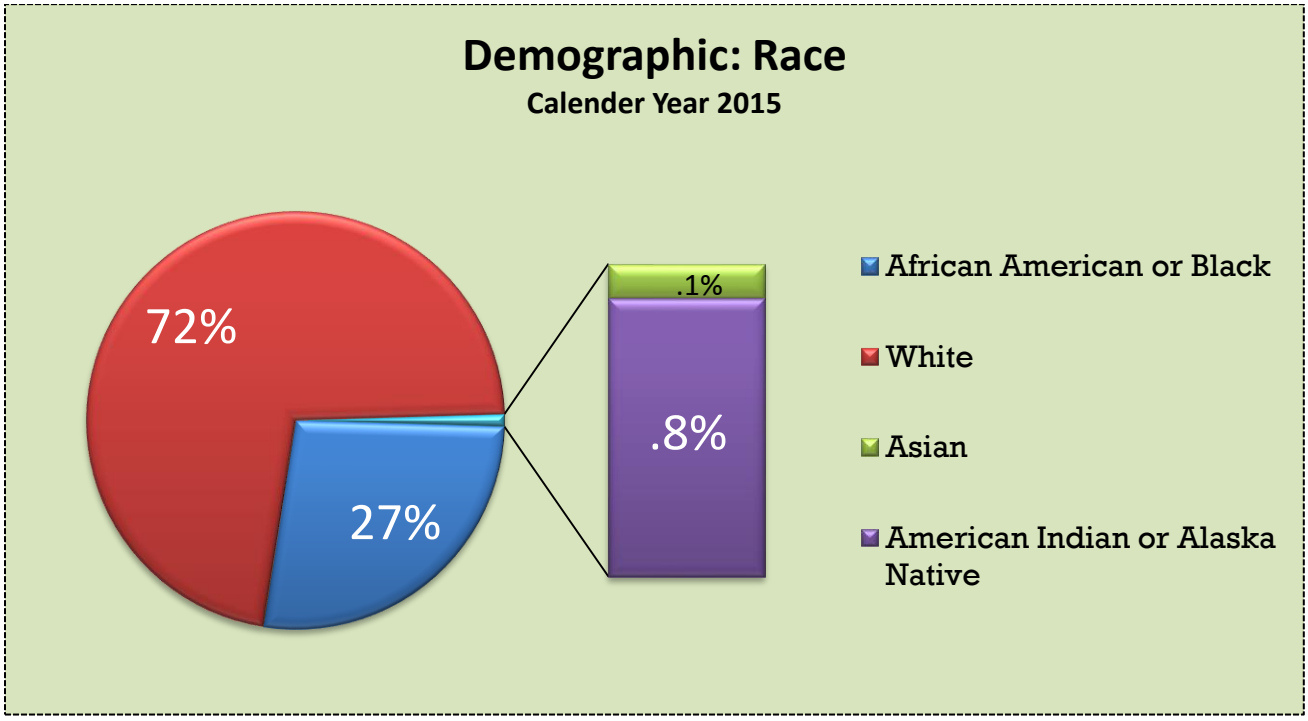
Limited English Proficiency (LEP)

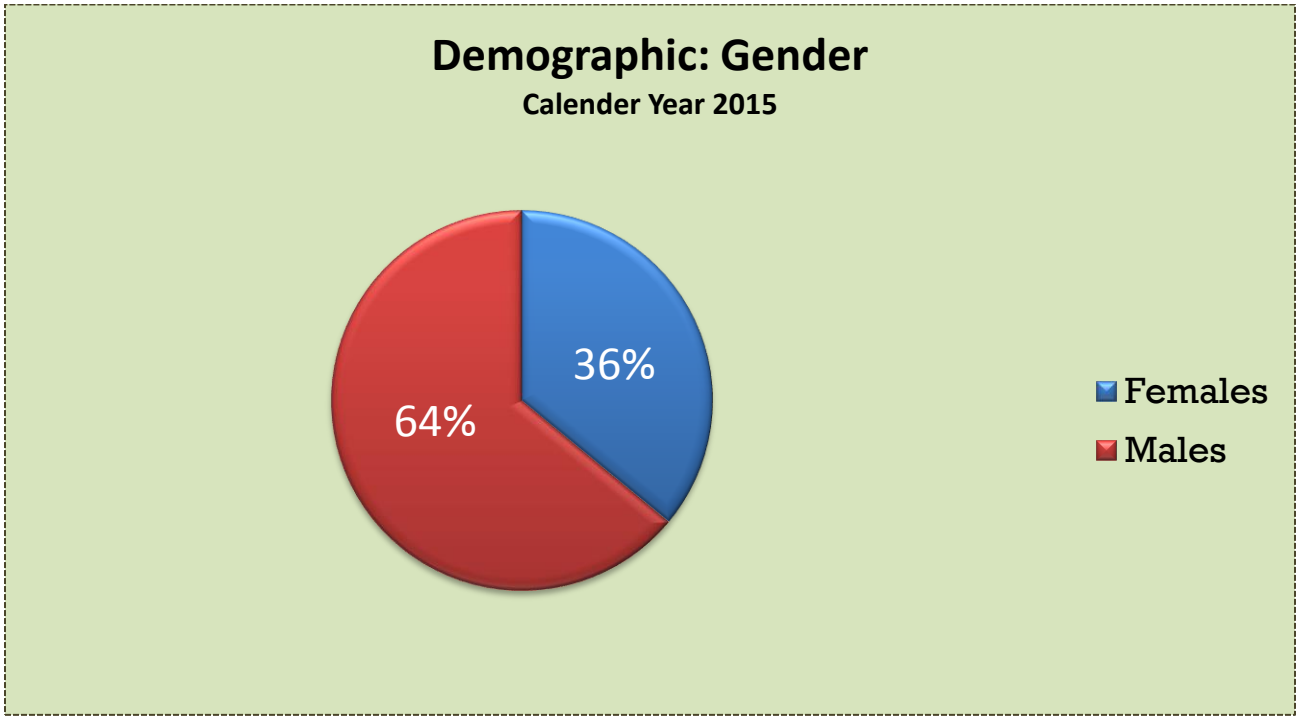
During FY 2015, the Division provided LEP services to 15 individuals. Services included translation and interpreter services.

Demographics

The charts below present the average demographics by payer source, race, and gender for those individuals who received Behavioral Health Services from the Division.




Demographic: Race
Calender Year 2015
72%
27%
.1%
.8%
African American or Black
White
Asian
American Indian or Alaska Native


Demographic: Gender
Calender Year 2015
36%
64%
Females
Males

2016 Strategic Goals and Strategies:

Behavioral Health Services

Goal: The Division will achieve and maintain the highest standard of operations, procedures and service delivery.

- Indicator 1: Achieve and maintain CARF Accreditation.
- Indicator 2: Implement a Performance Management System that continually collects, monitors, and enhances service, operations and business functions.
  - Indicator 2A: Meet performance standards, measures, and benchmarks (Managing for Results), which are based on the National Outcomes Measures and are mandated by BHA's Conditions of Grant Award.
- Indicator 3: The technological infrastructure will be optimized to promote quality care, access to treatment and positive treatment outcomes.
  - Indicator 3A: Adopt and fully implement an electronic health record and compatible billing software system.
- Indicator 4: The workforce will be culturally and linguistically competent and demonstrate respect and knowledge of health, racial, ethnic, cultural, language-based and other identified disparities.
  - Indicator 4A: Integrate the community's specific ethnic, racial and cultural needs and perspectives into program planning, program development and performance improvement.
  - Indicator 4B: Identify, evaluate and access curricula and training in practices that are culturally and linguistically competent, evidence-based, family-focused and strengths-based.
  - Indicator 4C: Staff will receive education on the importance of various cultural competence and diversity initiatives, cross-cultural communication skills, the dynamics of diversity and cultural sensitivity.
- Indicator 5: Actively plan, prioritize and manage the demand for services to ensure consistency with available funding, resources and program direction.
- Indicator 6: Promote accessibility through the ongoing analysis and correction of barriers to treatment.
  - Indicator 6A: Include a statement on all public documents that free translation services are available (HCHD Initiative FY 16).
  - Indicator 6B: The website will include contact information, scope of services, program eligibility requirements, client rights, mission and values.

Financial Projections

Historically, operations were primarily funded by local and state grants. These funding streams enabled the development of necessary resources to effectively meet the behavioral health needs of the community. However, it is proposed that, effective Fiscal Year 2017, funding mechanisms may be changed dramatically and all behavioral health ambulatory services will be reimbursed under a fee for service model. This change may directly impact the delivery of services model. In collaboration with BHA, a long term plan to minimize the impact on those needing services and those currently being served will be developed.

2016 Strategic Goals and Strategies:

Financial

Goal: The Division will be financially solvent and accountable.

- Indicator 1: Incorporate stakeholder input into the development and adoption of financial-related policies, procedures and practices, which promote financial transparency and accountability.
- Indicator 2: Embrace the public behavioral health system's financial climate, direction and trends as well as actively plan for and develop necessary and sustainable services.
- Indicator 3: The Financial Planning process includes a risk assessment and evaluation of current processes, the reconciliation of financial inconsistencies and the implementation of control measures directed towards minimizing financial risks.

Closing Remarks

2015 was a very exciting and productive year for the Division. Leaders and dedicated staff have adjusted to the ever changing behavioral health system. The Division has evolved into a reputable resource for the community and is at the forefront in the development and implementation of evidenced-based prevention, support and treatment practices.

In 2016, the Division will face a new list of challenges as ambulatory service grants are reallocated, the mandated accreditation timeline shortens, the accreditation survey is arranged and the new EMR and billing systems are implemented. Even with these and other upcoming challenges, leaders are focused on fulfilling the mission, directing the Division towards financial solvency and achieving its strategic initiatives.