CALVERT COUNTY CORE SERVICE AGENCY

MENTAL HEALTH PLAN

ANNUAL REPORT FISCAL YEAR 2014

AND ONE YEAR FISCAL YEAR 2016

Core Service Agency

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TABLE OF CONTENTS

A. System Mission, Vision, Values

Our Mission

The Calvert County Core Service Agency shares the mission of the Department of Health and Mental Hygiene's Office of Behavioral Health and Disabilities, which is to develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions and developmental disabilities. We will strive to, through publicly funded services and supports, promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders.

Vision:

The Vision of our behavioral health system of care is drawn from fundamental core commitments:

- A coordinated, quality system of care that is supportive of individual rights and preferences.
- A full range of services.
- Seamless linkages to services for the consumer delivered through a system of integrated care.
- Recognition that co-occurring conditions are common.
- Focus on treatment, behavioral health, support, recovery and resilience.
- Services developed in collaboration with culturally competent stakeholders in an environment that is culturally sensitive.
- Improved health, wellness and quality of life for consumers across the life span.

Values:

The values underpinning the system are:

- Supportive of Human Rights
- Responsive System
- Empowerment
- Community Education
- Family and Community Support
- Least Restrictive Setting
- Working Collaboratively
- Effective Management and Accountability
- Local Governance
- Staff Resources

B. List of Acronyms

Acronym	Definition
ASO	Administrative Services Organization
BHA	Behavioral Health Administration
CAN	College Access Network
CARF	Commission on Accreditation of Rehabilitation Facilities
C & A	Child and Adolescent
CCHD	Calvert County Health Department
CCPAT	Calvert County Psycho geriatric Assessment Treatment Program
CEU	Continuing Education Unit
CMH	Calvert Memorial Hospital
CoC	Continuum of Care
CSA	Core Service Agency
CSAS	Calvert Substance Abuse Services
DoRS	Department of Rehabilitative Services
DSS	Department of Social Services
EPS	Emergency Psychiatric Services
FY	Fiscal Year
GED	General Education Development
IHIP-A	In-Home Intervention Program-Adults
IHIP-C	In-Home Intervention Program-Children
IMR	Illness Management and Recovery
LCT	Local Care Team
MACSA	Maryland Association of Core Service Agencies
MHC	Mental Health Clinic
MRT	Moral Reconation Therapy
NAMI	National Alliance on Mental Illness
NIMS	National Incident Management System
NOC	Network of Care

B. List of Acronyms

Acronym	Definition
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OOO	On Our Own
PATH	Programs to Assist with the Transition from Homelessness
PBHS	Public Behavioral Health System formerly ADAA and PMHS
PRP	Psychiatric Rehabilitation Program
PTSD	Post-Traumatic Stress Disorder
ROSC	Recovery Oriented Systems of Care
RTC	Residential Treatment Center
SMCN	Southern Maryland Community Network
SOAR	SSI/SSDI Outreach Access and Recovery
SPMI	Severe and Persistent Mental Illness
TAY	Transitional Aged Youth
TCM	Targeted Case Management
TBI	Traumatic Brain Injury
TIPS	Treatment Intervention Procedures
WRAP	Wellness Recovery Action Planning

C. Executive Summary

The Calvert County Core Service Agency (CSA) is operating as a department within the Calvert County Health Department. In conjunction with the Maryland Mental Hygiene Administration, the CSA manages the Public Behavioral Health System (PBHS) in Calvert County. Accordingly, our mission is to facilitate a coordinated and accessible network of services to improve conditions for children, adolescent and adults in need with a major focus on increasing the local authority to plan, implement and monitor behavioral health services. We are striving to promote mental health transformation, behavioral health integration, recovery and resilience in a consumer and family driven system of care. In this annual report and comprehensive one year plan we seek to address critical issues, detail the efforts thus far and identify ongoing strategies related to the coordination of care and improvement of services.

Since the inception and establishment of Core Service Agencies, our system has transformed. We have experienced changes in the way behavioral health care is delivered, paid for and monitored. This change in the way we do business has coincided with budget reductions, priority shifts within the system and tighter utilization review for services. Our providers are being taxed due to a deficit in the workforce and our continued pursuit to integrate Behavioral Health has presented both opportunities and challenges.

In Calvert, we are observing changes in our provider continuum, as agencies are branching out to provide additional services across jurisdictional lines or ceasing to provide services altogether. As we continue to evaluate what currently exists and ways in which we might improve our system, we are looking to the future and working collaboratively to monitor and efficiently meet the needs of Calvert County.

D. Annual Report – Fiscal Year 2014

i. Introduction to Annual Report

The FY 2014/2016 Mental Health Plan for Calvert County, was submitted as mandated by the Annotated Code of Maryland, Health General, Title 10, Section 10-1202(d)(1), and in accordance with Mental Hygiene Administration guidelines. The plan, developed by the Calvert County Core Service Agency, was utilized to monitor and respond to the service needs of our citizens. This report seeks to detail the highlights of the last fiscal year, report on the system's progress toward goals and detail the challenges faced in FY 2014 within Calvert County.

ii. Highlights/Accomplishments FY 2014

Approximately $5.9 million in federal, state, and local funds support the PMHS system in Calvert County, with the majority of services being provided through a fee-for-service network and other selected programs funded through contracts. The following services are available within the jurisdiction: Acute Inpatient Services, Residential Substance Abuse Services, Intensive Outpatient Substance Abuse Services, Outpatient Behavioral Health, including

Counseling, Therapy and Medication Management Services, Mobile Treatment, Urgent Care, Early Intervention Substance Abuse and Prevention Services, Adult Crisis Bed Placement, Residential Rehabilitation Programs, Psychiatric Rehabilitation Programs, Supported Employment, Case Management Services, Therapeutic Foster Care Placement, a male Therapeutic Adolescent Group Home, the Continuum of Care Housing Program, Homeless Outreach, a consumer operated Recovery and Wellness Center, a MCCJPP, a Court Assessor, Psycho geriatric Assessment and Treatment Program, Emergency Psychiatric Services, Pharmacy and other Client Support and Intensive In-Home Intervention services for children and adults.

FY 2014 saw several changes in Calvert County's Core Service Agency. Julie Ohman assumed the role of CSA Director in November of 2013 replacing John Mitchell who retired in June 2013. Ms. Ohman left the position in June 2014. In July 2014 David Gale became CSA Director.

The CSA continued to work closely with Calvert Substance Abuse Services (CSAS) to ensure collaboration and to move our system toward integration. The CSA Director and the Program Director for Substance Abuse met weekly to insure communication and a close working relationship to lend easy accessibility and planning of services and initiatives. Examples of events included: Social Recreation Activities, Support Groups, Anti-Stigma Presentations, Guiding Good Choices and WRAP.

To date the CSA has made great strides in the collaboration and coordination of services among providers. The staff participated on multiple advisory boards and councils locally including: the Local Care Team, Multi-Disciplinary Team, Local Drug and Alcohol Advisory Committee, the Mental Health Advisory, Local Management Board, Child Fatality Review Board, the local Homeless Prevention Board, Inter-Agency Council Meetings, Board of Education Transition Team and the HIPPY (Home Instruction for Parents of Pre-School Youngsters) Healthy Families Committee. Outside of the jurisdiction we have active representation at: the Maryland Association of Core Service Agencies (MACSA), the Substance Abuse Coordinators Regional

State and Management meetings, Substance Abuse Provider Advisory Council, the C & A and Adult Coordinators Sub-Committee, Residential Specialist and Supported Employment Meeting, RRP Survey Meeting, the Tri-County Homeless Prevention Board, the Southern Maryland Homeless Veteran's Advisory, and the Five-County Project Steering Committee.

Via our Federal Block Grant we continued to provide services to the older adult population of Calvert through our Psycho geriatric Assessment and Treatment Program (CCPAT). Our clinical nurse specialist was able to provide service in locations that are convenient to the older adults of Calvert such as the senior centers, Calvert Hospice House, nursing home facilities and private homes. Our specialist served 66 seniors and offered 685 services. The program was well received by our senior citizens and their families as well as our community partners providing services to this population. This clinician works closely with the Office on Aging, primary care doctors and psychiatrists to ensure comprehensive care to our vulnerable seniors.

Calvert continued participation within the Five County Crownsville Project in FY 14. The Five County Crownsville Project emerged out of the closure of Crownsville State Hospital. The five Southern Maryland jurisdictions (catchment area) deemed most effected by the closure of the facility were granted monies to support the development, enhancement and maintenance of community based services. To date the funds have been used to develop the following in Calvert County:

- In-Home Intervention Program for Children (IHIP-C)—This program provides intensive in home support services for youth and their families. The primary goals of the IHIP-C program are to reduce the risk of out of home placement, improve behavior, and strengthen family functioning. We have successfully utilized this program as a step down program from residential placement.
- Crisis Beds—Beds are designed to provide 24 hour/ 7 day a week assessment and stabilizations to persons who are at risk for hospitalization or who need to step down from a hospital setting and expect to be stabilized in a short period of time.

- In Home Intervention Program for Adults (IHIP-A)—The concept of in-home intervention is to treat adults who have a severe and persistent mental illness (SPMI) who have not responded well to more traditional programming, such as clinic based or rehabilitation services. The consumers referred to the program have a history of multiple psychiatric hospitalizations, and/or are in danger of incarceration or homelessness due to poorly managed symptoms. There is an emphasis on assertive engagement, flexible service hours, extensive on-call response, clinical interventions within the living environment of the individual, and involvement and education of care givers. The IHIP-A staff meet with consumers in their home to provide them with evidenced-based, Illness Management and Recovery (IMR) materials to help the consumer increase knowledge about mental illness, understand the role of medications and develop coping skills to manage symptoms to increase consumer's ability to maintain themselves in the community.

In FY 2014, our C & A Coordinator continued to work diligently with our community partners to divert children from placement where appropriate, assist with access to community based services, monitor children in placement and ensure successful step down planning from Residential Treatment Centers (RTC).

iii. Annual Report of Activities

Therapeutic Foster Care and Group Home- A total of four (4) youth were placed via the treatment foster care and therapeutic group home grants. The CSA contracted with the Board of Childcare, Woodbourne and Kids Peace to provide these services to youth from the Tri-County area. These grants provided increased access to treatment opportunities for youth experiencing a mental illness.

In March 2014 the Board of Child Care notified the CSA that they were terminating the contract to provide services at the TRIAD group home effective April 1st 2014. Inspection of the home by the CSA and DHMH staff (this TGH is owned by DHMH) revealed substantial damage to the eight bed facility. The CSA and DHMH worked with the BOCC for six months to ensure that

all damage was repaired by the vendor and the home was returned to ready condition. Calvert County youth are currently being placed out of the County until a new provider is found.

Southern Maryland Community Network (SMCN)- SMCN continued to provide Targeted Case Management (TCM) in Calvert via its five year designation which began on July 1, 2010. The TCM program provides case management services for children, adolescents and adults. TCM ensures that persons with psychiatric disabilities have resources to enhance their ability to function independently in their community. This agency served **one hundred and fifty (150) adults and four (4) youth** during the year and requested **one hundred and three (103)** authorizations for uninsured individuals during the same time.

Court Assessor- This service has been in place since July 2009 as a result of a request from the District Court. The Court Assessor is a licensed mental health professional that assists the Judges in determining what is most appropriate for individuals appearing before the court who may be experiencing a mental illness. The clinician conducts evaluations and makes recommendations to the judges for diversions of defendants from incarceration three days per week. Fifty-two (52) individuals were assessed for appropriateness into the program, and the program averages monitoring seventy-four (74) individuals per month.

Urgent Care- The CSA continues to partner with the Calvert County Health Department Mental Health Clinic (MHC) and Calvert Memorial Hospital (CMH) to operate an urgent care program. The program diverts uninsured individuals who are at risk of hospitalization to the MHC for evaluation and treatment when appropriate. The CSA funds two (2) hours of psychiatric time per week for uninsured patients. This year twenty (20) adults were diverted, 79% kept their initial appointments.

Calvert Memorial Hospital-Emergency Psychiatric Services (EPS) - The EPS program at CMH completed a total of 1,691 psychiatric evaluations during FY 2014. The program has efficiently and effectively provided care to individuals presenting in the emergency room with psychiatric

difficulties 24 hours a day, 7 days a week. Psychosocial evaluations and somatic clearances were completed for each consumer. When medical necessity was met, patients were admitted to CMH's psychiatric unit or transferred to another psychiatric hospital. When inpatient treatment was not medically necessary, alternative services were sought, such as Partial Hospitalization, Urgent Care appointments, Crisis Bed Placements, and linkages to community based service options. There were no community based admissions to a State hospital during FY 2014.

Adult Crisis Program- SMCN operates an Adult Crisis Program through the Five County Project (Crownsville Hospital Continuum) for Charles, Calvert, St. Mary's, Anne Arundel and Prince Georges counties. The program is designed to provide 24 hour/7 days a week assessment and stabilization for persons who are at risk for hospitalization or who need to step down from a hospital setting and can be expected to stabilize in a short period of time. Typical length of stay at the Crisis House is 7 to 10 days. Calvert County CSA is responsible for oversight to this program. Utilization of the Adult Crisis Bed Program was 95%, in FY 14 the consumer satisfaction rate was 99%, positive comments were made. One hundred and two (102) individual placements, with 1383 bed days used. There were 226 referrals not accepted in FY 2014.

MCCJPP- In FY 2014, the MCCJPP once again exceeded deliverables with a total of 868 visits for therapy, evaluation and case management provided to individuals at the detention center. During FY 2014, the MHC continued to operate a jail diversion program in the Calvert County Detention Center. This program allows inmates early release from the detention center with a specific requirement to obtain outpatient mental health services. In FY 2014, this initiative assisted 380 inmates with mental health needs.

PATH Outreach- A total of 178 people were outreached in FY 14. Of those, 177 individuals enrolled in intensive outreach/case management services provided through

PATH. This included: screening and diagnostic treatment, community mental health, alcohol and drug treatment, case management, planning and assistance seeking housing and referrals to other community services. Over 94% of those individuals served were identified as having an affective disorder and 87% were identified as having a co-occurring substance abuse diagnosis.

Continuum of Care Housing Program (CoC) - In FY 2014, this program provided housing for twenty-six (26) adults and eleven (11) children under the age of 18. During the year, one (1) consumer died. In addition to the CoC services, Southern Maryland Community Network provided case management services to all consumers in the program.

Federal Block Grant- Due to budget constraints the Calvert County Psycho geriatric Assessment and Treatment Program, funded under the Federal Block Grant, has had to reduce the employee's time by 10%. (The psychiatric nurse now works 36 hours per week). As a result of this reduction, the program did not see as many individuals as seen in prior years, however, the same number of services were provided. A total of seventy-one (71) patients were provided 1235 mental health services and only six (6) patients required acute inpatient psychiatric care during the course of the year. A new psychiatric nurse was hired in November 2014. This position is again funded as a full time position. The increase by 4 hours per week should increase the number of clients seen for this service.

On Our Own of Calvert (OOO) - Provided an active wellness and recovery center, serving 241 consumers. The center averaged a daily attendance of eighteen (18) consumers and provided a wide range of activities and services to those present. OOO is open an average of thirteen (13) evenings a month until 7:00 p.m. As of March 31, 2014, OOO decided not remain open until 7:00 p.m. OOO is compliant with the conditions of its grant award and attended all required meetings and conferences. OOO continues to host its annual Luau for persons with disabilities

to include consumers from other jurisdictions. Other activities at the center included: social recreation activities, peer education such as a cultural competency survey, ways to wellness and substance abuse education, support groups such as a Mental Health Support Group and Self-Care, Peer Recovery Coaching and Wellness Recovery Action Plan (WRAP) Support. CSA required OOO to close the center from March 24, 2014 until May 1, 2014 due to numerous complaints. Meetings/communication with the state OOO, Calvert OOO, the Board of Directors, and consumers were held. Restructuring of the center, physical changes to the center and the office assistant's resignation took place before center reopened 5 weeks later.

Client Support Fund- Ninety-one (91) consumers were served through CSA's Client Support Fund. This funding was used primarily in emergency situations for prescriptions and interpreting services. In FY 14, ninety-five (95) psychotropic prescriptions were paid for and one (1) consumer was assisted with interpreting services. The CSA continued to monitor closely the use of these funds this fiscal year, assuring that they were used only as a "last resort" and that the greatest numbers of consumers were served.

Information on data trends and tracking efforts can be viewed in Section E, ii, Pages 33-48.

Year One– FY-2014

Goal #1: Educational forum designed for mental health professionals on Substance Abuse.

Objective 1.1:

Provide educational forum to mental health professionals to increase their knowledge of Substance Abuse.

Strategy:

- Contract and recruit a speaker with expertise in Substance Abuse
- Work with University of Maryland Training Collaborative to secure CEUs (Continuing Education Units) for this training
- Locate a suitable facility
- Advertise and promote the event

Action Plan:

- Recruit a speaker. The event will be scheduled based upon the availability of the speaker.
- In locating a suitable facility will research a large enough facility with minimal cost.
- Contact the University of Maryland Training Collaborative to secure CEUs for this training.
- We will utilize NOC, flyers, local papers, email and announcements to promote training.

Indicator:

Increase the knowledge of the issues of substance abuse for mental health professionals. Will conduct a survey at the close of the training to measure understanding.

Update:

The CSA has begun a joint training schedule with Calvert County Substance Abuse Services (CSAS). Our first training addressed Co-Occurring Disorders and Integrated Screening. The session was held on 12/11/13 and was facilitated by Tom Godwin who works with the University of Maryland. CEUs were obtained through the University of Maryland Training Collaborative. It was well attended by both the Substance Abuse Clinic and Mental Health Clinic staff.

On January 8th and 9th, the CSA facilitated a Youth Mental Health First Aid training at Calvert Substance Abuse Services. 11 staff were certified.

Also in January 2014, the CSA sponsoring the Anti-Stigma Project of Maryland. The session was attended by 19 of our community partners.

January 2014 also started a 5 day training in co-occurring disorders that was attended by 12 participants from the Calvert Mental Health Clinic, Crisis Intervention Center and Calvert Substance Abuse Services.

On February 12, 2014, Anastasia Edmondson, trainer for the Mental Hygiene Administration, presented on Traumatic Brain Injury (TBI) offering information to our behavioral health community on identifying leading causes of TBI, common impairments that occur after a TBI and ways to support an individual with a TBI.

Other planned trainings include: Cultural Competency, Mental Health First Aid, Trauma Informed Care and Motivational Interviewing.

Year Two – Fiscal Year 2015

Goal #1: Public Awareness and Education

Objective 1.1: *Work with the behavioral health community to initiate educational activities and disseminate, to the general public, current information related to psychiatric disorders, prevention mechanisms, treatment services and supports.*

Strategy 1.1: Sponsor educational opportunities in the community for behavioral health providers, peers, community partners and the general public.

Action Plan: Sponsor 2 Mental Health First Aid sessions per fiscal year to promote public awareness and support for improved health and wellness.

Indicator: Number of people successfully trained. Satisfaction surveys and post-tests to measure level of understanding.

Update: To date we have conducted 1 Youth Mental Health First Aid and will conduct our second session in February of 2015. Satisfaction was high according to the surveys of 11 people.

Strategy 1.2: Provide support, funding and consultation to mental health advocacy groups to promote and implement an educational or training activity to increase awareness of mental illness, behavioral health issues and recovery and resiliency among children, youth and adults.

Action Plan: Partner with NAMI Southern Maryland to bring presentations such as In Our Own Voice, Family-to-Family, and Peer-to-Peer to Calvert County. Partner with On Our Own of Calvert, Inc. to offer educational activities such as the Anti-Stigma Project and Cultural Competency.

Indicator: Number of people attending activity and surveys by participants.

Update: Walk for Recovery was attended by 80 people including numerous providers. Partnered with NAMI of southern Maryland as well as other providers.

Strategy 1.3: Increase public awareness of behavioral health services available in Calvert County.

Action Plan: Schedule presentations and demonstrations of the Network of Care (NOC).

Indicator: Number of presentations/demonstrations. Increase usage numbers for the NOC by 5%.

Update: CSA promotes NOC through handouts, refers phone calls, and attends four (4) meetings a month. CSA hosted a webinar at provider meeting on January 27, 2014. Eight agencies attended and participated. Specific instructions on how to update information on site was provided. Also included was upcoming changes of statewide launch of new SHIP program and county specific public health section.

Strategy 1.4: Increase sensitivity to trauma experiences and incorporate trauma-informed care principles and practices into behavioral health treatment services at the Calvert County Health Department.

Indicator: Number of Individuals trained and post-tests measuring level of understanding. Note Environmental changes made within the organization.

Update: Calvert County Core Service Agency partnered with University of Maryland School of Medicine's Training Center and sponsored three trainings to date for FY 2015 in Trauma informed care, Motivational Interviewing, Co-Occurring Disorders, and Person Centered Planning were the topics. Seventy-one (71) professionals were trained. Satisfaction surveys were completed at the end of every training. Results indicated that the trainings were satisfactory.

Strategy 1.5: Update the All-Hazards Disaster Mental Health Plan.

Action Plan: Review and update the All-Hazards Plan.

Indicator: Submit plan to the State.

Update: This project is still a work in progress. Calvert County Deputy Health Officer is currently updating the plan.

Strategy 1.6: Work with the Health Officer to ensure that the needs of the behavioral health community at large are met in times of crisis.

Action Plan: CSA staff to complete NIMS training. Recruit and train Disaster Mental Health team.

Indicator: Successful completion of NIMS training. Number of team members recruited and trained.

Update: Core Service Director completed the NIMS training. We are still actively recruiting new team members.

Goal #2: Access to Services

Objective: *Work collaboratively with consumer and family organizations, community partners and other stakeholders to address and improve the integration of community services.*

Strategy 2.1: Continue to work collaboratively with appropriate agencies to improve access to mental health services for individuals experiencing homelessness.

Action Plan: Utilize PATH funding to assist homeless individuals through outreach and case management. Maximize use of the Continuum of Care Housing Program and other support services to provide rental assistance to individuals experiencing a mental illness who are homeless. Work to develop SOAR within the jurisdiction.

Indicator: Number of individuals identified, enrolled in PATH, and housed. Development of a SOAR Steering Committee, designation of a lead agency, implementation of work plan, number of people trained.

Update: Continuum of Care in FY2015 is housing 6 adults with 8 adult children and 11 minor children. PATH has served 68 individuals and has provided 330 different services. Soar is an on-going project. Currently we have trained 2 Calvert County, 2 in Charles County, and 1 in St. Mary's County. SOAR was discussed at the quarterly provider meeting held on January 15, 2015 and information was provided. Calvert County Core Service Agency has scheduled the BHA, SOAR Coordinator to come to the Provider meeting in April 2015 to give a presentation on SOAR.

Strategy 2.2: Promote the continuity of treatment for individuals with serious mental illness who are detained in the detention center.

Action Plan: Schedule meeting with the Administrator of the Calvert County Detention Center to discuss sharing of data through DataLink. Execute a Memorandum of Understanding. Establish on-going meetings in order to discuss and coordinate use of data to ensure continuity of care and monitor outcomes for consumers.

Indicator: Implementation of Data Link. Number of individuals referred to aftercare or re-linked to a service provider in the community.

Update: Meeting was held with Calvert County Detention Center and CSA Director to discuss implementing DATALINK. It was determined that the Detention Centers Data system was not compatible and there are no funds to change this system.

Strategy 2.3: Monitor system growth, utilization, expenditures, and contracts identify problems and needed corrective action.

Activity: Monitor all contracts to ensure deliverables are met and assure quality of service. Monitor usage of Level 5 and the emergency room. Link individuals to outpatient and urgent care when appropriate. Monitor high cost inpatient and overall system utilizers.

Indicator: Audits of reporting and on-site reviews. Corrective action plans identified/implemented as needed. Monitor number of individuals diverted to outpatient care. Monitor number of individuals linked/monitored. Reduction in numbers of high cost utilizers.

Update: Meet quarterly with Behavioral Health Unit Director at Calvert Memorial Hospital, to address any problematic issues or improve system. Monthly statistics are reviewed and audits are conducted quarterly by the Calvert County Core Serve Agency.

Strategy 2.4: Expand crisis response services to increase utilization of community based services to allow for individuals with mental illness and substance use issues to be served in the least restrictive setting.

Activity: Establish written protocol between law enforcement and behavioral health community. Establish on-going collaborative planning and implementation meetings in order to discuss and develop a functioning CIT and Crisis Response in Southern Maryland.

Indicator: Number of officers CIT trained, both formal and informal training. Protocol established for communication, use of data and desired outcomes.

Update: The three Southern Maryland CSA's along with representatives from the three Counties Sheriff's Departments and the Southern Maryland Law enforcement Training Academy have held meetings to establish protocols for the establishment of Crisis Response Teams for the Tri-County area. In October 2014 the Calvert County Core Service Director and the Charles County Core Service Director and one CSA staff member attended the CIT International Conference in Monterey California. During the three day conference the Southern Maryland contingent attended numerous workshops on communication between agencies and sharing Data. To date seven (7) meetings have been held in which members from each of the Tri-

County area's Core Service Agency, sheriff's departments, and two (2) members of the Police Training Academy participated. We will continue to meet and work towards the establishment of a functioning Southern Maryland Crisis Intervention Team.

Strategy 2.5: Maintain the Calvert County Psycho-Geriatric Assessment Treatment Program (CCPAT) to outreach and link older adults to behavioral health services.

Activity: Provide information to service providers, community partners and the public about the special needs and considerations of older adults, while continuing support of the CCPAT Program.

Indicator: Monitor numbers for: adults identified, referrals, and educational sessions held.

Update: The CCPAT program continues to serve the population of 60 years of age or older. The Mental Health professional provides services at each Senior Center weekly and home visits are made when necessary. The staff also interfaces with the Office on Aging. In the initial half of FY 15 CCPAT served 51 consumers, providing a total of 732 services.

Strategy 2.6: Collaborate through the LCT, and other Multi-Disciplinary Planning forums to identify needs and plan services for C&A and TAY with mental health needs.

Activity: Facilitate LCT meetings, attend Multi-Disciplinary meetings as appropriate.

Indicator: Monitor numbers for children, TAY, and families outreached. Monitor number of youth diversions and number of plans for post-hospital/RTC services for youth.

Update: In the first half of FY 2015 there have been 12 youth diversions and 12 after care plans implemented for post-hospital/RTC youth. LCT and Multi-D meetings are held monthly to address needs of at risk youths. One youth was released from Calvert Detention Center to transition to independent living under the TAY program through Pathways.

Strategy 2.7: Continue to work collaboratively with community partners to improve access to behavioral health and supportive services for Veterans.

Activity: Prioritize Veterans for services where possible. Monitor Veterans accessing the Behavioral Health system, assist with advocacy and referral where appropriate. Participate in the Point in Time survey for homelessness, specifically identifying Veterans to obtain housing vouchers for Veterans in the southern Maryland area.

Indicator: Monitor number of Veterans served, counted on the Point in Time Survey, and vouchers that were allocated to the area.

Update: To date through our Federal Block Grant 4 Veterans have been served and 17 have been served in the Calvert County Mental Health Clinic. The housing authority for this area has announced that it will have 20 housing vouchers for the tri-county area to release to those that have been screened and found in need. CSA is collaborating with the Southern Maryland Regional Coordinator for Maryland's commitment to Veterans in connecting Veterans with needs and services. He presented at our Board meeting in November 2015 and presented the program. We are expecting a large influx of Veterans once the new laws/rules are in place allowing Veterans to seek help within their county.

Goal 3: Tobacco/Smoking Cessation

Objective: *Promote and implement behavioral health and wellness initiatives regarding smoking cessation and related activities toward the reduction of early mortality rates in Maryland.*

Strategy 3.1: Partner with the CCHD to promote awareness and education about Smoking Cessation and the MD Quits Program to consumers and providers.

Activity: Presentation to providers/consumers on smoking cessations services available to the community. Provide resource materials for display at all behavioral health provider sites.

Indicator: Number of presentations and providers displaying MD Quits materials at their facilities.

Update: Calvert County Health Department is now a smoke free campus and all Health Department programs display Maryland Quits literature. Smoking cessation classes are conducted eight (8) times a year, eight (8) weeks in length. Individual sessions are conducted when needed. The program averages 120 individuals for a year.

Goal 4: Recovery Support

Objective: *Continue efforts that facilitate recovery, build resiliency, and develop mechanisms to promote health and wellness across the lifespan.*

Strategy 4.1: Provide training and consultation to the wellness and recovery center.

Activity: Partner with On Our Own of Calvert, Inc. (OOO) to offer educational/training activities as needed. Support efforts to have additional peers trained as WRAP Facilitators. Explore/support Opportunities to further develop relationship with CSAS and their Prevention Coordinator.

Indicator: Regular meetings held with On Our Own of Calvert (OOO) to develop the program. Number of facilitators trained; WRAP sessions held. Number of Collaborative activities.

Update: WRAP outreach project awareness hosted by OOO was held on November 17-19. OOO has two (2) trainers who conduct weekly WRAP sessions.

Strategy 4.2: Increase consumer and family participation on policy and planning committees.

Activity: Recruit consumers and families to participate with the local Core Service Agency Advisory Board. Invite consumers/family members to participate in all planning committees and educational events.

Indicator: Number of consumers and family members participating on policy and planning committees.

Update: The CSA Board currently seats three (3) consumers and one (1) family member.

Strategy 4.3: Partner with Calvert Substance Abuse Services to promote and implement behavioral health and wellness initiatives.

Activity: Train the CSAS Peer Recovery Specialist in WRAP Facilitation.

Indicator: CSAS staff person trained and number of WRAP sessions held.

Update: On Our Own of Calvert has trained a CSAS staff member in WRAP. WRAP sessions are currently being held once a week, on Friday. They are required to maintain training and conduct two- 16 hour trainings a year. They conducted their first training in November on the 17th, 18th, and 19th, at Mt. Olive Church.

Goal 5: Efforts to Address Co-Occurring Disorders/Promotion of Dual Diagnosis Capability

Objective: *Develop and implement collaborative training involving other agencies and stakeholders serving individuals with psychiatric and co-occurring disorders in the behavioral health system of care.*

Strategy 5.1: Sponsor/develop collaborative training activities with the community that promote cultural competence and linguistically appropriate behavioral health services.

Activity: Offer cultural competency training within the jurisdiction, inclusive of the populations with special needs, i.e.) Traumatic Brain Injury, homeless, Veterans, older adults, etc.

Indicator: Number of people successfully trained. Satisfaction surveys and post-tests measuring level of understanding.

Update: Calvert County Core Service Agency partnered with University of Maryland School of Medicine's Training Center and sponsored three trainings to date. Topics were: Motivational Interviewing, Co-Occurring Disorders, and Person Centered Planning. Seventy-One (71) professionals from various disciplines were trained. Satisfaction surveys given at the end of every training indicated the training was well received.

Strategy 5.2: Provide support, funding and consultation to the Mental Health clinic, CSAS and Crisis Intervention to implement cross-training activities/initiatives. Incorporate principles of Recovery Oriented Systems of Care (ROSC) into work.

Activity: Develop Motivational Interviewing within the jurisdiction.

Indicator: Number of people successfully trained. Measure level of understanding through post-tests and satisfaction surveys. Environmental changes made within the organization.

Update: CSA sponsored one (1) Motivational Interviewing training session of 2 days in September, attended by 20 professionals. Surveys indicated 100% satisfaction. We have completed one training session on Co-Occurring Disorders in October 2014 and currently have another scheduled for the end of January 2015. The session held in October was attended by 35 professionals from multiple counties and disciplines as well as MH, CSAS, and CIC.

Goal 6: Suicide Prevention

Objective: *Promote public awareness and education about suicide prevention*

Strategy 6.1: Electronically distribute Calvert County's PMHS data, annual plan and information on behavioral health efforts in the jurisdiction.

Activity: Disseminate behavioral health data in a manner that is accessible and meaningful to the end user. Develop a campaign to educate the public about suicide prevention.

Indicator: Distribution of plan and data. Number of advertisements/media announcements.

Update: Calvert County Mental Health Plan will be available on the Calvert County website.

Strategy 6.2: Increase internet utilization

Activity: Promote the Network of Care as a tool to access current information on behavioral health treatment.

Indicator: Number of presentations/demonstrations. Increase usage numbers for the Network of Care by 5%.

Update: New employees are receiving training on how to use the system and interpret the data.

Strategy 6.3: Provide educational and outreach activities to bring awareness to suicide prevention.

Activity: Distribute National Suicide Prevention Lifeline materials at all public events. Distribute Safe-T cards to clinicians in the CCHD.

Indicator: Number of events attended and number of tools distributed.

Update: Calvert County Core Service Agency has ordered the Safe-T cards, suicide awareness cards, they have a hotline number, signs, and coping mechanisms all on a small wallet size card. We plan to distribute them at any up-coming events once they are received. CSA hosted a Provider meeting in January 2015 and distributed Suicide prevention posters to all that attended.

Strategy 6.4: Coordinate prevention efforts to include youth, TAY, high risk returning Veterans, families and older adults.

Activity: Pilot a support group with the Mental Health Clinic specific to adolescents focusing on prevention and education. Monitor Veterans seeking services with the Mental Health Clinic and CSAS. Link to MD. Commitment to Veteran's as appropriate.

Indicator: Number of sessions, Veterans referred, and interventions provided.

Update: Support group has not been established. To date we have served 21 Veterans, there has been a low request and few have been identified. Each program: CSA, MH, CIC, and CSAS are all prepared and have a process in place to identify and serve Veterans. Should a Veteran be identified they are given priority for services.

Goal 7: Outcomes/Quality

Objective: *Increase opportunities for consumer, youth family and advocacy organizations input into the planning, policy, quality assurance, valuation and decision-making process.*

Strategy 7.1: Promote the use of technology as a tool to improve information sharing, data collection, performance and outcomes.

Activity: Disseminate behavioral health data in a manner that is accessible and meaningful to the end user. Promote and provide technical assistance to providers on the use of the OMS as a tool to assist with management and planning efforts.

Indicator: Positive use of data.

Update: Value Options provides training to providers on OMS to improve their utilization of data. Calvert County Core Service Agency has received training.

Strategy 7.2: Enhance communication and education through the use of social media technology.

Activity: Utilize social media tools such as Facebook and Twitter to promote awareness of Behavioral Health services and events. Partner with community organizations where appropriate to explore ways to bolster communication and recovery supports.

Indicator: Establish Facebook account; number of "followers."

Update: No initiative has been taken. There is no support for this activity within the Health Department.

Goal 8: Behavioral Health Integration

Objective: ***Work to develop local mechanisms to promote integrated healthcare.***

Strategy 8.1: Partner with the Mental Health Clinic and CSAS to move CCHD Behavioral Health services toward integration.

Activity: Assist with the CARF accreditation process. Establish on-going collaborative planning and implementation meetings in order to discuss and develop a more integrated system.

Indicator: Attain accreditation. Systemic changes made within the organization.

Update: Mental Health Clinic and CSAS are currently working towards obtaining accreditation. Systemic changes have been a slow process, but as of February 1, 2015 systematic changes will be in effect. CSAS is currently working with Calvert Behavioral Health's Director in the integration process.

Strategy 8.2: Partner with the Health Officer on projects, such as Healthy Beginnings, that target holistic care to improve and coordinate the delivery of health services and social services for at risk populations.

Activity: Participation in collaborative planning and implementation meetings. Assist where appropriate with behavioral health system navigation and referral.

Indicator: Number of individuals served.

Update: Healthy Beginnings project at Calvert County Health Department has served 22 individuals since July 1 of 2014, 4 of which were pregnant women. These individuals were referred through Calvert County Substance Abuse Agency as part of the collaborative effort to reach those in need for different services.

Strategy 8.3: Explore the merger of the local Core Service Advisory Board and the Local Drug and Alcohol Advisory (LDAAC).

Activity: Facilitate combined meetings of the CSA Mental Health Advisory and LDAAC to discuss/develop a more integrated policy and planning body for behavioral health.

Indicator: Number of combined meetings. Number of combined planning activities/events.

Update: It was decided by both parties that these boards will remain independent.

II. One Year Plan—Fiscal Year 2016

Introduction to the One Year Plan

The FY 2016 Mental Health Plan for Calvert County, is being submitted as mandated by the Annotated Code of Maryland, Health General, Title 10, Section 10-1202(d)(1), and in accordance with Mental Hygiene Administration guidelines. The plan, developed by the Calvert County Core Service Agency, is utilized to monitor and respond to the service needs of our citizens.

When reviewing this plan it is important to consider that Calvert is still a very rural, close knit community based on historical relationships. The jurisdiction has limited behavioral health resources, a majority of which are facilitated through the Health Department itself. Calvert County has historically had challenges in retaining qualified Mental Health Providers. As the Affordable Care Act, Behavioral Health Integration and the Administrative Services Organization (ASO) roll out our system of care will change rapidly causing concerns of sustainability in such a rural area. Our system is currently facing individuals that have long been in positions of

leadership, changing jobs and/or retiring altogether which lends to a sense of insecurity about the upcoming changes. It is our goal in this plan to build on our current strengths, such as existing interagency collaboration and partnerships, while keeping up with the dynamic changes at the state and federal level.

ii. Utilization Data

a. Data

Unless otherwise specified, the data presented in this section is utilization data collected by the Administrative Services Organization (ASO) for Maryland's fee-for-service Public Mental Health System (PMHS). The data describes the use of services and associated expenditures for children and adults. The data is incomplete as claims may be submitted up to twelve months after the date of service. Please note that data for FY 14 was run through September 30th, 2014.

Furthermore, it should be noted that the data presented here does not provide a complete picture of the utilization of publicly funded mental health services, since services funded by Medicare are not included, nor are grant-funded services. "Those served" by the PMHS refers only to individuals utilizing services funded through the fee-for-service system.

Table 1a.Three Year Comparisons By Age

	Persons Served					Expenditures				
	FY2012	FY2013	%Change	FY2014	% Change	FY2012	FY 2013	%Change	FY 2014	%Change
Early Child (0-5)	105	102	-2.9%	106	3.9%	$105,414	$112,427	6.7%	$114,155	1.5%
Child (6-12)	373	385	3.2%	394	2.3%	$685,181	$766,444	11.9%	$896,262	16.9%
Adolescent (13-17)	279	321	15.1%	302	-5.9%	$786,786	$894,761	13.7%	$951,193	6.3%
Transitional (18-21)	136	115	-15.4%	131	13.9%	$340,500	$164,456	-51.7%	$391,835	138.3%
Adult (22 to 64)	1,067	1,110	4.0%	1,250	12.6%	$3,000,206	$2,946,241	-1.8%	$3,814,201	29.5%
Elderly (65 and over)	10	11	10.0%	7	-36.4%	$40,488	$45,256	11.8%	$33,847	-25.2%
TOTAL	**1,970**	**2,044**	**3.8%**	**2,190**	**7.1%**	**$4,958,575**	**$4,929,585**	**-0.6%**	**$6,201,493**	**25.8%**

*Based on claims paid through September 30, 2014.

Table 1b.Three Year Comparisons By Service Type

	Persons Served					Expenditures				
	FY2012	FY2013	%Change	FY2014	%Change	FY2012	FY 2013	%Change	FY 2014	%Change
Case Management	103	158	53.4%	181	14.6%	$168,420	$243,509	44.6%	$326,501	34.1%
Crisis	3	7	133.3%	7	0.0%	$7,807	$42,820	448.5%	$48,702	13.7%
Inpatient	105	95	-9.5%	148	55.8%	$1,092,449	$947,594	-13.3%	$1,723,638	81.9%
Mobile Treatment	2	13	550.0%	15	15.4%	$10,550	$41,737	295.6%	$32,588	-21.9%
Outpatient	1,873	1,922	2.6%	2,069	7.6%	$1,781,719	$1,877,954	5.4%	$2,313,336	23.2%
Partial Hospitalization	35	44	25.7%	57	29.5%	$45,382	$79,066	74.2%	$75,897	-4.0%
Psychiatric Rehabilitation	183	176	-3.8%	189	7.4%	$1,320,891	$1,270,311	-3.8%	$1,281,021	0.8%
Residential Rehabilitation	27	34	25.9%	37	8.8%	$83,085	$82,386	-0.8%	$82,301	-0.1%
Residential Treatment	7	3	-57.1%	6	100.0%	$302,190	$194,258	-35.7%	$155,896	-19.7%
Respite Care	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Supported Employment	74	75	1.4%	94	25.3%	$135,038	$142,467	5.5%	$160,978	13.0%
BMHS Capitation	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Emergency Petition	7	2	-71.4%	1	-50.0%	$3,619	$1,238	-65.8%	$637	-48.5%
Purchase of Care	3	1	-66.7%	0	-100.0%	$7,427	$6,244	-15.9%	$0	-100.0%
PRTF Waiver	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
****TOTAL**	**1,970**	**2,044**	**3.8%**	**2,190**	**7.1%**	**$4,958,577**	**$4,929,584**	**-0.6%**	**$6,201,495**	**25.8%**

*Based on claims paid through September 30, 2014.

Table 1c. Three Year Comparisons By Coverage Type										
	Persons Served					Expenditures				
	FY2012	FY 2013	% Change	FY 2014	% Change	FY2012	FY 2013	% Change	FY 2014	% Change
Medicaid	1,858	1,923	3.4%	2,071	7.7%	$4,428,366	$4,342,880	-1.9%	$5,530,209	27.3%
Medicaid State Funded	199	178	-11.8%	196	10.1%	$445,385	$484,202	8.7%	$575,851	18.9%
Uninsured	146	169	13.6%	146	-13.6%	$84,826	$102,503	20.8%	$95,433	-6.9%
****TOTAL**	**1,970**	**2,044**	**3.6%**	**2,190**	**7.1%**	**$4,958,576**	**$4,929,585**	**-0.6%**	**$6,201,493**	**25.8%**
Dually Dx	**198**	**221**	**11.6%**	**235**	**6.3%**	**$1,189,015**	**$1,021,839**	**-14.1%**	**$1,658,551**	**62.3%**

*Based on claims paid through September 30, 2014. **Does not include adjustments included in Table 1a..

Table 2a. Child / Adolescent - 0 - 17										
	Persons Served					Expenditures				
	FY2012	FY 2013	% Change	FY 2014	% Change	FY2012	FY 2013	% Change	FY 2014	% Change
Case Management	10	2	-80.0%	7	250.0%	$17,010	$5,614	-67.0%	$4,779	-14.9%
Crisis	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Inpatient	25	36	44.0%	42	16.7%	$234,496	$352,350	50.3%	$489,496	38.9%
Mobile Treatment	0	0	0.0%	1	100.0%	$0	$0	0.0%	$2,518	100.0%
Outpatient	751	800	6.5%	800	0.0%	$904,724	$1,051,515	16.2%	$1,157,111	10.0%
Partial Hospitalization	13	21	61.5%	25	19.0%	$20,513	$38,028	85.4%	$33,806	-11.1%
Psychiatric Rehabilitation	52	47	-9.6%	52	10.6%	$122,355	$125,623	2.7%	$117,465	-6.5%
Residential Rehabilitation	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Residential Treatment	5	3	-40.0%	6	100.0%	$278,283	$194,258	-30.2%	$155,896	-19.7%
Respite Care	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Supported Employment	0	0	0.0%	1	100.0%	$0	$0	0.0%	$538	100.0%
BMHS Capitation	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Emergency Petition	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
Purchase of Care	0	1	100.0%	0	-100.0%	$0	$6,244	100.0%	$0	-100.0%
PRTF Waiver	0	0	0.0%	0	0.0%	$0	$0	0.0%	$0	0.0%
****TOTAL**	**757**	**808**	**6.7%**	**802**	-0.7%	**$1,577,381**	**$1,773,632**	**12.4%**	**$1,961,609**	**10.6%**

*Based on claims paid through September 30, 2014.

Table 2b. Adults - Ages 18 and Over											
	Persons Served						Expenditures				
	FY2012	FY 2013	% Change	FY 2014	% Change		FY2012	FY 2013	% Change	FY 2014	% Change
Case Management	93	156	67.7%	174	11.5%		$151,410	$237,895	57.1%	$321,722	35.2%
Crisis	3	7	133.3%	7	0.0%		$7,807	$42,820	448.5%	$48,702	13.7%
Inpatient	80	59	-26.3%	106	79.7%		$857,953	$595,244	-30.6%	$1,234,142	107.3%
Mobile Treatment	2	13	550.0%	14	7.7%		$10,550	$41,737	295.6%	$30,070	-28.0%
Outpatient	1,122	1,122	0.0%	1,269	13.1%		$876,995	$826,440	-5.8%	$1,156,223	39.9%
Partial Hospitalization	22	23	4.5%	32	39.1%		$24,870	$41,038	65.0%	$42,091	2.6%
Psychiatric Rehabilitation	131	129	-1.5%	137	6.2%		$1,198,536	$1,144,687	-4.5%	$1,163,556	1.6%
Residential Rehabilitation	27	34	25.9%	37	8.8%		$83,085	$82,386	-0.8%	$82,301	-0.1%
Residential Treatment	2	0	-100.0%	0	0.0%		$23,907	$0	-100.0%	$0	0.0%
Respite Care	0	0	0.0%	0	0.0%		$0	$0	0.0%	$0	0.0%
Supported Employment	74	75	1.4%	93	24.0%		$135,038	$142,468	5.5%	$160,440	12.6%
BMHS Capitation	0	0	0.0%	0	0.0%		$0	$0	0.0%	$0	0.0%
Emergency Petition	7	2	-71.4%	1	-50.0%		$3,618	$1,238	-65.8%	$637	-48.5%
Purchase of Care	3	0	-100.0%	0	0.0%		$7,427	$0	-100.0%	$0	0.0%
PRTF Waiver	0	0	0.0%	0	0.0%		$0	$0	0.0%	$0	0.0%
****TOTAL**	**1,213**	**1,236**	**1.9%**	**1,388**	**12.3%**		**$3,381,196**	**$3,155,953**	**-6.7%**	**$4,239,884**	**34.3%**

*Based on claims paid through September 30, 2014. **Does not include adjustments included in Table 1a..

Table 3a. Fiscal Year 2014 State & County Comparisons								
	Persons Served				Expenditures			
	STATE*		COUNTY		STATE*		COUNTY	
AGE	**Number**	**Per Cent**	**Number**	**Per Cent**	**Number**	**Per Cent**	**Number**	**Per Cent**
Early Child	7,099	4.3%	106	4.8%	$17,584,597	2%	$114,155	1.8%
Child	30,960	18.9%	394	18.0%	$131,751,280	18%	$896,262	14.5%
Adolescent	22,424	13.7%	302	13.8%	$129,513,646	17%	$951,193	15.3%
Transitional	9,511	5.8%	131	6.0%	$39,366,634	5%	$391,835	6.3%
Adult	92,461	56.4%	1,250	57.1%	$414,829,177	56%	$3,814,201	61.5%
Elderly	1,565	1.0%	7	0.3%	$13,223,120	2%	$33,847	0.5%
TOTAL	**164,020**	**100%**	**2,190**	**100%**	**$746,268,454**	**100%**	**$6,201,493**	**100%**
SERVICE TYPE								
Case Management	4,469	2.7%	181	8.3%	$7,399,742	1.0%	$326,501	5.3%
Crisis	1,854	1.1%	7	0.3%	$7,034,736	0.9%	$48,702	0.8%
Inpatient	11,967	7.3%	148	6.8%	$159,231,609	21.3%	$1,723,638	27.8%
Mobile Treatment	3,653	2.2%	15	0.7%	$28,858,058	3.9%	$32,588	0.5%
Outpatient	155,866	95.0%	2,069	94.5%	$295,240,942	39.6%	$2,313,336	37.3%
Partial Hospitalization	2,138	1.3%	57	2.6%	$7,381,924	1.0%	$75,897	1.2%
Psychiatric Rehabilitation	22,794	13.9%	189	8.6%	$158,932,322	21.3%	$1,281,021	20.7%
Residential Rehabilitation	4,490	2.7%	37	1.7%	$10,981,660	1.5%	$82,301	1.3%
Residential Treatment	679	0.4%	6	0.3%	$52,231,329	7.0%	$155,896	2.5%
Respite Care	400	0.2%	0	0.0%	$1,297,422	0.2%	$0	0.0%
Supported Employment	3,415	2.1%	94	4.3%	$7,941,753	1.1%	$160,978	2.6%
BMHS Capitation	361	0.2%	0	0.0%	$9,489,154	1.3%	$0	0.0%
Emergency Petition	568	0.3%	1	0.0%	$227,179	0.0%	$637	0.0%
PRTF Waiver	27	0.0%	0	0.0%	$20,623	0.0%	$0	0.0%
TOTAL	**164,020**	**N/A**	**2,190**	**N/A**	**$746,268,454**	**100%**	**$6,201,495**	**100%**
COVERAGE TYPE								
Medicaid	155,381	94.7%	2,071	94.6%	$676,066,037	90.6%	$5,530,209	89.2%
Medicaid State Funded	22,068	13.5%	196	8.9%	$55,948,106	7.5%	$575,851	9.3%
Uninsured	8,937	5.4%	146	6.7%	$14,254,311	1.9%	$95,433	1.5%
TOTAL	**164,020**	**N/A**	**2,190**	**N/A**	**$746,268,454**	**100%**	**$6,201,493**	**100.0%**
DUALLY DIAGNOSED INDIVIDUALS								
All with DD	**23,597**	14.4%	**235**	**10.7%**	**$190,481,015**	**25.5%**	**$1,658,551**	**26.7%**

*Based on claims paid through September 30, 2014.

Table 3b. FY 2014 Comparisons: Cost per Person Served				
	State	**County**	**Difference**	**Per Cent**
AGE				
Early Child	$2,477	$1,077	-$1,400	-130.0%
Child	$4,256	$2,275	-$1,981	-87.1%
Adolescent	$5,776	$3,150	-$2,626	-83.4%
Transitional	$4,139	$2,991	-$1,148	-38.4%
Adult	$4,487	$3,051	-$1,435	-47.0%
Elderly	$8,449	$4,835	-$3,614	-74.7%
TOTAL	**$4,550**	**$2,832**	**-$1,718**	**-60.7%**
SERVICE TYPE				
Case Management	$1,656	$1,804	$148	8.2%
Crisis	$3,794	$6,957	$3,163	45.5%
Inpatient	$13,306	$11,646	-$1,660	-14.3%
Mobile Treatment	$7,900	$2,173	-$5,727	-263.6%
Outpatient	$1,894	$1,118	-$776	-69.4%
Partial Hospitalization	$3,453	$1,332	-$2,121	-159.3%
Psychiatric Rehabilitation	$6,973	$6,778	-$195	-2.9%
Residential Rehabilitation	$2,446	$2,224	-$221	-10.0%
Residential Treatment	$76,924	$25,983	-$50,941	-196.1%
Respite Care	$3,244	$0	-$3,244	-100.0%
Supported Employment	$2,326	$1,713	-$613	-35.8%
BMHS Capitation	$26,286	$0	-$26,286	-100.0%
Emergency Petition	$400	$637	$237	37.2%
PRTF Waiver	$764	$0	-$764	-100.0%
TOTAL	**$4,550**	**$2,832**	**-$1,718**	**-60.7%**
COVERAGE TYPE				
Medicaid	$4,351	$2,670	-$1,681	-62.9%
Medicaid State Funded	$2,535	$2,938	$403	13.7%
Uninsured	$1,595	$654	-$941	-144.0%
TOTAL	**$4,550**	**$2,832**	**-$1,718**	**-60.7%**

*Based on claims paid through September 30, 2014.

Table 4. Fiscal Year 2014 State & County Comparisons				
Outcome Measurement System				
Point In Time Observations - FY 2014 *				
	Child and Adolescent		**Adults**	
	STATE Per Cent	**COUNTY Per Cent**	**STATE Per Cent**	**COUNTY Per Cent**
Homeless in last 6 months	2.6%	2.3%	13.7%	12.0%
Arrested in last 6 months	2.9%	4.0%	6.7%	12.6%
In jail or prison in last 6 months	n/a	n/a	6.1%	9.9%
Employed now or last 6 months	n/a	n/a	31.7%	33.4%
Cigarette smokers**	8.3%	11.5%	47.7%	61.6%
Attend school when in session	95.7%	96.9%	n/a	n/a
Suspended from school in last 6 months	14.7%	13.8%	n/a	n/a
Expelled from school in last 6 months	1.4%	0.7%	n/a	n/a
General Health Status				
Excellent	24.8%	28.4%	6.0%	4.8%
Very Good	34.6%	38.0%	16.8%	15.4%
Good	33.3%	27.2%	36.4%	39.8%
Fair	6.5%	5.4%	30.3%	28.4%
Poor	0.8%	1.0%	10.5%	11.6%
I am hopeful about my future				
Strongly Agree	33.4%	34.7%	n/a	n/a
Agree	50.0%	49.3%	n/a	n/a
Neutral	13.7%	12.2%	n/a	n/a
Disagee	2.3%	3.8%	n/a	n/a
Strongly Disagree	0.6%	0.0%	n/a	n/a
How satisfied are you with your recovery				
Very Satisfied	n/a	n/a	25.8%	35.1%
Satisfied	n/a	n/a	29.1%	32.1%
Neutral	n/a	n/a	27.8%	21.3%
Dissatisfied	n/a	n/a	8.7%	6.4%
Very Dissatisfied	n/a	n/a	8.6%	5.1%

* Most recent observation for each consumer in FY 2014;

** For children and adolescents, only those ages 13 to 17

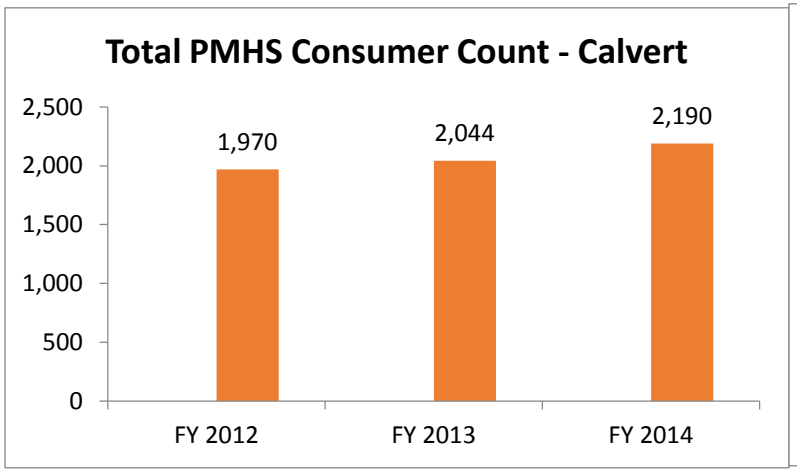
Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

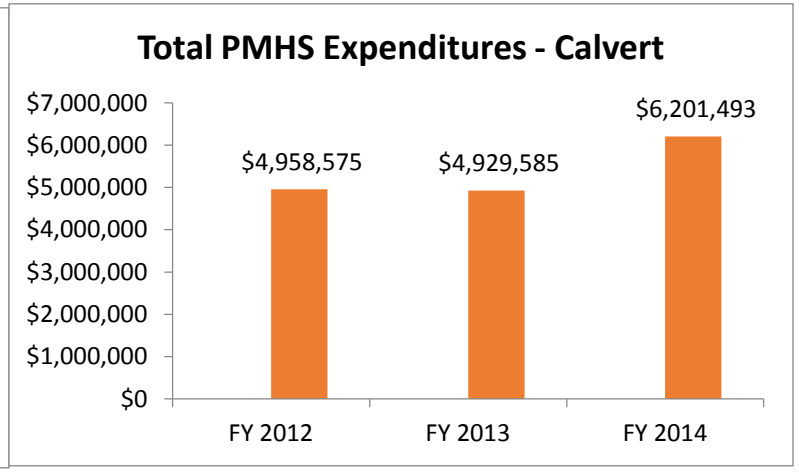
Most Recent Interview Only, FY 2014

Based on Data through 09/30/2014

Total Consumer Count & Expenditure

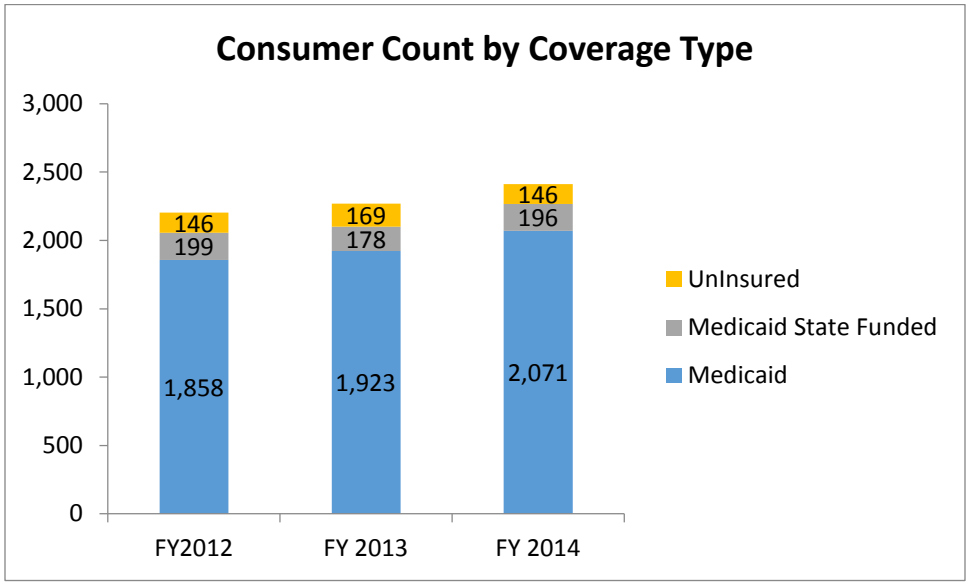
Fiscal Year	Consumer Count	Expenditure
FY 2012	1,970	$ 4,958,575
FY 2013	2,044	$ 4,929,585
FY 2014	2,190	$ 6,201,493





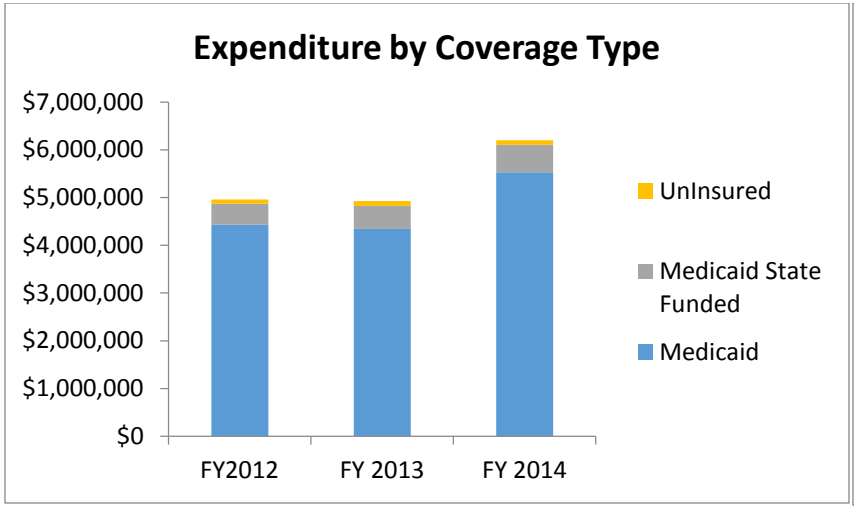
Consumer Count By Coverage Type

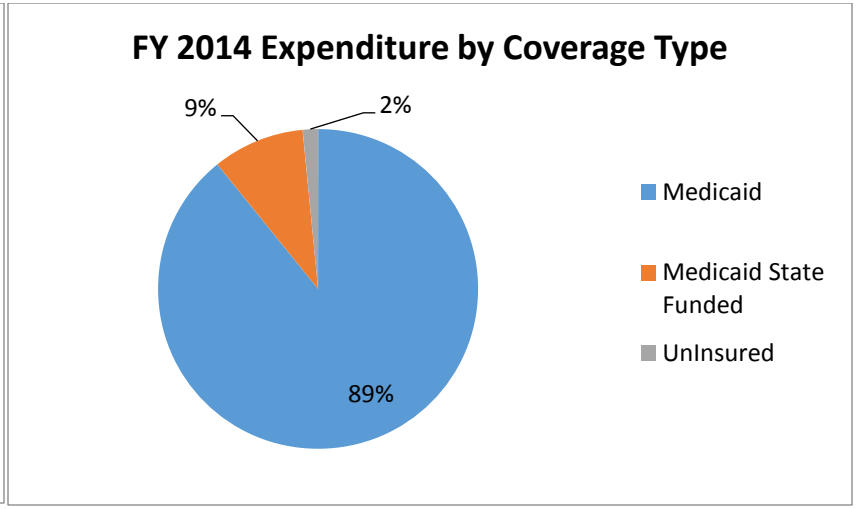
Coverage Type	FY2012	FY 2013	FY 2014
Medicaid	1,858	1,923	2,071
Medicaid State Funded	199	178	196
Uninsured	146	169	146
TOTAL	**1,970**	**2,044**	**2,190**



Expenditure By Coverage Type

Coverage Type	FY2012	FY 2013	FY 2014
Medicaid	$4,428,366	$4,342,880	$5,530,209
Medicaid State Funded	$445,385	$484,202	$575,851
Uninsured	$84,826	$102,503	$95,433
TOTAL	**$4,958,576**	**$4,929,585**	**$6,201,493**


Expenditure by Coverage Type
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
FY2012
FY 2013
FY 2014
UnInsured
Medicaid State Funded
Medicaid

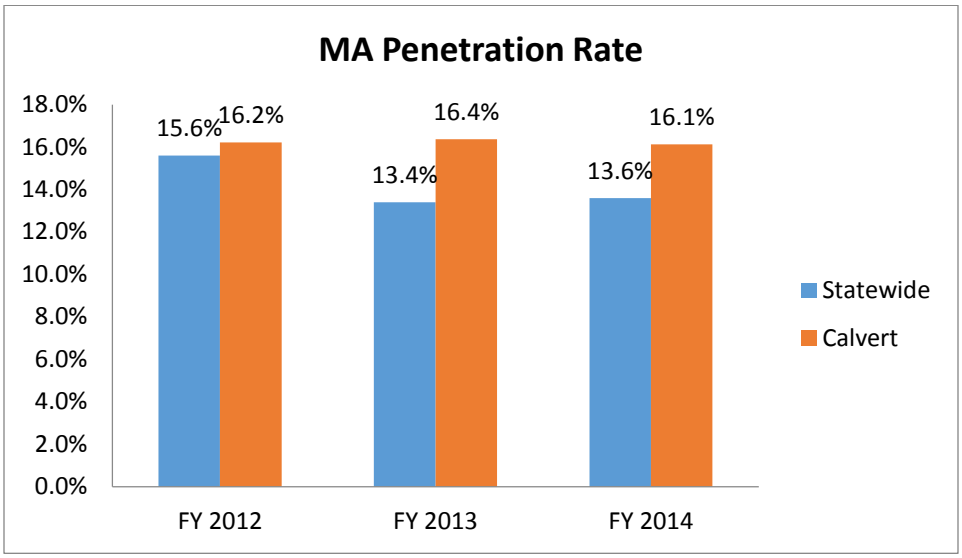

FY 2014 Expenditure by Coverage Type
9%
2%
89%
Medicaid
Medicaid State Funded
UnInsured

MA Penetration Rate

Fiscal Year	MA Eligible	PMHS MA Served	MA Penetration Rate
FY 2012	11,454	1,858	16.2%
FY 2013	11,752	1,923	16.4%
FY 2014	12,843	2,071	16.1%

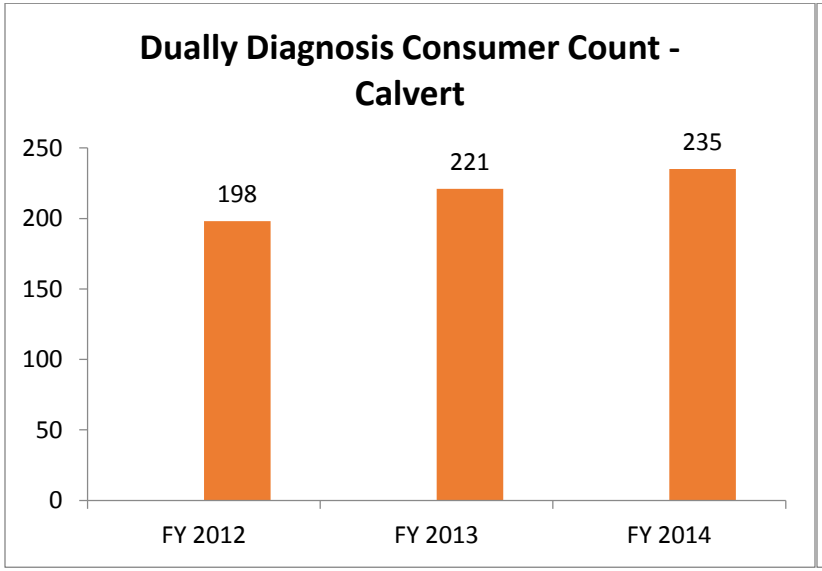
MA Penetration Rate

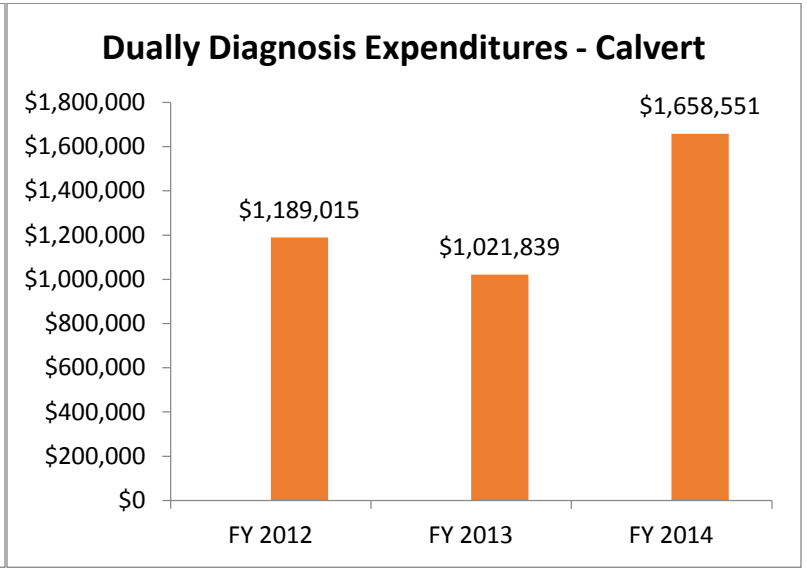
Year	Statewide	Calvert
FY 2012	15.6%	16.2%
FY 2013	13.4%	16.4%
FY 2014	13.6%	16.1%



Dual Diagnosis Consumer Count & Expenditure

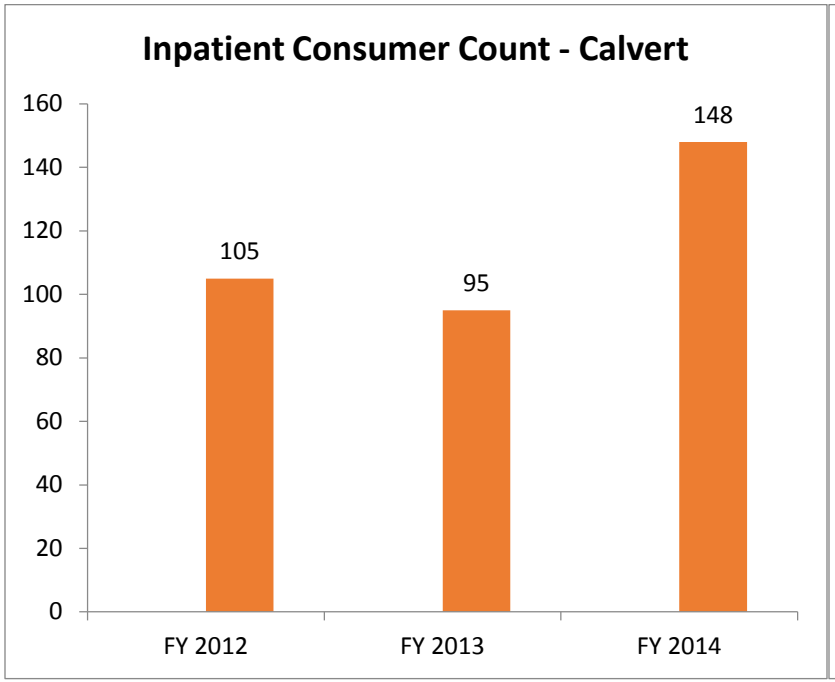
Fiscal Year	Consumer Count	Expenditure
FY 2012	198	$ 1,189,015
FY 2013	221	$ 1,021,839
FY 2014	235	$ 1,658,551

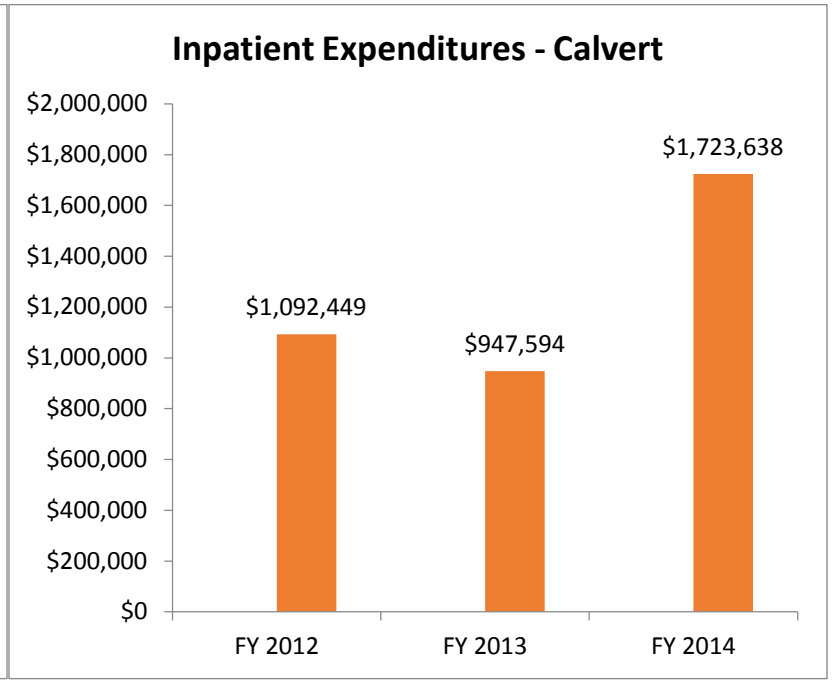




Inpatient Consumer Count & Expenditure

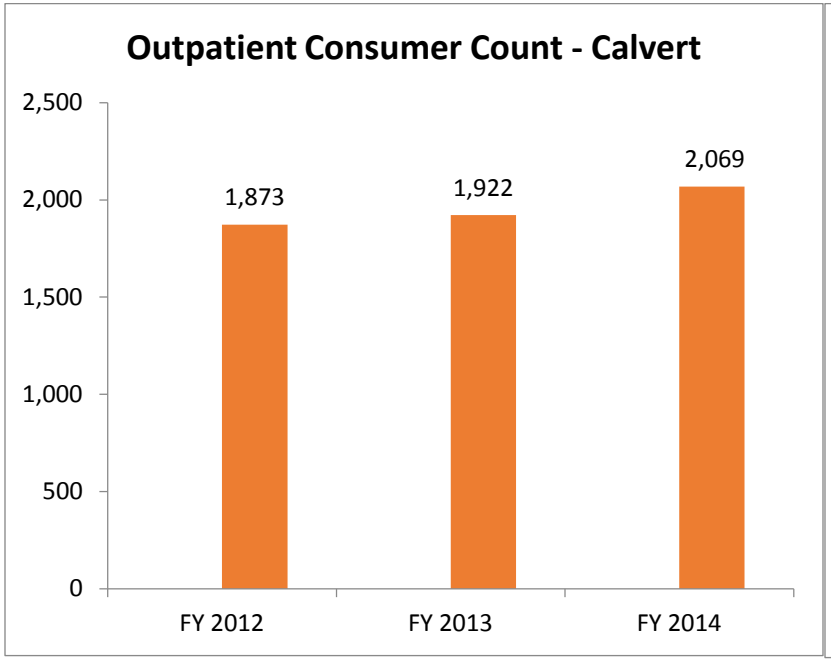
Fiscal Year	IP Consumer Count	IP Expenditure
FY 2012	105	$ 1,092,449
FY 2013	95	$ 947,594
FY 2014	148	$ 1,723,638

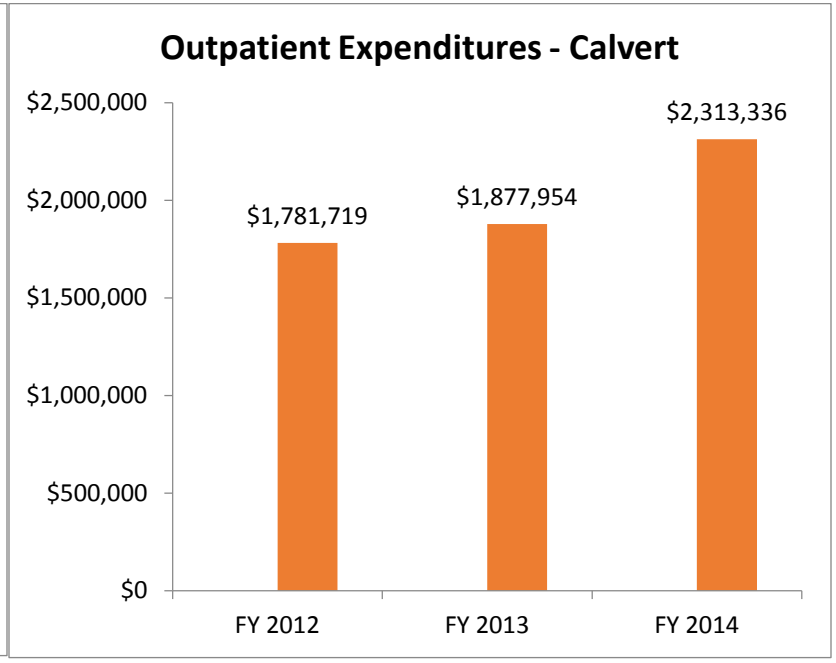




Outpatient Consumer Count & Expenditure

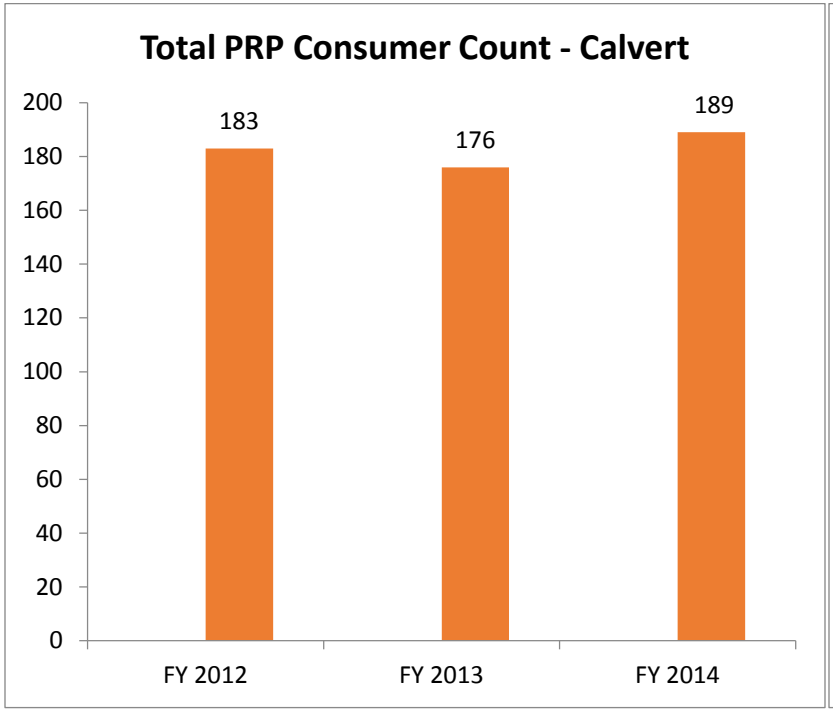
Fiscal Year	OP Consumer Count	OP Expenditure
FY 2012	1,873	$ 1,781,719
FY 2013	1,922	$ 1,877,954
FY 2014	2,069	$ 2,313,336

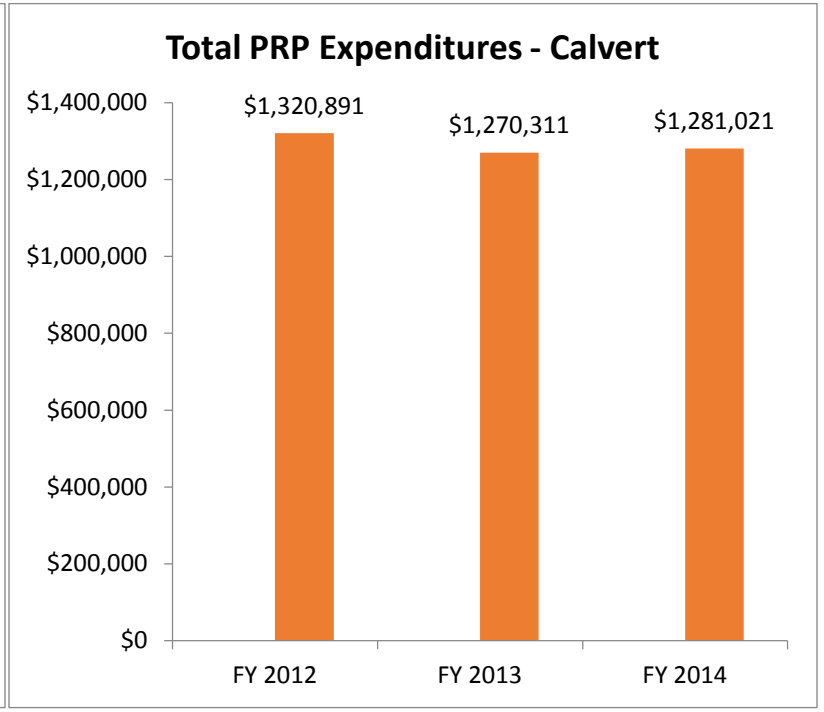




PRP Consumer Count & Expenditure

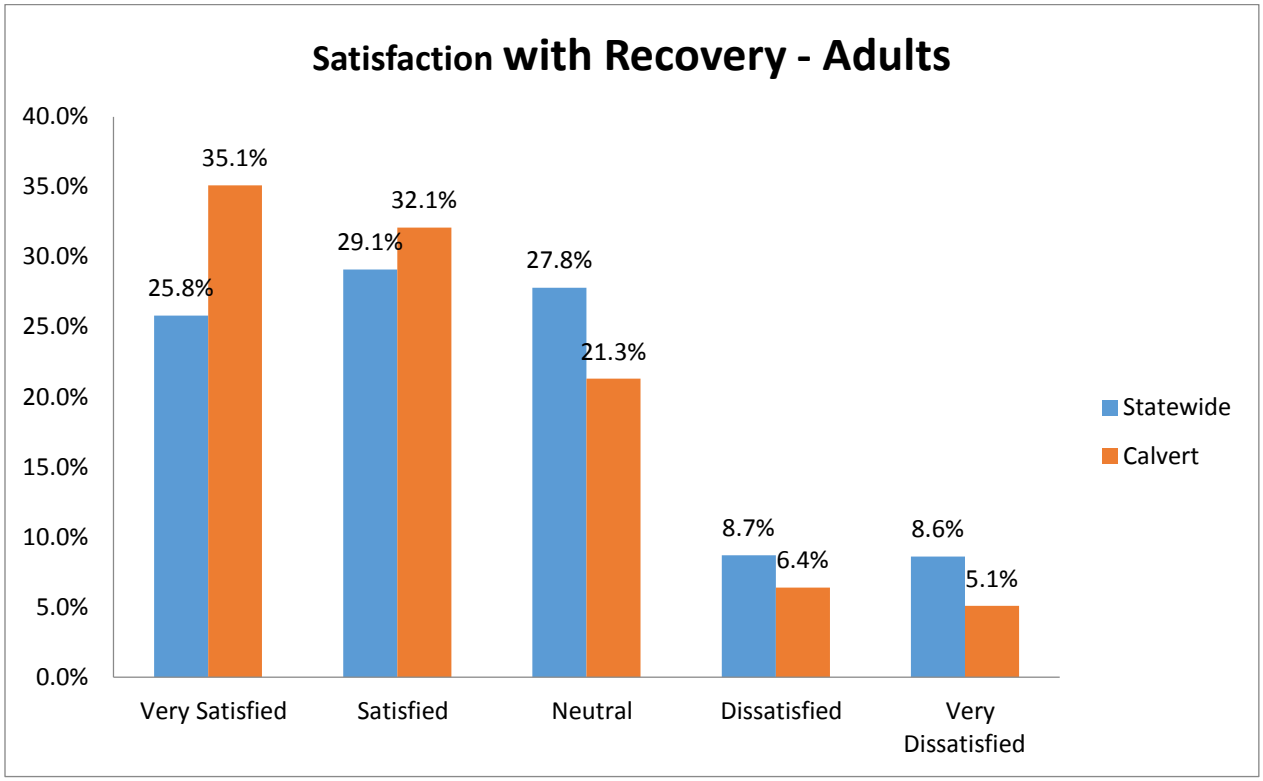
Fiscal Year	PRP Consumer Count	PRP Expenditure
FY 2012	183	$ 1,320,891
FY 2013	176	$ 1,270,311
FY 2014	189	$ 1,281,021





Satisfaction with Recovery - Adults

How satisfied are you with your recovery	Statewide	Calvert
Very Satisfied	25.8%	35.1%
Satisfied	29.1%	32.1%
Neutral	27.8%	21.3%
Dissatisfied	8.7%	6.4%
Very Dissatisfied	8.6%	5.1%



b. What does the data tell us?

Calvert County FY'14 Data Highlights

- The number of consumers served in FY'14 was 2,190 which has doubled since FY '02.
- Calvert County consumers make up a little more than 1% of the total number of consumers served in the Public Mental Health System (PMHS) Statewide using less than 1% of the total PMHS dollars.
- The FY'14 Medicaid penetration rate for Calvert County is 16.1% which is higher than the statewide penetration rate of 13.6%.
- Adults (ages 22- 64) in Calvert County make up 56% of the total Calvert County consumers that receive services in the PMHS using 62% of the county's total PMHS expenditures.
- The number of adults (ages 18+) increased by 12% while the number of children (ages 0 -17) decreased by less than a percent. The increase in the number of adults is largely due to the Medicaid expansion under the Affordable Care Act (ACA).
- The average cost per person served in Calvert County in FY'14 was $2,832, which is 38% lower than the statewide average of $4,550.
- Crisis services have been used in the county in an effort to reduce inpatient admissions. The number of adults (ages 18+) that received crisis services in FY '14 is seven and has remained steady. However, the average cost per person for crisis services in Calvert County is $6,957, which is 83% more than the corresponding statewide average cost of $3,794.
- The number of adults (ages 18+) that received inpatient services increased by 80% from FY'13 to FY'14, with a corresponding 107% increase in expenditures. This is again largely due to the MA expansion under the ACA, whereby the former Primary Adult Care (PAC) population became eligible for inpatient benefits.
- Inpatient expenditures of children (ages 0-17) increased by 39% from FY '13 to FY'14.

- With an emphasis to treat consumers in the community and the Medicaid expansion under the ACA, the number of consumers that received outpatient services in FY'14 increased by 8% from FY'13 with a corresponding increase in expenditures of 23%.
- About 11% of the consumers in Calvert County are dually diagnosed, (behavioral health and substance use disorder) using almost 27% of the county's total PMHS expenditures. This corresponds to an increase of 62% in expenditures for this co-occurring population from FY '13. Data on this dually diagnosed population will be captured more completely when the substance related disorder services will also be managed by the Administrative Service Organization beginning January 2015.
- Information for the OMS Datamart is gathered from individuals between the ages of 6 and 64 who receive outpatient mental health treatment services in the PMHS. Adults (ages 18 -64) in Calvert County seem to be more satisfied with their recovery than the adults in other counties.
- Lower percentage of Calvert County consumers report as being homeless when compared to statewide percentages.
- Higher percentage of consumers (both children and adults) in Calvert County reported as being arrested when compared to statewide percentages. A much higher percentage of adults in Calvert County report as being arrested in the past six months - 12.6% - than the statewide 6.7%.
- Higher percentages of adults in Calvert County report being in jail or prison in the past six months but this percentage decreased from 12.3% in FY'12 to 9.9% in FY'14.
- Higher percentages of children in Calvert County report to be attending school when in session, and lower percentage report as having suspension/expulsion issues when compared to statewide averages.
- More adults in Calvert county report as being employed in the past six months when compared to statewide averages. However, the percentage of adults reporting as being employed decreased from 35.6% in FY'12 to 33.4% in FY'14.

- A high percentage of adults (62%) in Calvert County report to be smoking when compared to the statewide average of 48%.
- Higher percentage of adolescents (ages 13 - 17) report to be smoking in Calvert County (11.5%) when compared to statewide average of 8.3%. However, the percentage of adolescents in Calvert County that reported to be smoking decreased from 13.4% in FY '12 to 11.5% in FY '14.

iii. Services

The System of Care in Calvert County Maryland is comprised of the following:

Child & Adolescent Services—A functioning Local Coordinating Team, monitoring the needs of all children placed into residential treatment center facilities. The Tri-County Youth Services Bureau offering: the Local Access Mechanism, Family Navigation, counseling, diversion groups, and anger management. A Multi-Disciplinary Team which serves to coordinate care and offer case consultation across systems for children in need. Parks and Recreation offer a summer camp program. The Public School System offers school activities which include: peer mediation, service learning and character development. Also, available within the jurisdiction: an array of pro-social educational programs, athletic programs and summer camps offered through the Department of Recreation and Parks. The CCHD Behavioral Health Clinic also offers school based therapy services to Calvert County Public Schools.

Community Support Services—Community Mediation, Developmental Disability Agency, Christmas in April, Habitat for Humanity, Family Preservation Service with DSS, Care Net Pregnancy Center, Circuit Court Family Services Office Pro Se Clinic , Family Support/ Network Partners for Success/Parent Connections, and Parent's Place of Maryland offering assistance to parents with advocacy related to the IEP process.

Deaf and Hard of Hearing—At this time we utilize Southern Maryland Interpreting Services to assist individuals who are deaf or hard of hearing on an individual purchase of care basis.

Developmental Disability Services—Resource Coordination, Bay Community Support Services, the ARC of Southern Maryland and the Autism/Asperger Association of Calvert County all work to assist/support those with a developmental disability.

Emergency Housing—Project Echo, Angel's Watch Regional Women's and Children's Shelter, Safe Harbor of Calvert, and Safe Nights—a faith based sheltering program and limited sheltering by the local Department of Social Services.

Employment/Education Services—Dept. of Rehabilitation Services (DORS), Supported Employment Services for those experiencing a mental illness is provided through SMCN and Pathways, Adult Education Services through the Public Schools, the Literacy Council, the Southern Maryland College Access Network (CAN) offering assistance to youth and parents applying for financial support for higher education, scholarships and tax assistance. Also, available the University of Maryland Extension Program offering GED and vocational classes and the Southern Maryland Work Source offering employment and training services for job seekers.

Entitlements and Emergency Services—Local Department of Social Services (DSS), Maryland Energy Assistance Program, St. John's Vianney, SMILE, the Community Ministry of Calvert County and various other faith-based charitable organizations.

Medical Services—Calvert Memorial Hospital (CMH), the Health Department, and various private practitioners.

Mental Health Services—CMH provides Emergency Psychiatric Services and stabilization on an acute and partial hospitalization basis. CMH also assists those that do not meet medical necessity for inpatient care with linkage to urgent care appointments, if services are not immediately available EPS, will provide up to 6 weeks of therapy until services can be accessed in the community. Mental Health Case Management and crisis beds for adults are administered through SMCN. Outpatient service providers include: the Mental Health Clinic at the Calvert

County Health Department, the Center for Children, and an array of private providers. Off-site psychiatric rehabilitation programming and residential rehabilitation are available through SMCN, In-Home Intervention for Adults through Pathways and for Children through the SMCN. In Southern Maryland we have one provider of Transitional Age Youth Services – Pathways. Christian Counseling Center is also providing services on a sliding scale to the community.

Older Adults—Department on Aging provides Meals on Wheels, Maryland Access Point, Caregiver Services, Respite, Senior Centers, Senior Advocacy, Support Groups and an Older Adult Waiver. Medical Adult Day Services are available through the Calvert County Health Department and Friendly Adult Day Care. The CSA also contracts for a clinical nurse specialist to provide Psycho geriatric assessment and treatment.

Peer-to-Peer Programming—On Our Own of Calvert is offering a peer support and wellness center including, Wellness and Recovery Action Planning (WRAP). NAMI Southern Maryland offers Peer-to-Peer Educational programming and peer led support groups.

Permanent Housing—Section 8 Vouchers, Public Housing, Rental Allowance Program, home loans administered through the Calvert County Housing Authority and the Home Ownership Program administered through the Tri-County Community Action Team.

Permanent Supportive Housing—Continuum of Care Housing Program, Housing for Seniors and Disabled administered through the Calvert County Housing Authority, DSS Project Home--Adult Foster Care.

Transitional Housing—Project Echo, Angel's Watch Regional Women's and Children's Shelter, Safe Harbor Domestic Violence Shelter and a Residential Rehabilitation Program administered through SMCN.

Prevention/Early Intervention—A Prevention Coordinator whose primary focus is substance abuse is co-located with Calvert Substance Abuse Services. Programs offered include Guiding Good Choices, Treatment Intervention Procedures (TIPS), and community outreach. The HIPPY Healthy Families provide early childhood education and intervention when necessary. The

Calvert County Maternal Child Health Program is also available to assist pregnant women to access and properly utilize health related services, practice healthy behaviors, and utilize good parenting skills. Additionally, there are services available to infants, children, and adolescents with special health care and psychosocial needs who are at risk for poor life outcomes due to difficulties accessing care. Smoking Cessation prevention and programming is also available through the CCHD.

Soup Kitchen's/Food Banks—The Calvert End Hunger Organization, Farming for Hunger, the Southern Maryland Rescue Ministry, HeartFelt, St. Anthony's, Brooks United Methodist Church, St. John Vianney's and a host of other non-profit agencies in the community.

Substance Abuse Services—Calvert Substance Abuse Services offers early intervention, outpatient, intensive outpatient and urinalysis. Carol Porto Treatment Facility offers residential services at Level 3.1(Clinically-Managed, Low Intensity Residential Treatment-Halfway House; Support Living Envir.) and 3.3 (Clinically-Managed, Medium Intensity Residential Treatment-Therapeutic Rehabilitation Facility). The jurisdiction has funding to support residential placements and Buprenorphine services. We have multiple AA/NA and Al-Anon meetings occurring weekly around the county. Also available, the Calvert Alliance Against Substance Abuse (CAASA) is offering a grassroots coalition of individuals and organizations dedicated to fighting alcohol and other drug abuse in Calvert County.

Veterans Services—Md. Commitment to Veteran's offers Veteran's and their family's assistance accessing behavioral healthcare services through either the VA or local providers. The Charlotte Hall Veteran's Home is providing a Community Based Outpatient Clinic for the Southern Maryland Area**.** The Vet Center offers free readjustment counseling services to returning service men/women. The Tri-County Council, a cooperative planning and development agency, is serving as a forum for the region to address Veteran's issues/concerns. The CSA has worked with the Southern Regional Coordinator for Maryland's Commitment to Veterans to build awareness of the program for Calvert County Veterans and their families.

iv. State Priority Areas

Access to Services—The CSA closely monitors the performance of vendors which we have contracts with to ensure quality and that deliverables are met. The CSA works to ensure accessibility to those in need by managing urgent care appointments, emergency room diversions appointments and referrals where appropriate. The CSA has a long standing relationship with CMH to ensure linkage and discharge planning for Calvert County residents leaving Psychiatric Level 5. Our Child And Adolescent Coordinator participates regularly with the Local Care Team, the Multi-Disciplinary Team and the Public School System to provide information and referral to children and families in need. We also monitor high inpatient utilizers and high cost service users within our system to ensure services are being accessed at the most appropriate and cost effect level. We anticipate increased numbers accessing our system in the next fiscal year due to the rollout of the Affordable Care Act which includes Medicaid expansion.

Recovery Supports—The CSA continues to work closely with On Our Own of Calvert to expand and develop services. On Our Own of Calvert is currently offering a wide array of pro-social activities, peer- support, education and WRAP. The Prevention Coordinator for the county, in partnership with CSAS and On Our Own of Calvert, has been providing educational and pro-social activities to promote prevention of substance use/abuse. As an additional effort, the CSA is funding the cross-training of the Substance Abuse Recovery Support Specialist in WRAP. This additional facilitator will allow WRAP to expand into our Detention Center. It is our goal that the use of WRAP in conjunction with traditional behavioral health services will promote recovery and long-term stability.

Public Awareness and Education—The CSA recognizes that public awareness and education are paramount. In our plan it can be noted that a majority of our efforts are directed to this priority area. The CSA will support educational sessions free to the community and our providers to include: Mental Health First Aid, Traumatic Brain Injury, the Anti-Stigma Project and Trauma Informed Care. The CSA continues to participate in health fairs, forums and community events to reach the widest audience possible. We are also increasing efforts to bring awareness and education around the Network of Care with increased usage as the intended outcome.

Prevention and Wellness—The CSA is working closely with the CCHD Smoking Cessation Coordinator to ensure our providers and consumers are being educated on resources/supports available to the community. At this time MD Quits materials have been posted at all CCHD Clinics. CSAS has incorporated smoking cessation awareness and referral when necessary as part of each individual treatment plan.

The CCHD continues to support Crisis Intervention Services within the jurisdiction. The CSA is working to offer free training opportunities, with CEU's, to the Crisis Intervention Staff and the Behavioral Health Community to promote education and outreach.

The CSA has distributed Suicide Prevention materials including posters, flyers and triage tools to the Mental Health Clinic and CSAS. The CSA works closely with the Mental Health Clinic to prioritize individuals in need of urgent care within the community.

Efforts to Address Co-occurring Disorders/Promotion of Dual Diagnosis Capability Training— The CSA has multiple initiatives to improve dual diagnosis capability in Calvert including:

- A referral mechanism between the mental health clinic and the substance abuse clinic for individuals experiencing a dual diagnosis;
- The CSA has requested and was approved to use roll-over funding to assist with the cross-training of CSAS and Mental Health Clinic staff;

- CSAS partners with SMCN to offer a weekly group substance abuse counseling session at the Psychiatric Rehabilitation Program (PRP);

- Efforts continue at On Our Own of Calvert with shared programming/activities with the Prevention Coordinator and Substance Abuse Peer Support Specialist to promote wellness and recovery.

- The CSA has brought Tom Godwin, Co-occurring Training Specialist for the University of Maryland, to the jurisdiction to educate our behavioral health staff on Integrated Screening Practices for Co-Occurring Disorders.

Crisis Response Services/Systems- The establishment of Crisis Response system in Southern Maryland continues to be a work in progress. The CSA's from Calvert, Charles, and St. Mary's counties along with Law Enforcement agencies from the three jurisdictions as well as the Southern Maryland Law Enforcement Academy continue to meet regularly to establish protocols for Crisis Response Teams. The work group has met 7 times in the last year. CSA's from Calvert County and Charles County attended CIT International Conference held in Monterey, California in October 2014. The CSA's attended a 3 day workshop on establishing Crisis Response Team. The CSA's continue to collaborate with our law enforcement partners to achieve the goal of establishing a Crisis Response System in Southern Maryland.

Evidence Based Practices—The CSA encourages providers to utilize Evidence Based Practices where ever possible. Currently, we have Evidenced Based Supported Employment Programs through Pathways and SMCN. We also have had CSAS staff trained on Moral Recognition Therapy (MRT). The IHIP-C Program is under evaluation with the University of Maryland to become an Evidence Based Practice.

Health Disparities/Cultural Competency—The CSA supported a Cultural Competency training for the community in FY 14. Due to the success and high attendance at this session we are planning to offer annual Cultural Competency training sessions. The CSA also participates quarterly with the local Health Round Table through CMH which is guiding the Local Health Improvement Process in our jurisdiction. The CSA partners where possible with the Health Department to support initiatives dedicated to improving health outcomes and access to care for the vulnerable behavioral health population.

Diversion Efforts—The CSA works closely with the emergency room of CMH to assist patients with mental health needs in obtaining immediate appointments for evaluation at the Calvert Mental Health Clinic when medical necessity for inpatient care is not met. For those presenting to be in need of detoxification an individual can be transferred bed-to-bed to a residential detoxification program. There have been some issues with the vendor who provided transportation and they have now gone out of business. That contract has gone to another vendor.

Outcomes/Quality—The CSA monitors vendors with whom we have contracts, on-site, twice per year to ensure quality of care and that deliverables are being met or exceeded. All statistical data from these programs is reviewed monthly. The CSA reviews all complaints received from providers or community members related to the provision of public behavioral health. The CSA also strives to work collaboratively with our community partners to address community needs both on an individual and systems level. On an individual level this includes: regular case consultation, assistance with system navigation and referral. On a systems level, this means stakeholder meetings and surveys, joint planning of initiatives and activities and advocacy for the behavioral health system.

V. Goals, Objectives and Strategies

Goal 1	**Public Awareness and Education**		
Objective	**Cross-train Mental Health and Substance Abuse professionals and increase awareness through education.**		
Strategy	**Involved Parties**	**Activity**	**Outcome Measure/Indicator**
1.1. Educate the public on Substance abuse.	CSA BHA Professionals in the field	✓ Conduct minimum of 2 drug forums per year ✓ Meetings with multi-disciplinary professionals on monthly basis.	✓ Number of people attending

1.2 Provide training to CSAS and MH in areas such as: *Co-Occurring disorders* *Trauma Informed Care* *Traumatic Brain Injury* *Cultural Awareness* *PTSD*	CSA	✓ Provide at least 8 trainings for the year	✓ Number of people successfully trained. ✓ Satisfaction surveys

Goal 2	**Increase support and Involvement for Mental Health Department and Calvert Substance Abuse Agency in support with the integration of the two Health Department Divisions.**		
Objective	**Mental Health Department and Calvert Substance Abuse will become integrated Behavioral Health Division**		
Strategy	**Involved Parties**	**Activity**	**Outcome measure/Indicator**

Provide support, funding and consultation to the Mental Health clinic, CSAS, and Crisis Intervention to implement cross-training activities/initiatives.	MH Staff CSA Staff CSAS Staff	✓ Meet new clinical supervisor and administrative assistant for MH clinic ✓ Work with BH director ✓ Meet Quarterly ✓ Provide support as needed	✓ Number of people successfully trained. ✓ Environmental changes made with the organization.

Goal 3	**Develop and implement a plan to change the state owned eight (8) bed facility within our jurisdiction to a Crisis and Diversion facility.**		
Objective	**Find provider to utilize state owned facility.**		
Strategy	**Involved Parties**	**Activity**	**Outcome measure/Indicator**

3.1 Develop an RFP for use of facility	CSA Staff DHMH Staff BHA OHCQ SMCN	✓ Post RFP availability ✓ Use RFP process to identify appropriate provider	✓ Facility is utilized.