

ANNUAL PLAN

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Harford County Local Behavioral Health Authority



*A Vision of Integrated Behavioral Health Systems
Management in Harford County*



Harford County Local Behavioral Health Authority FY 2023 Annual Program Plan

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A. Introduction

Harford County has a unique and complex behavioral health systems management structure. Three entities comprise this structure—Harford County Health Department’s Local Addictions Authority, Harford County Government’s Office of Drug Control Policy, and the Office on Mental Health/Core Service Agency of Harford County, Inc (a 501(c)(3) organization). The Harford County Health Department’s Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) are the local behavioral health authorities (LBHA) working together to promote and support the development of accessible, high quality, community-based behavioral health services. As system managers, the OMH/CSA and LAA oversee, develop, monitor, identify community needs, promote resolutions, and advocate for people engaged in the Public Behavioral Health System (PBHS). In addition, both entities provide behavioral health systems development and planning, community and provider education, grant monitoring and management, promotion of behavioral health integration, and technical assistance and support. The OMH/CSA and LAA work alongside the Harford County Office of Drug Control Policy (ODCP) which oversees substance-related prevention management. Harford County’s structure is unique, because unlike other counties, Harford County’s LAA does not receive prevention funding for the county or oversee prevention initiatives. The Office of Drug Control Policy has historically been responsible for prevention efforts in the county, and this configuration has remained unchanged.

In addition to local behavioral health authorities, there are multiple advisory boards, agencies, community members and direct service providers working together to offer advice, determine community needs, and advocate for publicly funded behavioral health services. Community stakeholders include the local Mental Health and Addictions Advisory Council /Local Health Improvement Coalition-Behavioral Health Workgroup/Opioid Intervention Team (MHAAC/LHIC/OIT) members, the OMH/CSA’s Board of Directors, providers, and several multi-Disciplinary teams. The LAA and OMH/CSA’s strong collaborative and cooperative relationships with these stakeholders allows the community to expand, strengthen, and sustain an integrated and comprehensive behavioral health system.

The Harford County Local Addictions Authority partners with staff from the Harford County Health Department’s Behavioral Health Bureau to provide several publicly funded services directly. These services include Temporary Cash Assistance (TCA) Addictions Specialist(s) program, Drug Court Case Management services, Medication-Assisted Treatment (MAT) Detention Center program, Peer Support services, and State Care Coordination (SCC) services. The TCA Addiction Specialist(s) program utilizes state funds to hire an Addiction Specialist who is responsible for providing substance use screening services to all TCA applicants, Food Stamps applicants, and recipients who have been convicted of a drug related felony. Harford County’s Drug Court Case Management program provides counseling and case management services for individuals diagnosed with a substance related disorder (SRD), who have been diverted from the legal system into treatment. The MAT Detention Center program offers Vivitrol® assessments and substance use counseling to inmates diagnosed with an opioid use disorder

(OUD) at the Harford County Detention Center. SCC services are provided to individuals who access residential treatment through the Public Behavioral Health System. State Care Coordination provides coordination of care, as well as connection to recovery supports.

The local public behavioral health system continues to rely on positive linkages, strategic planning, and robust alliances with community organizations, providers, consumers, and advocates. Harford County has developed a strong system of care, comprised of a variety of diverse services including:

- 24/7 Behavioral Health Crisis Hotline
- 24/7 Mobile Crisis Team
- E-COVID Youth Crisis Expansion
- Behavioral Health Urgent Walk-in Center & Residential Crisis Beds
- Urgent Care Peer Expansion
- Assertive Community Treatment (ACT)
- Targeted Case Management for Adults
- Care Coordination/Youth Targeted Case Management
- Disaster Assistance & Coordination—behavioral health response
- Critical Incident Stress Management (CISM) CSA Team
- Crisis Intervention Team (CIT)
- Homeless Outreach & Engagement case management services
- Forensic/Re-entry case management services
- Inpatient hospitalization (Adult)
- Mental Health Diversion Program (MHDP) through District Court (Adult)
- Intensive Outpatient Program (Adult)
- Psychiatric Rehabilitation Programs
- Transitional Age Youth Psychiatric Rehabilitation Program
- Residential Rehabilitation Programs (Adult)
- Outpatient Mental Health Centers
- Respite Services for Children & Adolescence
- Behavioral Health Homes (Adult)
- School-Based Mental Health Services in all Harford County Public Schools
- Family Intervention Specialist via Department of Juvenile Services
- Supported Employment
- Safe Start
- Statewide Housing Initiative/State Hospital Discharge Project
- Teen Diversion
- Mental Health Stabilization Services Program in partnership with Department of Human Resources
- Therapeutic Behavioral Services
- Peer-run Wellness and Recovery Center
- School Intervention Specialist (SIS)

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- Continuum of Care (CoC) Housing Program
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Program
- DUI Education Programs
- Early Intervention Programs
- Outpatient Treatment Programs
- Partial Hospitalization Programs
- Residential Programs (SUD specific)
- Opioid Treatment Programs
- Withdrawal Management Services
- State Care Coordination (SCC)
- Maryland Recovery Net (MDRN)
- Peer Support Services- including Sobriety Team and Recovery Team (START) Family Mentor Program, and Overdose Survivor Outreach Program (OSOP)
- Detention Center MAT Reentry Program
- 8-505 Evaluations
- Opiate Recovery Court (District Court)
- Drug Court (Circuit Court)
- Harm Reduction Services- including naloxone training and distribution, EMS naloxone leave behind program, Fentanyl test strips distribution
- Office-based Buprenorphine therapy
- Adolescent Clubhouse

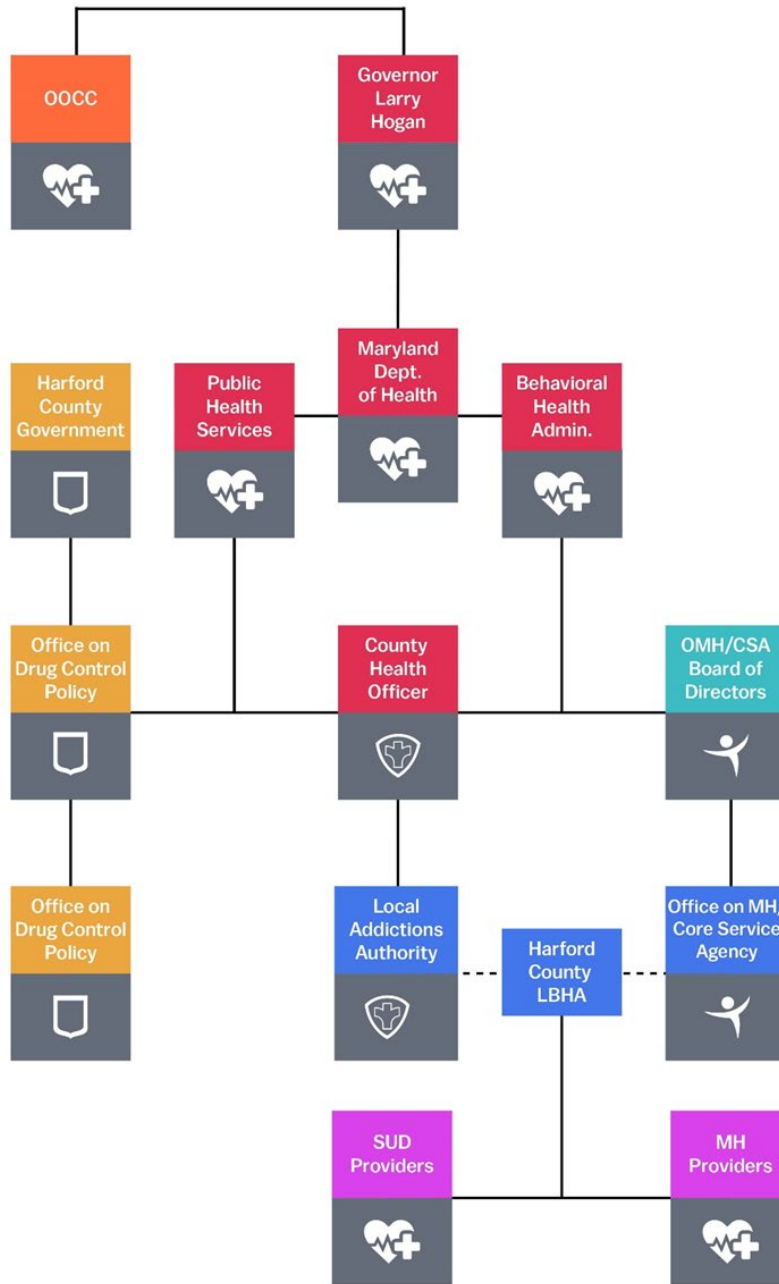
Harford County is a rural county, close to both Pennsylvania and Delaware. It is located along a major highway, I-95, and is relatively close to Baltimore City. According to the United States Census Bureau's 2020 census, Harford County is home to 260,924 residents. Harford County's population has remained relatively stable, rising by 16,098 residents (6.6%) between 2010 and 2020. There is a marginal amount of racial and ethnic diversity, with 78.8% reporting their race as white, 14.8% African American, 4.8% Hispanic/Latino, 3.2% Asian/Pacific Islander, 2.8% identifying as two or more races, and .3% American Indian/Alaskan Native. In 2019, Harford County's median household income was slightly higher than the state average, with the state average being \$84,805 compared to Harford County's median income of \$89,147. The poverty rate in Harford County, 6.2%, is significantly lower than the state's, at 9.0%. Harford County has a high school graduation rate of 92.7%, which is slightly higher than the state average of 90.2%. Additionally, Harford County's persons without insurance (4.6%) is significantly lower than the state average (6.9%).

The Harford County Core Service Agency and Harford County Local Addictions Authority are two separate entities with slightly different organizational structures at the local and state level. There are several areas where the organizational structures are intertwined, and the two local behavioral health authorities have taken several steps to strengthen and build upon these areas. The Local Addictions Authority is housed within the Harford County Health Department, and they report directly to the Harford County Health Officer. The Harford County Core Service Agency is a private non-profit organization governed by a 13-member Board of Directors

consisting of local government and elected officials (including the County Health Officer), advocates, members of local businesses, education, and legal communities, and individuals and family members who have participated in behavioral health services or local advocacy groups.

At the local level, the Core Service Agency, Local Addictions Authority, and the Office of Drug Control Policy report to the Mental Health and Addictions Advisory Council (MHAAC), the Local Health Improvement Coalition (LHIC)—Behavioral Health Subcommittee, and the local Opioid Intervention Team (OIT). At the state level and as mandated by the Maryland Department of Health, the Harford County Health Officer reports directly to the Deputy Secretary of Public Health Services. The Local Addictions Authority and the Core Service Agency report to the Deputy Secretary/Executive Director of Behavioral Health at the Behavioral Health Administration (BHA) which provides funding to the local behavioral health authorities. The Office of Drug Control Policy (ODCP) reports to the Office of Public Health Improvement which provides prevention funding to ODCP. The Public Health and Behavioral Health Deputy Secretaries report to the Secretary of Maryland’s Department of Health and this Secretary is held accountable by the Governor of Maryland. The LAA is also responsible for reporting to the Maryland Opioid Operational Command Center (OCC).

Harford County Local Behavioral Health Authorities' Organizational Chart



B. New Developments and Challenges

Harford County LBHA Acknowledgement

One of the most exciting new developments to occur was related to systems management integration. In July 2021, the Harford County CSA and LAA submitted a Memorandum of Understanding (MOU) to the Behavioral Health Administration (BHA) stating both entities are responsible for planning and monitoring the development, delivery, and quality of behavioral health services in Harford County and are committed to the concept and implementation of behavioral health care. Responsibilities outlined in the MOU included representation of stakeholders, development of a county behavioral health plan, completion of mandated and specific planning tasks, as well as continuation of weekly meetings between the two agencies. Additionally, the potential conflict of interest concern was addressed in the MOU.

In November 2021, the Behavioral Health Administration formally recognized the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) and the Harford County Local Addictions Authority (LAA) as the Local Behavioral Health Authority (LBHA) for Harford County. BHA stated, “the new LBHA structure provides the integrated system planning and management necessary to create, sustain, and monitor a high quality and easily accessible continuum of care for individuals receiving behavioral health services.” Moving forward, and throughout the rest of the document, the OMH/CSA and LAA will now be referred to as the Harford County LBHA.

Emergency COVID Youth Crisis Expansion

In fiscal year 2022, the Harford County Local Behavioral Health Authority (LBHA) was awarded Emergency COVID funding to expand crisis services to support youth. The Harford County LBHA was identified as one of two jurisdictions to pilot systems of care changes to youth crisis services by diverting emergency room visits, decreasing inpatient hospitalizations, and connecting youth to supports in the community. The Child and Adolescent Services Coordinator worked collaboratively with the BHA Child, Adolescent, and Young Adult (CAYA) division and the Institute for Innovation and Implementation to develop a model for Mobile Response and Stabilization Services (MRSS) to address ongoing crisis needs of youth and to support families. The model outlined a framework for mobile responses including specialized assessments, staff trainings to de-escalate crisis events, and develop crisis response teams. The Child and Adolescent Services Coordinator and Harford Crisis Response (HCR) Director collaborated with partners to implement and integrate national best practices models with a focus on evidence-based efficacy to develop standard practices and procedures regarding Youth Mobile Response and Stabilization Services in Harford County. As one of the pilot jurisdictions, HCR has worked to implement an innovative model where teams of master’s degree or licensed individuals’ partner with individuals with lived experience. These teams of professionals work together to assist youth and families during crisis events and can provide ongoing stabilization services after the initial crisis event. Additionally, the group has worked to develop a universal Crisis Assessment Tool (CAT) and will be the first jurisdiction to pilot this

tool in the Spring of 2022. The LBHA and HCR are excited to continue to work to enhance crisis services for youth and families as this project continues to evolve.

State Hospital Discharge Initiative

In response to the increased need for safe and timely state hospital discharges, a Permanent Supported Housing (PSH) pilot program was created to assist Residential Rehabilitation Program (RRP) residents with relocating to more independent community-based housing. The Harford County LBHA took on this project in the beginning of FY 2022 and began to work with BHA on outlining practical skills assessment questions, reporting templates, identifying applicants, and developing qualifying criteria and required documentation. The PSH program will eventually support up to 50 participants at one time, statewide, with housing subsidies to assist with their rent and utility costs. Utilizing results from the Daily Living Activities-20 (DLA-20) outcome measurement tool and assessing participant's readiness for independent housing, individuals who are ready to step down from a general level of care to independent living will be identified by RRP staff. To assist with this transition, the Office on Mental Health hired a Housing Coordinator, whose role includes a variety of tasks including outreach and education about the PSH program, collaborating with the RRP programs to collect and complete all required documentation and identification, assist participants with locating housing options, completing unit inspections, and other duties as needed. Since January 2022, the PSH program has had two referrals and has completed six outreach presentations, with four more scheduled. The Housing Coordinator will continue with the education and outreach, as well as following up with previously contacted programs to address any questions or concerns they may have about the PSH program. Due to ongoing COVID restrictions and regulation changes, our Housing Coordinator can accommodate in-person or telehealth outreach meetings and interviews and is able to be flexible based on the participant's preference. In the event telehealth meetings are requested, additional assistance from the participant's current provider will be requested to ensure consistent communication and connection to technology. Eventually, the goal will be to complete all interactions in-person when safe to do so.

Medication-Assisted Treatment (MAT) Detention Center Programming

Harford County encountered challenges in implementing behavioral health treatment and recovery support services in the Harford County Detention Center. COVID-19 restrictions are still in place at the detention center resulting in a limitation of activities allowed to be brought in by outside parties. Currently these restrictions have halted any progress in granting access to services such as peer recovery support services, naloxone training, and mutual support groups. Most notably, MAT detention center programming continued to experience delays in implementation. The Harford County Health Department (HCHD) met with detention center leadership and proposed the implementation of telehealth services, but detention center leadership stated they do not have the workforce to accomplish this and further expressed no interest in implementing services or grant opportunities that would prepare for HB 116. As a result, the Certified Supervised Counselor – Alcohol and Drug (CSC-AD) responsible for the MAT detention center programming, is working with lower-level detention center staff to identify

individuals with an opioid use disorder or a stimulant use disorder. Once identified and prior to release, individuals are given an appointment with HCHD to complete an assessment, meet with a Peer Recovery Specialist, and connect with medical staff to initiate MAT services.

Maryland Department of Health (MDH) Security Incident

On December 4th, 2021, MDH experienced a network security incident that proved to be a significant impediment to the LBHA's ability to provide consistent behavioral health services in Harford County. Harford County's Local Addiction Authority (LAA) was particularly affected as the LAA staff are state employees housed at the Harford County Health Department. Local Health Department employees are not able to access state computer or state computer equipment such as fax machines, printers, and laptops. This compelled employees to either use a personal computer, purchase their own personal computer to continue to work, or be reassigned to other duties determined by their supervisor. In addition to the disruption caused by lack of state issued hardware access, LAA staff encountered a host of other issues. Health Department employees were not able to access local drives and HCHD policy did not allow access to Google Shared drives resulting in the inability to access needed files to carry out everyday operations. The LAA is not able to hire employees outside of emergency hires and cannot assign maryland.gov email addresses in the event of an emergency hire, leaving needed positions unfilled and a surplus in existing budgets. The LAA, like all MDH employees, was instructed not to download email attachments sent to their maryland.gov email. HCHD fiscal staff are unable to track payments and expenditures making it impossible for LAA staff to track total grant funds spent and remaining. This inability to track grant funds has resulted in a delay in the initiation of new grant funded projects, such as the Opioid Treatment Program and Peer Expansion grant, as the LAA has not been able to verify if grant funds have been made available.

Recovery Housing Workgroup

Harford County saw a new development to the behavioral health system in the form of a Recovery Housing Workgroup. This committee is composed of recovery home operators, community-based organizations, and the Harford County LBHA. This group facilitates communication between the recovery housing organizations, works toward cohesive standardization of care, and aids every recovery house in Harford County to become a Certified Recovery Residency. Of particular importance, this group addresses the importance of accepting multiple pathways to recovery and encourages recovery housing operators to include residents utilizing MAT.

Harford County Peer Coalition

The Harford County Peer Coalition is self-described as "a coalition of people who use their experiential expertise in substance use to provide care for people who use drugs and people in substance use recovery." This group is facilitated by Harford County Health Department's Harm Reductions Unit and the Office of Drug Control Policy, and it is the first meeting of its kind in the county. This group is composed of Peer Recovery Specialists from local organizations and agencies such as the Harford County Health Department, Voices of Hope, the Office of Drug

Control Policy, University of Maryland's Upper Chesapeake and Harford Memorial Hospitals, Harford Crisis Response, Addiction Connections Resource, and Ashley Addiction Treatment. The purpose of the coalition is to support, strengthen, and expand upon the work of peers in Harford County.

The Administrative Services Organization, Optum Maryland, continues to be a challenge impacting behavioral health service delivery. Since its launch in January 2020, behavioral health providers have reported issues. Initially, these issues were related to Optum's inability to process claims and pay providers for services provided. This led to many providers being unable to sustain their business as they relied on Medicaid payments. To combat this issue, Optum Maryland was instructed to send estimated payments. Matters were further complicated when the shutdown for COVID-19 occurred in March 2020. Although this prevented many behavioral health providers from closing their doors, especially during a time when accessing behavioral health services was greatly needed, it has created another set of issues related to repayment and recoupment. Many providers have expressed frustration with the repayment, reconciliation, and recoupment processes. Many Harford County providers have stated they don't agree with their repayment amounts, nor do these providers have the time or staff to dedicate to reconciling their claims. Several providers have informed the Harford County Local Behavioral Health Authority they are considering or have already stopped accepting Medicaid insurance. This is a concern as Harford County has already been designated as a mental Health Professional Shortage Area (HPSA).

C. FY 2021 Highlights and Achievements

Suicide Prevention Campaign

In fiscal year 2021, the Harford County Local Behavioral Health Authority (LBHA) received funding from the Behavioral Health Administration (BHA) for local suicide prevention efforts. This funding was used to kickstart marketing campaigns for suicide prevention, promotion, as well as increased efforts for Question, Persuade, Refer (QPR) and Attachment Based Family Therapy (ABFT) trainings. A variety of marketing strategies included the purchasing of yard signs, flyers, magnets, and metal signs, which were distributed throughout Harford County and at different community events. The materials included encouraging messaging, the 1-800-NEXTSTEP phone number, and the address for the Klein Family Harford County Crisis Center. For each marketing method, a different location or population was targeted to achieve as much widespread communication as possible. Specifically, for the metal signs, outreach targeted the Harford County Parks and Recreation Department, who graciously agreed to post dozens of signs on all their properties in the county where they are visible to anyone who would use the facility for sports or other activities. This was helpful to target a population who may not otherwise see or know about crisis and behavioral health resources available in the community. For the yard signs, outreach focused on local businesses, schools, churches, and other community organizations throughout the whole county, as well as along railroad tracks and near the train depots, where many people come and go each day. Encouraging messages were displayed, such as "You are Not Alone" as well as the contact information for the local crisis

helpline, and the address for the Klein Family Harford Crisis Center. Community members were strongly encouraged to post these for Suicide Prevention and Recovery Month and to leave them up all year if possible. The flyers and magnets were disseminated during in-person events and included the crisis hotline number and address for our urgent care walk-in center. Additionally, funding was used to purchase gun locks, additional Question, Persuade, Refer (QPR) training materials, and to train five additional QPR gatekeepers for the county.

Question, Persuade, Refer (QPR) Trainings

Question, Persuade, Refer (QPR) is a brief training used throughout Harford County to educate individuals on how to ask the question “Are you feeling suicidal?”, how to persuade someone to stay alive and get help, and how to refer someone to the multitude of available behavioral resources in the area. Not only is this training easy to attend, because it is only about an hour long, but it is teaching the most basic information so everyone can help and can feel more comfortable interacting with a friend or family member who may be in crisis. During fiscal year 2022, Harford County’s Suicide Prevention Workgroup focused on increasing the number of individuals trained in QPR. The workgroup recognized more community members were struggling during the COVID pandemic with all the restrictions and negative impacts that came along with the pandemic. Nursing homes and hospitals were stretched thin, schools were educating students with a combination of virtual and hybrid teaching, behavioral health services had to adjust converting to telehealth appointments and the community at large struggled with the changes and unknowns related to the pandemic. The workgroup was able to pivot and create ways to effectively implement QPR trainings to reach those who were struggling or knew someone who was struggling. During the last six months of fiscal year 2022, Harford County’s QPR gatekeepers trained over 400 individuals including recovery houses, public school staff, peers, and first responders.

Attachment Based Family Therapy (ABFT) Training and Family Based Suicide Prevention Webinar

During previous conferences throughout the county, clinicians have provided feedback requesting technique focused trainings, so they can walk away with tangible skills and treatment resources. The Harford County LBHA took this into account when utilizing suicide prevention funding provided by the Behavioral Health Administration. The Harford County LBHA hosted a series of Attachment Based Family Therapy (ABFT) trainings with introductory levels, as well as more advanced techniques. These trainings are continuing throughout FY 2023, with a small group working towards becoming certified. ABFT is an evidence-based family therapy model which looks closer at ruptures in the family relationships. The clinician works with all family members involved to determine the source of those ruptures, and how to repair them, to strengthen or rebuild the family attachments. Typically, this form of therapy focuses on adolescents and their family members, but the principles can be applied to all ages. Additionally, the agency is sponsoring 35 registrations for an upcoming Family Based Suicide Prevention Webinar, which will go hand in hand with the ABFT information that has been presented over the last six months. This training will help clinicians offer suicide prevention

strategies to our youth and families, to reduce the number of attempts and suicide completions.

3rd Life Matters Harford County Suicide Prevention Conference

During the end of FY 2021, the Harford County Local Behavioral Health Authority (LBHA) hosted the 3rd Life Matters Harford County Suicide Prevention Conference. Due to the COVID-19 pandemic, the LBHA embarked on the adventure of planning an all-day virtual event. While this was a new challenge for the LBHA, the conference was successful without a glitch. The 3rd Life Matters Harford County Suicide Prevention Conference was attended by more than 150 participants and featured Brandon Marshall, a retired National Football League (NFL) football wide receiver. In 2011, Brandon Marshall was diagnosed with borderline personality disorder (BPD). While he triumphed under the stadium lights as one of the best wide receivers in professional football, his personal life was in turmoil. For years, he struggled with the emotional instability that had crept its way into his life, most importantly his relationships and his career. With a diagnosis in hand, Brandon Marshall was ready to face a different type of opponent. Since his diagnosis, Brandon Marshall has worked to raise awareness around the unique challenges facing men when discussing mental health, to encourage open dialogue, and to promote help seeking behavior. During the conference Brandon Marshall spoke candidly, sharing his story of hope and resilience. The virtual event offered six breakout workshops, including topics such as managing chronic suicidality, the impact of social media on the mental wellness of youth, and an introduction to an empirically supported family therapy model to assist families in the management of depression and suicidal thoughts in adolescents. Daniel McGhee, the plenary presenter, inspired the participants through his story of triumph over drugs and alcohol. He overcame his past with incarceration, homelessness, and addiction to become an inspiration for others. The conference was well received by the community, and we are looking forward to planning future conferences.

Adolescent Clubhouse

In FY 2021, the Harford County LBHA was awarded State Opioid Response (SOR) funding to support the development of an Adolescent Clubhouse. The Harford County LBHA issued a Request for Proposal (RFP), and Ashley Addiction Treatment was awarded the contract to develop and implement the Adolescent Clubhouse. The program became operational in April 2021. Although it has remained virtual due to the COVID-19 pandemic, the “Clubhouse” has already made a positive impact in the community. Ashley Addiction Treatment’s “Clubhouse” has started offering several events, including a baseball game where they partnered with Rage Against Addiction, a movie in the park, a cell phone safety event, horseback riding, yoga, and other peer lead activities. The “Clubhouse” was featured in the Baltimore Sun to highlight the collaboration between the Harford County LBHA and Harford County Government and to gain support of its peers. Peers are a critical part of the “Clubhouse”, offering education and support to adolescents through their lived experience. They work to empower youth to cultivate a healthy life and community. Ashley Addiction Treatment and the Harford County LBHA are thrilled to announce the opening of a physical space and location for the “Clubhouse” in late spring/early summer 2022.

Teen Diversion Program (Federal Mental Health Block Grant)

The Teen Diversion Program is partially funded through a Federal Mental Health Block Grant from the Behavioral Health Administration (BHA) and administered through the Harford County LBHA. This program is a unique service which is only offered in Harford County. The Teen Diversion program serves adolescents between the ages of thirteen (13) and seventeen (17) years old with complex behavioral health needs including anxiety, depression, and substance use. The program aims to divert adolescents from a more restrictive psychiatric or educational setting such as inpatient hospitalization, out of home placement, or a non-public school setting. The Teen Diversion program offers a variety of behavioral health services including intensive outpatient treatment, medication management, and individual, group, and family therapy. The Teen Diversion program has worked to integrate evidence-based adolescent specific assessments to identify risk taking behaviors, substance use, anxiety, depression, and tools to assess for trauma. During the ongoing COVID-19 pandemic, the Teen Diversion program offered creative ways to support adolescents and their families. The Teen Diversion program continued to hold daily group therapy sessions and added COVID related topics to keep the adolescents actively participating and engaged in their treatment process. Special guest speakers discussed topics including transitioning to school after virtual learning, how to manage feelings around returning to in-person learning, mindfulness, and stories of lived experiences and recovery. With the return to in-person learning toward the end of the 2020-2021 school year, the Teen Diversion program also transitioned back to an in-person program. The Teen Diversion program did not meet their goal of enrolling 40 youth in FY 2021 due to the pandemic; however, they have seen an increase in referrals for the 2021-2022 school year. The Teen Diversion program continues its excellent reputation in the community as an outstanding program with a 100% diversion rate.

Project Lazarus

Harford County's Local Behavioral Health Authority (LBHA) partnered with Crown of Life Worship of the Seventh Day Adventist to implement the Community Opioid Response Project (CORP) Program to help address disparities and provide access to care regardless of race. This continued to address BHA's Annual Plan objective of promoting equity and access to quality of care and Harford County's Mental Health and Addictions Advisory Council goal of reducing the burden of substance and mental health disorders in the county. The CORP Program implemented Project Lazarus, a public health model based on the twin premises that overdose deaths are preventable and all communities are responsible for their own health. This project operated in Edgewood and served minority populations at-risk for opioid use, misuse, and overdose death. Through community collaboration, the CORP Program provided access to: (1) Opioid overdose education, awareness, & safe medication usage materials, (2) Naloxone, the opioid overdose rescue medication, (3) Project Pill Drop, a community-based medication disposal program, and (4) Lazarus Recovery Services, a peer guided recovery support program. This project held a total of 67 events and trained a total of 848 individuals.

Adolescent Substance Use Disorder Case Management

Community partners and key stakeholders identified a need to expand services for adolescents diagnosed with or at risk of developing a substance use disorder. The Harford County LBHA

developed the Adolescent Substance Use Disorder Case Management program to address this concern. The Adolescent Substance Use Disorder Case Management program utilized a Case Manager/Care Coordinator to provide case management/care coordination services to adolescents diagnosed with a substance use disorder and receiving outpatient or intensive outpatient services at Harford County Health Department's Youth and Adolescent program. The Case Manager/Care Coordinator assisted adolescents and their families in accessing needed community services that helped remove barriers to treatment and recovery. Program participants met with the Case Manager/Care Coordinator to identify potential problems, set goals, and develop a recovery plan. The Case Manager/Care Coordinator conducted face-to-face or telephone meetings with the program participant to evaluate progress towards goal achievement, address barriers, and reassess the recovery plan. Additionally, the Case Manager/Care Coordinator evaluated the program participant's need for community resource referrals. The Case Manager/Care Coordinator provided linkages to recovery support services including peer support services, adolescent clubhouse services, and mutual support groups. The Case Manager/Care Coordinator worked with the program participant's caregiver to provide referrals to health care, housing, child welfare, and/or social services. The Adolescent Substance Use Disorder Case Management program provided case management/care coordination services to a total 123 program participants. Of those 123, 108 were provided follow-up case management, while only 15 were provided case management services one-time only.

Prevention Works and Resiliency Initiative

The Boys & Girls Clubs of Harford County (BGCHC) partnered with the Harford County LBHA to implement evidence-based strategies to prevent poor behavioral health outcomes associated with key youth risk-taking behaviors, which include the use of opioids, alcohol, tobacco, and other drugs. This aligns with BHA's stated goals of promoting equity and access to quality of care and increasing support of Evidence-Based and Promising Practices. It additionally addressed the county's continued commitment to expanding substance use disorder (SUD) services for adolescents. The Prevention Works and Resiliency Initiative program expanded existing programs grounded in evidence-based practices. These programs, such as Power Hour, STEM (Science, Technology, Engineering and Math), SMART (Skills, Mastery, and Retention Training) Girls, and Passport to Manhood were designed to address adverse childhood experiences (ACEs) and targeted youth that are at high risk for SUD or that come from families or communities where SUD is prevalent. This project was implemented with the intention to address racial disparities in SUD services and focused on delivering services to minority populations. The Boys and Girls Clubs are strategically placed in under-resourced communities along the Route 40 corridor to maximize reach in the areas that need youth development services the most. Seventy percent (70%) of youth served by BGCHC identify as Black or bi-racial/multi-racial.

Community Based Peer Support

As documented in Harford County's FY 2022 Program Plan, there is substantial Peer Recovery Specialists and Certified Peer Recovery Specialists programming in Harford County. Due to the

necessity of this evidence-based practice, it is important to highlight the utilization of Peer Recovery Specialists and Certified Peer Recovery Specialists in the planning and delivery of services in Harford County. Peer Recovery Specialists and/or Certified Peer Recovery Specialists are utilized by local governmental departments, medical and health care providers, law enforcement agencies, and faith-based and community-based organizations. They provide representation and assist in the decision-making process at Harford County's Mental Health and Addictions Advisory Council, Harford County's Local Overdose Fatality Review Team, and Harford County's Drug Court Treatment Programs. These committees have made it their priority to expand recovery support services in Harford County. As peers become more integrated into the behavioral health system, new programs and projects continue to utilize and expand the demand for peer Support services. The expansion of peer Support can be seen in newly established programs and projects, such as the Peer Recovery in Minority Environments Project and Catalyzing Expansion of Substance Use Disorder Treatment in Harford County Project. Harford County also welcomed the addition of Voices of Hope to its list of peer support providers. Voices of Hope is a non-profit, peer-run, recovery community organization that advocates for behavioral health disorder prevention, intervention, treatment, and recovery resources, eliminating the stigma of addiction through outreach events and education, and supports all pathways of recovery. Voices of Hope opened a Recovery Community Center in September of 2021.

Catalyzing Expansion of Substance Use Disorder Treatment in Harford County

The Catalyzing Expansion of Substance Use Disorder Treatment in Harford County Project expanded the use of Peer Recovery Specialists, Certified Peer Recovery Specialists and Recovery Support Services. This project allowed Addiction Connections Resource (ACR) to meet the demands of those seeking treatment. It focused on reducing opioid related deaths through prevention, treatment, and recovery by providing referrals and linkages to services. ACR referred individuals to SUD treatment providers that use a variety of evidence-based treatment practices, such as Medication-Assisted Treatment (MAT) and Cognitive Behavioral Therapy. Additionally, referrals were made to Recovery Support Services, such as Certified Recovery Housing. This project successfully placed 97 individuals in Certified Recovery Housing. These individuals were helped with obtaining clothing, food, and other community resources. Following the referral to treatment or Recovery Support Services, ACR utilized Peer Recovery Specialists to provide follow-up contacts.

Peer Recovery in Minority Environments (PRIME) Project

Ashley Addiction Treatment's Peer Recovery in Minority Environments (PRIME) Project focused on the needs of Harford County's minority population, to provide innovative, quality treatment, and recovery support. The PRIME employee, a Peer Recovery Specialist, was stationed in minority communities, as well as Ashley Addiction Treatment's intensive outpatient program. The peer provided community outreach, mentored Ashley Addiction Treatment's patient population, performed naloxone and harm reduction education, and advocated for Ashley Addiction Treatment's Opiate Recovery Court program participants. To educate minority populations about SUD and Recovery Support Services, the PRIME Project's Peer Recovery

Specialist met with leaders and officials at African American churches and schools. These meetings created opportunities for local leaders to connect the individuals they serve to Peer Recovery Specialists. During this project, the peer began a support group for Ashley's minority patients and alumni. The group, titled "Common Solutions", occurred twice monthly. This diversity, equity, and inclusion project gave minority individuals in recovery an opportunity to speak about their unique experiences, challenges, and successes. Each meeting recognized a different minority speaker from the community who brought their resources and experiences to enrich the group.

Statewide Care Coordination (State Care Coordination)

A recovery support service that enjoyed increased success and productivity in FY 2021 offered to Harford County residents diagnosed with a substance use disorder is State Care Coordination (SCC). In FY 2021, Harford County's Local Behavioral Health Authority (LBHA) was awarded \$324,958 to provide or contract for the provision of SCC services. Harford County Health Department's Local Addictions Authority (LAA) provided this service directly and funds awarded were used to pay for one full-time State Care Coordinator and administrative staff to assist with the SCC program. The State Care Coordinator enrolls Harford County residents into the SCC program, contacts participants on a bi-weekly basis, and provides linkages and referrals to behavioral health treatment, recovery supports, and other social, medical, faith-based, and community services. In FY 2020, the Harford County Health Department (HCHD) enrolled fifty-two people into the SCC program. The effects of COVID-19, as well as a loss in staff negatively impacted the number of FY 2020 SCC enrollments. In FY 2021, Harford County's LAA made an adjustment to increase the number of enrollments. In FY 2021 Harford County enrolled 108 participants into the SCC program. This represented a dramatic increase in enrollment of 108%. Through the end of January 2022, FY 2022 enrollments have reached 118, already improving upon FY 2021 numbers.

Maryland Recovery Net

Maryland Recovery Net (MDRN) is another recovery support service accessible to Harford County residents with a substance use disorder (SUD) that enjoyed growth. This service allows participants to receive Care Coordination through which they can access funding for certified recovery residencies, transportation, employment services, vital documents, medical and dental services, and other unmet needs identified by the participant and/or the Care Coordinator. In FY 2021, the Harford County LBHA was awarded \$4,000 to provide or contract for the provision of MDRN services. The Harford County LBHA oversees and monitors this grant, and the Harford County Health Department provides MDRN services. In FY 2021 MDRN was accessed by 69 individuals. This represented a 64% increase from FY 2020.

Maryland Employment Network (MD-EN):

In fiscal year 2021, the Maryland Employment Network (MD-EN) continued to grow exponentially, providing more technical support and training opportunities for employment services and initiatives than ever before. The MD-EN served approximately 550 individuals throughout the year providing employment supports, benefits counseling and referral services.

MD-EN served an integral role in the onboarding and training of newly licensed supported employment providers, technical support to established providers and local authorities, and integration and improvement of the supported employment workflow in Maryland's Administrative Services Organization (ASO) platform.

Throughout the year, over 300 individuals were served through the assignment of a Ticket to Work (a program of the Social Security Administration). The MD-EN assisted individuals in obtaining, maintaining, and/or advancing in employment through this project. The number of individuals with Tickets assigned increased by almost 40 from fiscal year 2020. Twenty-five percent (25%) of the individuals served through Ticket assignment earned over Substantial Gainful Activity (SGA) and 47% worked over Trial Work Level (TWL). Despite the employment impacts of the COVID-19 pandemic, 71% of Ticketholders maintained or advanced in their employment with the support provided.

MD-EN's Self-Sufficiency Development Specialist created the Harford County Diversity Roundtable comprised of members from the business community, local government, and other community organizations. The Roundtable hosted five networking events designed to allow for lead-sharing, networking, and to promote the hiring of individuals with disabilities. This Roundtable will be expanded and duplicated in other jurisdictions in the coming year.

In addition, the demand for benefits planning services continued to increase drastically. Benefits planning services were provided to 51 MD-EN assigned ticketholders and 159 unduplicated individuals served by the Maryland Division of Rehabilitation Services (DORS). This totaled 210 individuals, which demonstrated a growing need from fiscal year 2019 and fiscal year 2020 at 157 and 178 individuals served respectively.

MD-EN continued to serve as an information and referral source for employment services, providing effective linkages and referral services to individuals who do not meet eligibility criteria for the Maryland Employment Network and those who need assistance navigating supported employment services in the Public Behavioral Health System. MD-EN provided linkage and referral services for nearly 150 individuals who contacted the program for assistance, which is a 50% increase from fiscal year 2020.

Other highlights for the year included extensive education around employment services, Ticket to Work, financial self-sufficiency, work and benefits, work and its impact on recovery, and culture change from a life of public assistance to increased independence. MD-EN facilitated 22 informative and motivational presentations via webinar on these topics to various audiences including providers, family members, individuals served by the Public Behavioral Health System, DORS staff, advocacy organizations, and other stakeholders. Sessions were attended by 260 people, which exceeded the target for the year. The program distributed printed and electronic materials addressing Ticket to Work, the impact of work on public benefits, work and recovery, employment resources, and more.

MD-EN also provided extensive technical assistance to supported employment providers and LBHAs (Local Behavioral Health Authorities)/CSAs (Core Service Agencies) around supported employment policy and implementation. MD-EN served an essential role in support of the Behavioral Health Administration's efforts to implement the Administrative Services Organization (ASO) platform (Incedo). The program provided ongoing assistance with the development and implementation of the supported employment workflow, collaborated with BHA and DORS, assisted to troubleshoot workflow issues, served as a point of contact regarding service level system questions for stakeholders, monitored all supported employment workflow issues and efforts to resolve those issues, and continued to serve as the technical expert for overall project implementation. MD-EN co-facilitated multiple webinars focused on the supported employment workflow for DORS counselors, Core Service Agencies/Local Behavioral Health Authorities, and supported employment providers. Additionally, MD-EN worked collaboratively with the Division of Rehabilitation Services (DORS) to provide intensive technical support during onboarding/implementation for newly licensed supported employment programs.

MD-EN participated in monthly Community Behavioral Health (CBH) Vocational Committee meetings, providing technical assistance to Supported Employment providers. MD-EN also participated in the International Individual Placement and Support (IPS) Learning Community facilitated by Rockville Institute to stay abreast of happenings in evidence-based employment services. In addition, MD-EN participated in the National Employment Network Association (NENA) and associated subcommittees.

MD-EN continued to develop printed/electronic resource materials for distribution relative to Ticket to Work and public benefits. Fact sheets, resources, blog posts, and training opportunities were widely distributed through various mechanisms, including via MD-EN's mailing list which increased by almost 300 subscribers to reach over 700. Website visits increased this fiscal year, averaging 1,200 per quarter, and MD-EN maintained over 300 social media followers.

COVID Impact on Employment:

The COVID-19 pandemic continued to impact employment outcomes significantly in fiscal year 2021. As businesses re-opened and returned to greater activity levels, motivation to work continued to wane. Employment service recipients were fearful of return to work in the community. Throughout the pandemic, MD-EN saw an uptick in remote employment opportunities. This has pros and cons relative to individuals experiencing behavioral health conditions. While telework felt safer and more convenient for many, this also increased feelings of isolation leading to depressive symptoms for many. While motivation to work was at an all-time low, employment opportunities/job openings began to increase as employers struggled to fill essential positions. Supported employment providers reported record low numbers of referrals for services and employment staff being pulled to fulfill coverage needs in

other programs. Not only did supported employment providers continue to navigate challenges related to staffing shortages and high turnover, but they also had to manage the ability to provide effective employment services remotely. As the year progressed, the outlook was improving with increased motivation to work, increased referrals, and greater employment opportunities. Many newly licensed providers suspended program implementation efforts during this time as they reported lost money and difficulty building a referral base.

Maryland Benefits Counseling Network (MD-BCN):

The Maryland Benefits Counseling Network (MD-BCN) continued to serve as a statewide information clearinghouse and resource for up-to-date information around public benefits. In fiscal year 2021, the MD-BCN experienced a significant increase in demand for services and training. Despite also experiencing a significant change in leadership this year, the MD-BCN worked diligently to establish high-level contacts, advocate, review policy, provide training, learn about immigration, and provide complex technical assistance and high-quality service delivery to patients in the state hospitals, hospital staff, Local Behavioral Health Authorities/Core Service Agencies, and community providers.

MD-BCN provided training opportunities and technical support for certified Community Partner Work Incentives Counselors (CPWICs) serving individuals in the Public Behavioral Health System. In addition, MD-BCN facilitated eight full-day trainings focused on the impact of work on benefits and the use of work incentives to assist individuals with increasing financial self-sufficiency. The MD-BCN also conducted several trainings for state hospital staff, community behavioral health staff, recipients of Public Behavioral Health Services, and Social Security beneficiaries infusing an emphasis on culture change and financial independence. This year, the MD-BCN facilitated educational presentations for BHA staff, hospital staff, patients, and community stakeholders on various topics which included waivers, Achieving a Better Life Experience (ABLE) accounts, state-specific benefits, benefits for non-citizens, the COVID Relief Bill, benefits for transition aged youth and more. Through trainings facilitated by MD-BCN, 607 beneficiaries, family members, and provider staff received information to improve and inform their work in employment services. This is double the number of training participants in fiscal year 2020.

The MD-BCN team continued to provide extensive technical assistance to beneficiaries and professionals. The team provided benefits related technical assistance to over 70 individuals referred directly through the CSAs/LBHAs, professionals within the Public Behavioral Health System, or via self-referral.

The MD-BCN continued to make extensive progress in combating benefit-related barriers to discharge experienced by Maryland state psychiatric hospitals. This year, almost 600 individuals were referred and served through this initiative, which is 100 more than the previous year. Of those individuals, over 80% were successfully discharged and transitioned

back into the community with the services of a benefits case manager, which is significantly more than the previous year. MD-BCN maintained a 100% approval rating for benefits applications submitted utilizing the SOAR model. The team also provided technical assistance to a total of 97 additional state hospital patients, 35 of which related to discharge planning for the hospitals' most difficult to place populations including non-citizens and older adults in need of assisted living and nursing home placement. The MD-BCN continued to collaborate with key partners to strengthen relationships and delineate roles to increase efficiency. Benefits Case Managers also continued to provide training to hospital staff in the areas of benefit eligibility and Social Security and Medicaid application processes.

The MD-BCN also continued its efforts to educate beneficiaries and professionals in benefit and work incentives information and available resources by maintaining an accessible, comprehensive, and up-to-date website. The MD-BCN maintained average monthly website views reaching over 1,000 which is a significant increase from fiscal year 2020. MD-BCN increased social media following by 20% and shared over 140 posts which reached a weekly average of 26 viewers throughout the year.

Crisis Intervention Team (CIT):

The Harford County Crisis Intervention Team (CIT) experienced a challenging fiscal year. Fiscal year 2021 began with the Office on Mental Health/Core Service Agency integrating additional crisis services into the agency. These services included a 24/7 hotline, mobile response teams, and youth specific services. During the transition, the CIT Coordinator stepped up to the challenge and assisted with answering hotline calls and coordinating mobile response dispatches when there was a gap in services due to the previous provider not fulfilling the terms in their contract.

Due to COVID-19, the CIT Coordinator had to make some changes to operations. The annual Crisis Intervention Team training set for January 2021 was cancelled for the first time since 2008. Additionally, the class set for January 2022 had to be postponed due to the increase of COVID-19 cases from the Omicron variant. Despite these obstacles, the CIT Coordinator continued to remain busy. The CIT Coordinator was able to facilitate two Mental Health First Aid courses at the Police Academy. Also, the CIT Coordinator was selected to be a presenter at CIT's International Conference in Phoenix, Arizona. The CIT Coordinator and a Harford County Sheriff's Office deputy facilitated a Question, Persuade, Refer (QPR) workshop. This was the first time QPR was offered at CIT's International Conference. The CIT Coordinator filmed a *Behind the Badge* segment for the Harford County Sheriff's Office spotlight on Harford Cable Network. This segment allowed the CIT Coordinator to spread awareness about CIT, the crisis hotline, and mobile response services. The CIT Coordinator also had written work published. Shawn's article, "Trial By Fire", was featured in International Critical Incident Stress Foundation's (ICISF) May issue of the LifeNet newsletter and told his story of personal trauma and becoming a Critical Incident Stress Management (CISM) member. Lastly, the CIT Coordinator completed the re-certification course and extends his CIT Coordinator certification for another three years!

Provider Operations Meetings, Consumer Supports, Homeless ID Project, & Disaster Assistance

The Harford County Local Behavioral Health Authority (LBHA) is responsible for managing and coordinating several activities throughout the fiscal year. Prior to COVID-19, the Harford County LBHA hosted quarterly in-person All Provider meetings for local behavioral health providers. At the beginning of the COVID-19 shutdown, the Harford County LBHA transitioned the provider operations meetings virtually and made the decision to increase the frequency of these meetings from quarterly to bi-weekly. The increase of meetings offered behavioral health providers the forum to ask questions about the pandemic, discuss changes in regulations, and network with other providers as they transitioned to telehealth services. In fiscal year 2021, the Harford County LBHA coordinated presentations for the behavioral health providers during the bi-weekly meetings. Meeting presentations included:

- Fentanyl Test Strips & Harm Reduction Efforts in Harford County
- COVID-19, Testing, & Reopening Updates
- Harford County Crisis Services
- Perry Point Veterans Administration—Mental Health Intensive Case Management Program
- Civic Works—Energy Program
- Behavioral Health Administration—HUD 811 Housing Program
- Maryland’s Commitment to Veterans
- Learn LGBTQ+ Counseling Best Practices/Earn Support for Your Organization
- Respite Care

Another highlight for fiscal year 2021 was the assistance provided to those in need via consumer support funding, Homeless ID, and disaster emergency funds. The Harford County LBHA received over 65 requests for assistance and was able to approve funding for 44 of these requests. Of these requests, 13 families received assistance to prevent an eviction or to alleviate utility turnoff, 14 requests were approved for security deposits to obtain independent housing, and four requests were approved to assist youth in attending summer camps. In addition, the Homeless ID Project received and approved 22 requests for individuals to obtain their state identification and/or birth certificates. Of these 22 requests, four children were able to obtain their birth certificates.

The Harford County LBHA also received County funding to provide a Disaster Assistance Coordination (DAC) team. Staff from the Office on Mental Health/Core Service Agency work to intervene when people are experiencing a disaster, by providing timely intervention and partnering with existing community providers to prevent homelessness. The Coordination team works collaboratively with Harford County’s Department of Emergency Services, American Red Cross, and other agencies to ensure there is no duplication of services when assisting individuals displaced by a disaster. In fiscal year 2021, the Disaster Assistance Coordination team provided an in-person response to 15 disaster type events. From these 15 events, the

DAC Team assisted 101 people in locating temporary housing. For those households lacking support and insurance, the grant provided funding for six hotel placements to prevent homelessness.

D. Sub-Grantee Monitoring

The Harford County Local Behavioral Health Authority (LBHA) remains committed to monitoring sub-grantee providers and other service providers to ensure compliance with the Conditions of Award/Scope of Work (COA/SOW) and with the Administrative Service Organization data entry and reporting requirements. This year, the Harford County LBHA will resume in person monitoring of all documentation and other criteria related to the Conditions of Award/Scope of Work. Additionally, a representative from the fiscal department will accompany the coordinators to the site visits to conduct more thorough real time review of the provider's general ledgers. At a minimum, the Harford County LBHA conducts annual on-site monitoring of sub-grantee providers and other service providers, such as Targeted Case Management for Adults and the Care Coordination Organization. On-site monitoring visits allow for the coordinators to review all items in the Conditions of Award/Scope of Work to determine compliance. The coordinators complete a Scope of Services form, capturing all the elements from the COA, and write a narrative to detail the site visit. In addition to capturing progress made on performance measures, the coordinators review other areas for compliance. These areas include ensuring proper licenses, certifications, and accreditations are current, programs are on target to meet outcomes, and verifying proper use of grant funding. Should there be a need, the coordinators are responsible for providing technical assistance, conducting follow up site visits, providing additional training, and/or completing a Corrective Action Plan. Copies of these reports are forwarded to the provider and the Behavioral Health Administration (BHA).

In addition, the Harford County LBHA reviews the Maryland Department of Health 438 Form which the sub-grantee providers submit monthly. If there are any line items on the 438 that are significantly over or under expended, the responsible coordinator will contact the provider to gain additional information. The coordinators also ensure the sub-grantee is submitting reports on time, which the coordinator will then forward to the appropriate BHA Program staff. If the provider submits inaccurate or late reports, the coordinators will not approve the 438 forms until resolved. The approved 438 forms are then given to the Finance Department for payment as outlined on the draw payment schedule. The Harford County LBHA follows a six-draw payment schedule for the sub-grantee providers. The contracts between the Harford County LBHA and sub-grantee state providers must submit all required forms by the 35th day after month end for payment.

For other service providers, the Harford County LBHA conducts site visits to ensure compliance with the Code of Maryland Regulations (COMAR). Monitoring tools and narratives are also completed for these site visits and then forwarded to the provider and the BHA Program staff. Providers responsible for entering data into the Administrative Service Organization website are also reviewed, and providers are contacted when discrepancies exist. The Harford County

LBHA reviews crisis residential bed authorizations and uninsured requests. If there is an issue, the Harford County LBHA immediately contacts the provider for additional information. This information is recorded in the authorization request.

To avoid a potential conflict of interest, a current conflict of interest, or the appearance of a conflict of interest as a result of locating both direct service provision and system management functions of the LAA within the Health Department, the Office on Mental Health/Core Service Agency (OMH/CSA) reviews and analyzes client-level data for levels of care provided by both the Health Department and community providers, investigates complaints and grievances, attends program audits, and reviews uninsured authorizations requested that the Health Department cannot or should not do.

Harford County's LAA sub-grantee monitoring process is unique in that most grants awarded to Harford County's LAA are not subcontracted. All grants awarded to Harford County's LAA by the BHA, except for the SOR grant, are provided by the Local Health Department (LHD). The LHD utilizes these grant funded services to support its Behavioral Health Bureau. Due to the structure of the Harford County Health Department (HCHD), the LAA doesn't have the authority to monitor the funding portion awarded to the Health Department, which limits the LAA's ability to act as a grant monitor as it relates to audits and expenditure monitoring. The LAA can work with HCHD Behavioral Health Bureau staff to ensure that performance measurements are being met.

E. Data and Planning

The following information presented in the worksheets, graphs, and charts is based upon data provided by the Behavioral Health Administration, The Hilltop Institute at UMBC, CRISP, and other resources. Service utilization information reported for fiscal years 2021 and 2022 is subject to change as claims can be submitted up to 12 months after service delivery. Additionally, this data is being used to support and guide a system planning process that focuses on the development of a strategic plan and addresses the impact of COVID-19.

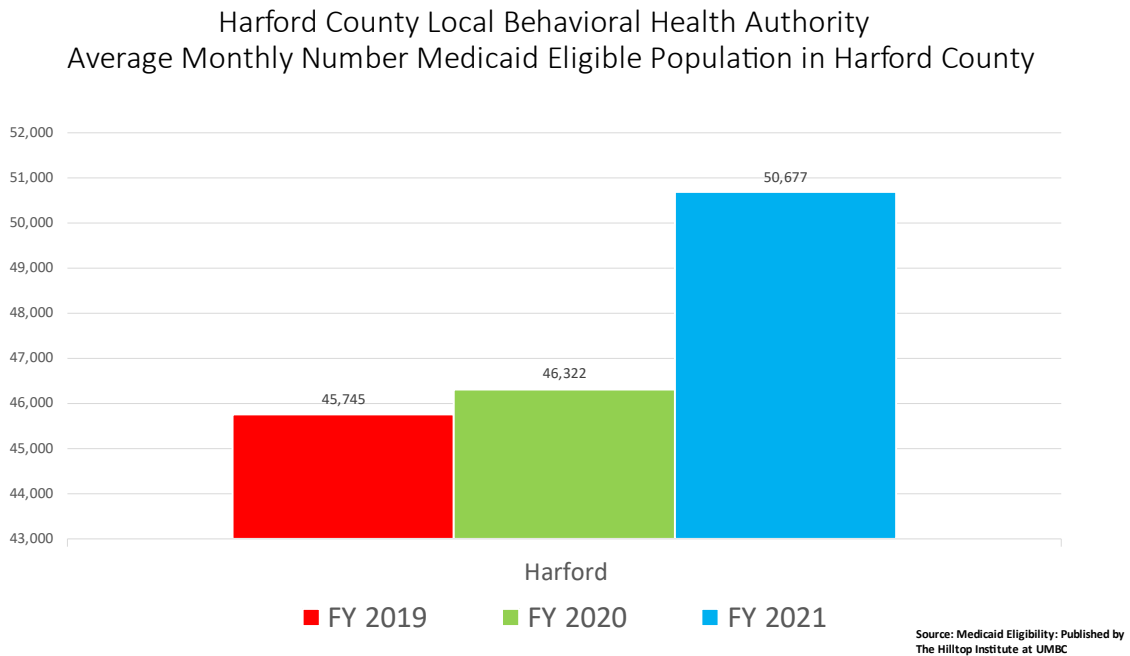


Figure 1

Figure 1 represents the average monthly number of Medicaid eligible population in Harford County for fiscal years 2019 through 2021. From fiscal years 2019 to 2020, the average monthly rate increased by 577 individuals (1.3%). From fiscal years 2020 to 2021, there was a dramatic increase in the Harford County population eligible to receive Medicaid benefits. An additional 4,355 residents (9.4%) were eligible to receive Medicaid benefits. This increase is most likely contributed to the COVID-19 pandemic because many individuals were unable to retain employment. Of the total population in Harford County, 19.6% residents were eligible to receive Medicaid benefits in fiscal year 2021.

Harford County Local Behavioral Health Authority
FY 2021 Public Behavioral Health System (PBHS) Service Utilization in Harford County

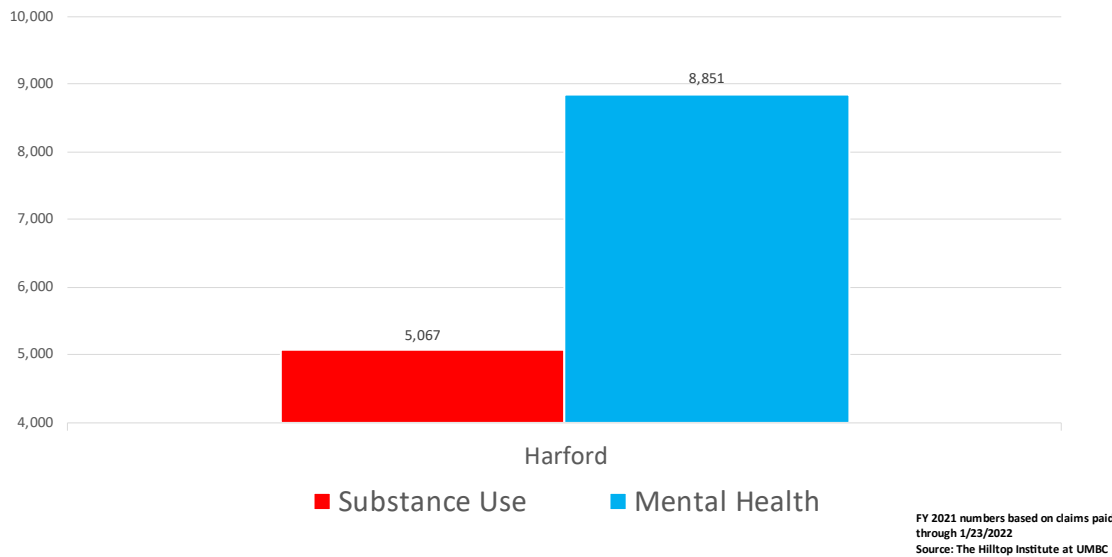
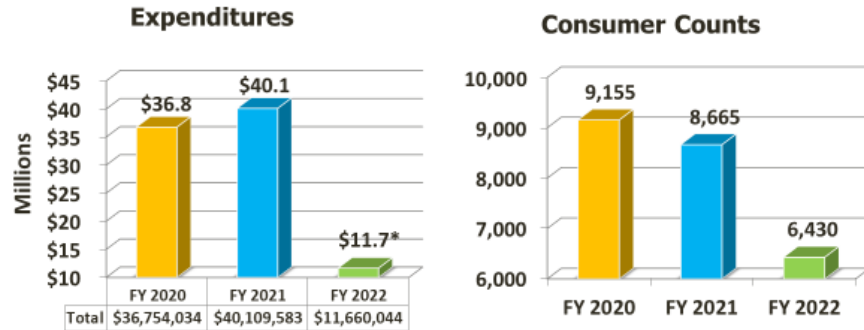


Figure 2

Figure 2 shows the service utilization of public behavioral health system services in fiscal year 2021. Substance use public behavioral health system services were accessed by 5,067 Harford County residents during this period. This number represents a Medicaid penetration rate of 9.9%. Mental health public behavioral health system services were accessed by 8,851 Harford County residents. This number represents a Medicaid penetration rate of 17.1%.

Harford County Local Behavioral Health Authority
 Service Expenditures & Consumer Counts for FY 2020-FY 2022*
 Mental Health



Source: Beacon Health Options & Optum
 *Claims paid through 10/31/2021
 Data for FY 2021/22 are not complete as providers have 12 months
 from the time of service in which to submit a claim for payment.

Figure 3

Information in figure 3 is a comparison of expenditures and consumer counts for fiscal years 2020 through 2022. It should be noted this information is based on claims paid through 10/31/2021; therefore, fiscal year 2022 information only contains data for four months. Additionally, providers have 12 months from the time of service to submit a claim for payment. This will likely result in changes to expenditures and consumer counts for both fiscal year 2021 and 2022. Individuals accessing mental health services decreased by 500 (-5.4%) from fiscal year 2020 to 2021; however, expenditures for the same period increased by \$3,355,549 (9.1%). The increase in expenditures from fiscal year 2020 to 2021 is likely contributed to the reimbursement rate increasing, as well as telehealth services being offered for outpatient and psychiatric rehabilitation program services.

Harford County Local Behavioral Health Authority
 Expenditures by Service Type for FY 2020-FY 2021*
 Mental Health

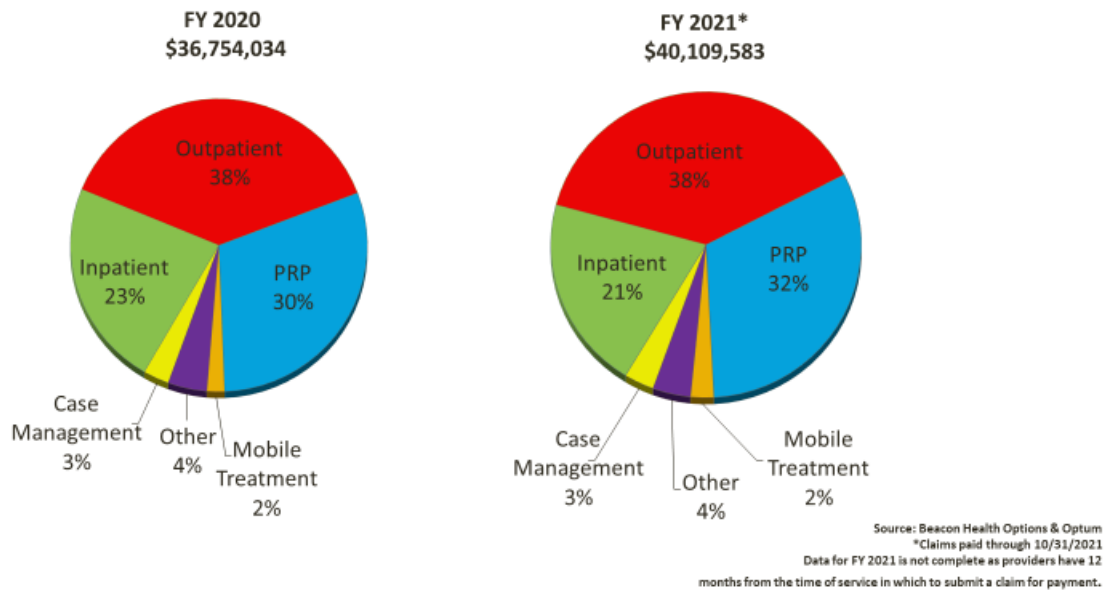


Figure 4

The pie charts above illustrate the percentage of overall expenditures among mental health service types for fiscal years 2020 and 2021. In fiscal year 2021, claims data reported an increase among several mental health service types from prior fiscal year. The two service types with the largest dollar expenditures are psychiatric rehabilitation programs (PRP) and outpatient treatment. In fiscal year 2021, outpatient treatment services increased by \$1,381,868 (9.9%) and PRP expenditures increased by \$1,645,758 (14.2%). These increases are likely a result of increased telehealth services being provided during the COVID-19 pandemic. Although, these two service types were the largest increase in dollar amounts, other service types had significant expenditure percentage increases from fiscal year 2020. Additionally, crisis service expenditures increased by 16.8%, case management service expenditures increased by 20.1%, mobile treatment expenditures increased by 37.4%, and residential rehabilitation program expenditures increased by 44.7%. Although these percentages are significantly larger than outpatient and PRP services, they only represent a dollar amount increase of \$747,342 combined.

Several mental health service types experienced a decrease in expenditures from fiscal year 2020 to 2021. Those service types were partial hospitalization, respite, supported employment, residential treatment, and inpatient hospitalization. Of these services, claims for partial hospitalization had the most significant decrease, -70% (\$209,243) from previous fiscal year. Supported employment services also had a significant decrease from prior fiscal year. The decrease of \$13,122 (-30.8%) can most likely be contributed to the COVID-19 pandemic resulting in many individuals not being able to work.

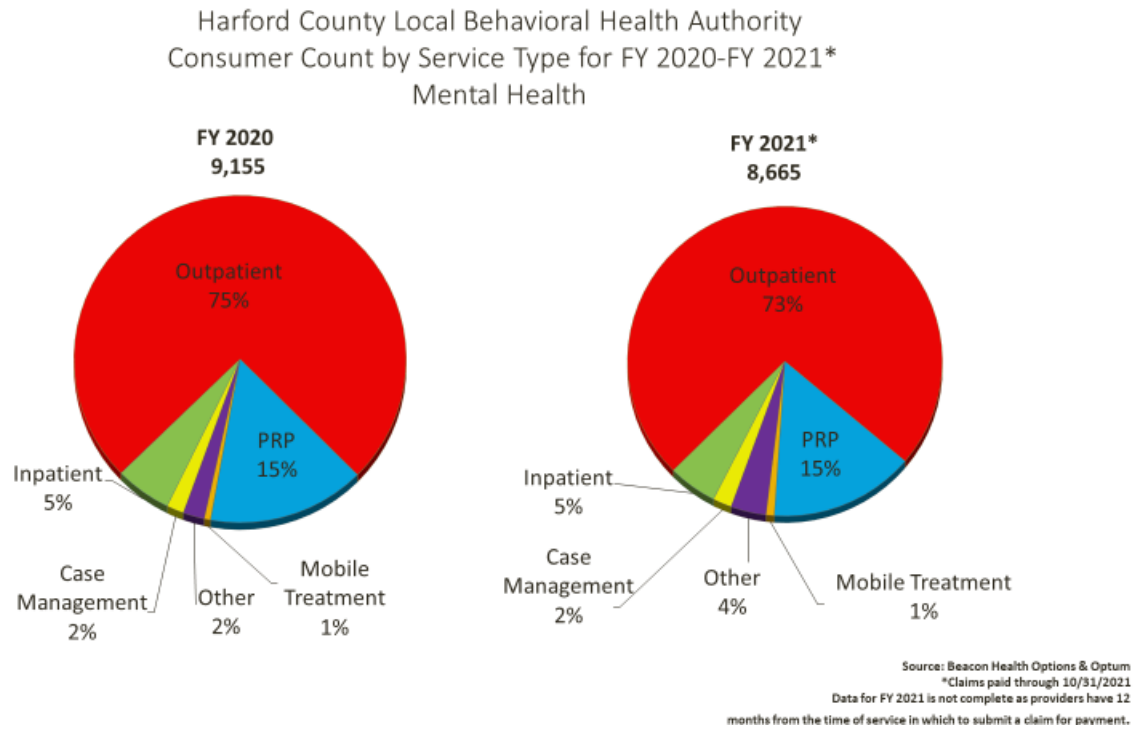


Figure 5

The pie charts above represent a fiscal year comparison of consumer counts by service type. In fiscal year 2021, there was a decrease of 490 individuals accessing behavioral health services from the previous fiscal year. This represents a reduction of -5.4%. There were four service types that reported consumer count increases between fiscal years 2020 to 2021. Residential rehabilitation programs increased by one individual (.55%), case management increased by 20 individuals (10.4%), there were 22 more participants receiving mobile treatment services (31%), and 53 more individuals accessed crisis services (45.7%) in fiscal year 2021.

Several service types reported a decrease in consumer count from fiscal year 2020 to fiscal year 2021. Partial hospitalization reported the largest percentage decrease of participants among the various service types. Partial hospitalization served 14 individuals during fiscal year 2021; this is 41 less individuals than fiscal year 2020. This represents a decrease of -74.5%. Residential treatment also reported a significant decrease from prior fiscal year. In fiscal year 2021, six individuals accessed this service versus 18 in fiscal year 2020. This is a decrease of -66.7%. Other service types to report a consumer count decrease in fiscal year 2021 were respite (-12 individuals; -60%), supported employment (-15 individuals; -48.4%), inpatient services (-79 individuals; -12.5%), psychiatric rehabilitation programs (-135 individuals; -7.6%), and outpatient services (-552 individuals; -6.4%). Consumer count decreases may be attributed to the COVID-19 pandemic, inability to access telehealth services, social distance practices, and providers unable to sustain their practice due to issues related to the ASO.

Harford County Local Behavioral Health Authority
FY 2023 Annual Plan

Two Year Comparison by Service Type						
	Persons Served			Expenditures		
	FY2020	FY 2021	% Change	FY 2020	FY 2021	% Change
SUD Inpatient	140	126	-10.0%	\$583,754	\$466,704	-20.1%
SUD Intensive Outpatient	653	597	-8.6%	\$2,101,367	\$2,148,599	2.2%
SUD Labs	3,562	2,529	-29.0%	\$1,666,357	\$1,298,200	-22.1%
SUD MD Recovery Net	96	44	-54.2%	\$71,146	\$45,500	-36.0%
SUD Methadone Maint.	2,165	1,902	-12.1%	\$7,654,701	\$7,704,124	0.6%
SUD Outpatient	3,083	2,712	-12.0%	\$2,059,315	\$2,159,603	4.9%
SUD Partial Hospitalization	183	228	24.6%	\$844,903	\$1,245,470	47.4%
SUD Gambling	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD Court Ordered Placement - Residential	27	13	-51.9%	\$343,868	\$72,636	-78.9%
SUD Women with Children/Pregnancy - Residential	SUPPRESS	15	SUPPRESS	SUPPRESS	\$125,142	SUPPRESS
SUD Residential All Levels	364	447	22.8%	\$2,132,877	\$2,670,769	25.2%
SUD Residential ICFA	SUPPRESS	0	SUPPRESS	SUPPRESS	\$0	SUPPRESS
SUD Residential Room and Board	328	368	12.2%	\$472,057	\$663,412	40.5%
SUD Residential Room and Board - Court Ordered Placement	20	16	-20.0%	\$103,759	\$39,883	-61.6%
SUD Residential Room and Board - Women with Children/Pregnancy	SUPPRESS	N/A	N/A	SUPPRESS	N/A	N/A
**TOTAL	10,649	9,014	-15.4%	\$18,214,278	\$18,740,695	2.9%

*Based on claimed paid through October 31, 2021.

*Note: FY 2020, Includes both Optum and Beacon data

Figure 6

Figure 6 shows a two-year comparison by substance use disorder (SUD) service type for all age groups. Between fiscal years 2020 and 2021, all service types expect SUD Partial Hospitalization, SUD Residential All Levels, and Residential Room and Board experienced a decrease. There was a significant increase in expenditures in SUD Residential All Levels (22.8%), SUD Residential Room and Board (12.2%), and SUD Partial Hospitalization (24.6%). The most used service type for both fiscal years was SUD Lab services with 6,091 persons served. The largest expenditure by service type was SUD Methadone Maintenance with \$7,654,701 in FY 2020 expenditures and \$7,704,124 in FY 2021. Harford County has many Outpatient Treatment Programs (OTPs), a total of nine OTP programs, and this could account for having the largest expenditure. This table shows more consumers have been seeking SUD treatment in the county and are being connected to an array of SUD treatment programs keeping in line with the county's mission to connect anyone seeking treatment to a provider.

Two Year Comparison By Coverage Type						
	Persons Served			Expenditures		
	FY 2020	FY 2021	% Change	FY 2020	FY 2021	% Change
Medicaid	8,957	7,757	-13.4%	\$16,232,373	\$16,258,516	0.2%
Medicaid State Funded	1,213	1,075	-11.4%	\$1,320,057	\$2,215,615	67.8%
Uninsured	479	182	-62.0%	\$661,848	\$266,564	-59.7%
**TOTAL	10,649	9,014	-15.4%	\$18,214,278	\$18,740,695	2.9%

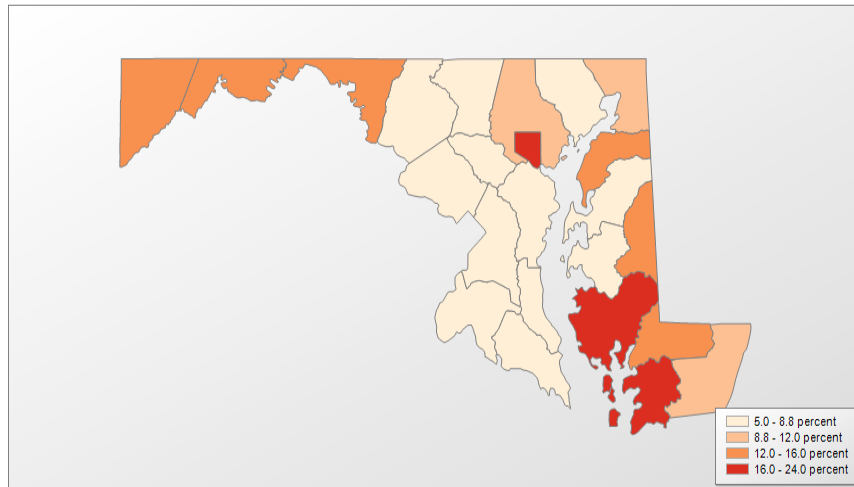
*Based on claimed paid through October 31, 2021.

*Note: FY 2020, Includes both Optum and Beacon data

Figure 7

The chart above shows a two-year comparison break down of coverage types. It is broken down into Medicaid, Medicaid State Funded, and Uninsured. Between FY 2020 and FY 2021, the breakdown of coverage type by Medicaid, Medicaid State Funded, and Uninsured experienced a -15.4 % decrease in total persons served and a 2.9% increase in total expenditures. Medicaid was the largest group in both fiscal year with combined totals of 16,714 persons served and \$32,490,889 in expenditures.

Percent of total population in poverty, 2019: Maryland



Percent of Total Population in Poverty, Calendar Year 2019			
Jurisdiction	All	Children 0-17	Ranking Total Population in Poverty
Statewide	9.1	12.3	
Allegany	16	20.8	4
Anne Arundel	5.8	8.1	20
Baltimore	8.9	11	12
Calvert	5.7	7.1	21
Caroline	12.1	19.6	9
Carroll	5.1	5.7	23
Cecil	10.3	13.6	10
Charles	6.4	9.2	18
Dorchester	16.4	24.2	3
Frederick	5.7	6.6	22
Garrett	12.8	17.7	6
Harford	6.7	8.8	17
Howard	5	5.6	24
Kent	12.4	18.2	7
Montgomery	7.3	9.3	16
Prince George's	8.7	13	13
Queen Anne's	6	7.4	19
St. Mary's	7.7	10.6	15
Somerset	23.6	32.7	1
Talbot	8.7	13.1	14
Washington	12.3	17	8
Wicomico	16	23.1	5
Worcester	9.9	15.5	11
Baltimore City	20.4	30.6	2

Source: Economic Research Service; U.S. Department of Agriculture
<http://www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx>

Figure 8

The map and table in figure 8 show the total percentage of county residents in poverty, the total percentage of children 0-17 living in poverty, and a ranking of total population in poverty broken down by county. The ranking is from 1 through 24 with 1 having the highest percentage of poverty and 24 having the lowest percentage. In calendar year 2019, Harford County had a representation of 6.7% of the total population living in poverty. This is a small decrease from calendar year 2018 where 7.0% of the Harford County population were living in poverty. 8.8% of youth between the ages of 0-17 are recorded as living in poverty in calendar year 2019. This is a decrease from calendar year 2018 which reported 9.7%. Overall, Harford County has a poverty ranking of 17th, which is an improvement from 15th for calendar year 2018.

Maryland Unemployment Percentage Rates 2018-2020					
	2018	2019	Change (2018 to 2019)	2020	Change (2019 to 2020)
MARYLAND	3.8%	3.5%	-0.3%	6.8%	3.3%
Allegany County	5.3%	5.1%	-0.2%	7.8%	2.7%
Anne Arundel County	3.2%	3.0%	-0.2%	5.8%	2.8%
Baltimore City	5.6%	5.0%	-0.6%	8.8%	3.8%
Baltimore County	3.9%	3.6%	-0.3%	6.8%	3.2%
Calvert County	3.4%	3.1%	-0.3%	5.2%	2.1%
Caroline County	3.7%	3.5%	-0.2%	5.5%	2.0%
Carroll County	3.1%	2.8%	-0.3%	5.1%	2.3%
Cecil County	4.3%	3.9%	-0.4%	5.9%	2.0%
Charles County	3.7%	3.5%	-0.2%	6.7%	3.2%
Dorchester County	5.0%	4.5%	-0.5%	6.7%	2.2%
Frederick County	3.4%	3.1%	-0.3%	5.9%	2.8%
Garrett County	4.6%	4.3%	-0.3%	6.6%	2.3%
Harford County	3.5%	3.2%	-0.3%	5.8%	2.6%
Howard County	2.9%	2.7%	-0.2%	5.2%	2.5%
Kent County	4.2%	3.9%	-0.3%	6.6%	2.7%
Montgomery County	3.1%	2.9%	-0.2%	6.3%	3.4%
Prince George's County	4.0%	3.7%	-0.3%	8.2%	4.5%
Queen Anne's County	3.2%	3.0%	-0.2%	5.5%	2.5%
St. Mary's County	3.7%	3.3%	-0.4%	4.8%	1.5%
Somerset County	6.8%	6.0%	-0.8%	8.3%	2.3%
Talbot County	3.6%	3.4%	-0.2%	6.0%	2.6%
Washington County	4.3%	3.8%	-0.5%	6.7%	2.9%
Wicomico County	5.2%	4.6%	-0.6%	7.5%	2.9%
Worcester County	7.0%	7.2%	0.2%	11.2%	4.0%

Source: <https://msa.maryland.gov/msa/mdmanual/01glance/economy/html/unemployrates.html>

Figure 9

The chart above provides data on unemployment rates from calendar years 2018 through 2020 for all counties in the state of Maryland. As expected, there were significant changes in unemployment rates for the entire state, as well as Harford County in calendar year 2020. In calendar year 2020, Harford County reported an unemployment rate of 5.8%, which is an increase of 2.6% from calendar year 2019. This is attributed to the COVID-19 pandemic which prompted a shut down in March 2020.

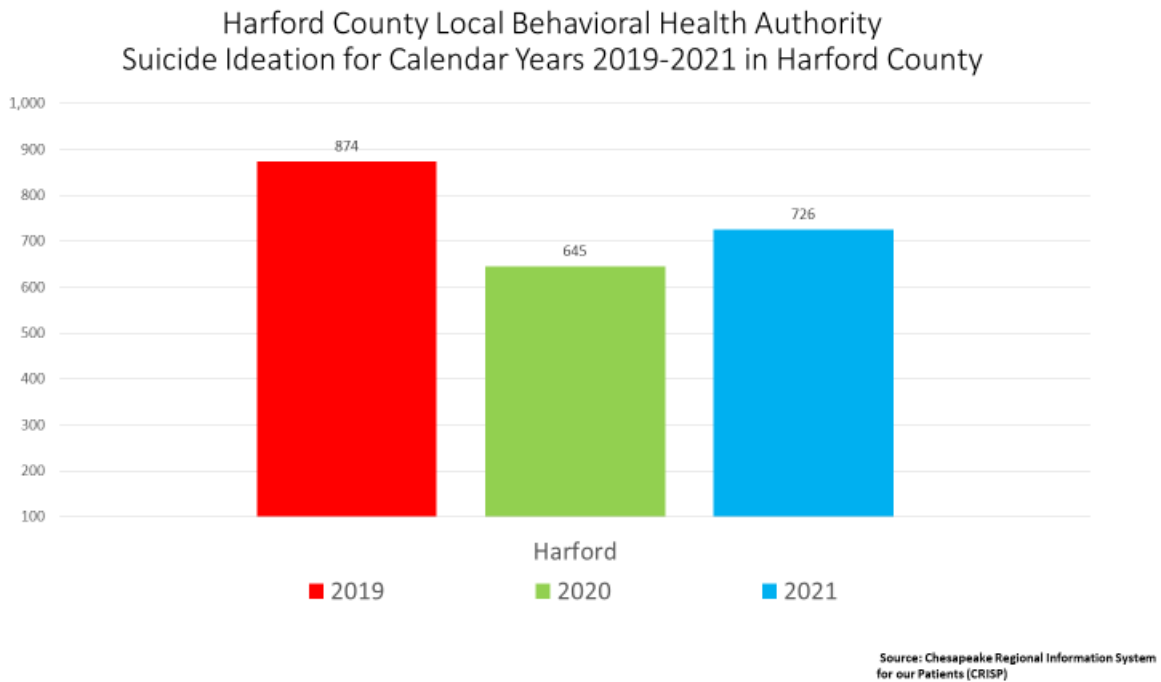


Figure 10

The bar graph above provides data on suicide ideation occurring in Harford County for calendar years 2019 through 2021. From calendar year 2019 to 2020, there were 229 (-26.2%) less emergency department presentations for suicide ideation in Harford County. This decrease may be attributed to the impact COVID-19 had on hospitals, where individuals were less likely to access the emergency department due to fears of being exposed to coronavirus. There was an uptick of suicide ideation presentations from calendar year 2020 to 2021. This uptick of 81 more presentations (12.6%) could be related to pandemic changes (loss of loved one to virus, end of emergency mandates and restrictions, vaccinations). It should be noted suicide ideation presentations during the pandemic were lower than pre-pandemic data.

As the COVID-19 pandemic continues, children and adolescences have returned to in-person learning. HCPS reported an increase in symptoms of anxiety and depression among students. For the 2021-2022 school year, HCPS reports there have been a significant increase in the number of suicidal ideation reports. However, having a 24/7 hotline and mobile crisis team, as well as the Klein Family Harford Crisis Center, have been a factor in diverting youth from the emergency departments.

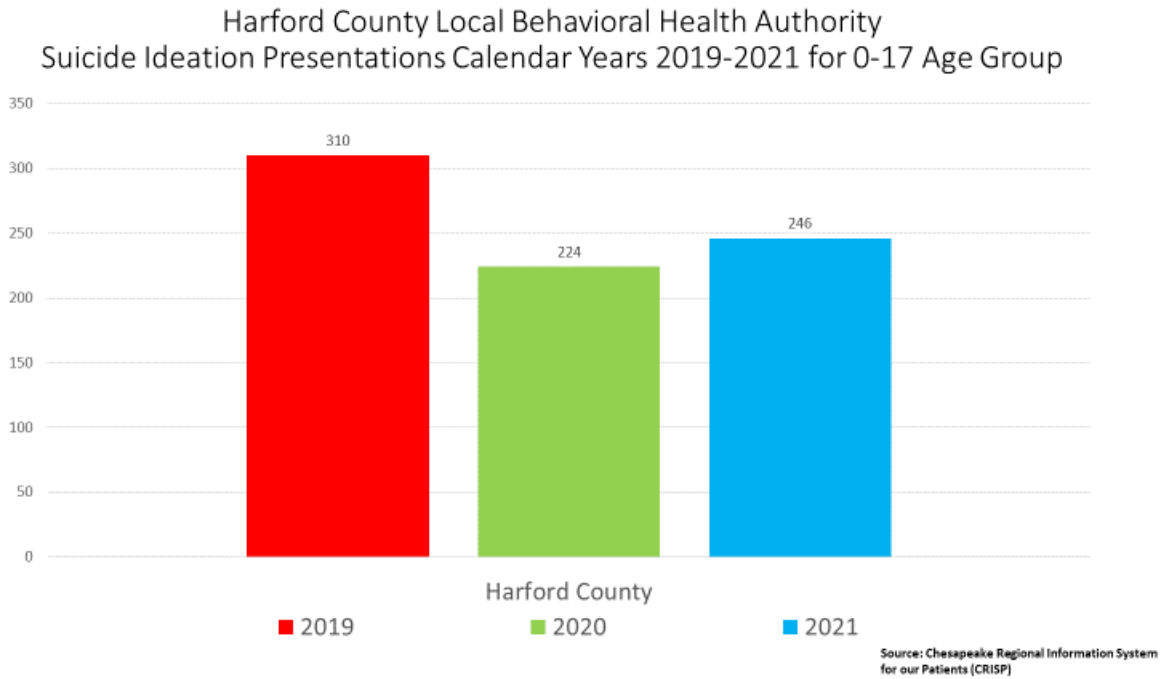


Figure 11

The bar graph above is a calendar year comparison of suicide ideation presentations in Harford County for youth 0-17 years old. From calendar years 2019 to 2020, suicide ideation presentations among youth decreased by 86 events (-27.7%); whereas calendar year 2021 reported an increase from previous year of 22 incidents (9.8%). This is slightly below the overall increase reported among all age groups for the same time span (12.6%). Between 2019 and 2020, there was an increase in Question, Persuade, Refer (QPR) suicide prevention trainings offered to Harford County Public Schools (HCPS). Many HCPS staff participated in these trainings, and there were efforts to provide large training events which occurred for the school system which included bus drivers and school counselors.

With the opening of the Klein Family Harford Crisis Center (KFHCC), children and adolescents have been able to be diverted from the emergency department and connected with outpatient mental health treatment. Although the KFHCC intended to serve adults, they took a “no wrong door” approach when it came to meeting the needs of the community. The KFHCC continues to coordinate care for youth as young as five in the walk-in center and the outpatient mental health center.

During the COVID-19 pandemic families have been able to access mental health services via telehealth, and according to local behavioral health professionals, there has been an increased need for outpatient therapy. During the pandemic’s peak, HCPS and many child serving agencies were virtual. Because of this, adults who would typically be informed by youth about suicidal ideations were not as connected to those youth.

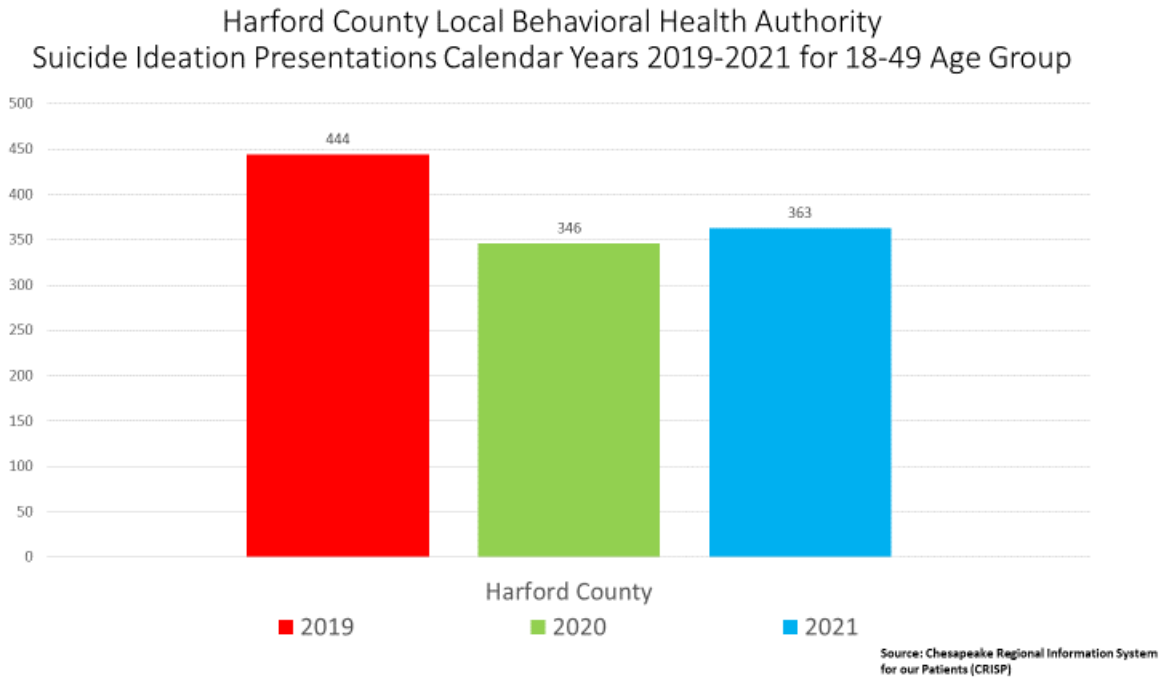


Figure 12

Like the 0-17 age group, the 18-49 age group reported a decrease in suicide ideation presentations between calendar years 2019 to 2020 and a slight increase from calendar years 2020 to 2021. There was a reduction of 98 presentations (-22.1%) between 2019 to 2020 and an increase of 17 presentations from 2020 to 2021 which represents an increase of 4.9%. The decrease in suicide ideation presentations in 2020 may be attributed to the suicide prevention initiatives occurring throughout Harford County, including widespread marketing for 1-800-NEXT-STEP (crisis hotline). In 2020, the Office on Mental Health transitioned crisis response services under the agency's umbrella, creating Harford Crisis Response. Harford Crisis Response operates the crisis hotline and mobile response teams. The team made every effort to meet with people in person, something the previous provider was not doing during the pandemic. By encouraging the mobile response teams to conduct face-to-face dispatches, it is believed this increased engagement within the system and the likelihood individuals would follow through on referrals to outpatient treatment and community resources.

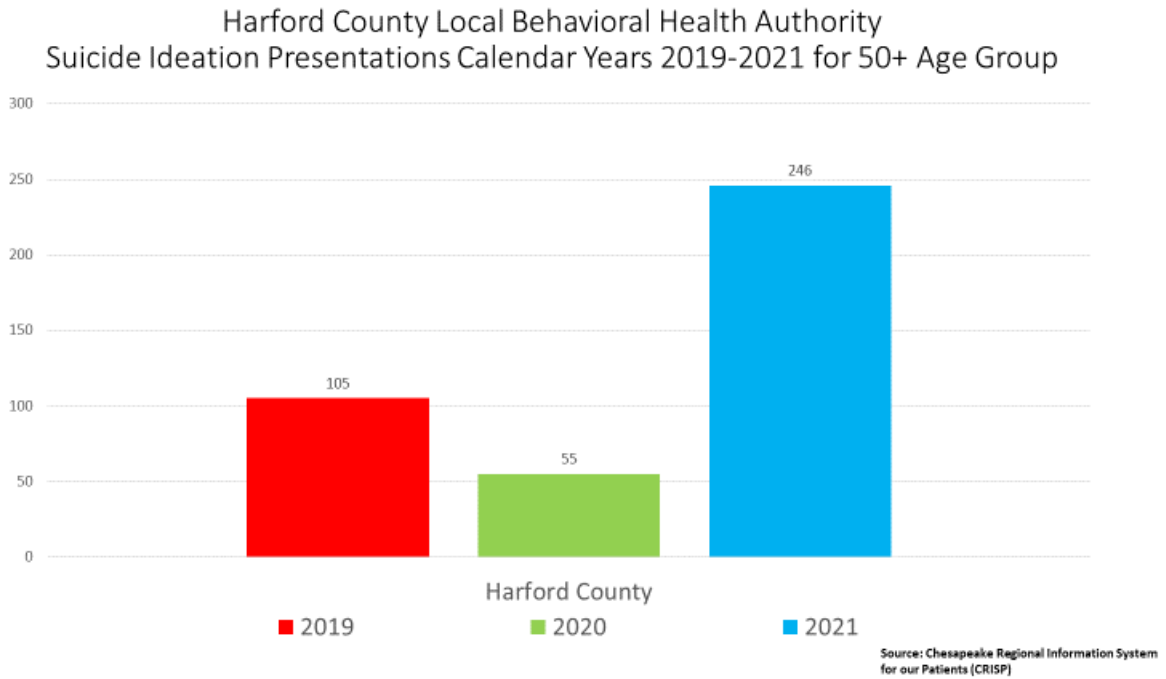
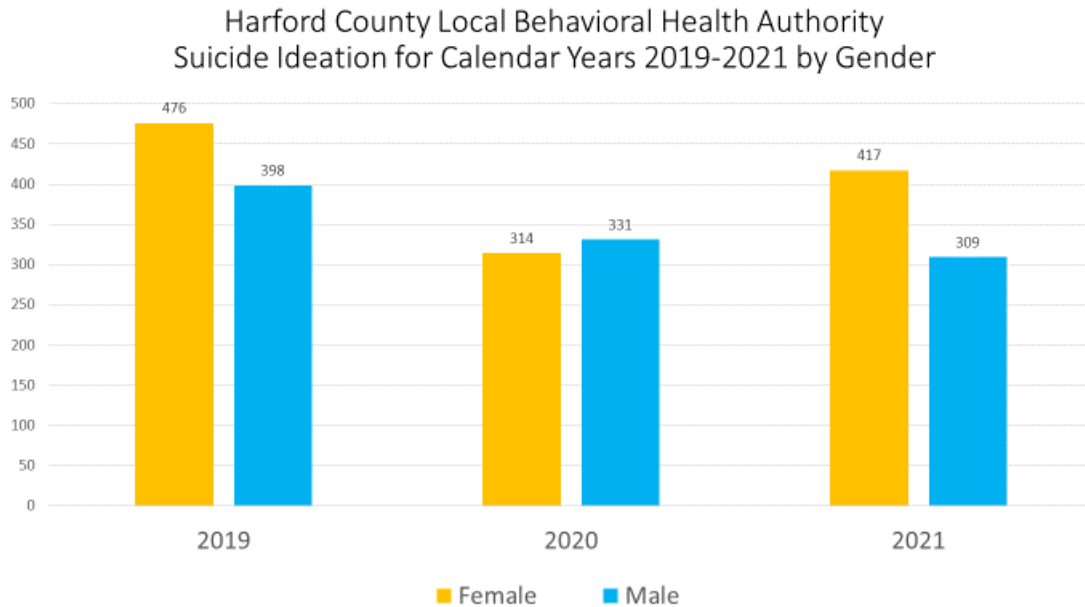


Figure 13

Figure 13 shows suicide ideation presentations for calendar years 2019 to 2021 for the 50 and over age group. Like the 0-17 and 18-49 age groups, the 50+ age group reported a decrease in suicide ideation presentations from 2019 to 2020 and an increase in presentations from calendar years 2020 to 2021. However, this age group had the most significant percentage changes between the three calendar years. From calendar years 2019 to 2020, there was a reduction of 50 presentations (-47.6%); however, from calendar years 2020 to 2021 the number of suicide ideation presentations increased dramatically by 191 presentations. This number represents an alarming 347.3% increase of suicide ideation presentations for people 50+. This increase is likely attributed to the COVID-19 pandemic and feelings of isolation and hopelessness. Initially, this group consisted of ages that were more vulnerable to becoming seriously ill and increased rates of death from the coronavirus. After a substantial amount of time being confined and restrictions easing, individuals in this age group may have felt safer (from COVID-19) entering a hospital. Many people in this age group could be living alone, unable to visit with friends and family, thus contributing to the feelings of isolation, hopelessness, and increased anxiety due to being an at-risk population.



Source: Chesapeake Regional Information System
for our Patients (CRISP)

Figure 14

Figure 14 provides data on suicide ideation presentations for calendar years 2019-2021 by gender. For females, data shows a substantial decrease from 2019 to 2020 (162 incidents; -34%), followed by an increase of 103 incidents (32.8%) from 2020 to 2021. Suicide ideation among males differed as there was a reported decrease every year between calendar years 2019 and 2021. There were 89 less incidents reported from 2019 to 2021, which is a reduction of -22.4%. The overall decrease in 2020 could be due to COVID-19 and many people avoiding hospitals or medical offices unless necessary. Recognizing the impact COVID-19 may have on mental wellbeing, the Local Behavioral Health Authority increased suicide prevention efforts and focused on outreach and increasing Question, Persuade, Refer (QPR) trainings. The increase of suicide ideation presentations in 2021 may be related to better management of COVID-19 and individuals feeling more comfortable with addressing their behavioral health needs. The overall decrease in suicide ideation presentations from 2019 may be a reflection of the county wide suicide prevention efforts.

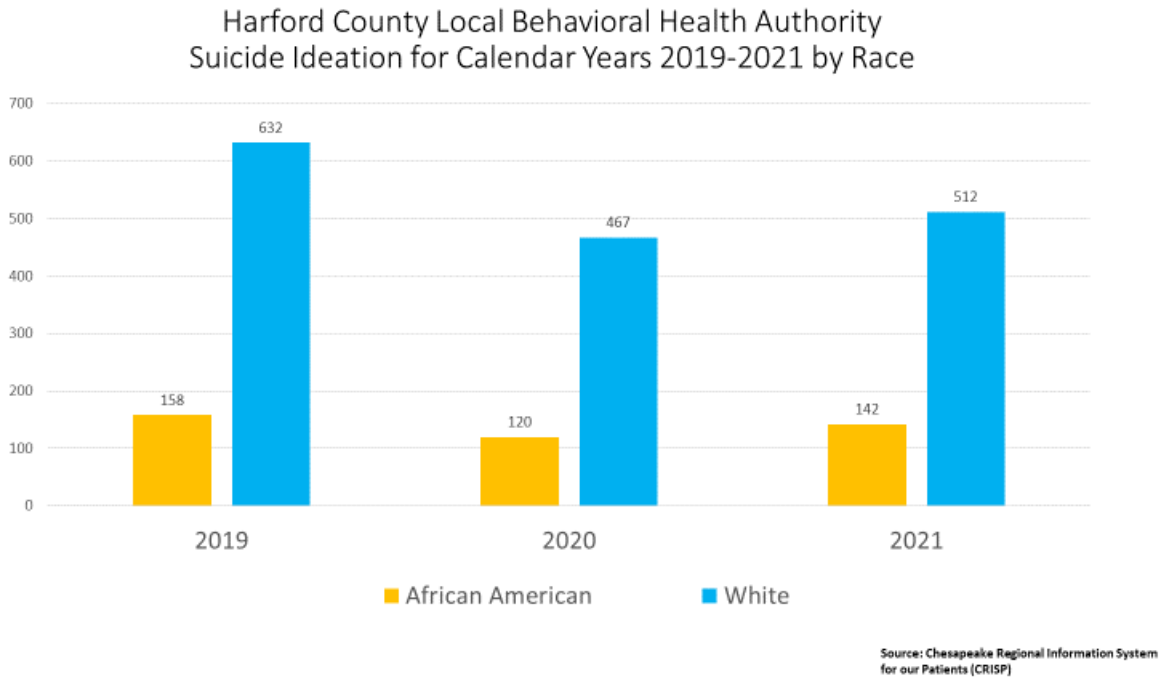


Figure 15

The bar graph above highlights data on suicide ideation for calendar years 2019 through 2021 separated by race. Data for both African Americans and Whites follow similar trends whereas suicide ideation rates decreased from 2019 to 2020 and increased in 2021. Percentage rate decreases were similar for both races from 2019 to 2020. For African Americans, there was a decrease of -24.1% and for Whites, the decrease was -26.1%. Rates of increase from 2020 to 2021 were more separated between the two races. African Americans reporting suicide ideation increased by 18.3% whereas the increase for suicide ideation presentations among Whites was 9.6%. As noted previously, the overall reduction of suicide ideation presentations is most likely attributed to the pandemic and individuals avoiding hospitals and other medical practices. People were still able to access the Klein Family Harford Crisis Center, and Harford Crisis Response provided in-person responses.

Number of Any Overdose Presentations				Percent Changed Over Time		
Year	2019	2020	2021	CY19-CY20	CY20-CY21	Y19-CY21
Total	1240	1117	1124	-9.92%	0.63%	-9.35%

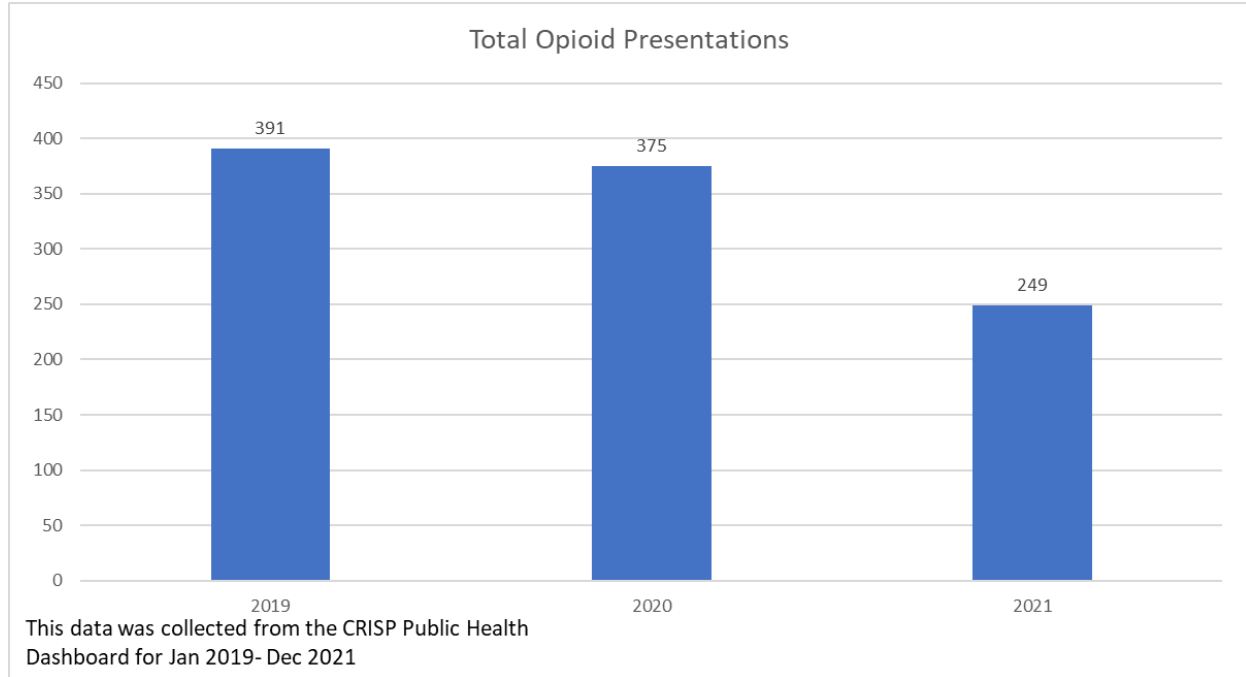


Figure 16

In Harford County, opioid related overdose presentations decreased by 9.92% from CY 2019 to CY 2020, increased by .63% from CY 2020- CY 2021, and a total of decrease over three years of -9.35%. Hospital presentations have been on a decline over the past three in years in Harford County due to many reasons. One reason may be due to saturation of the lifesaving drug, Naloxone, throughout the county. Naloxone, more specifically Narcan, can be obtained at no cost at the Harford County Health Department. Harford County Health Department has also partnered with Klein’s ShopRite to dispense Narcan. Narcan may also be obtained from any Klein’s ShopRite Pharmacy in Harford County without a prescription and free of charge. Harford County also has many harm reduction efforts. Voices of Hope of Cecil and Harford Counties has helped to initiate syringe services which includes safe use supplies, education, and connections to resources. There are also many awareness campaigns on a county and a state level in all ranges of media including social media, billboards, and television commercials.

Number of Any Overdoses By Race				Percent Change			
	2019	2020	2021		CY19-20	20-21	CY19-CY21
African American	50	56	138		12.00%	146.43%	176.00%
White	328	308	211		-6.10%	-31.49%	-35.67%

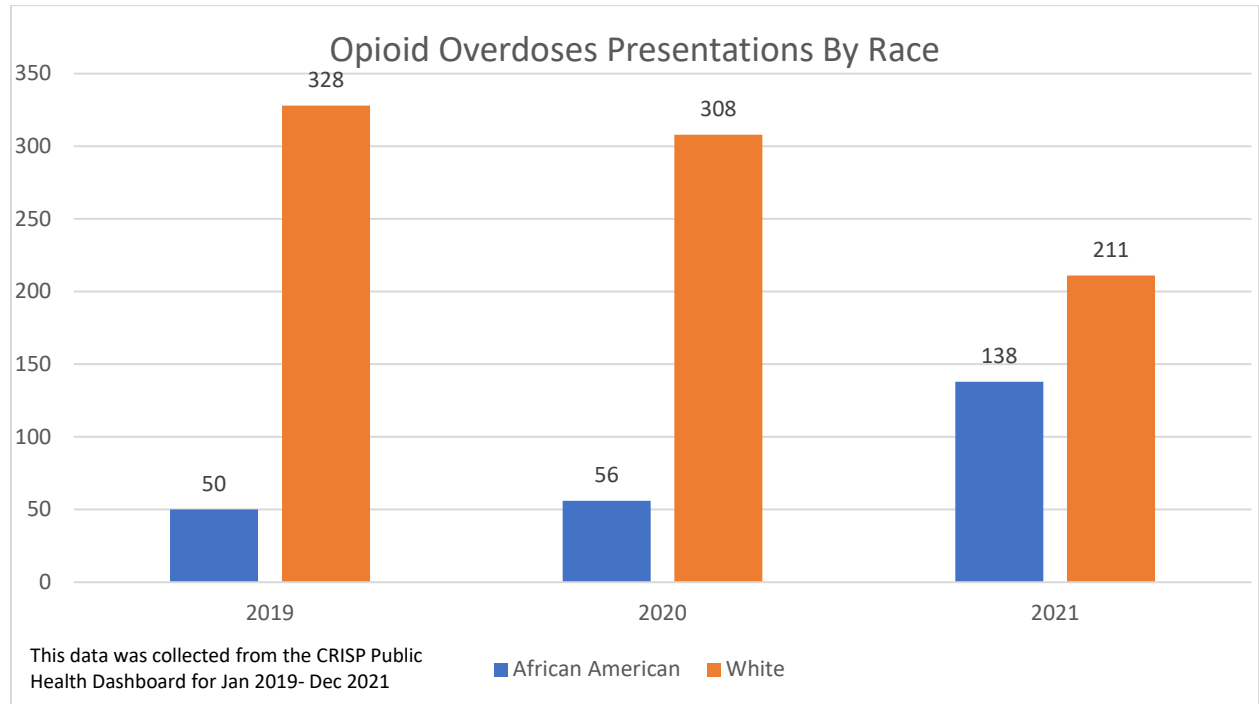


Figure 17

The chart above provides a visualization of Harford County’s total opioid overdose presentations for calendar years 2019-2021 by race (African American and White). All other races had 10 or less presentations, have been suppressed, and were not included in this chart or data table. From 2019-2020, opioid presentations for Harford County African American population increased by 12%. White Harford County residents had a decrease of -6.1% during the same period. Between calendar years 2020-2021, opioid overdose presentations for African American residents increased by 146.4%; whereas white residents had a decrease of -31.5%. For all three years, 2019-2021, the African American group saw an increase of 176%. White residents had a total change over the same three-year period of -35.67%. The state of Maryland, as well as Harford County are focused on supporting and implementing programs and initiatives to address this stark contrast between white and African American SUD rates. Harford County had four Minority Outreach Technical Assistance (MOTA) programs in fiscal year 2021 and are still working with those providers to help address this disparity to provide treatment, education, and resource in minority communities.

Number of Any Overdoses By Age				Percent Change Over TIME		
	2019	2020	2021	CY19-CY20	CY20-CY21	CY19-CY21
0-25 Years Old	28	24	83	-14.29%	245.83%	196.43%
26-64 Years Old	273	243	103	-10.99%	-57.61%	-62.27%
65+ Years Old	83	236	99	184.34%	-58.05%	19.28%

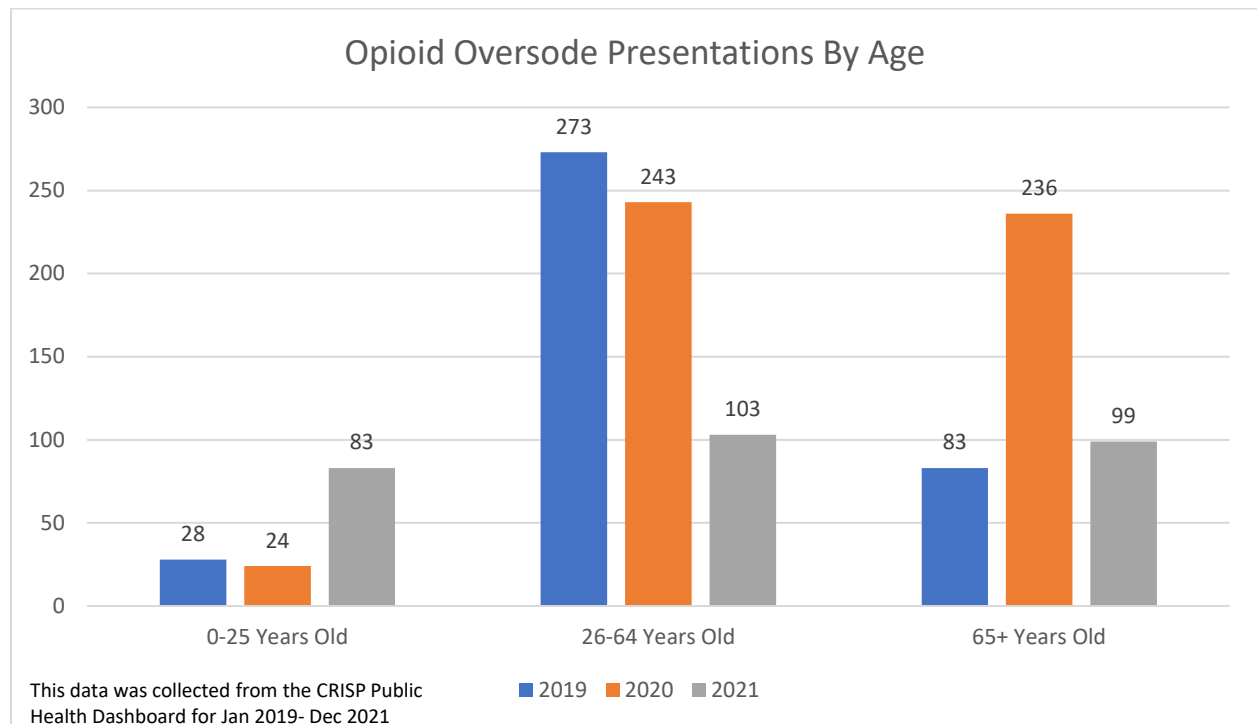


Figure 18

The chart above provides data on opioid overdose presentations for calendar years 2019-2021 by age group. Between calendar years 2019-2020, opioid overdose presentations among age group 0-25 residents had a decrease of -14.29%, the 26-64 age group had a decrease of -10.99%, and the 65+ age group had an increase of 184.34%. In calendar years 2020-2021, the 0-25 age group had an increase of 245.83%, the 26-64 age group had a decrease of -57.61%, and the 65+ age group had a decrease of -58.05%. Across all three years, 2019-2021, the 0-25 age group had a total change of 196.43%, the 26-64 age group had a decrease of -62.27%, and the 65+ age group had an increase of 19.28%. Age group 65+ has had 10 or less presentations for 2019-2021. It is important to note this data was supplied by the Crisp Public Dashboard, and it conflicts with the data from ESSENCE for calendar years 2019-2020. The biggest spikes appear to be in 2020 for 26-64 and 65+ age groups. COVID-19 mandates may have attributed to the spikes in 2020. According to a CDC study of mental health, a survey given in June of 2020, 40.9% of respondents reported at least one adverse mental or behavioral health condition directly attributed to stay-at-orders and social distancing.

Number of Any Overdoses By Gender			Percent Changed Over Time		
Year	Male	Female		Male	Female
2019	194	197	2019-2020	0.52%	-8.63%
2020	195	180	2020-2021	8.21%	-23.33%
2021	211	138	2019-2021	8.76%	-29.95%

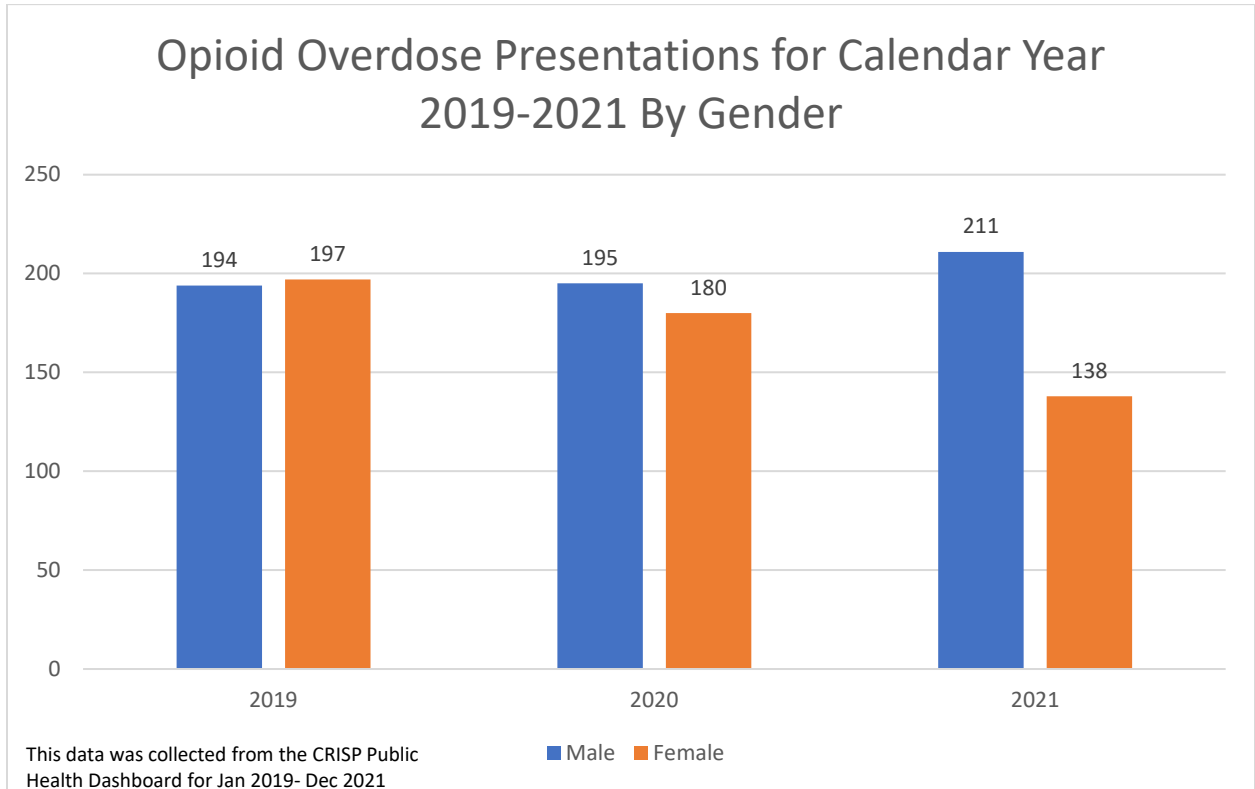


Figure 19

The chart above is a visualization of opioid presentations for calendar years 2019-2021 by gender. From 2019-2020, male residents had an increase of 0.52% whereas females had a decrease of -8.63%. From calendar years 2020-2021, males had an increase of 8.21% and females had a decrease of -23.33%. For all three calendar years, 2019-2021, males had a total increase of 8.76% and females had a total decrease of -29.95%.

HARFORD COUNTY FATAL OVERDOSE INCIDENT AND DECEDENT DATA

OFR DASHBOARD Fatal Overdose for Calendar Years 2019-2021 by			
Cause of Death	Year 2019	Year 2020	Year 2021
Any Opioid	101	40	85
Prescription Opioids	19	9	18
Fentanyl	86	32	95
Cocaine	36	59	52

% Change Over Time		
CY 19-20	CY 20-21	CY 19-21
-60.40%	112.50%	-15.84%
-52.63%	100.00%	-5.26%
-62.79%	196.88%	10.47%
63.89%	-11.86%	44.44%

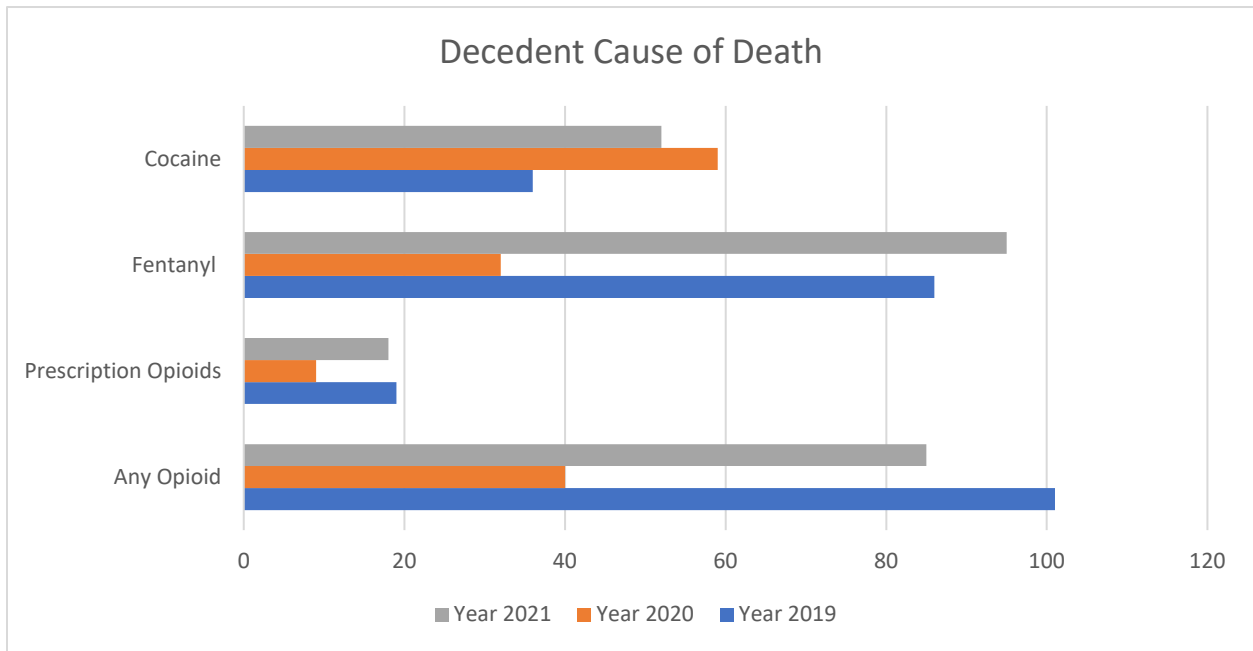


Figure 20

The most notable change relates to a decrease in causes of death in the calendar year 2020. All categories for Causes of Death, except for cocaine, experienced a decrease. There was a significant decrease in the Any Opioid and Fentanyl categories; however, the Overdose Fatality Review (OFR) Dashboard shows an increase in the cause of death for the following: (1) Acryl Fentanyl in calendar year 2019 equaled 2, and in calendar year 2020 equaled 24; and (2) Carfentanil in calendar year 2019 equaled 0, and in calendar year 2020 equaled 22.

There seems to be no reasonable explanation as to why there was a decrease in all categories except cocaine. These trends do not follow the state average, and the data seems to conflict with the Maryland Department of Health's Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020 report.

OFR DASHBOARD Fatal Overdose for Calendar Years 2019-2021 by				% Change Over Time		
Race/Ethnicity	Year 2019	Year 2020	Year 2021	CY 19-20	CY 20-21	CY 19-21
Hispanic	SUPRESSED	SUPRESSED	SUPRESSED	N/A	N/A	N/A
NH White	96	88	89	-8.33%	1.14%	-7.29%
NH Black	19	21	25	10.53%	19.05%	31.58%
NH Other	SUPRESSED	SUPRESSED	SUPRESSED	N/A	N/A	N/A
NH API	SUPRESSED	SUPRESSED	SUPRESSED	N/A	N/A	N/A
Unknown	SUPRESSED	SUPRESSED	SUPRESSED	N/A	N/A	N/A

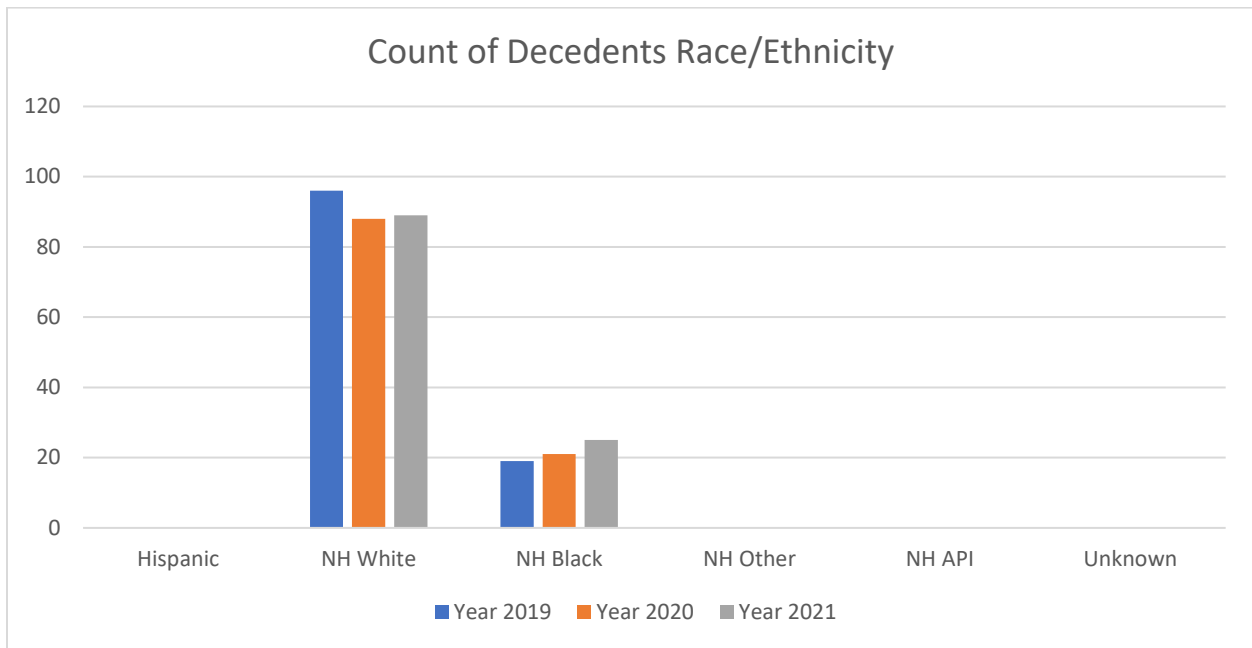


Figure 21

The most notable trend related to Count of Decedent Race/Ethnicity is a decrease in the number of Non-Hispanic White fatal overdoses and the increase in the Non-Hispanic Black overdoses. Data shows that between calendar years 2019 and 2021, Non-Hispanic Whites experienced a -7.29% decrease in the number of fatal overdoses. Data also shows a 31.58% increase in the number of fatal overdoses experienced by Non-Hispanic Blacks.

In July of 2021, the United States Census Bureau estimated Harford County’s total population at 260,924. Percentages by Race and Hispanic Origin estimated Whites alone, not Hispanic or Latino at 75.1%, and Black African American alone at 14.8%. Demonstrated in the equations below, the estimated number of Non-Hispanic Whites residing in Harford County totals 195,953.92, and the estimated number of Non-Hispanic Blacks residing in Harford County totals 38,616.75.

The US Census Bureau 2021 Population Estimates
0.751 * 260,934 = 195,953.92 Non-Hispanic Whites residing in Harford County
0.148 * 260,924 = 38,616.75 Non-Hispanic Blacks residing in Harford County

It is important to note that Non-Hispanic Blacks (NH Blacks) are experiencing fatal overdoses at a disproportionate rate when compared to Non-Hispanic Whites (NH Whites) in Harford County. Additionally, the drug overdose mortality rate for NH Blacks increased every year since calendar year 2019 while NH White mortality rates decreased. Below is a data table that shows the drug overdose mortality rate (per 100,000 population) by race.

Drug Overdose Mortality Rate (per 100,000 population) for Calendar Years 2019 – 2021 by Race/Ethnicity			
Race/Ethnicity	Year 2019	Year 2020	Year 2021
NH White	49	45	45
NH Black	49	54	65

OFR DASHBOARD Fatal Overdose for Calendar Years 2019-2021 by Gender			
Gender	Year 2019	Year 2020	Year 2021
Male	83	73	91
Female	35	38	27

% Change Over Time		
CY 19-20	CY 20-21	CY 19-21
-12.05%	24.66%	9.64%
8.57%	-28.95%	-22.86%

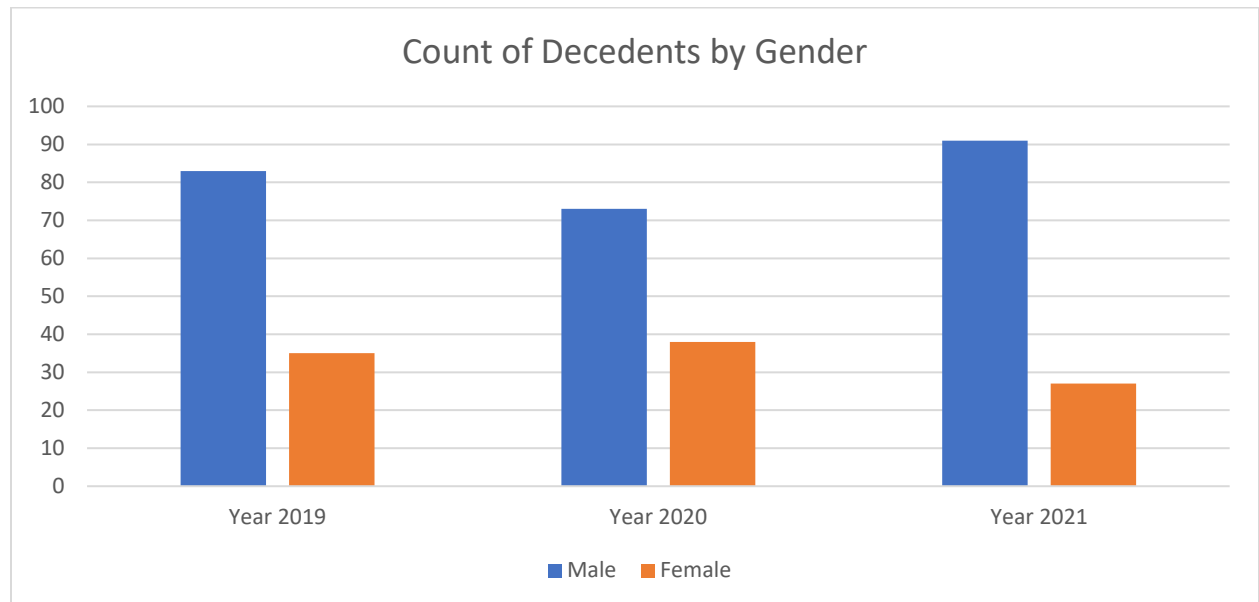


Figure 22

Between calendar years 2019 and 2021, men have consistently experienced more fatal overdoses than women, and this trend follows the state average. In a Research Report titled

"Sex and Gender Differences in Substance Use", the National Institute on Drug Abuse uses data provided by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ) to show that men are more likely than women to use almost all types of illicit drugs, and illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women¹.

OFR DASHBOARD Fatal Overdose for Calendar Years 2019-2021 by			
Age	Year 2019	Year 2020	Year 2021
<25	<i>SURPRESSED</i>	<i>SURPRESSED</i>	<i>SURPRESSED</i>
25-34	32	33	30
35-44	41	36	30
45-54	23	18	24
55+	18	19	26

% Change Over Time		
CY 19-20	CY 20-21	CY 19-21
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
3.13%	-9.09%	-6.25%
-12.20%	-16.67%	-26.83%
-21.74%	33.33%	4.35%
5.56%	36.84%	44.44%

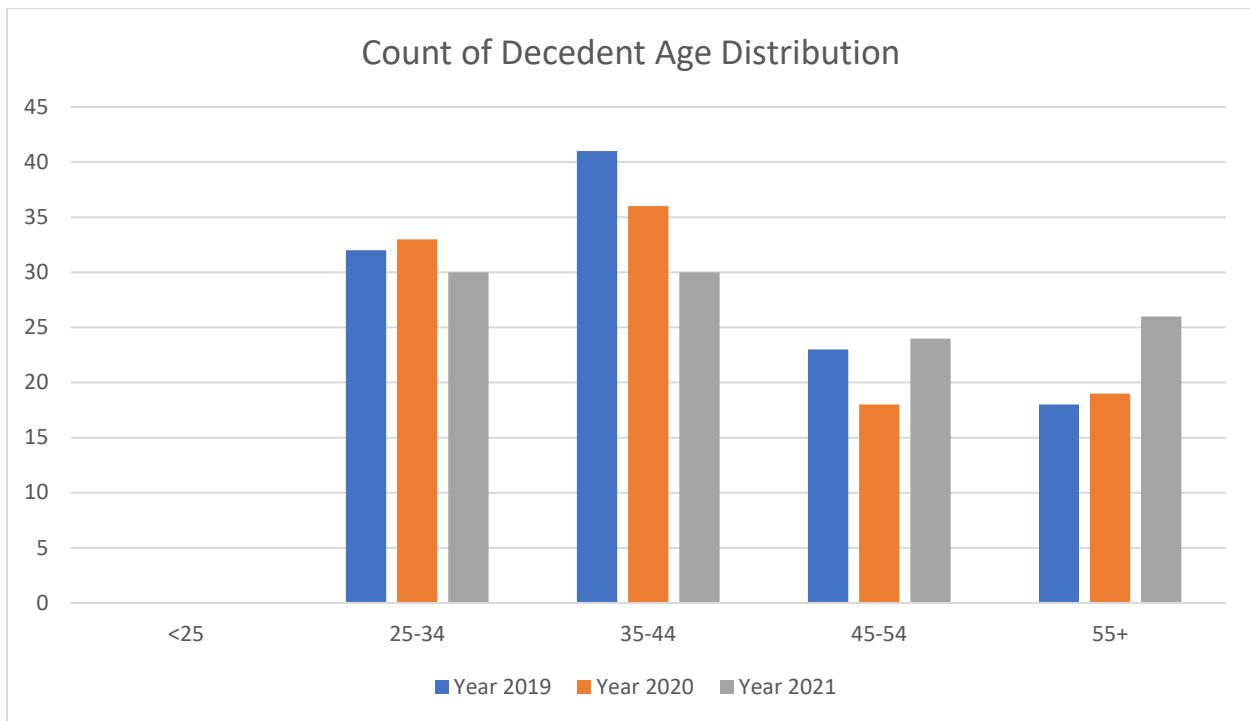


Figure 23

When compared to data for the entire state of Maryland, Harford County experienced the same fatal overdose trends for the age group of 0 to 25 years of age. This age group continues to have the least number of fatal overdoses in Harford County and the entire state. Another significant trend was a decrease in the number of fatal overdoses between the ages of 35-44 and an increase in the number of fatal overdoses for ages 55 and older.

¹ National Institute on Drug Abuse. *Substance Use in Women Research Report: Sex and Gender Differences in Substance Use*. April 2020. <https://nida.nih.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use>. Accessed March 17, 2022.

Harford County Local Behavioral Health Authority
FY 2023 Annual Plan

In a study conducted by Northwestern Medicine, researchers suggested that ageism is a contributing factor for the increase in fatal overdoses among older adults². Researchers found that doctors often don't screen for drug misuse with older patients because drug misuse doesn't fit the older adult stereotype. Other contributing factors suggested by researchers included: (1) social isolation and depression, (2) exposure to medically prescribed opioids for chronic conditions, and (3) declining cognitive functions that may interfere with taking prescriptions as prescribed.

Individuals (Age 12+ As of 01/19/2022) Served in the Public Behavioral Health System Since January 2020 By Vaccination Status Count by Provider Jurisdiction Based on Claims Paid through 11/21/2021						Individuals (Age 12+ As of 01/19/2022) Served in the Public Behavioral Health System Since January 2020 By Vaccination Status Count by Individuals Jurisdiction Based on Claims Paid through 11/21/2021					
Provider Jurisdiction	Individuals Served	Partially Vaccinated	% Partially Vaccinated	Fully Vaccinated	% Fully Vaccinated	Jurisdiction of the Individual	Individuals Served	Partially Vaccinated	% Partially Vaccinated	Fully Vaccinated	% Fully Vaccinated
ALLEGANY	3,711	196	5%	1,474	40%	ALLEGANY	4,127	216	5%	1,521	37%
ANNE ARUNDEL	11,892	770	6%	6,127	52%	ANNE ARUNDEL	13,299	878	7%	6,837	51%
BALTIMORE CITY	45,636	3,509	8%	23,851	52%	BALTIMORE CITY	52,871	4,112	8%	26,677	50%
BALTIMORE COUNTY	28,396	2,002	7%	14,193	50%	BALTIMORE COUNTY	18,054	1,136	6%	9,586	53%
CALVERT	1,446	88	6%	690	48%	CALVERT	2,024	139	7%	1,004	50%
CAROLINE	409	26	6%	178	44%	CAROLINE	1,442	85	6%	601	42%
CARROLL	2,929	170	6%	1,461	50%	CARROLL	3,777	234	6%	1,868	49%
CECIL	3,531	194	5%	1,251	35%	CECIL	4,326	261	6%	1,476	34%
CHARLES	3,154	210	7%	1,577	50%	CHARLES	2,987	191	6%	1,501	50%
DORCHESTER	1,706	129	8%	798	47%	DORCHESTER	1,834	122	7%	789	43%
FREDERICK	6,463	428	7%	3,600	56%	FREDERICK	5,896	346	6%	3,339	57%
GARRETT	823	48	6%	308	37%	GARRETT	999	58	6%	346	35%
HARFORD	6,818	384	6%	3,104	46%	HARFORD	7,250	405	6%	3,409	47%
HOWARD	4,548	271	6%	2,937	65%	HOWARD	4,192	251	6%	2,670	64%
KENT	590	32	5%	302	51%	KENT	834	69	8%	373	45%
MONTGOMERY	10,732	703	7%	7,342	68%	MONTGOMERY	12,648	835	7%	8,676	69%
PRINCE GEORGE'S	19,207	1,307	7%	10,178	53%	PRINCE GEORGE'S	14,825	1,053	7%	8,472	57%
QUEEN ANNE'S	817	47	6%	410	50%	QUEEN ANNE'S	1,001	52	5%	479	48%
SOMERSET	1,756	115	7%	790	45%	SOMERSET	1,199	76	6%	486	41%
ST. MARY'S	1,786	126	7%	852	48%	ST. MARY'S	2,645	178	7%	1,266	48%
TALBOT	2,082	128	6%	965	46%	TALBOT	1,146	81	7%	597	52%
WASHINGTON	6,917	381	6%	2,757	40%	WASHINGTON	7,535	434	6%	2,854	38%
WICOMICO	4,287	227	5%	1,867	44%	WICOMICO	4,387	263	6%	1,967	45%
WORCESTER	1,888	113	6%	840	44%	WORCESTER	2,226	129	6%	1,058	48%
Total	171,524	11,604	7%	87,852	51%	Total	171,524	11,604	7%	87,852	51%

Notes:
Due to the MDH network access issues, the only update in this report is the vaccination status of the individuals reported in the last report dated December 2, 2021.

Figure 24

The charts above provide information on vaccination status and information is separated out by public behavioral health system provider jurisdiction locations and jurisdictions where individuals reside.

The Harford County Health Department has been responding to the COVID-19 pandemic for the entirety of fiscal year 2021. The Health Department's Clinical Health Bureau stepped up and took the lead on contact tracing, COVID testing, and COVID vaccinations. Other health department staff stood side by side with the clinical health staff by helping with vaccine clinics, the call center, PPE deliveries, data tracking, communications, business compliance, and testing. The Harford County Health Department partnered with Harford County Public Schools, University of Maryland Upper Chesapeake Health System, local volunteers, faith-based communities, and the Maryland Vaccine Equity Task Force for vaccination efforts. From

² Northwestern University. *Older adult opioid overdose death rates on the rise*. January 11, 2022. <https://news.northwestern.edu/stories/2022/01/older-adult-opioid-overdose-death-rates-on-the-rise/#:~:text=Between%201999%20and%202019%2C%20opioid,2019%3A%20a%201%2C886%25%20increase>. Accessed March 17, 2022.

December 30, 2020 to June 30, 2021, over 28,000 people were vaccinated by the health department and over 142,000 individuals were vaccinated in total.

The Harford County Health Department (HCHD) has been diligent with vaccination efforts. The state Center for Immunization began holding vaccination-planning meetings the last week in August 2020. Local public health emergency planners began organizing vaccination clinics in September 2020. A new software system, called PrepMod, was introduced to ensure vaccinations were immediately recorded, once they were administered, in the state Immunization System, called ImmuNet. The system was also crucial for its ability to create clinic appointments to maintain social distancing. Clinics began in December 2020 with clinic size being initially determined by the amount of vaccine HCHD received. Clinics continued to be held until the community demand was met. HCHD is focused on providing vaccination boosters and vaccinating children ages 5-11. As soon as the Harford County Health Department received the COVID-19 vaccine, the Harford County Health Department and LAA reached out to all providers to make sure they were able to receive the vaccine along with their staff. The Health Department was proactive in reaching out to providers and scheduling them as soon as they were eligible.

F. FY 2023 Goals and Objectives

Goal #1: Increase oversight efforts to improve quality of care

Objective: During FY 2023, the Harford County LBHA will ensure coordination of behavioral health oversight, complaint resolution, track/monitor licensing and credentialing, and strengthen culturally and linguistically competent behavioral health services of providers

Strategies:

- ❖ Review and update conflict and grievance forms to ensure content is culturally and linguistically competent and health literate
- ❖ Educate and promote use of the LBHA universal grievance form to ensure behavioral health complaints are responded to in a consistent and timely manner
- ❖ Create and disseminate a satisfaction survey to track and solicit feedback regarding the complaint resolution experience
- ❖ Extract components of BHA's audit and monitoring form to refine the LBHA's process of sub-vendor monitoring to strengthen local oversight and ensure compliance
- ❖ Develop and implement a provider newsletter to include ASO updates and audit outcome trends, COMAR regulation changes and requirements, best practices, and technical assistance for program licensing and credentialing

Performance Measure: The Harford County LBHA will utilize quarterly satisfaction surveys to capture improved provider quality and client satisfaction.

Performance Target: 75% of disseminated satisfaction surveys will report a positive experience.

Goal #2: Increase public outreach and education efforts

Objective: During FY 2023, the Harford County LBHA will increase public outreach and education efforts designed to increase awareness and reduce the stigma associated with mental health and substance use issues. The Harford County LBHA will solicit feedback from stakeholders/community members, individuals, and families to measure effectiveness of public outreach and educational events.

Strategies:

- ❖ Utilize the Mental Health Addictions Advisory Council (MHAAC), Local Health Improvement Coalition (LHIC) Behavioral Health Workgroup, and the Harford County OCCC Opioid Intervention Team (OIT) to establish a formal platform to ensure public behavioral health communication and materials are coordinated and reduce duplication efforts.
- ❖ Provide bi-annual educational sessions at the MHAAC/LHIC/OIT on youth and adolescent behavioral health treatment to educate county leadership, law enforcement, health and medical, education, human services, and community organization professionals. Sessions will include information on navigating specific referrals for youth and adolescent behavioral health services in Harford County.
- ❖ Develop a formal process where the feedback received from individuals, family members, and public and private entities, can be compiled and shared among behavioral health staff. Utilize feedback to adjust and target behavioral health communication strategies. Create a feedback section on the Harford County LBHA's website to help aid in evidence-based decision making.
- ❖ Track website content to ensure user friendliness and monitor utilization to make evidence-based decisions to determine topics for educational forums and public outreach campaigns
- ❖ Create a central access point for community members regarding public training, education, and awareness efforts in Harford County
- ❖ Work collaboratively with community stakeholders to develop monthly training, education, and public awareness efforts to include MHFA, QPR, Talk Saves Lives, CIT

Performance Measure: The Harford County LBHA will facilitate 12 public education, training, and awareness efforts.

Performance Target: 75% of survey respondents will say their knowledge of behavioral health has increased by attending a public education, training, or an outreach event.

G. Mental Health and Addictions Advisory Council (MHAAC) Approval



Mental Health & Addictions
Advisory Council



Public Health
Prevent. Promote. Protect.
Harford County
Health Department



Stephanie Slowly
Deputy Director Systems Management
Behavioral Health Administration
Spring Grove Hospital Center
55 Wade Ave., Dix Building
Catonsville, MD 21228

March 29, 2022

Dear Ms. Slowly,

The Harford County Local Behavioral Health Authority presented their Annual Plan in front of the Harford County Mental Health and Addictions Advisory Council (MHAAC), providing opportunity for comment, input, and questions. The Harford County MHAAC is a comprehensive collaborative of community behavioral health stakeholders including Local Health Improvement Coalition (LHC) Behavioral Health Workgroup members, behavioral health service providers, families affected by behavioral health challenges, Addictions Connection Resources, law enforcement, public schools, local hospitals and others.

After reviewing the Local Behavioral Health Authority's Annual Plan, the MHAAC supports the implementation of this plan in FY 23, and looks forward to continued collaboration with the Harford County Local Behavioral Health Authority to address mental health, substance, and recovery in Harford County.

Respectfully,

A handwritten signature in cursive script that reads "Bari Klein".

Bari Klein
MHAAC Chairperson

Harford County Health Department
Division of Behavioral Health
120 S. Hays Street
Bel Air, MD 21014
410-877-2340

Harford County Government
Department of Community Services - ODCP
125 N. Main Street
Bel Air, MD 21014
410-893-3389

Office on Mental Health
Core Service Agency of Harford County
125 N. Main Street/Rear
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H. CSA Board of Directors Actions



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March 17, 2022

Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director
Maryland Department of Health
Behavioral Health Administration
55 Wade Avenue, Dix Building, SGHC
Catonsville, MD 21228

Dear Dr. Jones,

The Board of Directors of the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) closely monitors the efforts of the OMH/CSA through presentations and information sharing at Board meetings throughout the year, as well as, the work of the Board Committees in coordination with the OMH/CSA staff. The Executive Director and staff keep the Board advised of current activities focused on the health, wellness, and recovery within the Harford County community, and at the State level.

The Board of Directors is updated regularly on local and state behavioral health integration efforts. The OMH/CSA is very much involved with the efforts in Harford County by regular participation in the Mental Health and Addictions Advisory Council, the Local Health Improvement Coalition, and the Opioid Intervention Team.

The goals and proposed activities of the OMH/CSA for FY 2023 and the proposed FY 2023 Administrative Budget were presented to the members of the Board of Directors for their review. The FY 2023 Program Plan and Budget were approved at the March 17, 2022 Board Meeting.

The Board of Directors looks forward to supporting the OMH/CSA Executive Director and staff to implement and carry out the FY 2023 Program Plan. Should you need any additional information, please do not hesitate to jennilandbeck@gmail.com or 443-987-8011.

Sincerely,

Jennilyn Landbeck
Board of Directors' President