

ANNUAL REPORT

Harford County Local Behavioral Health Authority

SFY 2025



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



Harford County Local Behavioral Health Authority
SFY 2025 Annual Report

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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 designated local behavioral health authority (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 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
- Mobile Response and Stabilization Services for Youth
- 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
- 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
- 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)
- 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
- Detention Center MAT Reentry Program
- Overdose survivor outreach
- 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

- Journey to Change
- Law Enforcement Assisted Diversion (LEAD)
- Community SSI/SSDI, Outreach, Access, and Recovery (SOAR)
- State Hospital Discharge Initiative/Permanent Supportive Housing Program

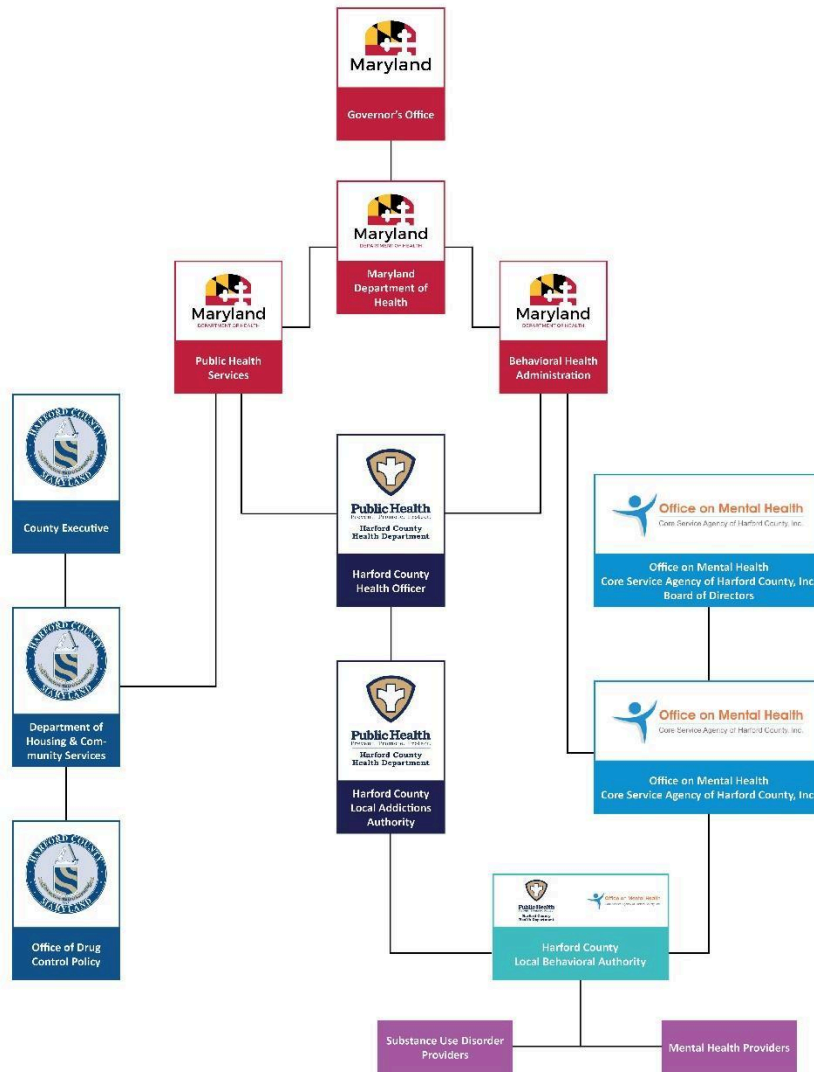
Harford County is a rural county, close to both Pennsylvania and Delaware. It is located along a major highway, I-95, and is relatively close to Baltimore City. According to the United States Census Bureau Population Estimates for 2022, Harford County is home to 263,867 residents. Harford County's population has remained relatively stable since 2020, rising by 2,943 residents (1.1%). There is a marginal amount of racial and ethnic diversity, with 77.2% reporting their race as white, 16.0% African American, 5.3% Hispanic/Latino, 3.3% Asian/Pacific Islander, 3.1% identifying as two or more races, and .4% American Indian/Alaskan Native. In 2022, Harford County's median household income was higher than the state average, with the state average being \$98,461 compared to Harford County's median income of \$106,417. The poverty rate in Harford County, 7.3%, is significantly lower than the state's, at 9.6%. Harford County has a high school graduation rate of 94.2%, which is slightly higher than the state average of 91.0%. Additionally, Harford County's persons without insurance (5.1%) is significantly lower than the state average (7.1%).

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. 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. There are several areas where the organizational structures are intertwined, and the two entities have established an integrated approach functioning as the local behavioral health authority (LBHA). The LBHA has taken numerous steps to strengthen and build upon shared visions and priorities to create a unified systems planning and management entity. Efforts have been put in place to coordinate messaging to educate individuals, families, and the community about behavioral health services.

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 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 Office for Overdose Response.

Harford County Local Behavioral Health Authorities’ Organizational Chart



B. Highlights, Achievements, New Developments, & Challenges

Mental Health Awareness Campaign

In fiscal year 2023, the Harford County Local Behavioral Health Authority (LBHA) planned a mental health awareness campaign for the month of May. During the month of May, the LBHA

raised awareness throughout Harford County to decrease stigma, raise awareness, and facilitate a community conversation about mental health. To raise awareness, the LBHA developed a multi-media campaign to reach a diverse population of Harford County residents. The LBHA distributed a press release, digital marketing materials, yard signs, and flyers to local businesses, behavioral health providers, community stakeholders, and others to promote mental health awareness. The LBHA sponsored billboards, radio advertisements, and a social media campaign on a county sports app. The goal of the mental health awareness campaign was to start a community conversation. To engage the community, the LBHA developed a butterfly campaign which included selfie stations, fluttering neighbors' yards with butterfly yard stakes, and a community mental health event.



The Harford County Local Behavioral Health Authority (LBHA) partnered with the Klein Family Harford Crisis Center (KFHCC) and Harford County Public Schools (HCPS) to host the second Your Mind Matters: A Family Wellness Night. The event was hosted at Leidos Field at Ripken Stadium where over 5,000 people enjoyed an evening with a variety of family friendly activities and resource vendors. The free event provided fun for the whole family including crafts, a petting zoo and pony rides, bounce house, games on the field, a rock-climbing wall, photo booth, dance party, refreshments, concession, family resource vendors, and more. The event was extremely successful and well received by the community.

Opioid Treatment Program (OTP) Peer Expansion

In fiscal year 2023, the Harford County Local Behavioral Health Authority (LBHA) partnered with Ashley Addiction Treatment for the OTP & Peer Expansion initiative, aiming to enhance Opioid Treatment Programs (OTPs) by incorporating Peer Recovery Specialists. This collaboration sought to bring firsthand behavioral health knowledge into the OTP environment, focusing on providing personalized recovery support.

The joint effort prioritized crafting individualized recovery plans and aiding participants in accessing community-based resources for sustained rehabilitation. By placing individuals with lived experiences within the OTPs, the initiative aimed to navigate personalized recovery plans and community support for individuals on their paths to rehabilitation.

Peer Recovery Specialists, operating within the OTP setup, offered diverse support like one-on-one sessions, vocational guidance, and tailored resource navigation to cater to participants' distinct needs. This approach ensured a supportive framework within the OTPs, allowing for personalized assistance in navigating behavioral health recovery challenges.

The data highlights the initiative's engagement levels and the assistance provided. With a total of 71 Peer Contacts, 57 unduplicated individuals were supported. Of the 57 individuals served,

16 unduplicated individuals were provided with one-on-one peer sessions a total of 36 times. These figures signify the personalized support approach adopted by the Peer Recovery Specialists, reflecting the program's commitment to tailored recovery assistance within Harford County.

Recovery Event

Traditionally, Harford County's Local Behavioral Health Authority (LBHA) is awarded state general funds through the Office of Community Based Access & Support. These funds support an annual Recovery Event in honor of National Recovery Month. The event educates the community about Harford County's behavioral health services and plays a crucial role in reducing the stigma associated with behavioral health disorders.

Each year, starting in June, behavioral health professionals, subject-matter experts, individuals with lived experience, and community members in Harford County come together for the Recovery Month Planning Meeting. These monthly meetings, which continue until September, are platforms for sharing ideas, event plans, funding opportunities, and concerns. Discussions include the allocation of Recovery Event Funding provided by the Behavioral Health Administration (BHA). Harford County LBHA values the insights from its behavioral health professionals and community members.



In State Fiscal Year (SFY) 2023, the Harford County LBHA partnered with the local non-profit organization, Rage Against Addiction, to host "Recovery Night Out." Rage Against Addiction is a community-based organization (CBO) that supports individuals and families affected by substance use disorders. Leveraging the experience of those with firsthand knowledge and a deep understanding of the community, Rage Against Addiction connects Harford County residents to essential services, including Recovery Support Services, Substance Use Disorder Treatment, and Harm Reduction Services.

The "Recovery Night Out" event was a notable success, drawing over 250 individuals. It provided education about behavioral health services, stigma, and the importance of celebrating individuals in recovery. Attendees had the opportunity to interact with local behavioral health treatment providers, recovery support service providers, faith-based and community-based organizations, and government agencies. The event also offered Overdose Education and access to Naloxone/Fentanyl Test-Strip distribution, further reducing stigma for People Who Use Drugs (PWUD). Additionally, it recognized individuals in recovery and recovery allies for their achievements and contributions to Harford County's behavioral health landscape.

This event underscores the significance of community unity in celebrating and addressing disorders often shrouded in stigma. Through such celebrations and educational efforts, we aspire to normalize the perception of behavioral health disorders, treating them as any other disease.

Permanent Supported Housing Program

In FY 2023, the LBHA received funding from the Behavioral Health Administration (BHA) to implement a statewide Permanent Supportive Housing (PSH) program. This program would serve up to 50 individuals who were transitioning out of Residential Rehabilitation Programs (RRP) into independent housing. This project was part of the State Hospital Discharge Initiative designed to help individuals who had met their rehabilitation goals but did not have the financial means to live independently. The program also provides additional support from Housing Coordinators. The PSH Housing Coordinators communicate regularly with the participants, both in person, and over the phone, and collaborate with the current treatment team members to ensure a smooth transition to independent housing, as well as ongoing housing specific case management support.

Due to the success of the program over the last fiscal year, the Behavioral Health Administration awarded additional funding and increased availability for up to 75 participants. Throughout FY 2023, the PSH program was able to hire three Housing Coordinators and as the PSH program continues to grow, additional housing coordinators will be hired. Additionally, the LBHA identified the need for additional supervision and hired a Permanent Supportive Housing program supervisor to oversee and expand the program.

In FY 2023, the PSH program received 25 referrals, totaling 37 participants with the 12 participants referred in FY 2022. Of the 37 participants, 18 individuals located independent housing by the end of the fiscal year with the support of their Housing Coordinator. These participants reside all throughout the state of Maryland in 11 different jurisdictions, from Frederick County to Wicomico County and many in between. The PSH program saw an average of five months between the completion of the assessment and the participants moving into their own home, with some moving out within 30 days of their initial assessment.

As of December 1, 2023, the PSH program had a total of 43 active participants, 27 of those are currently housed independently in the community, and 18 of those are currently employed in the community with several others seeking employment or working to further their education. All participants who have been housed for a year have successfully completed their renewal process and continue to demonstrate responsible and considerate tenancy in their apartments.

Harm Reduction

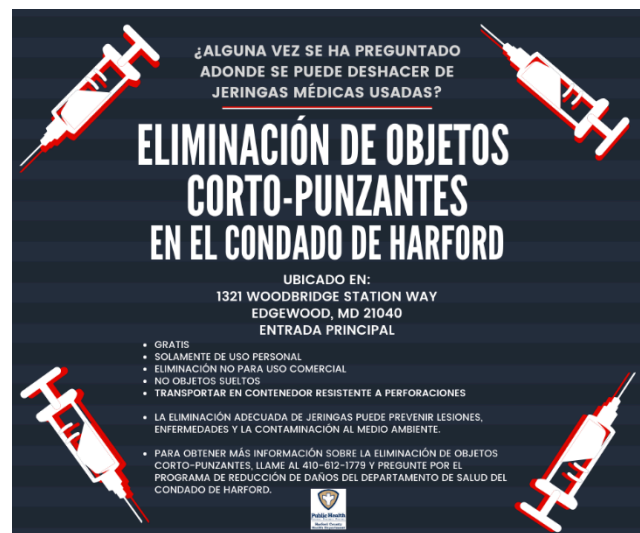
After learning the Prevention & Health Promotion Administration's Center of Harm Reduction Services (CHRS) was transitioning from Public Health Services to the Behavioral Health Administration, Harford County Health Officer, Marcy Austin, decided to mirror this change. In early July 2022, the Harford County Health Department's Harm Reduction Unit moved from the Clinical Services Bureau to the Behavioral Health Bureau, specifically under the Local Behavioral

Health Authority. This transition was well-received, enhancing the Local Behavioral Health Authority's capacity to plan, manage, and oversee public behavioral health services in Harford County. This move became a key component in the Local Behavioral Health Authority's prevention efforts.

This transition, however, brought significant challenges. Four of the five Harm Reduction Unit staff members resigned, leaving the Local Behavioral Health Authority leadership with limited knowledge of ongoing projects, reporting requirements, and CHRS policies. In response, the Local Behavioral Health Authority concentrated on Overdose Education, and the distribution of Naloxone and Fentanyl-Test Strips, while simultaneously recruiting for the vacant positions.

Over time, the leadership successfully filled these positions, gaining a clearer understanding of the expectations, policies, and reporting requirements of the CHRS. The Local Behavioral Health Authority staff, including the new Harm Reduction Unit members, began adopting best practices in harm reduction services and rebuilding the program. Collaboration with community-based organizations like Voices of Hope has been crucial. This experienced, grassroots organization has shared invaluable knowledge, greatly contributing to the growth and success of the Harm Reduction Unit. Such partnerships have been vital in enhancing harm reduction efforts within Harford County, especially considering the stigma associated with these services in the area.

The Harm Reduction Unit is now fully operational and continues to expand. Outreach Workers are promoting online advertisements and managing a syringe disposal kiosk. To the right is an example of an online advertisement from State Fiscal Year 2023, which was distributed in both English and Spanish. The results were noteworthy: the English advertisement reached 31,683 people, had 1,222 post engagements, recorded 910 link clicks, received 213 reactions, and 75 shares. The Spanish version reached 25,959 people, had 868 post engagements, 750 link clicks, 94 reactions, and 7 shares.



Adolescent Clubhouse

In FY 2023, Ashley Addiction Treatment's Clubhouse remained successful in providing resources while making a positive impact in the community. Ashley served a total of 45 members in 2023. The clubhouse has provided a substantial amount of coordination support on topics such as healthy relationships, LGBTQ groups, self-care, smoking cessation, STD workshops, healthy relationships, Narcan administration, stop the bleed (first aid), and strategies to help support abstinence. The program uses evidence-based and promising practices to provide screening,

intervention, and recovery support to adolescents. Some of the practices include motivational interviewing, substance use assessments, Naloxone training, strengthening families and healthy relationship workshops, totaling 271 sessions for the year. The program's staff completed a total of 28 evidence-based training courses such as Crisis Prevention, Youth Mental Health First Aid, and received training on screening tools such as, Screening, Brief Intervention and Referral to Treatment (SBIRT) and Car, Relax, Alone, Forget, Friends, Trouble (CRAFT).

The program promotes activities that support recovery-themed activities such as hygiene and grooming, team building activities, mindfulness exercises, nutrition/healthy eating habits, and activities to promote self-care. Some major highlights from FY 2023 include hosting a wellness/mental health-themed week in May, partnering up with the local Verizon store to provide 500+ backpacks to local youth, and sending two members to the White House for the Recovery Month Summit in September in which the members were given an exclusive tour of the White House and participated in the panel discussion for Recovery Month. The program was successful in recognizing some of the struggles the youth were facing and continued to implement initiatives to offset those struggles. One prime example is several youths struggling to maintain hygiene and self-efficacy, so the program implemented routine self-care nights and restorative groups to increase self-efficacy. They were also successful in targeted outreach to the Route 40 corridor, bringing referrals from underserved communities by utilizing strategies that included engagement with school social workers and administrators to identify potential members, in addition to partnerships with local community providers. The program staff works with families to identify underlying needs and barriers to ensure community resources are available to provide support.

Contingency Management Initiative

In Fiscal Year 2023, the Harford County Local Behavioral Health Authority (LBHA) partnered with Serenity Health to implement the Contingency Management Initiative (CMI), a collaborative effort aimed at fostering positive behavioral change among individuals dealing with substance use disorder (SUD). The initiative integrated evidence-based strategies to reduce opioid relapse and overdose while enhancing client adherence to medication and care plans.

Serenity Health effectively implemented contingency management within their treatment program, utilizing monetary incentives initially to drive attendance and adherence to treatment sessions and negative urine screens. This later transitioned seamlessly to non-monetary rewards, aligning with clients' evolving recovery journeys. The program's success was rooted in the concerted efforts of dedicated professionals who meticulously tracked client data and provided ongoing support, contributing significantly to reducing overdose and relapse rates while enhancing client engagement in treatment plans.

Additionally, the incorporation of self-monitoring activities and curated educational resources through a mobile application fostered a supportive environment for individuals in recovery. Notably, the program recognized and awarded 91 individuals for their commitment and progress, reflecting a positive impact within the Harford County community. This multifaceted approach, emphasizing rewards, engagement, and tailored support, showcased measurable

success in promoting positive behavioral changes and reinforcing strides toward sustained recovery among program participants.

COVID-19 Point of Care Testing Initiative

The Harford County LBHA, in collaboration with Pyramid Walden, executed the COVID-19 Point of Care Testing Initiative (COVID-19 POCI). The initiative's primary focus was routine and initial COVID-19 testing upon admission to Residential Treatment Programs, utilizing antigen rapid tests for diagnosing and monitoring infections within these residential facilities.

Throughout the implementation phase, a total of 264 staff tests and 1,175 patient tests were administered. These figures represent the dedication and proactive approach taken to fortify the healthcare infrastructure within ASAM residential treatment settings, ensuring a safer environment for staff and individuals seeking treatment. The initiative's emphasis on regular testing underscored its commitment to maintaining a vigilant and responsive healthcare protocol within these critical treatment facilities.

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 Local Behavioral Health Authority (LBHA). The Teen Diversion program serves Harford County 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. In fiscal year 2023, the program served 14 males and 15 females, totaling 29 youth served. All referrals for Teen Diversion came from the Harford County Local Care Team (LCT). Most referrals (20) were for a Diagnostic Evaluation, while five were diversions from more intensive mental health and/or educational placement and four were referred as a step-down resource from a residential treatment center (RTC). The youth participated in groups focused on anger management techniques, critical thinking skills, self-esteem, Narcan training, healthy relationships, and family dynamics. The program utilizes assessments for youth such as Car, Relax, Alone, Forget, Friends, Trouble (CRAFT), Drug Abuse Screening Test (DAST), Problem Oriented Screening Instrument for Teenagers (POSIT), and the Adverse Childhood Experience (ACE) tool. The program was remarkably successful in keeping youth maintained in the community; out of the 29-youth served only one youth was hospitalized while in the program. The program received a 100% satisfaction rating from fourteen responding parents who completed the survey stating they were either satisfied or very satisfied. The program continues to give support to these youths and families which in turn promotes a successful mission of diverting these high-risk teens and giving them a fresh outlook on their lives.

State Care Coordination

State Care Coordination (SCC) services are a fundamental part of the Harford County Local Behavioral Health Authority's (LBHA) initiatives, aimed to expand access to a diverse array of community-based behavioral health services for Maryland residents in various stages of

recovery. This program is specifically designed to elevate recovery outcomes for individuals identified as being at high risk for relapse. In fiscal year 2023, the SCC initiative exhibited notable advancements, reflecting marked progress and increased access to vital behavioral health services for the community.

State Care Coordination (SCC) in Maryland showcased substantial growth and impact between fiscal Years 2022 and 2023. Entering FY 2023, SCC's enrollment increased to 194, marking a notable 15% rise and emphasizing its expanding reach. Noteworthy was the substantial 36% increase in total referrals, reaching 317, showcasing SCC's enhanced connectivity within the behavioral health service network.

Additionally, self-help service referrals surged by 64%, demonstrating SCC's flexibility in tailoring support to individual needs. There was a 13% rise in MAT service referrals, totaling 41, and a 10% increase in recovery housing referrals, reaching 75.

With a total of 1,036 contacts, SCC sustained its engagement, focusing on personalized support. FY 2023 witnessed 177 individuals successfully discharged, highlighting the program's commitment to guiding participants towards program completion.

New Day Wellness and Recovery Center

For FY 2023, New Day Wellness and Recovery Center provided services to 271 unduplicated individuals. While serving those individuals, New Day provided 772 one-to-one support sessions that assisted individuals with entitlements, employment, housing, behavioral health support, hygiene kits, legal assistance, and transportation. The program provided 176 peer support groups focusing on topics such as improving mental health, grief, healthy living, sober living, mindfulness, stress management, and recovery services. New Day provided 26 social activities including ice cream socials, cookouts, movie outings, and fishing. The program provided 13 informal presentations including information about homeless services (PATH), faith-based organizations, Harford County Health Department (HIV & Narcan), and health providers for substance abuse and mental health. The program successfully published newsletters and monthly activity calendars reflecting the peer support group topics, community events, and social outings. New Day continues to flourish in its work with individuals in Harford County and maintains its positive reputation in the community as being the one stop place for homeless individuals with behavioral health needs.

C. Data and Planning

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

Objective: From FY 2024 to FY 2026, 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.

FY 2024 Update: The Harford County LBHA reviewed and updated all universal conflict and grievance forms. Plans are underway to promote these forms at a monthly all provider meeting in fiscal year 2024. The LBHA began work on revamping sub-vendor monitoring forms to ensure information is being captured and oversight and compliance remain a priority. The LBHA will begin publishing a provider newsletter in fiscal year 2025 to coincide with ASO implementation. The LBHA is also making plans in fiscal year 2025 to create and disseminate a satisfaction survey related to the complaint resolution experience. The LBHA is an active participant on the BHA planning committee, which is focused on the planning and development of the ASO audit and monitoring process of public behavioral health providers. The goal of this effort is to increase the quality of care for service providers.

Goal #2: Increase public outreach and education efforts

Objective: From FY 2024 to FY 2026, 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: Annually, 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.

FY 2024 Update: On September 29, 2023, the Harford County LBHA hosted the Life Matters Suicide Prevention Conference featuring Drew Robinson, a suicide survivor, mental health advocate, and former Major League Baseball player. Workshop sessions featured presentations for community members, as well as clinicians. Tonja Myles, a veteran, mental health and peer counselor, and subject matter expert, was the plenary speaker delivering *From the Crack House to the White House*. The Harford County LBHA has begun planning several public awareness efforts for the remainder of FY 2024 and beginning of FY 2025 including the 3rd Your Mind Matters: Family Wellness Event. The LBHA is implementing suicide prevention efforts by coordinating trainings for students at the local public schools and promoting safe storage options for those experiencing a mental health crisis. The LBHA applied for funding to obtain two additional Question, Persuade, Refer (QPR) trainers to increase public awareness, reduce suicidal behavior, and save lives.

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 year 2023 is subject to change as claims can be submitted up to 12 months after service delivery.

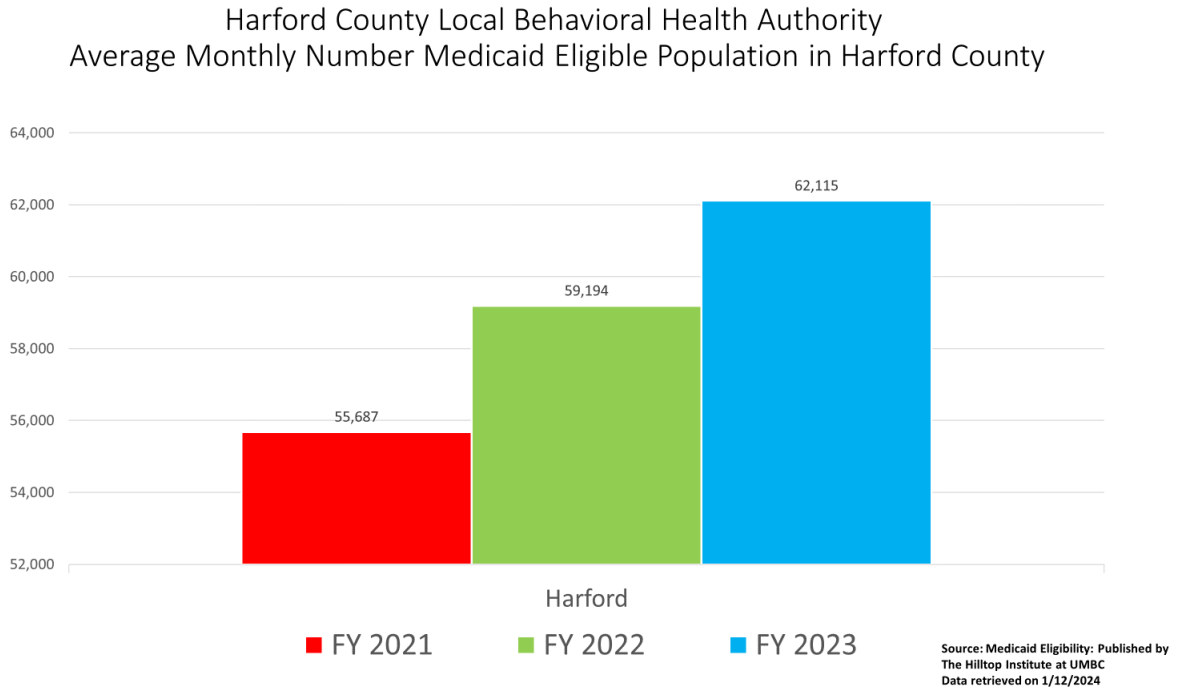


Figure 1

Figure 1 represents the average monthly number of Medicaid eligible population in Harford County for fiscal years 2021 through 2023. From fiscal years 2021 to 2022, the average monthly rate increased by 3,507 individuals (6.3%). From fiscal years 2022 to 2023, there continued to be an increase in the Harford County population eligible to receive Medicaid benefits. An additional 2,921 residents (4.9%) were eligible to receive Medicaid benefits. This continuous increase is most likely contributed to the COVID-19 pandemic because many enrollment and eligibility rules were put into place to protect individual's benefits. Medicaid was automatically renewing benefits regardless of eligibility. Of the total population in Harford County, 22.4% of residents were eligible to receive Medicaid benefits in fiscal year 2023. Changes to Medicaid rules ended May of 2023, and it is expected there will be a decrease next fiscal year to coincide with the decrease in unemployment rates.

Harford County Local Behavioral Health Authority
 FY 2023 Public Behavioral Health System (PBHS) Service Utilization in Harford County

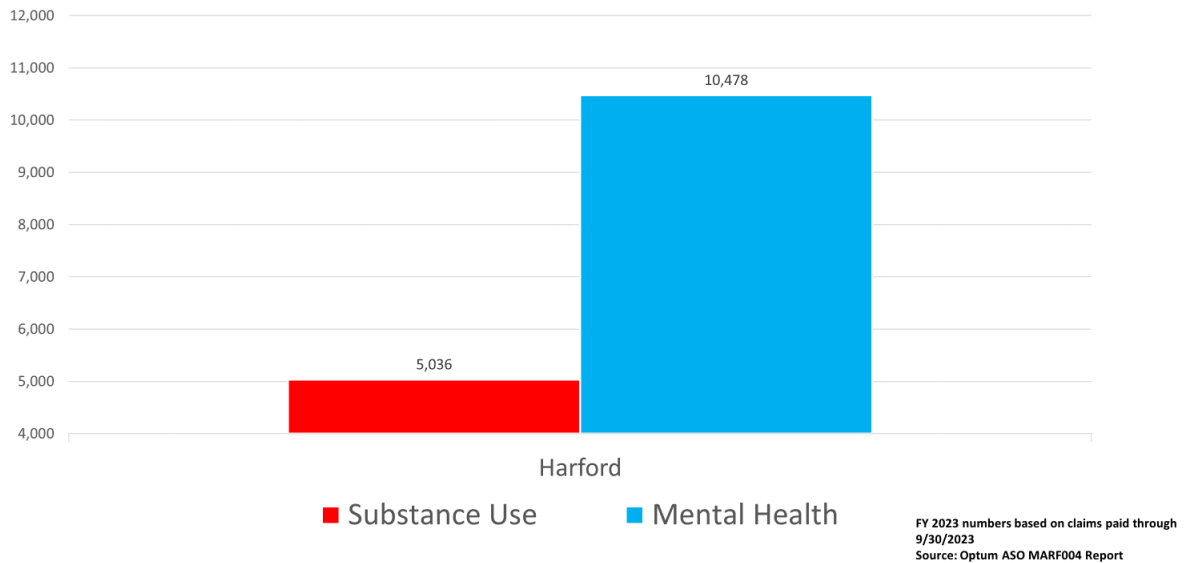


Figure 2

Figure 2 shows the service utilization of public behavioral health system services in fiscal year 2023. Substance use public behavioral health system services were accessed by 5,036 Harford County residents during this period. This number represents a Medicaid penetration rate of 8.1%. Mental health public behavioral health system services were accessed by 10,478 Harford County residents. This number represents a Medicaid penetration rate of 16.9%. Of the 1,885,738 Maryland Medicaid enrollees, substance use public behavioral health system services were accessed by 107,495 Marylanders. This number represents a Medicaid penetration rate of 5.7% which is 2.4% lower than Harford County’s penetration rate. Mental health public behavioral health system services were accessed by 259,699 Marylanders. This represents a Medicaid penetration rate of 13.8% which is 3.1% lower than Harford County’s penetration rate.

Harford County Local Behavioral Health Authority
 Public Behavioral Health System (PBHS) Mental Health Service Utilization
 for Harford County by Age Group FY 2022-FY 2023

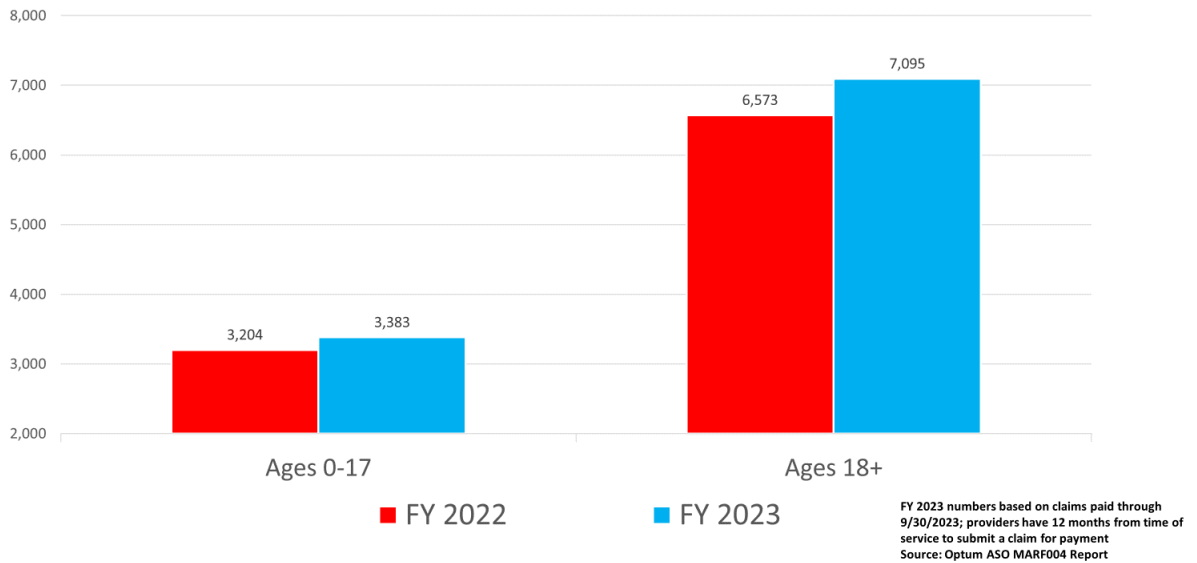


Figure 3

The graph above outlines mental health service utilization for fiscal years 2022 and 2023 broken down by age group. Service utilization increased for both the youth and adult age groups. There were 179 more youth accessing mental health services in fiscal year 2023 than in fiscal year 2022. This represents an increase of 5.9%. In fiscal year 2023, 522 more adults accessed mental health services compared to fiscal year 2022. This is an increase of 7.9%. This increase is expected as there was an increase in Medicaid enrollment for fiscal year 2023. Additionally, this increase may also be contributed to providers submitting for claims owed within the 12-month timeframe, Optum’s (the ASO) reconciliation process, and improved access to telehealth services.

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

3 Year Comparison by Age – Persons Served

Age Group	FY 2022	FY 2023	% Change 22-23	FY 2024	% Change 23-24
Early Child (0-5)	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
Child (6-12)	18	28	55.60%	SUPPRESS	SUPPRESS
Adolescent (13-17)	98	148	51.00%	45	-69.60%
Transitional (18-21)	209	209	0.00%	89	-57.40%
Adult (22 to 64)	5,289	5,384	1.80%	3,532	-34.40%
Elderly (65 and over)	35	36	2.90%	30	-16.70%
TOTAL	5,650	5,810	2.80%	3,700	-36.30%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 4

3 Year Comparison by Age – Expenditures

Age Group	FY 2022	FY 2023	% Change 22-23	FY 2024	% Change 23-24
Early Child (0-5)	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
Child (6-12)	\$9,494	\$21,866	130.30%	SUPPRESS	SUPPRESS
Adolescent (13-17)	\$76,435	\$126,684	65.70%	\$19,664	-84.50%
Transitional (18-21)	\$427,207	\$403,265	-5.60%	\$180,152	-55.30%
Adult (22 to 64)	\$22,317,601	\$27,941,969	25.20%	\$11,078,955	-60.40%
Elderly (65 and over)	\$119,772	\$185,086	54.50%	\$149,858	-19.00%
TOTAL	\$22,950,893	\$28,680,089	25.00%	\$11,434,615	-60.10%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

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Figure 5

Figures 4 and 5, "3 Year Comparisons By Age – Persons Served and 3 Year Comparisons By Age – Expenditures," provides insight to the number of people served and expenditures spent on Substance Use Disorder (SUD) Treatment Services within Harford County's segment of the Public Behavioral Health System (PBHS). It captures the scope and scale of services provided to various age groups over the last three fiscal years. From FY 2022 to FY 2023, there's been an uptick in the number of individuals utilizing these services, particularly among children aged 6 to 12. The increase in service use of over 50% for this age group, alongside a doubling in funding, underscores a strategic commitment to early intervention in substance use disorders.

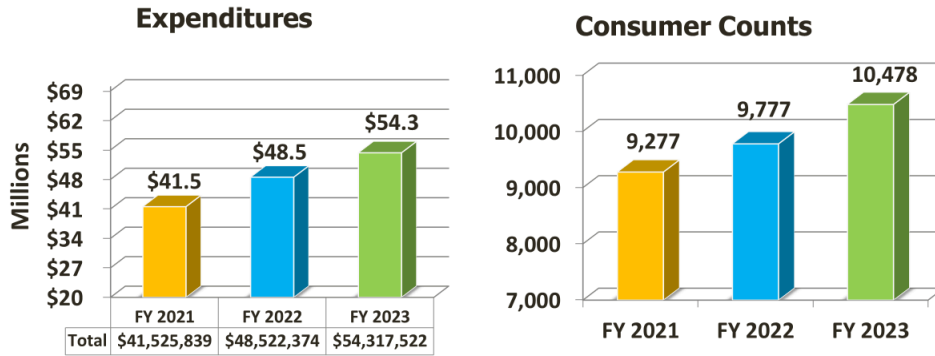
In the adolescent bracket, there's a clear expansion in reach, with more teenagers receiving treatment and a substantial boost in allocated funds. This is a deliberate strategy, likely aiming to curb the impact of substance use during these crucial developmental years.

For the adult population, which constitutes the core of the service demographic, a modest growth in client numbers contrasts with a significantly higher financial investment. This suggests a deepening or broadening of services provided, reflecting the complexity and perhaps the severity of adult substance use cases being treated.

The FY 2024 data is not yet complete, as service providers often report their claims up to a year after service delivery. While the current figures suggest a reduction, the complete data set, once available, will provide a full assessment of the years' service utilization.

The data from Figure 4 does not represent the entirety of the PBHS but is a critical slice that focuses on those grappling with substance-related challenges in Harford County. The growth observed in FY 2023 aligns with an aggressive approach to addressing substance-related disorders. The apparent decline in FY 2024 invites caution and suggests a need for ongoing analysis. As more data becomes available, the PBHS should remain vigilant, ensuring their strategies and resource allocations are continuously tailored to meet the community's needs effectively. Keeping a pulse on these trends is vital for sustaining impactful and responsive treatment services within the PBHS framework.

Harford County Local Behavioral Health Authority
 Service Expenditures & Consumer Counts for FY 2021-FY 2023
 Mental Health



Source: Optum ASO MARF004 Report
 Claims paid through 9/30/2023

Figure 6

Information in figure 6 is a comparison of expenditures and consumer counts for fiscal years 2021 through 2023. It should be noted this information is based on claims paid through 9/30/2023. 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 fiscal year 2023. Individuals accessing mental health services increased by 500 (5.4%) from fiscal year 2021 to 2022 and expenditures for the same period increased by \$6,996,535 (16.8%). Fiscal year 2023 had 701 more individuals compared to fiscal year 2022, and this represents an increase of 7.2%. Expenditures increased by \$5,795,148, an increase of 11.9% from fiscal year 2022. Over the last three fiscal years, the average amount expended per person has increased by 15.8% (\$4,476 to \$5,184 per person). These expenditures coincide with the increase in service utilization of public behavioral health services.

3 Year Comparison by Service Type – Persons Served

Service Type	FY 2022	FY 2023	% Change 22-23	FY 2024	% Change 23-24
SUD Inpatient	141	133	-5.70%	46	-65.40%
SUD Outpatient	2,211	2,240	1.30%	1,379	-38.40%
SUD Intensive Outpatient	666	694	4.20%	427	-38.50%
SUD Labs	2,851	3,016	5.80%	1,538	-49.00%
SUD Opioid Maintenance Treatment	1,788	1,707	-4.50%	1,426	-16.50%
SUD Partial Hospitalization	306	428	39.90%	226	-47.20%
SUD Gambling	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD MD Recovery Net	67	84	25.40%	44	-47.60%
SUD Residential ICFA	0	SUPPRESS	SUPPRESS	0	SUPPRESS
SUD Residential All Levels	564	745	32.10%	412	-44.70%
SUD Residential Room and Board	467	567	21.40%	305	-46.20%
SUD Court Ordered Placement – Residential	19	13	-31.60%	SUPPRESS	SUPPRESS
SUD Residential Room and Board Court Ordered Placement	16	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD Women with Children/Pregnancy – Residential	18	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD Residential Room and Board Pregnant Women/Women with Children	12	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
**TOTAL	5,650	5,810	2.80%	3,700	-36.30%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

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Figure 7

3 Year Comparison by Service Type – Persons Expenditures

Service Type	FY 2022	FY 2023	% Change 22-23	FY 2024	% Change 23-24
SUD Inpatient	\$607,371	\$529,477	-12.80%	\$256,192	-51.60%
SUD Outpatient	\$2,492,939	\$3,043,953	22.10%	\$1,379,247	-54.70%
SUD Intensive Outpatient	\$2,737,833	\$3,979,025	45.30%	\$1,742,442	-56.20%
SUD Labs	\$1,616,719	\$1,795,110	11.00%	\$577,683	-67.80%
SUD Opioid Maintenance Treatment	\$7,973,529	\$8,436,591	5.80%	\$3,084,930	-63.40%
SUD Partial Hospitalization	\$1,909,524	\$3,283,269	71.90%	\$1,393,832	-57.50%
SUD Gambling	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD MD Recovery Net	\$91,260	\$123,580	35.40%	\$72,530	-41.30%
SUD Residential ICFA	\$0	SUPPRESS	SUPPRESS	\$0	SUPPRESS
SUD Residential All Levels	\$3,986,515	\$5,579,050	39.90%	\$2,133,544	-61.80%
SUD Residential Room and Board	\$1,034,080	\$1,504,395	45.50%	\$646,267	-57.00%
SUD Court Ordered Placement – Residential	\$235,789	\$164,885	-30.10%	SUPPRESS	-8218329.70%
SUD Residential Room and Board Court Ordered Place	\$78,033	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD Women with Children/Pregnancy – Residential	\$87,206	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
SUD Residential Room and Board Pregnant Women/Women with Children	\$97,050	SUPPRESS	SUPPRESS	SUPPRESS	SUPPRESS
**TOTAL	\$22,950,894	\$28,680,089	25.00%	\$11,434,615	-60.1%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

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Figure 8

Figures 7 and 8 offer a detailed view of the service utilization and expenditure patterns for Harford County's Public Behavioral Health System (PBHS) over the last three fiscal years, segmented by service type. The data paints a picture of evolving treatment preferences and funding allocations. From FY 2022 to FY 2023, we observe a steady increase in persons served by outpatient services, with a modest 1.3% rise, while expenditures for the same climb by 22.1%, reflecting a potentially enhanced intensity or breadth of these services. Notably, partial hospitalization services saw a significant jump in persons served, from 306 to 428, equating to a 39.9% rise, and a corresponding 71.9% increase in expenditures, suggesting an expanded role for this treatment modality.

The residential services, particularly all levels of care, experienced a 32.1% increase in the number of persons served and a 39.9% rise in funding, which might indicate a strategic push to provide more comprehensive inpatient care. However, the subsequent fiscal year, FY 2024, signals a reversal of this trend, with a substantial drop in service utilization of 44.7% and a drastic cut in expenditures of 61.8% for the same services. This significant downturn, mirrored across most service types including a 65.4% reduction in inpatient services and a 54.7% decline in outpatient spending, raises concerns about service accessibility and the sustainability of care models.

Such pronounced fluctuations warrant a closer examination by the PBHS to understand the underlying factors, be they policy shifts, operational changes, or external influences such as the public health landscape. The decrease in service uptake and funding in FY 2024, despite a total increase in persons served by 2.8% from FY 2022 to FY 2023, could point to unmet needs or gaps in service delivery that the PBHS must address. As these trends have significant implications for the PBHS's strategic planning, a careful analysis will be crucial to ensure that resources are being utilized effectively and that the system remains responsive to the needs of those facing substance use disorders in Harford County.

Three Year Comparisons By Coverage Type

	Persons Served					Expenditures				
	FY 2022	FY 2023	% Change	FY 2024	% Change	FY 2022	FY 2023	% Change	FY 2024	% Change
Medicaid	4,787	4,909	2.5%	3,220	-34.4%	\$20,090,883	\$24,987,192	24.4%	\$9,720,876	-61.1%
Medicaid State Funded	770	781	1.4%	380	-51.3%	\$2,548,655	\$3,242,301	27.2%	\$1,483,229	-54.3%
Uninsured	93	120	29.0%	100	-16.7%	\$311,357	\$450,596	44.7%	\$230,510	-48.8%
**TOTAL	5,650	5,810	2.8%	3,700	-36.3%	\$22,950,895	\$28,680,089	25.0%	\$11,434,615	-60.1%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

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Figure 9

The analysis of the data from fiscal years 2022 and 2023, with an early look into FY 2024, reveals significant trends in the number of persons served and the associated expenditures across various funding sources, including Medicaid, Medicaid State Funded, and Uninsured categories.

In the Medicaid category, there was a moderate increase in the number of persons served, growing by 2.5% from FY 2022 to FY 2023. Expenditure trends in this category showed a more substantial rise, with an increase of 24.4% over the same period.

The Medicaid State Funded category exhibited a similar pattern, albeit with smaller growth. The number of persons served increased by 1.4% from FY 2022 to FY 2023, and expenditures rose by 27.2% during this time.

Notably, the Uninsured category showed the most significant relative increase in persons served, up by 29.0% from FY 2022 to FY 2023. The expenditures for this group also saw a significant rise, increasing by 44.7% over the same period.

Across all categories, the total number of persons served and total expenditures both saw increases in FY 2023 compared to FY 2022, by 2.8% and 25.0% respectively. These increases indicate a trend of expanding services and rising costs in these fiscal years.

It is important to note that the data for FY 2024, covering only the first three months, suggests a decrease in both persons served and expenditures. However, this early data should be interpreted cautiously as it represents a partial picture and may not accurately reflect the trends for the complete fiscal year.

In summary, FY 2022 and FY 2023 saw overall growth in both the number of persons served and expenditures across Medicaid, Medicaid State Funded, and Uninsured categories. The early indications for FY 2024 suggest a potential downturn, but a comprehensive analysis would require the full fiscal year's data for accurate insights.

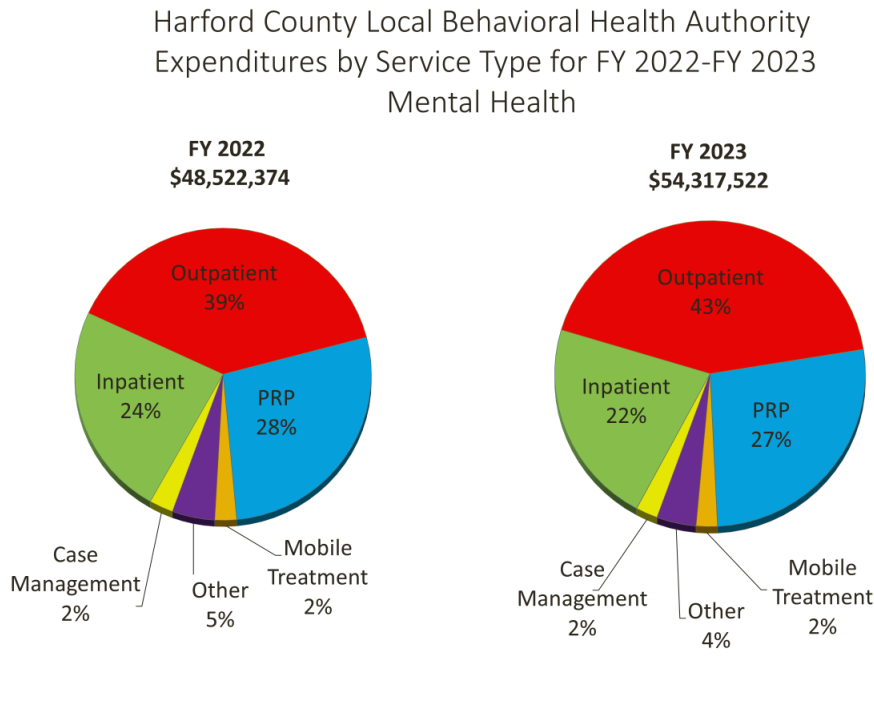
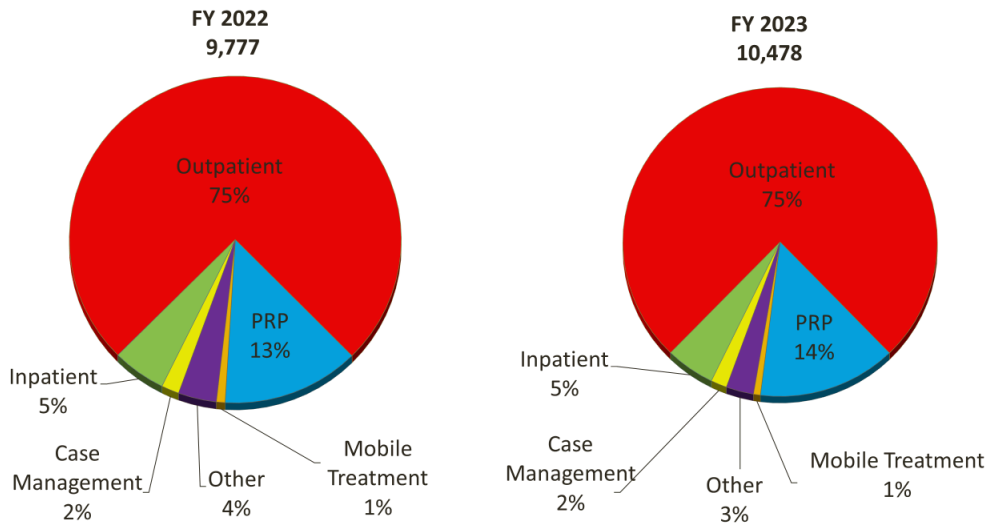


Figure 10

The pie charts above illustrate the percentage of overall expenditures among mental health service types for fiscal years 2022 and 2023. In fiscal year 2023, claims data reported an increase among several mental health service types from the prior fiscal year. The three service types with the largest expenditure percentage increase from FY 2022 to FY 2023 were respite, partial hospitalization, and outpatient treatment. In fiscal year 2023, respite increase by \$6,628 (59.7%), partial hospitalization increased by \$63,558 (33.5%), and outpatient increased by \$4,325,712 (22.8%). These expenditures coincide with the increase in utilization for these services.

There were four service types that reported a decrease in expenditures from fiscal year 2022 to fiscal year 2023. Residential rehabilitation programs, targeted case management, residential treatment, and supported employment had a combined decrease of \$246,707. Supported employment expenditures decreased by -48.2% which is due to Harford County losing their sole supported employment provider. Residential rehabilitation programs followed supported employment with an expenditure decrease of -26.1%. The decrease in residential rehabilitation expenditures is attributed to a higher number of discharges to the community due to hospital discharge initiatives.

Harford County Local Behavioral Health Authority
 Consumer Count by Service Type for FY 2022-FY 2023
 Mental Health

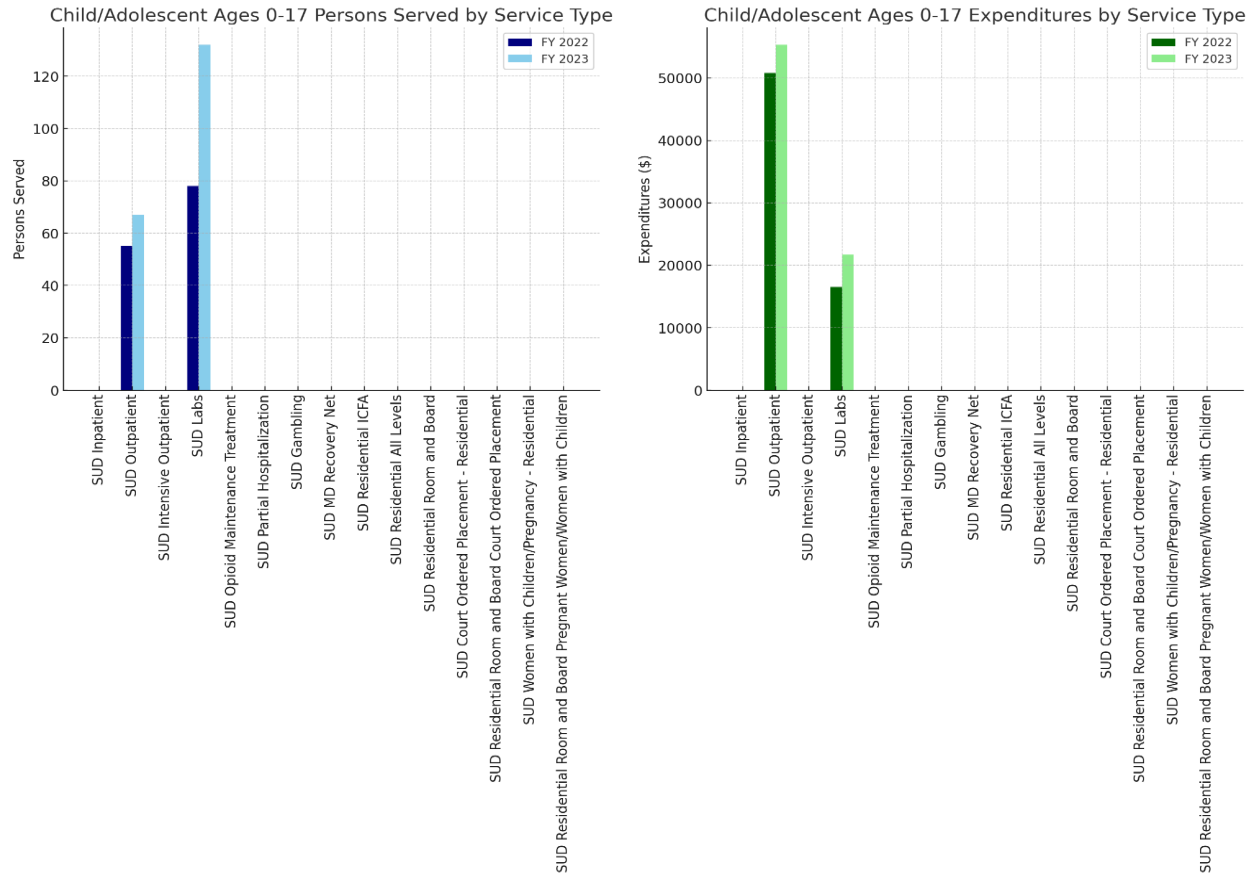


Source: Optum ASO MARF004 Report
 Claims paid through 9/30/2023

Figure 11

The pie charts above represent a fiscal year comparison of consumer counts by service type. In fiscal year 2023, there was an increase of 701 individuals accessing behavioral health services from the previous fiscal year. This represents an increase of 7.2%. Of the eleven service types, five reported an increase in consumer count in fiscal year 2023. From FY 2022 to FY 2023, psychiatric rehabilitation programs reported the largest percentage increase of consumers from the previous fiscal year—231 individuals (14.1%). Outpatient treatment had an increase of 724 consumers in the fiscal year, and this represents an increase of 7.9%. These increases are due to an increase in Medicaid population, immediate access to Klein’s urgent care crisis center, and additional licensed psychiatric rehabilitation programs for FY 2023.

Most of the service types (six) reported a decrease in consumer count from fiscal year 2022 to fiscal year 2023. Residential rehabilitation programs served 56 less consumers from the previous fiscal year, representing a decrease of -35.4%. With the discontinuation of the sole Harford County supported employment program, there was an expected decrease in consumers being served. The program served 7 less individuals representing a decrease of -41.2%. This decrease coincides with the decrease in expenditures due to community discharge initiatives.



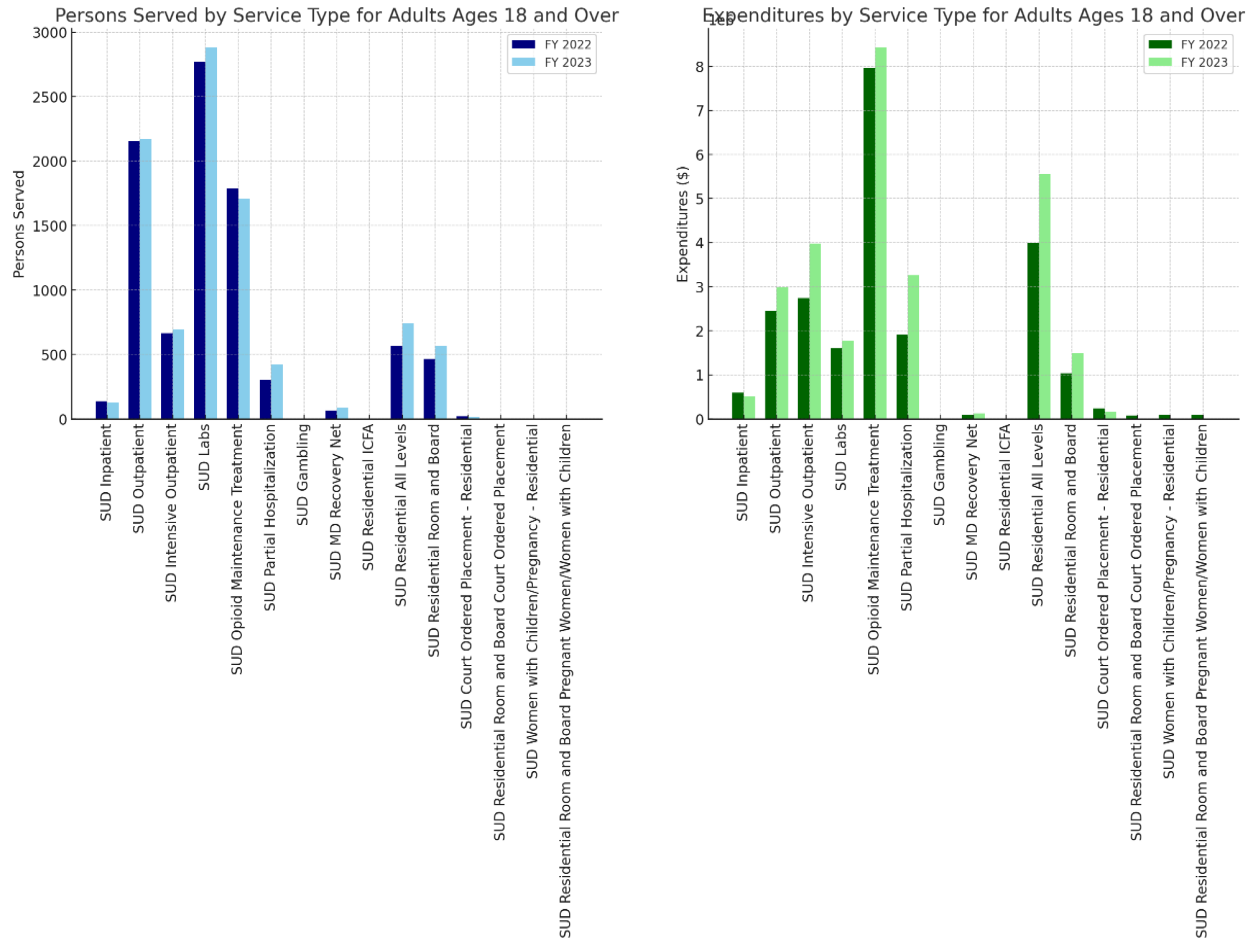
***Data Source: Optum ASO claims data paid through 9/30/2023.
 ***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.
 ***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.
 ***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 12

The graphs above represent Harford County Child and Adolescent Ages 0-17 by Persons Served and Expenditures. The graphs show service utilization and associated costs for various substance use disorder (SUD) treatment services for individuals aged 0-17 over two fiscal years. Please note that most of the Service Elements do not have any data accounted due to redacting information for counts 10 and under. These graphs have a macro look at the groups combining all ages from 0-17.

There is an increase in both persons served and expenditures for "SUD Outpatient" and "SUD Labs" from FY 2022 to FY 2023, indicating heightened utilization. The increase in the number of persons served does not always correspond with a proportionate increase in expenditures. For example, "SUD Labs" shows a relatively modest increase in expenditures despite a more significant increase in the number of persons served, possibly reflecting economies of scale or more efficient service delivery.

These findings suggest a targeted need or an effective outreach within the specific areas that saw increases, and potentially, a more cost-effective delivery of services in some areas as compared to others. The reasons behind these patterns could include changes in policy, funding, service availability, or variations in the needs of the population served.



***Data Source: Optum ASO claims data paid through 9/30/2023.
 ***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.
 ***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.
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Figure 13

The graphs above represent service utilization for Harford County Adults aged 18 and over by persons served and expenditures listed by 10,000s. A key observation is the overall increase in both persons served and expenditures in certain services from FY 2022 to FY 2023, notably in "SUD Outpatient," "SUD Intensive Outpatient," and "SUD Residential All Levels." This suggests a growing demand for expanded access to these services among adults.

However, not all services reflect this trend, as some remain unchanged due to data suppression, indicating a smaller number of individuals served. The increase in the number of persons

served does not always align with the increase in expenditures. For instance, "SUD Intensive Outpatient" and "SUD Residential All Levels" show substantial rises in expenditures, which could be due to increased costs per service or enhancements in the services provided. These changes could be attributed to various factors, such as enhanced funding, shifts in health policy, or broader socio-economic factors that influence the demand for SUD services. The data may also suggest a focus on intensifying treatment options that require more resources, reflecting a possible shift in treatment strategies or population needs within the adult demographic.

Fiscal Year 2024 State & County Comparisons

	Persons Served				Expenditures			
	STATE		COUNTY		STATE		COUNTY	
<u>AGE</u>	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Early Child	18	0.0%	SUPPRES S	SUPPRES S	\$30,159	0.01%	SUPPRESS	SUPPRES S
Child	136	0.2%	SUPPRES S	SUPPRES S	\$67,141	0.03%	SUPPRESS	SUPPRES S
Adolescent	1,138	1.7%	45	1.2%	\$1,809,238	0.80%	\$19,664	0.2%
Transitional	1,529	2.3%	89	2.4%	\$4,624,079	2.06%	\$180,152	1.6%
Adult	61,340	93.9%	3,532	95.5%	\$212,229,222	94.37%	\$11,078,955	96.9%
Elderly	1,190	1.8%	30	0.8%	\$6,127,572	2.72%	\$149,858	1.3%
TOTAL	65,351	100.0%	3,700	100.0%	\$224,887,411	100.0%	\$11,434,615	100.0%
<u>SERVICE TYPE</u>								
SUD Inpatient	1,050	1.6%	46	1.2%	\$3,680,045	1.64%	\$256,192	2.2%
SUD Outpatient	29,855	45.7%	1,379	37.3%	\$27,115,066	12.06%	\$1,379,247	12.1%
SUD Intensive Outpatient	10,508	16.1%	427	11.5%	\$47,280,607	21.02%	\$1,742,442	15.2%
SUD Labs	30,698	47.0%	1,538	41.6%	\$13,078,670	5.82%	\$577,683	5.1%
SUD Opioid Maintenance Treatment	20,387	31.2%	1,426	38.5%	\$32,811,404	14.59%	\$3,084,930	27.0%
SUD Partial Hospitalization	3,354	5.1%	226	6.1%	\$22,111,160	9.83%	\$1,393,832	12.2%
SUD Gambling	74	0.1%	SUPPRES S	SUPPRES S	\$54,551	0.02%	SUPPRESS	SUPPRES S
SUD MD Recovery Net	1,061	1.6%	44	1.2%	\$1,691,922	0.75%	\$72,530	0.6%
SUD Residential ICFA	14	0.0%	0	0.0%	\$62,395	0.03%	\$0	0.0%
SUD Residential All Levels	7,433	11.4%	305	8.2%	\$54,886,855	24.41%	\$646,267	5.7%
SUD Residential Room and Board	7,452	11.4%	SUPPRES S	SUPPRES S	\$16,133,581	7.17%	SUPPRESS	SUPPRES S
SUD Court Ordered Placement - Residential	252	0.4%	SUPPRES S	SUPPRES S	\$3,578,940	1.59%	SUPPRESS	SUPPRES S
SUD Residential Room and Board Court Ordered Placement	281	0.4%	SUPPRES S	SUPPRES S	\$1,320,971	0.59%	SUPPRESS	SUPPRES S
SUD Women with Children/Pregnancy - Residential	59	#DIV/0!	SUPPRES S	SUPPRES S	\$620,426	#DIV/0!	SUPPRESS	SUPPRES S
SUD Residential Room and Board Pregnant Women/Women with Children	64	#DIV/0!	SUPPRES S	SUPPRES S	\$460,817	#DIV/0!	SUPPRESS	SUPPRES S
**TOTAL	65,351	100.0%	3,700	100.0%	\$224,887,410	100.0%	\$11,434,615	100.0%
<u>COVERAGE TYPE</u>								
Medicaid	62,600	95.8%	3,220	87.0%	\$180,708,286	80.4%	\$9,720,876	85.0%
Medicaid State Funded	9,151	14.0%	380	10.3%	\$37,012,171	16.5%	\$1,483,229	13.0%
Uninsured	2,218	3.4%	100	2.7%	\$7,166,955	3.2%	\$230,510	2.0%
TOTAL	65,351	100.0%	3,700	100.0%	\$224,887,412	100.0%	\$11,434,615	100.0%

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

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Figure 14

Figure 14 “Fiscal Year 2024 State & County Comparisons” provides a comprehensive overview of substance use disorder (SUD) services, focusing on persons served, expenditures, service types, and coverage types. Notably, the data reveals that most individuals receiving SUD services are in the "Adult" age group, representing 93.9% at the state level and 95.5% at the county level. The "Adolescent" age group is the next highest contributor, constituting 1.7% at the state level and 1.2% at the county level. Information for the "Early Child" and "Child" age groups are suppressed due to low counts to ensure privacy and prevent disclosure of Personally Identifiable Information (PII).

In terms of expenditures, the "Adult" age group dominates, accounting for 94.37% at the state level and 96.9% at the county level. Notable contributions to expenditures also come from the "Transitional" and "Adolescent" age groups. The distribution of expenditures reflects a substantial investment in addressing substance use issues in the adult population.

Service types play a crucial role in the SUD landscape. Outpatient services, particularly "SUD Outpatient" and "SUD Intensive Outpatient," exhibit high numbers of persons served and significant percentages of expenditures. Additionally, residential services, such as "SUD Residential All Levels" and "SUD Residential Room and Board," contribute notably to both persons served and expenditures. "SUD Opioid Maintenance Treatment" also stands out as a service type with a considerable impact on both persons served and expenditures.

Coverage types highlight the financial landscape of SUD services. Medicaid emerges as the primary source of coverage, representing 95.8% at the state level and 87.0% at the county level. The reliance on Medicaid underscores the importance of sustained public funding for effective SUD interventions. The "Uninsured" and "Medicaid State Funded" categories, although contributing smaller percentages, still play significant roles in both persons served and expenditures.

It's important to note that the use of "SUPPRESS" for certain data points indicates an effort to protect privacy and adhere to regulations, particularly when counts fall within the range of 1-10. This commitment to data privacy aligns with best practices in handling sensitive information in healthcare reporting. Overall, this analysis provides valuable insights into demographic patterns, service utilization, and funding sources for SUD services, aiding in a comprehensive understanding of the landscape in Fiscal Year 2024 at both state and county levels.

FY 2024 Comparisons: Cost per Person Served

	State	County	Difference	Index
AGE				
Early Child	\$1,676	SUPPRESS	SUPPRESS	SUPPRESS
Child	\$494	SUPPRESS	SUPPRESS	SUPPRESS
Adolescent	\$1,590	\$437	-\$1,153	27.5
Transitional	\$3,024	\$2,024	-\$1,000	66.9
Adult	\$3,460	\$3,137	-\$323	90.7
Elderly	\$5,149	\$4,995	-\$154	97.0
TOTAL	\$3,441	\$3,090	-\$351	89.8
SERVICE TYPE				
SUD Inpatient	\$3,505	\$5,569	\$2,065	158.9
SUD Outpatient	\$908	\$1,000	\$92	110.1
SUD Intensive Outpatient	\$4,499	\$4,081	-\$419	90.7
SUD Labs	\$426	\$376	-\$50	88.2
SUD Opioid Maintenance Treatment	\$1,609	\$2,163	\$554	134.4
SUD Partial Hospitalization	\$6,592	\$6,167	-\$425	93.6
SUD Gambling	\$737	SUPPRESS	SUPPRESS	SUPPRESS
SUD MD Recovery Net	\$1,595	\$1,648	\$54	103.4
SUD Residential ICFA	\$4,457	#DIV/0!	#DIV/0!	#DIV/0!
SUD Residential All Levels	\$7,384	\$2,119	-\$5,265	28.7
SUD Residential Room and Board	\$2,165	SUPPRESS	SUPPRESS	SUPPRESS
SUD Court Ordered Placement - Residential	\$14,202	SUPPRESS	SUPPRESS	SUPPRESS
SUD Residential Room and Board Court Ordered Placement	\$4,701	SUPPRESS	SUPPRESS	SUPPRESS
SUD Women with Children/Pregnancy - Residential	\$10,516	SUPPRESS	SUPPRESS	SUPPRESS
SUD Residential Room and Board Pregnant Women/Women with Children	\$7,200	SUPPRESS	SUPPRESS	SUPPRESS
TOTAL	\$3,441	\$3,090	-\$351	89.8
COVERAGE TYPE				
Medicaid	\$2,887	\$3,019	\$132	104.6
Medicaid State Funded	\$4,045	\$3,903	-\$141	96.5
Uninsured	\$3,231	\$2,305	-\$926	71.3
TOTAL	\$3,441	\$3,090	-\$351	89.8

***Data Source: Optum ASO claims data paid through 9/30/2023.

***Data for FY 2022/23 are not complete as providers have 12 months from time of service in which to submit a claim for payment.

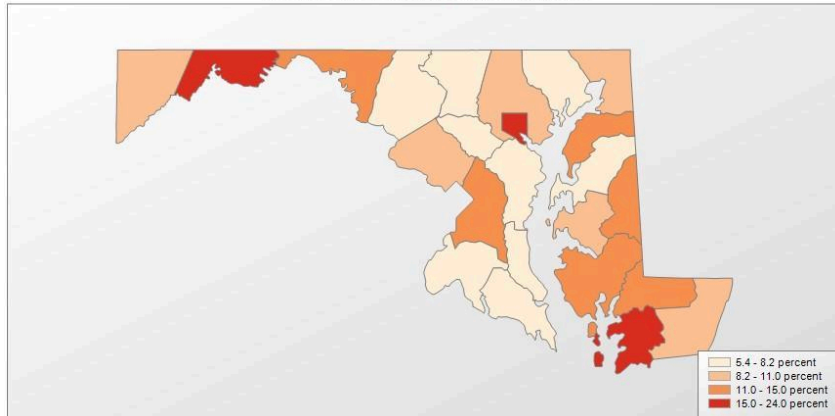
***Consumer count totals are unduplicated and is not the sum all services as an individual may receive more than one service or funding type throughout the fiscal year.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 15

Figure 15, FY 2024 Cost per Person Served Comparisons table provides a comprehensive examination of the costs associated with substance use disorder services, considering both state and county levels. The "SUPPRESS" notation in the table is a critical indicator that certain data points, falling within the 1-10 count range, have been deliberately omitted to safeguard against the potential disclosure of Personally Identifiable Information (PII). This practice aligns with privacy and confidentiality standards in data reporting. The inclusion of the "Index" column in the table is pivotal for understanding the magnitude of cost disparities between counties and the state. The "Index" represents how much more or less a county's cost is in comparison to the state cost. For instance, an index of 100 would indicate that the county's cost is the same as the state, while an index above 100 suggests higher costs in the county, and an index below 100 indicates lower costs. Analyzing the data, it is notable adolescents and the transitional age group exhibit lower costs per person served at the county level, suggesting potential cost-effectiveness in delivering localized services for these demographics. However, certain service types, such as SUD Inpatient and SUD Residential All Levels, reveal significant cost disparities between the state and county, prompting a need for further investigation into the factors contributing to these variations. The "Index" column, by quantifying the differences, provides stakeholders with a clear metric to assess the efficiency and cost-effectiveness of substance use disorder services. The consistent costs for Medicaid-covered individuals contrasted with more considerable variations in the Uninsured category underscore the diverse financial landscape of these services. In conclusion, the table serves as a valuable resource for strategic decision-making, guiding resource allocation while prioritizing the confidentiality of individuals served in substance use disorder programs.

Percent of total population in poverty, 2021: Maryland



Percent of Total Population in Poverty, Calendar Year 2021			
Jurisdiction	All	Children 0-17	Ranking Total Population in Poverty
Statewide	10.3	14	
Allegany	16.4	22.4	3
Anne Arundel	6.2	7.9	21
Baltimore	9.8	14.2	13
Calvert	5.8	7.4	23
Caroline	13.5	20.3	7
Carroll	5.4	6.2	24
Cecil	10.9	15.1	11
Charles	6.7	9.2	19
Dorchester	15	25.7	4
Frederick	6.6	8.4	20
Garrett	11	17.1	10
Harford	7.6	10.2	18
Howard	6.2	7.4	22
Kent	12	20.2	8
Montgomery	8.5	11.4	15
Prince George's	11.5	15.7	9
Queen Anne's	8	10.5	16
St. Mary's	7.8	10.1	17
Somerset	23.6	30.4	1
Talbot	9.4	15	14
Washington	14.5	18.4	5
Wicomico	14.2	18.6	6
Worcester	10.3	16.5	12
Baltimore City	22.9	33.8	2

Source: Economic Research Service; U.S. Department of Agriculture

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

Figure 16

The map and table in figure 16 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 2021, Harford County had a representation of 7.6% of the total population living in poverty. This is a surprising increase from calendar year 2020 where 6.2% of the Harford County population were living in poverty.

10.2% of youth between the ages of 0-17 are recorded as living in poverty in calendar year 2021. This is an alarming increase from calendar year 2020 which reported 7.2%. Overall, Harford County has a poverty ranking of 18th, which is a decline from 19th for calendar year 2020.

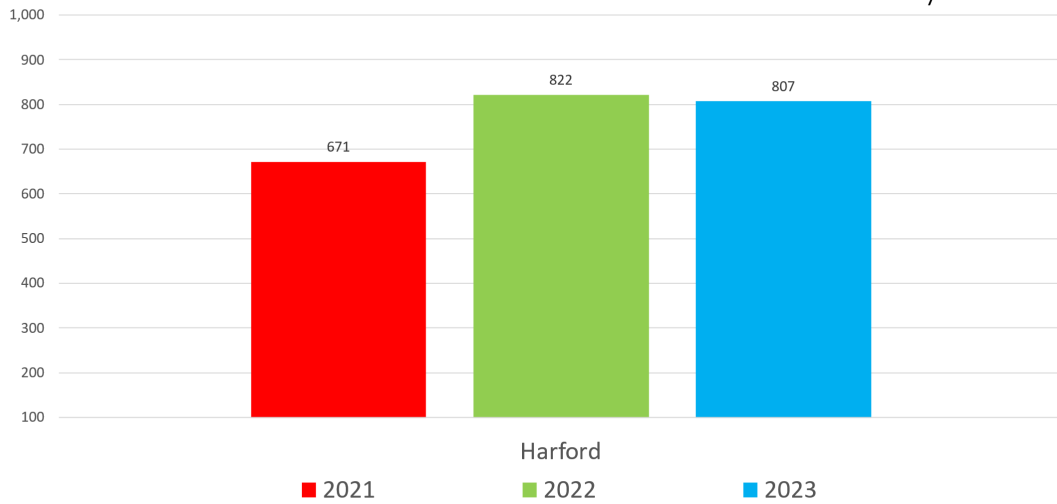
Maryland Unemployment Percentage Rates 2020-2022					
	2020	2021	Change (2020 to 2021)	2022	Change (2021 to 2022)
MARYLAND	6.5%	5.3%	-1.2%	3.2%	-2.1%
Allegany County	7.5%	5.9%	-1.6%	4.0%	-1.9%
Anne Arundel County	5.6%	4.4%	-1.2%	2.8%	-1.6%
Baltimore City	8.5%	7.0%	-1.5%	4.3%	-2.7%
Baltimore County	6.6%	5.2%	-1.4%	3.3%	-1.9%
Calvert County	5.0%	4.2%	-0.8%	2.9%	-1.3%
Caroline County	5.4%	4.5%	-0.9%	3.1%	-1.4%
Carroll County	4.9%	3.9%	-1.0%	2.7%	-1.2%
Cecil County	5.7%	4.8%	-0.9%	3.3%	-1.5%
Charles County	6.4%	5.3%	-1.1%	3.3%	-2.0%
Dorchester County	6.3%	5.3%	-1.0%	3.6%	-1.7%
Frederick County	5.6%	4.4%	-1.2%	3.0%	-1.4%
Garrett County	6.4%	4.9%	-1.5%	3.5%	-1.4%
Harford County	5.5%	4.4%	-1.1%	3.0%	-1.4%
Howard County	4.9%	4.0%	-0.9%	2.6%	-1.4%
Kent County	6.3%	5.1%	-1.2%	3.6%	-1.5%
Montgomery County	6.1%	5.1%	-1.0%	2.9%	-2.2%
Prince George's County	7.8%	6.8%	-1.0%	3.5%	-3.3%
Queen Anne's County	5.2%	4.0%	-1.2%	2.8%	-1.2%
St. Mary's County	4.6%	4.1%	-0.5%	3.1%	-1.0%
Somerset County	8.1%	6.9%	-1.2%	4.8%	-2.1%
Talbot County	5.8%	5.0%	-0.8%	3.4%	-1.6%
Washington County	6.6%	5.0%	-1.6%	3.3%	-1.7%
Wicomico County	7.2%	5.6%	-1.6%	3.8%	-1.8%
Worcester County	10.9%	7.5%	-3.4%	5.0%	-2.5%

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

Figure 17

The chart above provides data on unemployment rates from calendar years 2020 through 2022 for all counties in the state of Maryland. As expected, there were some significant changes in unemployment rates for the entire state, as well as Harford County during these three years. In calendar year 2022, Harford County reported an unemployment rate of 3.0%, which is a decrease from 4.4% in calendar year 2021 and 5.5% from calendar year 2020. This could be attributed to people returning to work after the pandemic and additional job opportunities with telework options.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation for Fiscal Years 2021-2023 in Harford County



Source: Health Services Costs Review Commission, CRISP Public Health Dashboard, July 2020 to June 2023, run date Jan. 12, 2024. Run on ED utilization for Suicide and intentional self harm.

Figure 18

The bar graph above provides data on suicide ideation occurring in Harford County for fiscal years 2021 through 2023. From fiscal year 2021 to 2022, there were 151 (22.5%) more emergency department presentations for suicide ideation in Harford County. This increase may be attributed to the impact COVID-19 had on hospitals, where individuals were less likely to access the emergency department in 2021 due to fears of being exposed to coronavirus. There was a slight decrease of suicide ideation presentations from fiscal year 2022 to 2023. This decrease of 15 presentations (-1.8%) could be related to immediate access to the Klein Family Harford Crisis Center (KFHCC) and increased utilization of the Harford County Mobile Crisis Team.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation Fiscal Years 2021-2023 for 0-17 Age Group

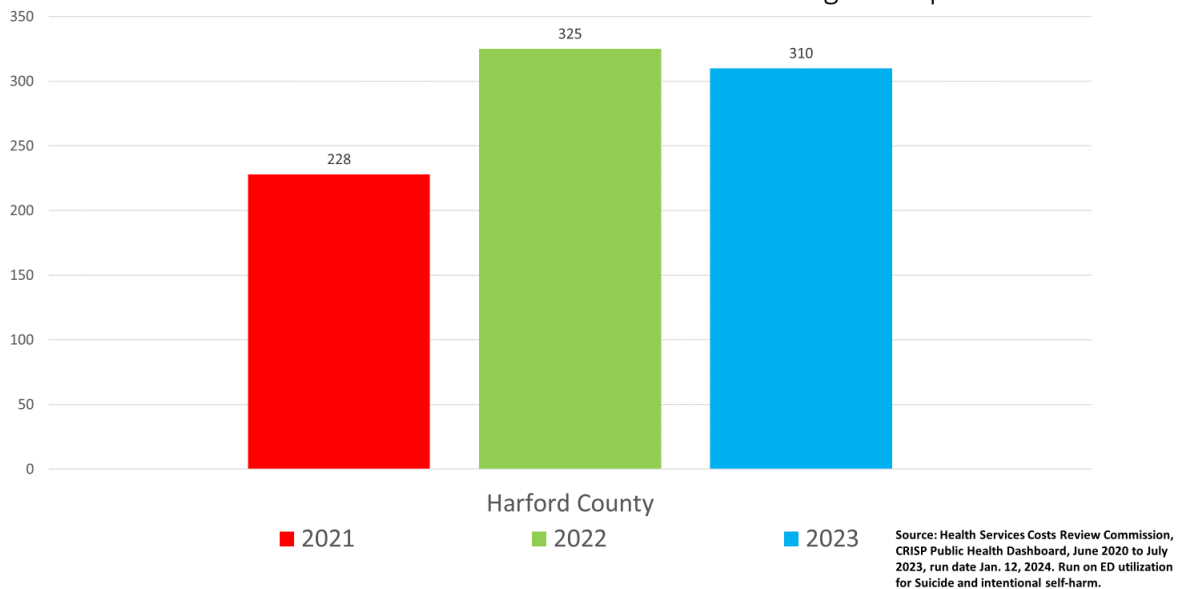
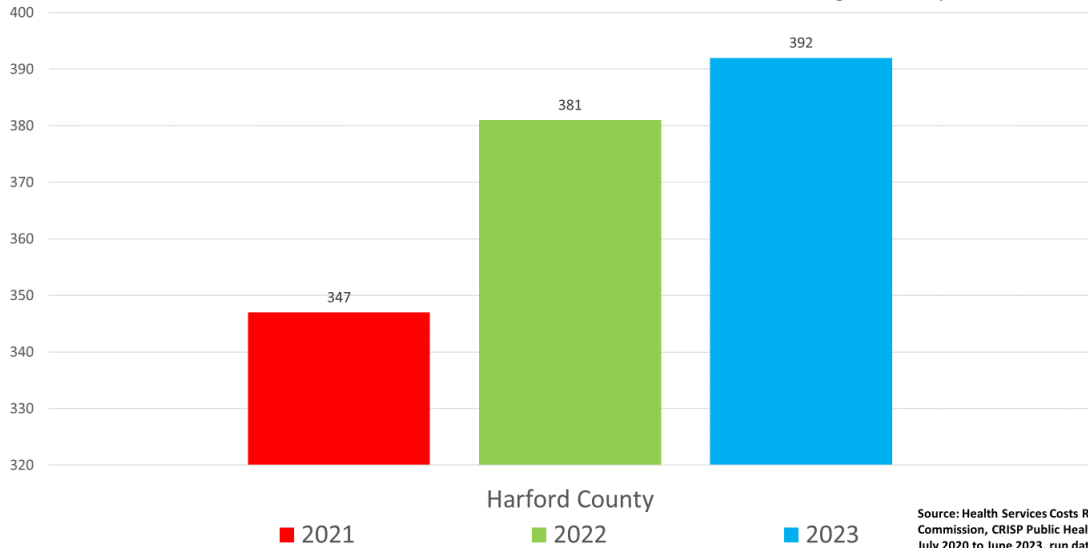


Figure 19

The bar graph above is a fiscal year comparison of suicide ideation presentations in Harford County for youth 0-17 years old. From fiscal years 2021 to 2022, suicide ideation presentations among youth significantly increased by 97 incidents (42.5%); whereas fiscal year 2023 reported a slight decrease from fiscal year 2022 of 15 incidents (-4.6%). The increase from fiscal year 2021 to fiscal year 2023 is higher than the overall increase reported among all age groups for the same time span—36% youth presentations vs. 20.3% for all age group presentations. For all three fiscal years, youth have comprised over a third of all emergency department presentations for suicidal ideations.

The COVID-19 pandemic allowed youth and families to have access to mental health services via telehealth, and according to local behavioral health professionals, there has been an increased need for outpatient therapy. For the 2022-2023 school year, additional outpatient mental health providers were added to 15 public schools with another 16 in the works, with the goal to have a provider available in every school. Youth crisis services have been at the forefront of program development in Harford County. In FY 2022 and FY 2023, the LBHA assisted Harford Crisis Response with establishing a youth specific Mobile Response and Stabilization Service (MRSS), which not only responds to crisis events, but continues to provide the youth and family support for up to eight weeks. During this period, the youth MRSS team connects the family to resources and works with them to manage behaviors both at home and in the school, as well as offers support from a peer/family advocate. This program has contributed to the decrease in presentations at the ED's for FY 2023, as the team is available to assist youth with prevention strategies, coping skills and linkages to community resources to divert them from requiring higher levels of care.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation Fiscal Years 2021-2023 for 18-49 Age Group



Source: Health Services Costs Review Commission, CRISP Public Health Dashboard, July 2020 to June 2023, run date Jan. 12, 2024. Run on ED utilization for Suicide and intentional self-harm.

Figure 20

The 18-49 age group reported an increase in suicide ideation presentations between fiscal years 2021 to 2023. From fiscal year 2021 to 2023, there has been an increase of 45 presentations to local emergency departments for suicide ideations which represents an increase of 13%. It is anticipated that with the new suicide initiatives, the number of presentations will decrease in the upcoming fiscal year.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation Fiscal Years 2021-2023 for 50+ Age Group

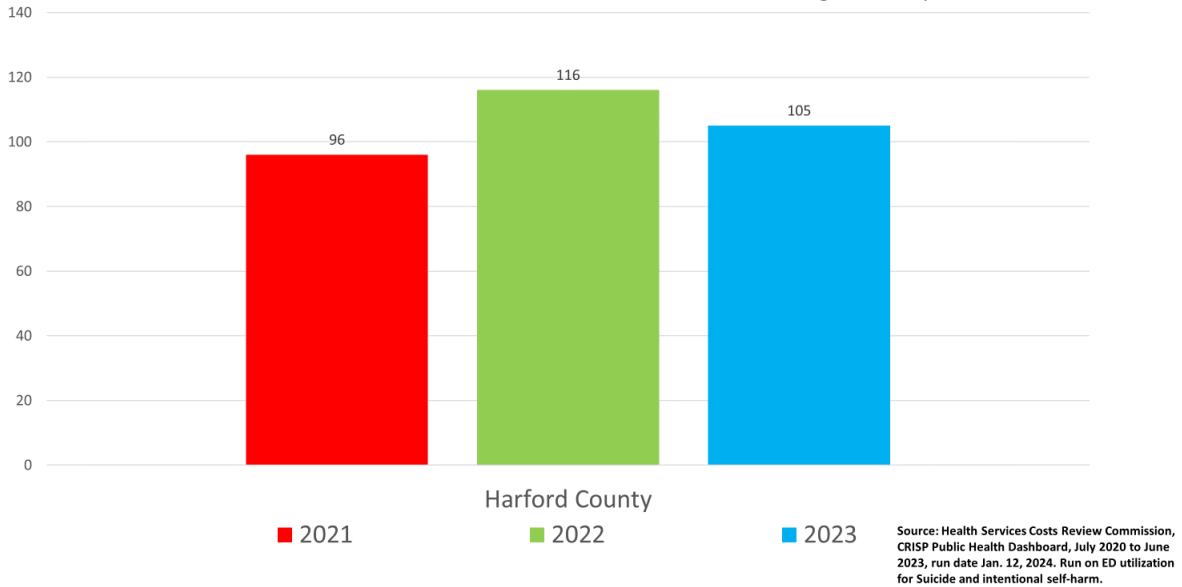
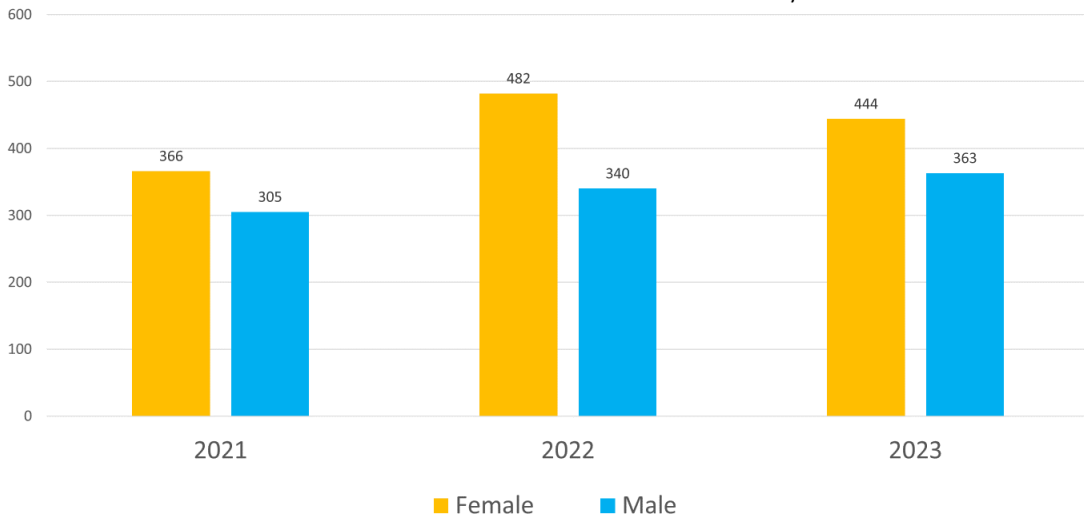


Figure 21

Figure 18 shows suicide ideation presentations for fiscal years 2021 to 2023 for the 50 and over age group. Like the 0-17 and 18-49 age groups, the 50+ age group reported an increase in suicide ideation presentations from fiscal year 2021 to 2022. The increase of 20 presentations represents an increase of 20.8% from the previous fiscal year. After the 0-17 age group, individuals over the age of 50 had the second highest increase from the previous fiscal year. Similarly, to the 0-17 age group, the 50 and over group reported a slight decrease (-9.5%) from fiscal year 2022 to 2023. This decrease may be contributed to agency outreach efforts that serve the older adult populations. Resources for the mobile crisis team and the Klein Family Harford Crisis Center (KFHCC) have been disseminated to divert individuals from utilizing Emergency Departments for a mental health crisis.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation for Fiscal Years 2021-2023 by Gender



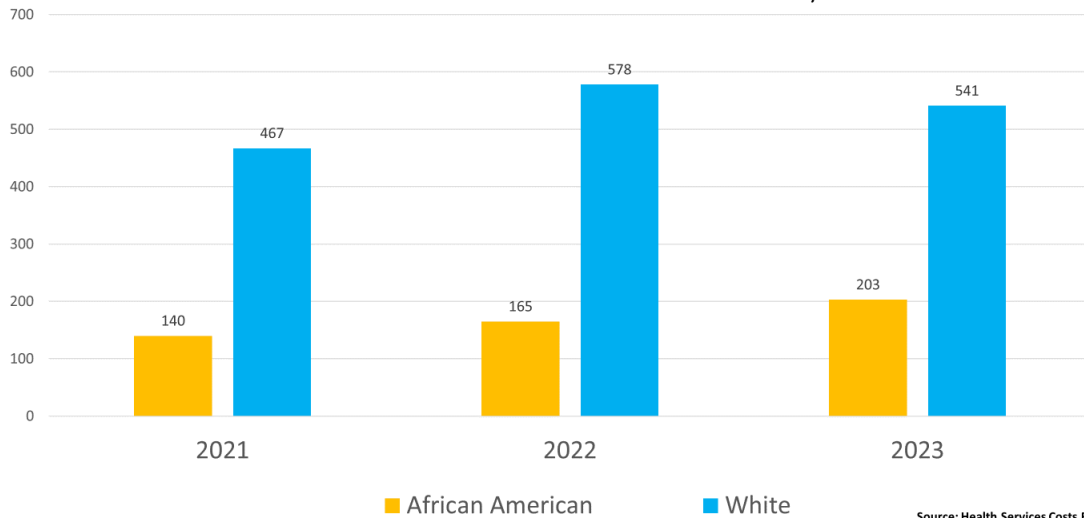
Source: Health Services Costs Review Commission, CRISP Public Health Dashboard, July 2020 to June 2023, run date Jan. 12, 2024. Run on ED utilization for Suicide and intentional self-harm.

Figure 22

Figure 19 provides data on suicide ideation presentations for fiscal years 2021-2022 by gender. For females, data shows a significant increase from 2021 to 2022 (116 incidents/31.7%) followed by a decrease of 38 incidents (-7.9%) from fiscal years 2022 to 2023. Suicide ideation among males differed as their numbers remained steady for fiscal years 2021 through 2023. There were 35 more incidents reported from fiscal year 2021 to 2022, which is an increase of 11.5%. From fiscal year 2022 to 2023, there was a slight increase of 23 incidents, representing an increase of 6.8%.

The increase of presentations among genders in fiscal year 2021-2022 could be due to COVID-19, whereas many people who avoided hospitals during the pandemic are now returning. Recognizing the impacts 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. These efforts may play a role in the slight decrease from FY 2022-2023 for females; however, the increase for males can be attributed to the stigma among that population receiving preventative behavioral health interventions.

Harford County Local Behavioral Health Authority
 Presentations to Local Emergency Departments for
 Suicide Ideation for Fiscal Years 2021-2023 by Race



Source: Health Services Costs Review Commission, CRISP Public Health Dashboard, July 2020 to June 2023, run date Jan. 12, 2024. Run on ED utilization for Suicide and intentional self-harm.

Figure 23

The bar graph above highlights data on suicide ideation for fiscal years 2021 through 2023 separated by race. From fiscal year 2021 to 2022, there was an increase among African Americans (25 incidents/17.9%) presenting to the local emergency department with reports of suicide ideation, as well as an increase among individuals identifying as white (111 incidents/23.8%). From fiscal year 2022 to 2023, there was a difference in presentation among both races. African American individuals reported an increase of 38 presentations which is an increase of 23% and an overall increase of 45% from fiscal year 2021 to 2023. White individuals reported a decrease of 37 presentations which is a decrease of -6.4%. However, there was an overall increase of 15.8% from fiscal year 2021 to 2023.

Fatal Overdose Incidents experienced in Harford County and Fatal Overdose Incidents experienced by Harford County Residents

County Comparison - Total Deaths by Calendar Year

Year	Total Deaths	Change from Previous Year	Percentage Change
2021	101	N/A	N/A
2022	91	-10	-9.90%
2023	83	-8	-8.79%

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 24

An in-depth study of overdose deaths in Harford County, Maryland, from 2021 to 2023, reveals profound insights, especially when examined in the context of the county's population. In 2022, there were 91 overdose deaths in a population of 263,867, as reported by the US Census Bureau. This equates to an overdose death rate of approximately 34.49 per 100,000 population, highlighting the significant impact of substance abuse and overdose in the community.

Though specific population estimates for 2021 and 2023 are not available for a direct comparison, the raw numbers indicate a downward trend in overdose fatalities: from 101 deaths in 2021 to 91 in 2022, and further down to 83 in 2023.

The declining trend in overdose deaths over these years, against the backdrop of the 2022 population data, suggests effective intervention strategies might be in place.

However, it is essential to approach these figures with an understanding of the broader context. Each overdose death represents not just a statistic but a human life lost and a profound impact on families and the wider community. The decrease in overdose deaths, while promising, does not necessarily imply a decrease in substance use but could indicate better emergency response, improvements in treatment efficacy, or changes in drug availability and consumption patterns.

In conclusion, the data from Harford County underscores the importance of ongoing efforts in education, prevention, and treatment to combat the substance abuse crisis. Continual monitoring and analysis, especially considering population dynamics, are pivotal to devising and refining strategies that effectively address and reduce overdose deaths.

County Comparison - Overdose Deaths by Calendar Year - Gender Distribution

Year	Male	Female	Male Change 2021-2022	Male Change 2022-2023	Female Change 2021-2022	Female Change 2022-2023
2021	79	22	N/A	N/A	N/A	N/A
2022	78	13	-1	N/A	-9	N/A
2023	64	19	N/A	-14	N/A	6

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 25

The analysis of overdose deaths by gender in Harford County, Maryland from 2021-2023 reveals significant gender disparities when contextualized with the county's population. In 2022, with a population of 263,867, the overdose death rate was markedly higher for males (approximately 29.56 per 100,000 population) compared to females (approximately 4.93 per 100,000 population), as per the US Census Bureau estimates.

This disparity highlights the differential impact of the overdose crisis on the male and female populations in Harford County. While the overall trend across 2021 to 2023 shows a decrease in overdose deaths for both genders, the rates are notably higher for males each year. In 2021, there were 79 male and 22 female overdose deaths, which slightly decreased in 2022 to 78 male and 13 female deaths. However, in 2023, the trend continued with a significant decrease to 64 male deaths and an increase to 19 female deaths.

The higher rate of overdose deaths among males could suggest gender-specific factors influencing drug use and overdose risks, such as differences in substance use patterns, accessibility to drugs, societal pressures, or varying effectiveness of intervention strategies. The increase in female deaths in 2023, after a decrease in 2022, indicates a potential shift in these dynamics, warranting further investigation and targeted interventions.

While these figures provide a quantitative understanding of the overdose crisis, each death represents a profound personal and communal loss. The gender-specific data underscores the need for tailored approaches to substance abuse prevention and treatment, considering the unique challenges and circumstances faced by different genders.

In conclusion, the overdose death rates in Harford County, combined with the gender-specific trends, emphasize the necessity of continuous, gender-sensitive monitoring and intervention strategies. Addressing the substance abuse crisis effectively requires a multifaceted approach

that acknowledges and responds to the distinct needs and experiences of both men and women in the community.

County Comparison - Overdose Deaths by Calendar Year - Age Group

Age Group	2021 Deaths	2022 Deaths	2023 Deaths	Change 2021-2022	Change 2022-2023
<25	6	3	4	-3	1
25-34	28	20	15	-8	-5
35-44	24	23	28	-1	5
45-54	20	19	19	-1	0
55+	23	26	17	3	-9

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 26

The data on overdose deaths in Harford County segmented by age groups for the years 2021 to 2023 reveals some significant trends. In the youngest age group (<25), there was a decrease in deaths from 6 in 2021 to 3 in 2022, followed by a slight increase to 4 in 2023. This fluctuation suggests varying impacts of substance abuse issues among the county's youth over these years.

In the 25-34 age group, a notable decrease is observed, from 28 deaths in 2021 to 20 in 2022, and further down to 15 in 2023. This consistent decline could be indicative of effective intervention strategies targeting this age demographic, or changes in substance use patterns.

The 35-44 age group presents an interesting pattern, with a slight decrease from 24 deaths in 2021 to 23 in 2022, and an increase to 28 in 2023. This increase might point to emerging challenges or evolving substance use trends affecting this demographic.

For the 45-54 age group, there is relative stability, with a minor decrease from 20 deaths in 2021 to 19 in both 2022 and 2023. This stability might suggest that the risk factors and interventions for this group have remained consistent.

The oldest age group (55+) shows variability, with a rise from 23 deaths in 2021 to 26 in 2022, followed by a decrease to 17 in 2023. This fluctuation could be related to a range of factors, including health vulnerabilities and social circumstances unique to this age group.

County Comparison - Overdose Deaths by Calendar Year - Race and Ethnicity

Race/Ethnicity	2021 Deaths	2022 Deaths	2023 Deaths	Change 2021-2022	Change 2022-2023
Hispanic	1	2	6	1	4
NH Multi (Non-Hispanic Multiracial)	0	0	3	0	3
Other	3	0	0	-3	0
NH Black (Non-Hispanic Black)	20	19	18	-1	-1
NH White (Non-Hispanic White)	74	69	56	-5	-13
NH API (Non-Hispanic Asian/Pacific Islander)	3	1	0	-2	-1

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 27

In Harford County, Maryland, an analysis of overdose deaths from 2021 to 2023, juxtaposed against the racial and ethnic composition of the population as per the US Census Bureau, reveals significant disparities. The overall trend indicates a decrease in overdose deaths among the Non-Hispanic White population, which is the largest racial group in the county. This decrease might suggest the effectiveness of ongoing public health interventions or a change in substance use patterns within this demographic.

Conversely, the data for the Non-Hispanic Black population, while showing a slight decrease in overdose deaths, raises concerns when viewed in the context of their proportion in the population. The stability in the number of overdose deaths among Non-Hispanic Blacks, despite being a smaller demographic group compared to Non-Hispanic Whites, suggests a higher mortality rate relative to their population size. This disparity indicates that Non-Hispanic Blacks might be facing fatal overdoses at a disproportionate rate, pointing to underlying issues such as access to healthcare, socioeconomic factors, or differences in the effectiveness of intervention strategies targeted at this group.

The increase in overdose deaths among the Hispanic population, particularly from 2022 to 2023, is another area of concern. This trend could reflect emerging challenges specific to this

community, including cultural barriers to accessing health services, language barriers, or other unique risk factors. The increasing trend, though starting from a lower base compared to other demographics, necessitates focused attention to understand and address the specific needs and challenges faced by the Hispanic community in Harford County.

Overall, the analysis of overdose deaths in relation to the racial and ethnic composition of Harford County highlights the need for targeted public health strategies. It emphasizes the importance of culturally sensitive interventions and equitable access to healthcare and support services. Addressing the disproportionate impact on certain racial and ethnic groups requires a multifaceted approach, one that considers the complex interplay of societal, economic, and health-related factors.

In conclusion, while the decrease in overall overdose deaths in Harford County is a positive development, the disparities in mortality rates across different racial and ethnic groups point to the need for more nuanced and targeted approaches in tackling the overdose crisis. Continuous monitoring, community engagement, and data-driven strategies are essential to ensure that interventions are effective and inclusive, ultimately reducing the burden of overdose deaths across all segments of the community.

County Comparison - Overdose Deaths by Calendar Year - Cause of Death

Substance	2021	2022	2023
ACETYL_FENT	2	0	1
ACRYL_FENT	6	1	0
ALCOHOL	17	22	17
ANTIDEPRESSANTS	0	4	3
ANTIPSYCHOTICS	1	1	0
ANY_ALCOHOL	9	12	9
ANY_OPIOID	92	76	77
BENZO	3	5	2
CARFENTANIL	0	0	1
COCAINE	43	34	50
DESPRO_FENT	60	44	53
DIPHENHYDRAMINE	3	1	1
FENTANYL	85	66	71
HEROIN	4	1	0
HEROIN_TOTAL	20	5	2
METHADONE	12	15	14
METH	6	6	6
MORPHINE	8	1	1
MUSCLE_RELAXANTS	18	20	9
PCP	1	1	1
OXYCODONE	2	6	1
RX_OPIOIDS	18	20	15
TRAMADOL	5	1	0
XYLAZINE	19	19	9
MONOACETYLMORPHINE	4	1	0
AMINOCLOAZEPAM	5	5	1
ACETAMINOPHEN	2	0	1
ACETONE	0	2	0
ALPRAZOLAM	1	2	2
AMITRIPTYLINE	0	0	1
AMLODIPINE	1	0	0
AMPHETAMINE	11	5	3
BENZODIAZEPINE	4	0	0
BENZOYLECGONINE	44	31	52
BUPRENORPHINE	1	0	0
BUPROPION	2	3	1
BUSPIRONE	1	0	0

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 28

The analysis of substances contributing to overdose deaths in Harford County over the years 2021 to 2023 reveals shifting patterns in drug use and fatalities. Notably, there has been a significant fluctuation in the prevalence of various substances implicated in these deaths.

In 2021, the most prominent substances were opioids, with fentanyl being a major contributor. The presence of fentanyl remained high in 2022 and 2023, although there was a slight reduction in the number of deaths attributed to it. This trend might reflect the ongoing opioid crisis and the pervasiveness of fentanyl in illicit drug markets. The slight decrease could be a result of increased awareness, better access to treatment, or more effective law enforcement.

Another substance of concern was cocaine, which saw an increase in overdose deaths from 2022 to 2023. This rise could indicate changing drug use patterns or the introduction of more potent forms of cocaine in the community. The fluctuation in cocaine-related deaths requires continued attention and possibly targeted interventions.

Alcohol, both as a sole contributor and in combination with other substances (any alcohol), consistently appeared in the data, though with some year-to-year variation. This underscores the persistent challenge of addressing alcohol abuse and its role in overdose deaths.

Interestingly, the use of muscle relaxants and xylazine (often used as an adulterant) saw a notable decrease from 2022 to 2023, suggesting either a shift in consumption patterns or the effectiveness of interventions targeting these substances.

The data also reveals the presence of other substances such as methadone, methamphetamine, and prescription opioids, albeit with less fluctuation over the years. These substances reflect the broader spectrum of drug abuse issues confronting the community.

The changing landscape of substance-related overdose deaths in Harford County from 2021 to 2023 highlights the complex and evolving nature of drug abuse and its fatal consequences. The trends observed necessitate a multifaceted approach, including ongoing public health education, accessible treatment options, and robust law enforcement strategies. Tailoring interventions to address the specific substances contributing to overdose deaths, and adapting to their changing patterns, is crucial. This approach should be coupled with a comprehensive understanding of the community's needs and the factors driving substance abuse. It's also important to enhance support systems and provide resources for those struggling with addiction, as well as for their families and the wider community. Continuous monitoring and data-driven strategies are essential to effectively combat the overdose crisis and reduce the burden of substance abuse in Harford County.

County Comparison - Overdose Deaths by Calendar Year - Deaths by Month

Month	2021	2022	2023	Change 2021-2022	Change 2022-2023
January	14	4	10	-10	6
February	8	6	6	-2	0
March	7	7	7	0	0
April	9	8	9	-1	1
May	8	8	7	0	-1
June	9	7	9	-2	2
July	4	8	7	4	-1
August	6	7	7	1	0
September	9	8	2	-1	-6
October	9	10	13	1	3
November	9	7	6	-2	-1
December	9	11	0	2	-11

***Data Source: MDH, Vital Statistics Administration (VSA) through Overdose Fatality Review CRISP Dashboard

***Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum the total number of deaths.

***Due to Potentially Identifiable Information (PII), any numbers between 1-10 are suppressed and represented as "<11".

Figure 29

An analysis of the monthly overdose deaths in Harford County over the past three years illustrates a shifting landscape of substance abuse challenges. In January 2021, the county experienced a high of 14 fatalities, which was markedly reduced by 10 cases the following year, only to see an increase again in 2023. This volatility could indicate varying access to substances, shifts in public health interventions, or seasonal factors affecting drug use and overdose risks.

February's modest decrease from 2021 to 2022 remained unchanged into 2023, suggesting a possible stabilization in the factors contributing to overdose incidents during this month. In contrast, March displayed a consistent number of fatalities across all three years, indicating a persistent risk that has yet to be mitigated.

Spring months such as April and May showed slight variations year over year, with a minor uptick in April 2023 and a small decrease in May of the same year. These fluctuations may reflect changes in community substance use patterns or the effectiveness of overdose prevention efforts.

The summer months revealed mixed trends. June's figures returned to 2021 levels in 2023 after a dip in 2022, whereas July saw an increase in 2022 followed by a slight decrease in 2023. The increase in July 2022 might be associated with seasonal social activities that could increase the risk of substance misuse.

A notable decrease occurs in September 2023, with the number of deaths dropping by six from the previous year, which might suggest the success of targeted interventions or other external factors contributing to a reduction in overdoses.

The data for October shows an opposite trend, with a progressive increase in fatalities, peaking in 2023. This rise necessitates a focused investigation into potential causes, such as the introduction of more potent substances or reduced efficacy of outreach programs during this period.

The narrative takes a solemn turn in December, where a stark decrease of 11 deaths from the previous year could imply a data collection issue or a dramatic improvement in circumstances that warrant further examination to confirm the underlying reasons.

Conclusion:

The ebb and flow of overdose deaths in Harford County from 2021 through 2023 highlights the complex and ever-changing nature of the substance abuse crisis. While some months show promising declines, others emphasize the need for sustained and adaptable strategies to address the multifaceted drivers of overdose incidents. Public health officials, community leaders, and stakeholders must continue to leverage data-driven insights to bolster prevention, treatment, and education efforts to combat the opioid epidemic and related substance abuse challenges in Harford County.

HOSPITALIZATION FOR ANY OVERDOSE (Jan 2023-Nov 2023)

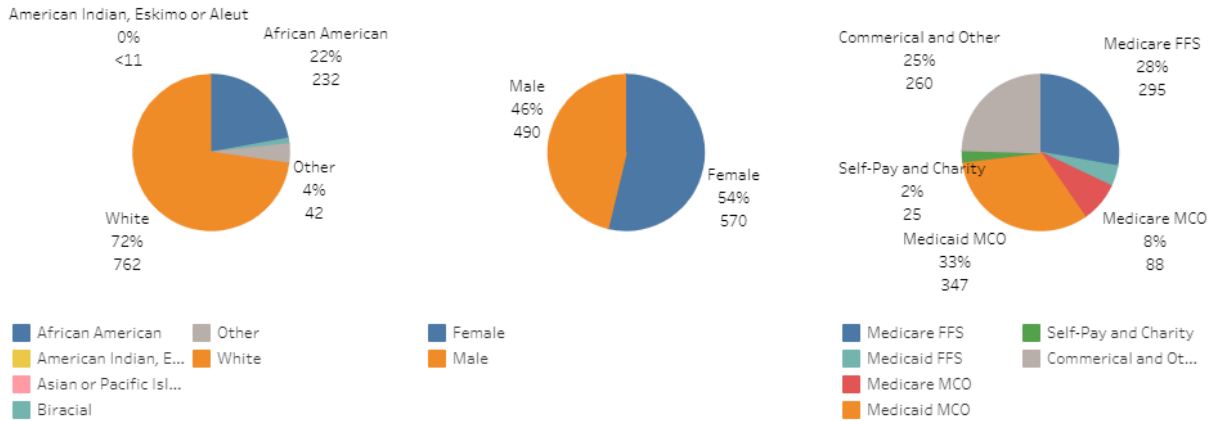


Figure 30

HOSPITALIZATION FOR ANY OVERDOSE (Jan 2022-Nov 2022)

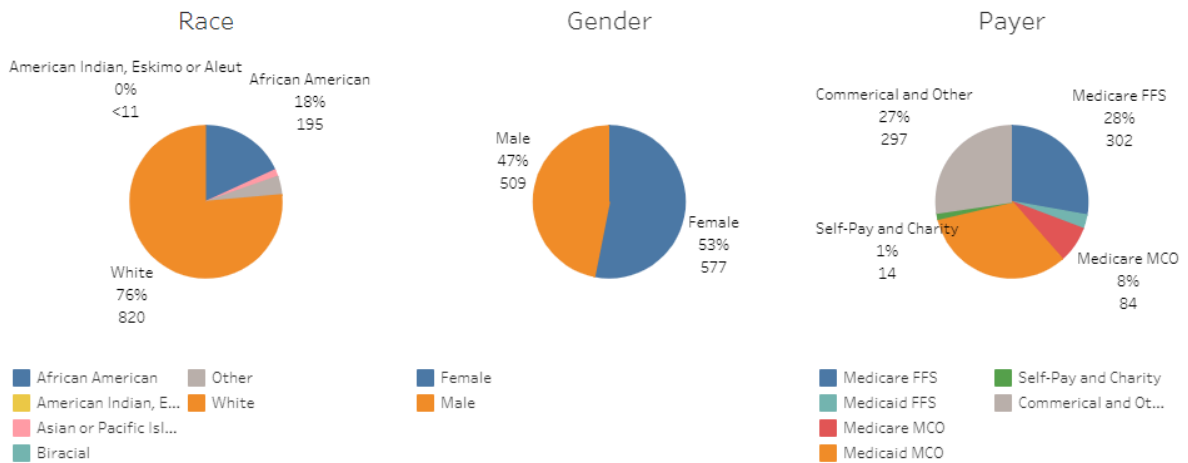


Figure 31

The above graphs break down Harford County Resident admissions to hospitals for overdose of any substance. This information was sourced from CRISP’s Public Health Dashboard. The data is from January 2023 to November 2023 and January 2022 to November 2022.

When compared to the same time in 2022 and 2023, the racial distribution of overdose cases shifted. White individuals experienced a decrease of 4 percentage points in overdose cases, dropping by 58 cases to 72% from the total 76% the year prior. Conversely, the African American population saw an increase in their share by the same margin, going up by 4 percentage points and 37 additional cases, representing 22% of the total in 2023. The category labeled "Other" also saw an increase both in percentage points and the number of cases, indicating a trend towards greater diversity in overdose cases. There were no reported changes in the percentages for Asian or Pacific Islander, American Indian, Eskimo, or Aleut, and Biracial categories, either due to a lack of data.

Again, comparing the Gender-related data from 2022 to 2023, there indicated a slight increase in the percentage of overdose cases among females, rising by 1 percentage point to 54% in 2023, although the actual number of cases decreased by 7. On the other hand, the male percentage decreased by 1 percentage point to 46%, with 19 fewer cases reported in 2023. This suggests a relatively stable distribution of overdose cases between genders with only minor fluctuations. The data also shows that more females are being hospitalized than males. When comparing gender data of overdose fatalities in Harford County, males were the majority. There are more females being saved from a fatal overdose with hospitalizations.

The payer category, which represents the types of insurance for those who overdosed, showed significant variations. The most striking was the 33-percentage point increase in cases covered by Medicaid MCO, totaling an additional 347 cases in 2023. Medicare FFS remained stable in its share of cases, but with 7 fewer cases reported. There was a notable decrease in the percentage and the number of cases for those covered by Medicare MCO, dropping by 8 percentage points and 84 cases, respectively. Commercial and Other insurance types saw a small decrease of 2 percentage points and 37 fewer cases. Interestingly, there was an uptick in cases for Self-Pay and Charity and Medicaid FFS, which went up by 1 and 8 percentage points, respectively, indicating changes in the insurance landscape for those affected by overdoses.

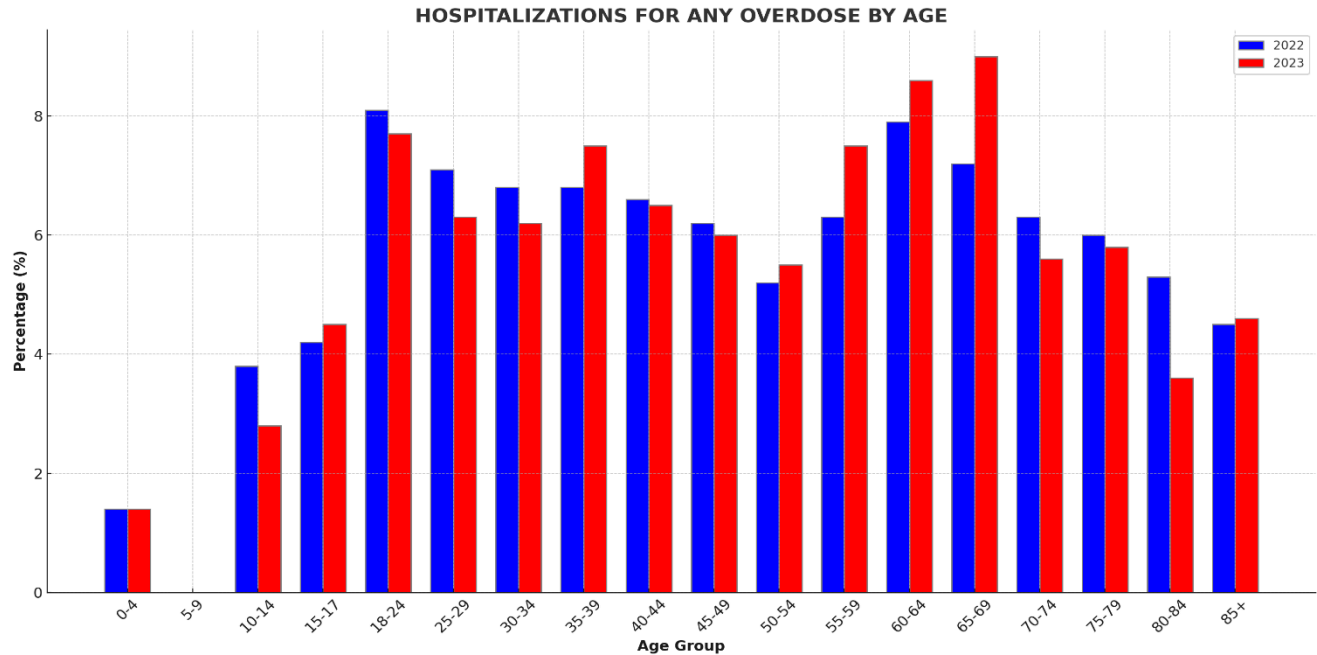


Figure 32

The bar graph above presents a comparative analysis of Harford County residents' overdose-related hospital visits across various age groups for the years 2022 and 2023 by percentage. Not that the age group 5-9 is not listed due to the counts being 10 or under. The graph reveals several notable trends and changes between the two years. There is a significant increase in hospitalizations among the 65-69 age group, rising from 7.2% in 2022 to 9.0% in 2023. This marks the highest relative increase among all age brackets. Conversely, the age group 10-14 shows a decrease, with the percentage of hospital visits dropping from 3.8% in 2022 to 2.8% in 2023.

Another key observation is that the 18-24 age group, while still maintaining a relatively high percentage of hospital visits due to overdoses, shows a slight decline from 8.1% in 2022 to 7.7% in 2023. This trend is mirrored in the 25-29 age group, which also saw a decrease in its percentage.

The age groups from 30 to 54 remained stable with only minor fluctuations between the two years. However, in the older age groups, starting from 55 and older, there are varied changes. Notably, the 55-59 age group exhibits an increase from 6.3% to 7.5%, while the 60-64 age group's percentage also rose from 7.9% to 8.6%.

It's important to highlight that the youngest age groups (0-4 and 5-9) and the oldest (85 and above) have relatively low percentages of hospital visits due to overdoses in both years, but even in these categories, slight increases are observed in the eldest bracket.

Overall, the data suggests a shift in hospitalization demographics, with a notable increase in older populations. This might warrant further investigation into the factors contributing to this rise and potentially indicates a need for targeted interventions or resources for older adults regarding overdose prevention and treatment.

D. Targeted Case Management (TCM)

In fiscal year 2022, Harford County's Mental Health Targeted Case Management (TCM) programs continued to have similar utilization rates as the state's average of approximately 2.1%. However, Harford County's adult TCM program utilization rate of 1.1% continued to be slightly lower than the State's utilization rate of 1.9%. The adult TCM provider selected for Harford County is Leading by Example (LBE). As an agency, Leading by Example operates in Baltimore City, Baltimore County and Harford County. This provider offers outpatient mental health services, therapeutic behavioral health services, and psychiatric rehabilitation services in all three jurisdictions. Primarily, workforce shortages continue to be an ongoing problem, impacting the number of clients Leading by Example can serve in their TCM services. Leading by Example continues to work on increasing their workforce and in turn, increasing their capacity for TCM clients for the future. Additionally, ongoing communication can be a challenge to maintain service delivery within Targeted Case Management. Often, prospective, or even enrolled clients, have limited access to technology, phones and/or limited minutes on the phones they already have. Although there have been many benefits of telehealth services, many individuals qualifying for TCM services are experiencing homelessness or at risk of homelessness with very low income, if they have any income at all. These individuals typically don't have disposable income they can use to pay for monthly internet services creating additional barriers to ongoing TCM services. Leading By Example is focused on contacting potential participants quicker to reduce communication barriers, resulting in increased number of engagements and retention. Finally, Leading By Example has put forth efforts to increase their enrollment by creating a web-based referral form, in addition to the previous paper form, making it more accessible for providers and individuals who are completing TCM referrals. With these interventions in place, Harford County should be on target to increase capacity into a more comparable position relative to the rest of the state.

Unlike Harford County's adult program, the TCM program for youth had a higher utilization rate of 4.2% compared to the state's utilization rate of 2.5%. The child and adolescent TCM provider selected for Harford County is Empowering Minds Resource Center (EMRC). EMRC operates in Baltimore City, Baltimore County, Anne Arundel County, Prince George's County and Harford County. This provider also offers outpatient mental health services and psychiatric rehabilitation services in Harford County. The higher utilization rate can be attributed to an increase in school based mental health programs that refer to TCM services; in addition, Empowering Minds Resource Center has entered into contracts to provide services in all 53 Harford County public schools. The need for case management for youth has been in high demand as children transition back to schools and out of home placements due to the stressors of the COVID-19 pandemic.

In fiscal year 2023, Harford County's Mental Health Targeted Case Management (TCM) programs mirrored the state's utilization average of 2.0%. Harford County's adult TCM program had a utilization rate of 1.2% compared to the State's utilization rate of 1.8%. In May 2022, the Adult Targeted Case Management RFP was issued, and contracts were awarded to two behavioral health providers. The current TCM provider, Leading By Example, and a new provider, the Klein Family Harford Crisis Center (KFHCC), as the second provider. KFHCC serves as a behavioral health urgent care center and often interacts with individuals who are appropriate for, and could benefit from, targeted case management services. KFHCC is operated under the University of Maryland/Upper Chesapeake Hospital and offers services on a walk-in basis 365 days a year. They have social workers, prescribers, peers, and crisis beds on-site, and can also offer short term outpatient services while individuals are connected to longer term care in the community. Individuals can receive services regardless of their insurance status and staff are able to assist with applying for and obtaining insurance if needed. The lower utilization rate can be attributed to workforce shortages as this continues to be the biggest challenge to serving individuals in the Adult TCM program. However, since there are now two adult TCM providers for the county, we expect to see an increase in utilization in fiscal year 2024.

Again, in FY 2023, the child and adolescent TCM Program's utilization rate of 3.8% was higher than the state's utilization rate of 2.5%. The high utilization trend continues to be related to the partnerships with the Harford County Public Schools. Additionally, the Local Department of Social Services (LDSS) and the Local Behavioral Health Authority (LBHA) have targeted Residential Treatment Centers (RTC), inpatient hospital units, and the Local Care Team (LCT) to ensure youth are being connected to TCM services as a step-down service from higher levels of care.

The OMH/CSA continues to follow the five-year cycle for procuring Targeted Case Management (TCM) providers. The Request for Proposals (RFP) for youth case management was issued in 2021 with the contract award beginning July 2021. The OMH/CSA plans to RFP this program in the spring of 2026. The RFP for adult case management was issued in spring 2022 and notification to the providers was made in May 2022. The OMH/CSA plans to RFP the adult TCM program in the spring of 2027.

E. Systems Management Integration

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F. Cultural and Linguistic Competence (CLC)

Cumulative Assessment of Progress to Date

CSAs, LAAs and LHBAs receiving funding from the MDH/BHA have been required to submit Cultural and Linguistic Competency Strategic Plans (CLCSP) as part of their overall fiscal year planning process. This process began in FY 2020-2021 and continues to be a requirement.

As agencies begin establishing goals for the FY 2024-2026 CLCSP, consider assessing what has been the impact and/or progress made regarding goals established with your 2022-2023 CLCSP. This will assist in the process for determining key areas for further capacity building that can and should be reflected in the current process for CLCSP.

Below is offered some critical questions to ask:

1. What has been accomplished?

The Harford County LBHA has begun utilizing a learning management system and modules related to Cultural Competency and Diversity, which all staff complete annually. In FY 2022, the LBHA hired a consultant, Dr. Gold, to assist with strengthening Diversity, Equity, & Inclusion (DE&I) practices within the agency. The initial step of the initiative was to have all LBHA staff participate in a kickoff event to provide clarification on the agency's mission, vision, and goals. Next, an anonymous survey was developed and disseminated amongst all staff to gauge the climate of the agency's internal practices. Once staff completed the survey, Dr. Gold gathered the data and facilitated a series of open dialogue sessions to discuss the survey results and code themes, as well as suggest action items and professional development trainings. Dr. Gold also reviewed the LBHA's personnel policies and procedures to provide feedback and recommendations regarding the use of gender-neutral language and inclusive practices. Personnel policies and procedures were updated and disseminated to agency staff.

In FY 2023, Dr. Gold and her consulting team led various workshops and master classes on topics such as inclusion essentials for interrupting bias, concepts concerning various types of privilege, community cultural wealth, multicultural perspectives, and concepts concerning demystifying binary approaches to gender and socioeconomic disparities. These classes provided staff with information and tools to identify gaps and barriers within the behavioral health system among diverse populations. Staff will be able to effectively assess and evaluate programs moving forward. The leadership team with the LBHA participated in an additional course relating to aspiring DEI organizational changes. Dr. Gold assisted the leadership team with the development and implementation of a sustainability plan, so the LBHA can continue to strengthen its practices by utilizing multi-perspective approaches in future decision making within the agency.

2. *What has been the impact?*

All LBHA staff have been included in participating and providing valuable feedback to leadership to make necessary changes to create a more inclusive work environment. This has made staff feel appreciated and invested in being part of the change. The LBHA will incorporate cultural competency and CLAS into staff evaluations to ensure the training offered is being put into practice. The LBHA will continue to allocate resources to train new and current staff in cultural competency to include ongoing in-service trainings, to effectively meet the unique needs of diverse populations.

3. *What has not been accomplished and why?*

The LBHA still needs to develop a forum and/or conduct focus groups with EBP service providers to identify where disparities and disproportionalities exist in the public behavioral health system. While the LBHA does meet with all service providers monthly, a forum still needs to be developed to focus on EBP. While some progress has been made, it has not been accomplished. The LBHA has placed priority on the other strategies.

4. *What still needs to be addressed and why?*

The LBHA still needs to build and sustain communication on CLAS priorities and foster trust between behavioral health providers and the community. The LBHA will provide information about the LBHA's efforts and accomplishments on addressing the needs of diverse individuals or groups. This has not been addressed with community providers and the community because the LBHA had to evaluate and master their own internal processes before relating information outside the organization.

5. *How will it be addressed relative to the 2024-2026 CLCSP?*

The LBHA will host focus group discussions with stakeholders and participants of behavioral health services to help identify content and material that may be considered offensive and gather suggestions on alternative language to be used. The LBHA will continue to issue plain language guidance and create documents that demonstrate the best practices in clear communication and information design. Forms will be revised to ensure they are easy to fill out and provide contact information if assistance is needed.

The LBHA will conduct community needs assessments to identify behavioral health services available, as well as review gaps and barriers to meeting the cultural and linguistic needs of under-served and diverse populations in Harford County.

G. 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 (COA), Statement of Work (SOW), and with the Administrative Service Organization data entry and reporting requirements. The Harford County LBHA conducts in person monitoring of all documentation and other criteria related to the Conditions of Award and Statement of Work. Additionally, a representative from the fiscal department conducts remote audits of the provider's general ledgers. The program monitor completes regular on-site monitoring visits, reviews all measures listed in the Conditions of Award and Scope of Work to ensure compliance, and provides technical assistance and support as needed. The program monitor is also responsible for completing internal Scope of Services forms which capture all elements from the COA and SOW, as well as write narratives to detail all site visits.

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 for youth. On-site monitoring visits allow for the program monitors to review all items in the Conditions of Award and Statement of Work to determine compliance. The program monitor completes a Scope of Services form, capturing all the elements from the COA, and writes a narrative to detail the site visit. In addition to capturing progress made on performance measures, the program monitor reviews 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 program monitors are responsible for providing technical assistance, conducting follow-up site visits, providing additional training, and/or completing a Corrective Action Plan. There may be cases where service termination is necessary for non-compliance. This would occur when the provider is unable to meet performance measures, misappropriation of grant funding, noncompliance with corrective action plans, and unable to fulfill contract requirements. 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 program or fiscal monitor will contact the provider to gain additional information. The program monitor also ensures the sub-grantee is submitting accurate monthly and quarterly reports on time, which they will then submit to the appropriate BHA Program staff. If the provider submits inaccurate or late reports, the program monitor 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 Residential Bed hold requests for Residential Rehabilitation Programs, 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.

H. Plan Approval (to be added 45 days after review)

