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County Executive

PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF MANAGEMENT AND BUDGET

November 16, 2022

MEMORANDUM

TO: Turkessa M. Green
County Auditor

THRU: Stanley A. Earley Director *SAE*
Office of Management and Budget

FROM: Dr. Ernest Carter, Health Officer
Health Department

RE: FY 2023 Operating/Program Review Questions – Health Department

In an effort to facilitate an efficient and effective budget review and reporting process, we are submitting a separate request for operational and programmatic information. Please respond to the questions and complete any tables with the applicable data. In some cases, we have populated the tables with available known data. In instances where the tables need to be re-sized or modified to accommodate additional information, please feel free to do so. Please note, some of these questions were previously embedded in the overall first round budget question document. We are working to streamline that process and highlight the agency's operations outside of the routine budget process.

STAFFING

1. Vacancies:
 - a. Are there any changes in the Department's ability to fill vacant positions (General Fund, Grant Funded full-time/part-time, Grant Funded limited term)?

The Department has had a high number of separations and retirements. In FY 2023, we filled 20 vacant positions and lost 21 employees.

- b. What changes, if any, are planned for the remainder of FY 2023 to help fill the Department's vacant positions? Have any strategies been determined to address the Department's employee recruitment and retention challenges? Please describe.

The Health Department identified 75 critical positions to be filled in FY 2023. The Department expanded the Human Resources staff by adding positions focused on recruitment and retention efforts. The Human resources team implemented five key strategies to address the recruitment and retention challenges:

1. Conduct outreach and establish external partnerships to fill limited term grant-funded (LTGF) positions.

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2. **Identify social media and talent platforms to promote vacant positions.**
3. **Implement an employee engagement survey which will serve as a benchmark for engaging and retaining employees.**
4. **Offer a sign-on bonus of up to \$2,000 to any Community Health Nurse or Licensed Practical Nurse who is hired and has completed their probationary period.**
5. **Offer an employee referral award of up to \$500 to any employee who refers a qualified Community Health Nurse or Licensed Practical Nurse that is hired.**

c. What flexibility does the Department have in setting compensation amounts for the grant funded positions?

The Department sets the compensation amounts contingent upon the maximum salary amount approved by the Grantor.

2. In FY 2022 the Department’s authorized General Fund staffing level was increased by ten (10) positions, increasing the General Fund full-time complement from 217 to 227 positions. The new positions include three (3) registered nurses to support the Immunization Program; two (2) disease control specialists to support the Communicable Disease Program; one (1) administrative assistant as a safety officer; two (2) system analysts to support the Electronic Health Record System; one (1) system analyst to support the Health Information Technology System and one (1) auditor. None of the ten (10) positions have been filled as of March 2022.

- a. Which positions have been successfully filled to date?
- b. If some of these ten (10) positions have not been filled yet, please provide an update as to where they are in the hiring process and when they are expected to be filled.

Table 1: General Funded Positions			
Position	Number of Positions	Status	Expected Hire Date
Registered nurses to support the Immunization Program	3	Preparing to Post Position	6/30/2023
Disease Control Specialist	2	Preparing for Recruitment	6/30/2023
Administrative Assistant as a Safety Officer	1	Preparing for Recruitment	6/30/2023
System Analyst to Support Electronic Health Record System	2	Preparing for Recruitment	6/30/2022
Auditor	1	Preparing for Interviews	6/30/2023
System Analyst to support the Health Information Technology System	1	Filled	Complete

WORKLOAD DEMANDS & PROGRAM MANAGEMENT

3. Please identify and discuss the measures of health and disease prevalence for the noninstitutionalized population (by age groups) for CY 2021 or FY 2022. What are the key concerns for each age group?

Each year, the Health Department conducts a community health needs assessment, which summarizes health data from several sources including the Census and the American Community Survey. Based on this data as well as surveys of community experts, the 2022 Community Health Needs Assessment (CHNA) focused on four priority areas: (1) Social Determinants of Health, (2) Behavioral Health, (3) Obesity & Metabolic Syndrome, and (4) Cancer. The following are highlights from this assessment.

- **Behavioral Health: White, NH (non-Hispanic) residents have a suicide mortality rate of 16.0 per 100,000 residents, approximately three times higher than Black NH residents (5.5, 2018-2020). Almost one-third of high school students felt sad or hopeless impeding normal activity (past year); the highest for Hispanic students. Men have a suicide mortality rate of 10.4 per 100,000 (2018-2020), more than three times higher than women (2.8); it is highest for white NH men at 25.5.**
- **Heart Disease: #1 leading cause of death. The County mortality rate of 169.8 per 100,000 is higher compared to the state (163.2). Mortality rate for males is 225.6 per 100,000, compared to 128.7 for females. White, NH residents have the highest mortality rate (186.0 per 100,000). Black residents had the highest inpatient visit rate for heart failure (33.8 visits per 10,000).**
- **Hypertension and Stroke: Over one-third of residents reported a hypertension diagnosis (34.7%). Reported hypertension was highest for Black residents (37.5%). Black residents also had the highest inpatient visit rate due to hypertension (4.8 visits per 10,000 adults, 2017-2019).**
- **Cancer: #2 leading cause of death in the county. Men have the highest incidence rate (437.3 per 100,000, 2014-2018) and mortality rate (17.9 per 100,000, 2018-2020) compared to women (incidence rate 381.0, mortality rate 11.1). Black, NH residents have the highest mortality rate (150.7 per 100,000). By gender, race, and ethnicity Black, NH men have the highest mortality rate (182.0 per 100,000, 2018-2020) followed by white, NH men (173.8).**

4. What data does the Department collect on healthcare services utilization, accessibility and availability in Prince George's County? Please provide either FY 2022 or CY 2021, and multi-year data to support the discussion, if available. Segregate the data between adults and children or by age groups where applicable and useful (and by insurance status if possible).
 - a. Please discuss the utilization of health care services for the noninstitutionalized population (adults and children). In the discussion please include health care visits for illness, preventive care, or injury include visits to physician offices, emergency departments, clinics, or other locations, in addition to home visits made by health care professionals.
 - b. Please discuss the use of preventive medical care services for the noninstitutionalized population.
 - c. Please discuss difficulties in accessing needed medical care, prescription drugs, and dental care for the noninstitutionalized population.

Currently, the Health Department does not have access to the most recent hospital discharge data. Approximately 90% of county residents have health insurance, with most covered through employer-based coverage. However, approximately 90,000 residents are estimated to lack insurance as of 2020. Nearly one in five residents ages 26-34 years were estimated to be uninsured. Lack of access to health insurance has been identified as a major barrier to receiving healthcare services for many residents. By race and ethnicity, Hispanic residents are more likely to be uninsured (29%). Other top barriers to healthcare access include money for co-pays or medications, time limitations (appointment availability and time off work), transportation and childcare.

5. Please outline Prince George's County health care resources. Please include the number of physicians per 10,000 population; number of community hospitals and other facilities; number of hospital beds and number of beds in other medical facilities; number of dentists per 100,000; number of nursing homes and number of nursing home beds; number hospices; any other health care resources data. How the health care resources have changed over the past years?

The County has approximately one primary care physician for every 1,890 residents; one dentist for every 1,570 residents, and one mental health provider for every 550 residents (the ratio for mental health providers increased from a ratio of 810:1 in 2018).

6. What type of data does the Department collect on the health care expenditures and payers? Please provide examples with the most recent data or data trends.

The Health Department reports on clinical and non-clinical revenues as part of the monthly Administration Report Card. The clinical service data includes revenue by payers, and volume stats for the following programs:

- **Family Health Services: immunizations, school-based, maternal and child health, reproductive health, oral disease and prevention (pediatrics and adults), oral disease (dental van/sealant), Ryan White B, COVID-19 services, Aids Case Management (Health Assurance Program (HAP) and HIV Dental)**
- **Environmental Health Services: Rabies**
- **Behavioral Health Services: diversion, methadone output/ intensive outpatient program (IOP), driving while intoxicated (DWI)/driving under the influence (DUI), gambling and mental health**

Additionally, the Health Department collects revenue information from non-clinical services including funds received from grantors, vital records volume, receipts related to birth and death certificates. In addition, the Department reports on expenditure variance to budget vs. actual for all general fund and grant programs.

7. Emergency departments:

- a. How many emergency departments operate in the County?

The Health Department does not track this information.

- b. For each department, please provide basic workload and performance metrics statistics to better understand the scope of work emergency medical facilities in the County face. Ideally, please provide data for the past 3 years (either FY or CY).

The Health Department does not track this information.

8. To what extent physician offices in the County utilize electronic health record systems? If information is available, please describe what type of data is captured by the electronic health records system (medical history; demographic data; ability to order prescriptions; order lab tests, etc.)?

The Health Department does not track this information.

9. The American Rescue Plan (ARP) Act spending recommendations (adopted CR-067-2021) for the Health Department in FY 2022 totaled \$19.6 million.

- a. How much of these ARP funds has been spent in FY 2022?

As of October 2022, the Health Department spent approximately \$12 million.

- b. How the funds have been used?

In FY 2022 the funds have been used to support a variety of operations in the Health Department: 1) COVID Cares program (Community Health Workers); 2) COVID Operations including testing, vaccinations, warehouse support, inventory, distribution of supplies and staffing for an epidemiologist; 3) Communications campaign on COVID-19 media advertisements; 4) Communications campaign on mental health; 5) infrastructure positions such as a budget analyst, a division administrator, a business analyst, human resource analysts, a methadone provider and a nurse practitioner to support methadone treatment; and 6) Health assures program.

- c. If there are any unspent funds remaining from FY 2022, have they been transferred to the Department's use for FY 2023? If yes, how will these funds be used?

The Health Department had \$3.8M in unspent funds. The funds have been transferred for use in FY 2023 to support COVID-19 vaccination efforts.

10. During the FY 2023 Budget Review, it was reported that the key challenge of the Environmental Health/ Disease Control Division is sustaining services. Percentage of State-mandated high and moderate inspections conducted in FY 2022 was estimated at 36%.

- a. Please edit and complete the accompanying table on the Environmental Health/ Disease Control Division's workload demands. Note that the table was populated based on responses to the Budget Review Questions, please modify the categories so they accurately reflect the Divisions' workload demands. Inspection requirements may provide such details as 'once every three years', 'new construction', 'complaint' – this information should help understand the frequency of the inspections. Report the data based on FY or CY.

The percentage of inspections completed in the referenced statistic (36%) refers to food service inspections only. The percentages are not related to other Health Department programs.

The Environmental Health Services Division (EHS) supported COVID-19 activities for most of 2020 and 2021. The numbers and statistics are low for activities not related to COVID-19. COVID-19 numbers are not captured.

- b. What are HIAs?

HIAs are Health Impact Assessments (HIA). HIAs are required to be completed for development projects submitted through the Maryland National Park and Planning Department. Projects are reviewed and recommendations are given based on health-related criteria (i.e. access to healthy foods, air quality, walkability and neighborhood connectivity).

- c. What are the main challenges that the Environmental Health/ Disease Control Division faces? How compliance with the inspection requirements can be increased?

The Environment Health Services (EHS) division faces challenges with recruitment and retention. Inspectors do not receive equal pay, benefits and retirement compared to other local jurisdictions.

Additionally, changes in legislative mandates have created additional work for staff. For example, the Maryland Department of Health mandates routine inspections of swimming pools and County legislation requires inspections for plastic ware, plastic bags, and styrofoam within our food facilities. These inspections are not related to food safety but add to the overall inspection time at each facility.

- d. How does the operation of the Environmental Health/ Disease Control Division impact the County's economic development?

Environmental Health (EHS)/ Disease Control Division (DC) works with Department of Permitting, Inspections and Enforcement (DPIE) to plan and review inspections, to inspect opening of new or remodeled food service buildings and pools within the county. The agencies work together for any subdivision development or any commercial facility to be served by on-site water or sewer systems. Additionally, Health impact assessments are completed for development projects through Maryland National Capital Park and Planning Commission (MNCPPC). Recommendations are made to the planning commission related to health criteria.

11. The Health Department reports that the Family Health Services Division's "service level of care for all of our programs is at an all-time low." What changes, if any, have taken place in FY 2023 to date with regards to the County residents participating in the Family Health Services Division's services? What changes are anticipated in the remainder of FY 2023?

Service level care from our programs is at an all-time low due to challenges in infrastructure, staffing and the COVID-19 Pandemic. The Cheverly Health Center has challenges with the infrastructure that impacts our ability to deliver services to residents. Our staff members worked exceptionally hard through the COVID-19 pandemic. The pay, benefits and retirement do not currently compare favorably to other local jurisdictions which makes it increasingly difficult to compete in the open market, is impacting retention of staff and causing increased staff workload. Currently, the Health Department is doing a review of our positions, compensations, and classifications. Further it is looking into more innovative ways to recruit critical staff.

12. What are the key challenges the Family Health Services Division faces?

The Family Health Services Division (FHS) faces challenges with recruitment, retention, and the failing infrastructure of the Cheverly Health Center.

13. In FY 2022 the Family Health Services Division opened the Maternal and Child Health Center at Laurel. Please provide any statistics available to capture the operations of the Maternal and Child Health Center in Laurel. Is the Center meeting its operational goals and objectives? Please discuss the Center's goals and any challenges and accomplishments the Center may have faced/achieved to date.

The Maternal and Child Health Center (MCH) program provides comprehensive somatic health services to individuals under 21 years. Services include confidential services, immunizations and women, infants and children (WIC) services for eligible residents. The first operations target was to open and fully staff the center to ensure consistency in care. MCH can serve ten clients a day.

14. What are the main challenges the Health and Wellness Division faces? What are the key priorities for the Division in FY 2023?

The Health and Wellness Division (H&W) faces challenges with recruitment, retention, ensuring access to medical assistance (MA) transportation, MA health insurance and care coordination.

Behavioral health resources in Prince George’s County:

- a. During the FY 2023 Budget Review it was reported that “there are 68 behavioral health beds in the County; the number of behavioral health providers and programs has increased in FY 2022.” Please provide an update as to how many behavioral health beds are currently available in the County, which entity provides the beds, and the type of beds available.

Table 2: Behavioral Health Service Providers in Prince George’s County				
Provider	Type of Service	Additional Details	Number of Beds	
			FY22	FY23
Hope House	Substance Use Disorder (SUD)	Residential	10	32
On-Time Health Services	SUD	Residential	8	8
University of Maryland Capital Region Medical Center	Mental Health (MH)	Inpatient beds – 7 are emergency beds & 2 are children's beds	22	26
MedStar Southern Maryland	MH	Inpatient	28	24
Luminis Health	SUD	Residential	0	8
TOTAL *FY 2022 data is as of March 2022			68	98

Table 3: Additional Behavioral Health Services Providers in the County	
Provider	Type of Service
A&E Health Care Services	MH/ SUD
Abreast Therapeutic Ctr.	MH/ SUD
A Better Tomorrow Starts...	MH
Absolutecare, Inc.	MH
Advanced Behavioral Health	MH
Affordable Behavioral Cons.	MH/ SUD
Affiliated Sante Group	MH/ SUD

Table 3: Additional Behavioral Health Services Providers in the County	
Provider	Type of Service
Allen-Ayuk Behavioral Health	MH
All That's Therapeutic, Inc.	MH
Ally Behavioral Health Serv.	MH/ SUD
Americare Therapeutic Centr	MH
Angel Loving Care 1, Inc	MH/ SUD
Anilaine Cmty of Healing	MH
Anne Arundel Counseling	SUD
Arms Reach, LLC	MH
ASAP Development Center	MH
Ascending Counseling Solutions	MH
Assurance Quality Care	MH/ SUD
Avenel Holistic Health Service	MH
BK Behavioral Health Center	MH/ SUD
Bridging The Gap Services	SUD
Bright Point Wellness, L.C.	MH/ SUD
Brighter Life Behavioral Hlth	MH/SUD
Care Consultants Tx Center	SUD
Care Solutions Corporation	MH
CAROLKAY Hlthcare Serv.	MH
Center for Therapeutic Conc.	MH
Change Reaction	MH
Changing Lives Adult/Youth	MH/ SUD
Children's Choice of MD	MH
Choices International	SUD
Community Care, LLC	MH/ SUD
Community Counseling & Mentor	MH/ SUD

Table 3: Additional Behavioral Health Services Providers in the County	
Provider	Type of Service
Community Health Education	MH
Community Therapeutic Center	MH/ SUD
Compassionate Specialty Clinic	MH/ SUD
Covenant Psychiatric & MH	MH
Divine Mercy, Inc.	MH
Dvyne Healthcare Services	MH
DXT Therapeutic	MH/ SUD
Elevation & Enrichment Services	MH
Elites Care, LLC	MH
Embracing Tranquility Hlthcare	MH
Epiphany Family Services	MH/ SUD
Essential Therapeutic Perspectives	MH
ETW Therapeutic & Holistic srv	MH/ SUD
Evolution Therapeutic Health	MH/ SUD
Family Behavioral Services, LLC	MH
Family 1 st Counseling/Psychiatry	MH
Family Health Center	SUD
Family Service Foundation	MH
Family Services, Inc Shepherd P.	MH
Fields & Fields Treatment Center	MH/ SUD
First Choice Cmty Counseling	MH/SUD
First Health Services	MH
Gilead Medical Associates	MH/ SUD
Healing Mind Wellness of PG	MH
Healthy Mind Foundation limited	MH
Help is Here Service Unlimited	MH

Table 3: Additional Behavioral Health Services Providers in the County

Provider	Type of Service
Home Healthcare Solutions	MH/ SUD
Hope Health Systems, Inc.	MH
IMind Health, LLC.	MH/ SUD
In The Gap Institute	SUD
Independent Psychiatric Services	MH
Innovative Therapeutic Services	MH
Insight Treatment Center	SUD
Institute for Family Centered Serv.	MH
Integrated Behavioral Health, LLC	MH/ SUD
Interdynamics Inc	MH
K&I Healthcare Services	MH/ SUD
King Health Systems, Inc	MH
Kirstin Care, LLC	MH/ SUD
Kolmac Clinic, LLC	SUD
KSA Youth Foundation, Inc	SUD
Lantern Therapeutic Services	MH
Laurel Regional Hospital	MH
Maryland Family Resources	MH
Maryland Health Alliance, Inc	MH
Maryland Wellness, LLC	MH/ SUD
MAT Clinic Physician Practice	MH/ SUD
Mental Health & Mentoring Srvcs	MH
Methods Therapy, LLC	MH/ SUD
Metropolitan Behavioral Health	MH
McGuire Therapeutic Services	MH, SUD
MISO Medical Center, LLC	MH/ SUD

Table 3: Additional Behavioral Health Services Providers in the County

Provider	Type of Service
MPB Group, Inc.	MH/ SUD
New Providence Healthcare Assoc.	MH
Next Generation Therapeutic Srvcs	MH/ SUD
Nimel Mental Health, LLC	MH/ SUD
Ommni Health & Wellness	MH
On Time Home Health Srvcs	MH/ SUD
Open Arms PRP, LLC	MH
Pathways, Inc	MH
Pinnacle Enrichment Hlthcare Srv	MH
Prestige Healthcare Resources	MH/ SUD
PGCPS Dept. of Corrections Ccort	SUD
Psychiatric Institute of Washington	MH
Quality Care Behavioral Health	MH
Recovery Life Group, LLC	SUD
Recovery Village of Maryland	SUD
Regenerations Counseling Service	MH
Rehabilitation System, Inc.	MH
Rise Family Services, LLC	MH/ SUD
Rock of Ages Care Services, LLC	MH/ SUD
Ryan Rehabilitation, LLC	SUD
S.A.F.E Counseling Services, LLC	SUD
Safe Journey House	MH
Serenity Outpatient Services, LLC	SUD
SETIF, Inc.	SUD
Southern Maryland Hospital	MH
Synergy	MH

Table 3: Additional Behavioral Health Services Providers in the County

Provider	Type of Service
Tateioms, LLC	MH
The Rock Creek Foundations	MH
Together Every1 Achieves More	MH
Top Priority Care & Behavioral..	MH
Transitions Counseling & Mentor	MH
United Counseling & Support Srvc	MH
Universal Healthcare Mgmt Srvc	MH
Universal Services, LLC	MH
University of MD Capital Region	MH
University Psychological Center	MH/ SUD
Urban Behavioral Associates	MH
Utopia Health Center	MH/ SUD
VESTA, Inc. Forestville	MH
VESTA, Inc. Lanham	MH
Volunteers of America	MH/ SUD
Volunteers of America (Hope Center)	MH/ SUD
Washington Area Clinical Center	MH
Way of Hope, Inc.	MH
We Care Health Services, Inc	SUD
Williamson's Mental Health	MH
WIN Team, LLC	MH/ SUD
You First Health System, LLC	MH
Your Support Service	MH

- b. Please provide any available statistics/data on the number of behavioral health providers and programs. Please identify the sources of data that are being used and define the terminology necessary to accurately interpret and understand the data (including what types of providers are counted as behavioral health practitioners).

In Prince George’s County, Maryland there are 154 licensed public behavioral health providers and 481 monitored programs. Please see Table 4, Relevant Terminology for more information.

Table 4: Relevant Terminology		
Terminology	Acronym	Definition
Mental Health	MH	Mental health involves all aspects of our emotional, psychological, and social well-being. Mental health affects how we think, act, and feel. (https://www.mentalhealth.gov/basics/what-is-mental-health)
Substance Use Disorder	SUD	A pattern of symptoms caused by using a substance that a person continues taking despite its negative effects/consequences. (DSM 5)
Outpatient Mental Health Clinic	OMHC	A non-residential treatment provider. The individual receives structured mental health treatment services for several hours during the day or evening and goes back home for the night.
Partial Hospitalization Program	PHP	A treatment program that generally provides 4-6 hours of clinical care daily for at least five (5) days a week. The program participant goes home for the remainder of each day. A PHP is provided by a licensed/certified facility to provide “medically directed intensive or intermediate short-term treatment” for mental illness and/or substance use disorders. A PHP can be hospital-based or in a freestanding institution. (https://www.lawinsider.com/dictionary/partial-hospitalization)
Psychiatric Rehabilitation Program	PRP	An accredited, licensed program that provides community-based comprehensive rehabilitation and recovery services and supports and promotes successful community integration and use of community resources. Services are evidence-based and person-centered. Programming addresses quality of life, working, and social functioning and aims to reduce the need for more intensive interventions. Goals include reducing the need for hospitalization. (https://health.maryland.gov/bha/Pages/psychiatric-rehabilitation-program.aspx)

Table 4: Relevant Terminology		
Terminology	Acronym	Definition
Level 0.5 - Prevention/Early Intervention		Assessment and education for individuals at risk of developing a substance use disorder (SUD) (for example, DUI classes). The goal is to intervene before a person develops a SUD. (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care)
Level 1 - Outpatient Treatment	OT	Treatment for a substance use disorder that is less than 9 hours a week. (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care)
Level 2 - Intensive Outpatient/Partial Hospitalization	IOP/PHP	Level 2.1 - Intensive outpatient services for SUD that are more than 9 hours a week, but less than 20 hours a week. (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care) Level 2.5 - Partial hospitalization which is at least 20 hours a week, but less than 24 hours. "Provides structure and daily oversight of people who need daily monitoring, but not 24/7 care." (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care)
Level 3 – Residential/Inpatient		Level 3.1 - Clinically managed low-intensity residential treatment. People live at the treatment site and are only required to receive 5 hours of treatment a week. Level 3.3 - Clinically managed high-intensity inpatient treatment. Services are for individuals who need intensive medical or psychological monitoring in a 24-hour setting but do not require daily physician care. (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care)
Level 4 – Detox/Intensive Inpatient		Intensive inpatient treatment provides 24-hour nursing care and daily physician visits. (https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care). A detox program/facility assists a person in detoxification from an intoxicating or addictive substance.

- c. How does the behavioral health capacity in Prince George's County (in terms of behavioral health beds, behavioral health service providers, and any other useful metrics) compare to the neighboring jurisdictions?

Prince George's County has fewer beds than neighboring and similarly sized jurisdictions. Youth residents access services by going to 1) Washington, DC at the Psychiatric Institute of Washington, 2) to Baltimore and Maryland at Shephard Pratt 3) the University of Maryland Child Adolescent Psychiatry Inpatient Unit (<https://youtu.be/kGZH-bWJDSA>) or 4) the psychiatric residential treatment center for youth in Baltimore City (Regional Institute for Children and Adolescents).

In FY 2023, Montgomery County invested \$421.9 million in Health and Human Services. This \$421.9 million included \$3.7 million to enhance school mental health, an additional \$1 million to support the 988 call number and \$800,000 to support EveryMind and Montgomery County's own behavioral health hotline¹.

Prince George's County's invested in Luminis Health in Lanham, Maryland, which will provide residents with walk-in urgent behavioral health care services. Outside of Luminis, County behavioral health services require a fee or receive supplemental State funding. In many instances, the Local Behavioral Health Authority (LBHA) coordinates with the provider to determine what portions of the services need additional funding. In other counties in the region, the General Fund fills the gap.

- d. Are there any assessments on how does the need to behavioral health services in the County compare to the County's current capacity to provide behavioral health services? How should the landscape and capacity of the behavioral health services change over the next five (5) years to better meet the needs of the County's residents?

The role of the Local Behavioral Health Authority (LBHA) is to assess needs, gaps and plan for Behavioral Health Programs and services. Over the next five years, the County needs to assure that the LBHA is appropriately staffed to perform this work in a comprehensive manner.

In Prince George's County, the LBHA is 100% funded by the Behavioral Health Administration. In surrounding counties, the LBHA is supported by the State and local dollars. In Montgomery County, the LBHA is embedded within the county's behavioral health service area and their employees are County employees.

¹ [Significant health funding increases slated in Montgomery County FY 2023 budget - State of Reform | State of Reform](#)

15. It has been previously reported that the number of Mobile Crisis Response Teams in the County has increased from two (2) to four (4), but it still falls short from eight (8) teams needed to provide full coverage.

a. Please describe the current operations of the Mobile Crisis Response Teams in the County, including but not limited to:

The State has amended the term “mobile crisis response” to the mobile response team. This change has been made to address the stigma associated with the word “Crisis”.

i. Who provides the Mobile Crisis Response services?

The Mobile Response Team services are provided by iMind Behavioral Health LLC.

ii. How many Teams do we currently have in the County?

The County has six teams.

iii. Is there a 24 hour coverage?

Yes. The Mobile Response Team has 24 hour coverage.

iv. Is contract for these services administered by the Health Department?

The county administers contracts and funds for iMind Behavioral Health LLC. Totally Linking Care (TLC) MD funds four (4) of the six (6) teams.

v. How do the Mobile Crisis Response Teams interact with the Health Department’s employees, with Police Officers, and with Emergency Medical Services personnel?

The mobile response team works closely with Health Department staff who are supporting the program while the vendor hires staff. Additionally, the response team partners with police and emergency services personnel to assure the County’s readiness for the implementation of the 911 Police Diversion initiative.

- b. What changes, if any, are expected with regards to the Mobile Crisis Response Teams operations in the remainder of FY 2023?

The LBHA, in communication with the State, will provide data relative to all services provided for crisis service operations in the County. There may be an opportunity to receive additional funding from the State for this or other aspects of crisis care. We are looking for federal funding opportunities to support what the State has provided.

This year, the Health Department will contribute funding by staffing the national best practice model's "air traffic control" software (purchased by the Health Services Cost Review Commission (HSCRC) Grant Project). The software works to facilitate the dispatch of the mobile response team. During this three-month operation, the Health Department will collect data regarding calls transferred from the 988-call center, received from the police or other HHS entities as well as calls received directly from County residents.

- c. What changes, if any, are expected with regards to the Mobile Crisis Response Teams operations over the next five (5) years (FY 2023 through FY 2027)?

Expectations include expansion of Mobile Response Teams, fee for service for MRT peer positions and crisis services.

- d. Is the goal to have eight (8) Mobile Crisis Response Teams in the County? If yes, what is the plan and the anticipated year of achieving such level of service?

The national best practice CRISISNOW model calculates that for a County the size of Prince George's, at least eight teams are needed to meet the need. In other jurisdictions, crisis services are a result of state, local, and federal funding.

16. The 988, the National Suicide Prevention Lifeline, was to be implemented by July 16, 2022.

- a. Please describe the status of 988 operations in the County.

Beginning July 16, 2022, 988 became the new number for the Suicide prevention lifeline. Community Crisis Services Inc. (CCSI) is the federally designated call center to receive 988 calls. In addition to calls from Prince George's County, CCSI is one of the federally designated backup centers (meaning they additionally answer overflow calls from all 50 states). In

addition to serving Prince George's County, CCSI answers calls for Calvert, Charles, St. Mary's and the southern five of the seven call boxes of Montgomery County. CCSI handles five and Frederick County handles the other two.

- b. What challenges, if any, had to be overcome or still need to be addressed to ensure smooth operations of 988?

The federal government is working to address challenges with area code and routing to the appropriate call center. Additionally, moving the vendor's funding through the County's procurement system. While 988 has increased the call volume by as much as five times. The initial grant, which was awarded to CCSI in FY 2022, was awarded again this fiscal year.

- c. What accomplishments, if any, have been achieved to date?

We are working with the vendor and the State on being able to identify metrics necessary to assess service delivery including understanding the following:

- **Number of 988 calls received from Prince George's County residents**
- **Number of call specialists funded by each grant award**
- **Workflow and protocols**
- **Outcomes**
 - **Of calls received from Prince George's County residents, the number answered**
 - **Of calls answered, the number resolved through brief counseling**
 - **Of calls answered, the number requiring a mobile response dispatch**
 - **Of calls answered, the number provided additional resources**
- **Number of repeat callers**
 - **Reason for the first call**
 - **Intervention or information provided**
 - **Reason for the second call**

17. To strengthen the Crisis Response in the County, the Department has been working to divert qualifying 911 calls for service into the National Suicide Prevention Lifeline partner, CCSI, which will answer 988 calls in the County. This effort requires cooperation from various stakeholders including the Office of Homeland Security which is to identify qualifying calls and divert them.

- a. Is there a goal to strengthen the Crisis Response in the County by diverting qualifying 911 calls for service into the National Suicide Prevention Lifeline partner (with an option to dispatch Mobile Crisis Response Teams in addition to other response options)?

Yes, this describes the 988 Police Diversion Initiative that launched on October 11, 2022.

- b. If there is an objective of diverting qualifying 911 calls for service into the National Suicide Prevention Lifeline partner so calls can be handled by qualified behavioral health specialists and diverted to the most appropriate community resources, what is the status of the Department's efforts to move towards achieving this objective? What progress, if any, can be anticipated in the remainder of FY 2023 with regards to 911 calls diversion?

This project will be evaluated weekly by senior leadership including the Police Chief, Fire Chief, Director of Homeland Security, Deputy Chief Administrative Officers for Public Safety, and Health and Human Services (HHS) as well as the Health Department's Health Officer, Associate Director of Behavioral Health. Key data points will be captured by the Office of the Health Officer.

- c. What challenges the Department and its partners need to overcome in order to proceed with the 911 call diversion effort?

The Department faces delays in the procurement processes. CCSI has challenges assuring that they are adequately staffed to meet the demand due to the delay. The Behavioral Health Services team is working to fill the operational gaps as the funding is approved (e.g., supporting dispatch of calls).

18. During the FY 2023 Budget Review, it was reported that the Department faces challenges in assisting Totally Linking Care (TLC) with spending \$5 million out of \$26 million Health Services Cost Review Commission (HSCRC) grant for establishing the first County based Crisis Receiving/Stabilization Center. A County-owned building in Clinton has been identified and an expedited collaborative approach in securing the facility is needed to use \$5 million by end of CY 2022.

- a. Please provide an update on the Department's efforts to secure a facility and establish the first County based Crisis Receiving/Stabilization Center.

TLC-MD continues to work closely with the Health Department to plan the Crisis Stabilization Center at Dyer. The vendor Recoveries International (R/I) has an approved contract with TLC and is working on the lease with Prince George's County for the space. They will be conducting pre-construction walk-throughs within the coming weeks and this project should be completed by late spring or early summer next year. There is a question of gap funding which will be needed in FY 2024 and beyond. The County Executive's Office is leading the effort to address any funding gaps.

- b. Is the TLC on track to spend \$5 million by the end of CY 2022 towards the Crisis Receiving/Stabilization Center?

TLC-MD is on track for spending this money according to its board-approved spending plan.

19. During the FY 2023 Budget Review the following information was reported: *The Bridge Center at the Adam's House, which coordinates reentry services in the County, has one (1) General Fund employee and a 41% vacancy rate. Bridge Center needs a case management infrastructure/system and funding for a Database Administrator preferably through the General Fund to ensure sustainability of these critical services. No funding has been included in the FY 2023 Proposed Budget for these needs.*

- a. How many General Fund positions are currently assigned from the Health Department to support the operations of the Bridge Center at the Adam's House?

The Bridge Center has no General Fund positions currently assigned to support the operations. Three (3) Governor's Office of Crime Prevention, Youth and Victim Services (GOCPYVS) grant-funded staff, five (5) Substance Abuse Treatment Outcomes Partnership (STOP) grant-funded staff, and five (5) Federal SUD grant-funded staff support the operations of the Bridge Center at Adam's House.

- b. What is the status of securing a case management infrastructure/system Bridge Center? What changes, if any, are anticipated in the remainder of FY 2023?

The Bridge Center continues to use ETO (Efforts to Outcomes) by Social Solutions. The funding is anticipated to continue through FY 2024. It is anticipated that Employ Prince George's Inc., may take over the lease as well as present a new software system that they are in the process of building.

- c. What is the status of securing a Database Administrator for the case management system? What changes, if any, are anticipated in the remainder of FY 2023?

The Bridge Center currently has a dedicated ETO Database Administrator who is funded by the GOCPYVS Coronavirus Grant through January 2023. This is an important position that manages all aspects of the ETO database system including data analysis and outcomes measurement tools. The database manager also designs and maintains custom reports that meet agency and funder reporting requirements that enable the agency to identify trends in referrals, client demographics and the effectiveness of various treatments. If funding is not identified to sustain this position, it will go unfunded as of February 1, 2023. Thus, a change in funding sources is anticipated for the remainder of FY 2023 to maintain this position.

- d. Please provide performance statistics for the Bridge Center for CY 2021 or FY 2022, and some historical data if possible.

The Bridge Center at Adam's House began providing services to returning citizens through the Offender Reentry Program in FY 2018. Since that time the services have expanded to include Prince George's County residents who are transitional-age youth and veterans. Service provision has continued to increase each fiscal year. (See table below). Because staffing has not increased and demand for services has, the Bridge Center occasionally has had to waitlist residents seeking services.

Table 5: Number of Persons Served at Bridge Center from FY 2018 – FY 2022	
FISCAL YEAR	NUMBER OF PERSONS SERVED
2018	294
2019	655
2020	811
2021	996
2022	1,343

In FY 2022 the Bridge Center served 1,343 persons and of that number 365 were referred to Behavioral Health treatment. Services at the Bridge Center were provided as outlined in the following table:

Table 6: Bridge Services Provided in FY 2022	
BRIDGE CENTER SERVICES PROVIDED IN FY 2022	NUMBER OF PERSONS SERVED
Behavioral Health Referrals (alcohol/drug treatment, mental health treatment, anger management, family counseling, support groups)	372
Social Services (food stamps, food pantry, Medicaid, temporary cash assistance)	431
Veterans Benefits	414
Transportation Assistance	317
Education/Employment Assistance	291
Shelter/Transitional Housing Referrals	78
Disability Assistance (SSI, SSDI)	64
Child Support/Custody	48
Clothing Assistance	48
Legal Assistance	31
IDs/Birth Certificates	29
Domestic Violence Assistance	11
Unspecified	55

20. Health Assures Program provides funding for the uninsurable residents of the County who can receive services at Federally Qualified Health Centers (FQHCs). The funding level has increased from \$2.8 million in FY 2022 to \$5.0 million in FY 2023 (budgeted in the Non-Departmental portion of the budget).

- a. Please provide a number of FQHC locations in Prince George's County for each of the six (6) FQHC providers. How many FQHC locations are currently present in the County?

There are currently nine FQHC sites in Prince George's County. Greater Baden Medical Center is the only clinic with more than one facility in the County (four sites). The Community Clinic (CCI), Mary's Center, La Clinica del Pueblo (LCDP), Family and Medical Counseling Services and Ellaine Ellis Center of Health each have one site but serve Prince George's County residents at their Washington, DC and Montgomery County sites as well. LCDP is a good example of this since 50% of the patients served at their Washington, DC site are Prince George's County residents.

- b. What changes, if any, are anticipated as a result of nearly doubling the level of funding for the FQHCs? How will the uninsurable County residents benefit from the increased funding level?

The Health Assures Fund covered 22,552 uninsured patient visits at FQHCs in FY 2022 with the \$2.8 million. We anticipate about twice as many visits will be covered with the \$5 million, for a total of around 44,000.

- c. To what extent the higher level of funding will result in more residents being served?

The funding should result in twice as many uninsured patient visits being covered. The FY 2022 funds were fully expended by mid-December – we anticipate being able to cover visits for FY 2023 with \$5 million.

- d. To what extent the higher level of funding will result in actual expansion of the FQHC's capacity in the County (such as increasing the number of locations, or increasing the number of locations which offer a specific service such as dentistry, or expanding work hours to accommodate shift work)?

Current Health Assures funding contributes to sustainability with some growth. Additional funds from multiple sources (federal, state, county and private) will support new facilities and significant program expansions. FY 2023 will be the first year where the fund comes close to reimbursing the FQHCs for uninsured visits so that they are not operating at a loss. In order to increase the amount of patients served beyond those currently seen at FQHCs, the fund would have to be increased further.

- e. Which services needed by the County's uninsurable residents are currently not met by the Prince George's County FQHCs? Are there any plans to expand the services?

Many uninsured patients do not seek care at FQHCs. Expanding the fund more would allow more patients to be able to be seen and their visits covered. With that assurance of funding, it may be possible for our FQHCs to expand further in the County – currently, there simply are not enough providers/locations to serve the need.

- f. In the future years after the ARP funds are expended, is there a plan for ensuring the continuity of funding for the Health Assures Fund? When will ARP funds for the Health Assures run out?

Continuity of the Health Assures Funds is currently being discussed; however, the total committed amount has not been determined. Current ARP funds will run out in June 2024.