

**FY 2016 - 2018
DATA***

**From Frederick County Behavioral Health Division of the
Frederick County Health Department
Local Behavioral Health Authority FY2020 Plan**

*FY 2018 data are incomplete as claims may be submitted up to twelve months from date of service.

Shaded cells represent suppressed data where counts are between 1-10. Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

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

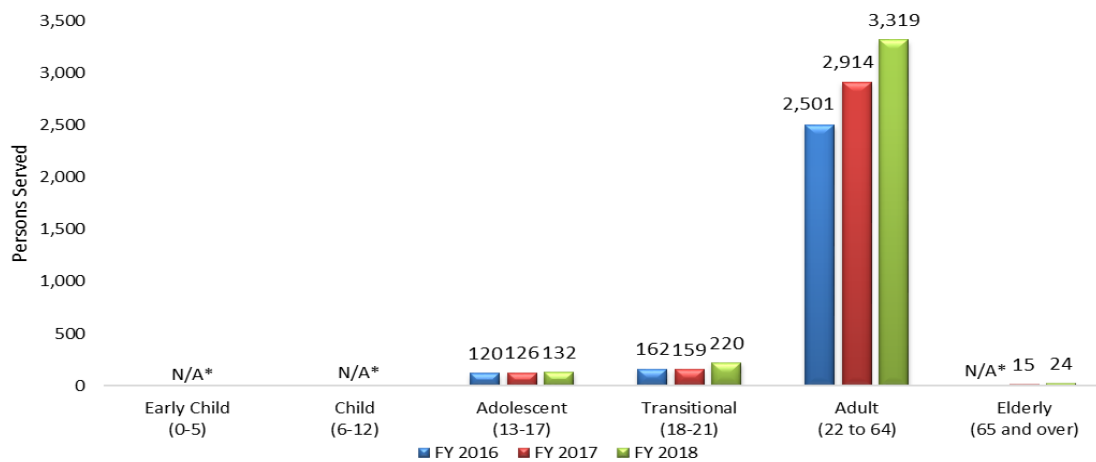
Table 1a. Three Year Comparisons By Age

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Early Child (0-5)				0					\$0	
Child (6-12)		0					\$0			
Adolescent (13-17)	120	126	5.0%	132	4.8%	\$299,387	\$182,393	-39.1%	\$230,147	26.2%
Transitional (18-21)	162	159	-1.9%	220	38.4%	\$540,634	\$554,463	2.6%	\$774,431	39.7%
Adult (22 to 64)	2,501	2,914	16.5%	3,319	13.9%	\$7,719,623	\$10,949,739	41.8%	\$14,777,358	35.0%
Elderly (65 and over)		15		24	60.0%		\$28,065		\$38,115	35.8%
TOTAL	2,799	3,215	14.9%	3,699	15.1%	\$8,579,936	\$11,715,973	36.6%	\$15,820,641	35.0%

*Based on claims paid through September 30, 2018.

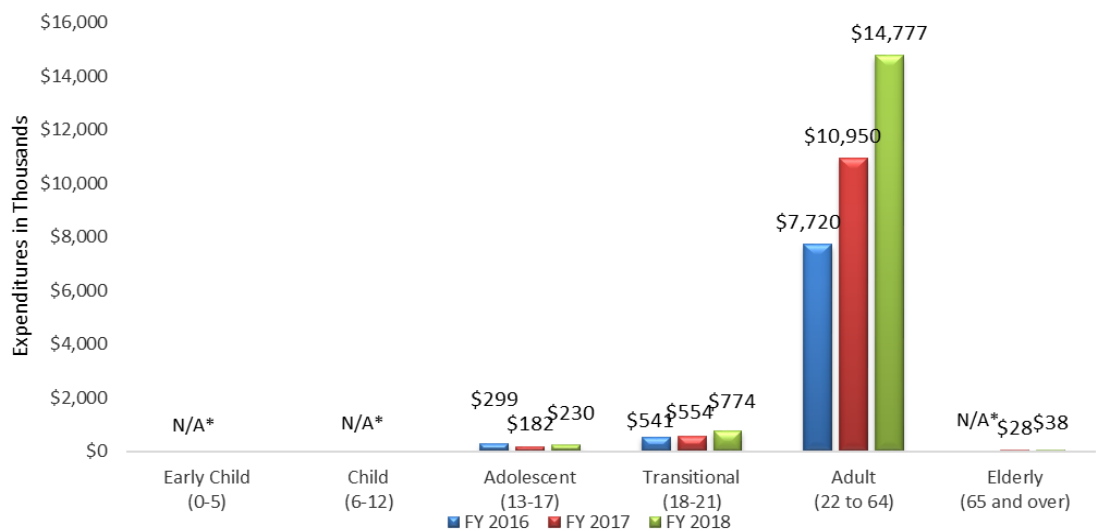
Source: S-MARF0004

1a. Persons Served by Age Group



*Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

1a. Expenditures by Age Group (in Thousands)



*Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

Table 1a.i Number and Expenditures by Age Group as a Percentage of the Total							
	Persons Served				Expenditures		
	FY 2016	FY 2017	FY 2018		FY 2016	FY 2017	FY 2018
Early Child (0-5)			0.00%				0.000%
Child (6-12)		0.00%				0.00%	
Adolescent (13-17)	4.29%	3.92%	3.57%		3.49%	1.56%	1.45%
Transitional (18-21)	5.79%	4.95%	5.95%		6.30%	4.73%	4.90%
Adult (22 to 64)	89.35%	90.64%	89.73%		89.97%	93.46%	93.41%
Elderly (65 and over)		0.47%	0.65%			0.24%	0.24%
TOTAL	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%

Source: S-MARF0004

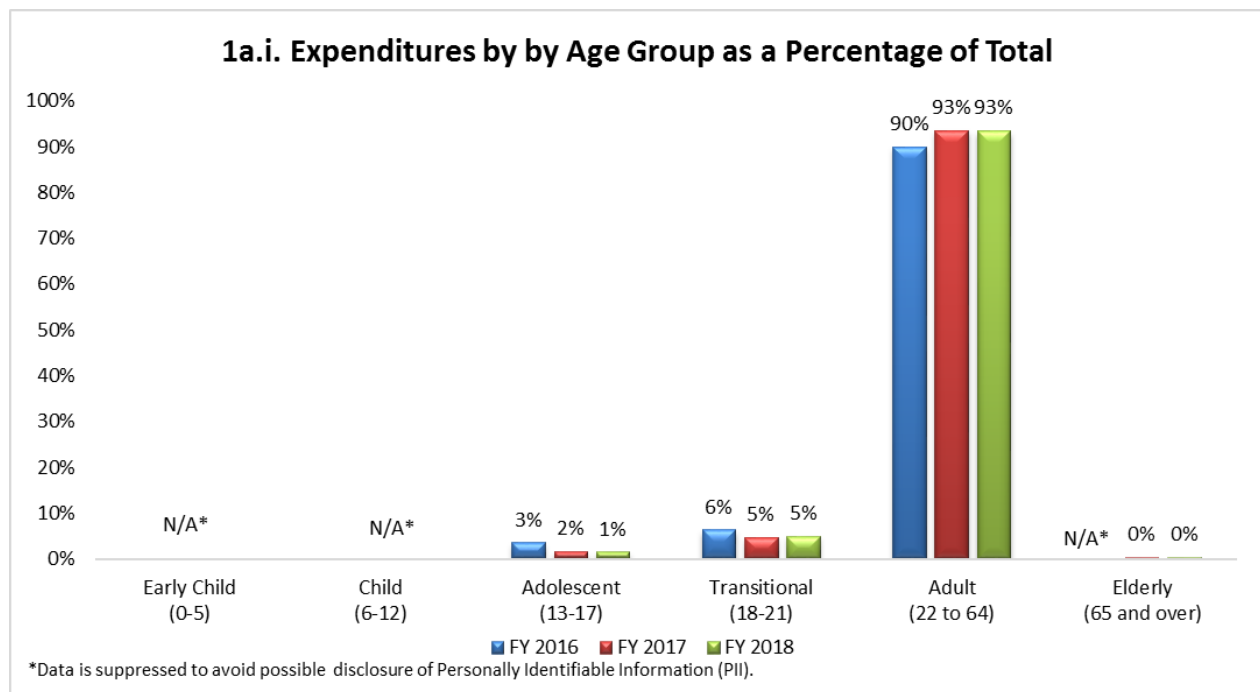
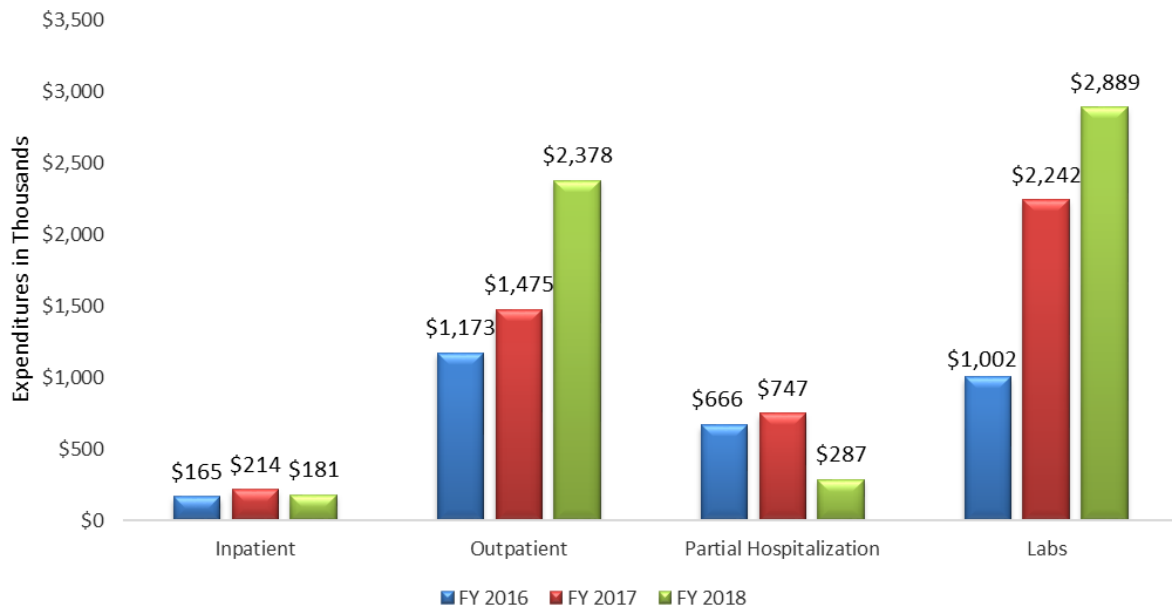


Table 1b. Three Year Comparisons By Service Type										
	Persons Served						Expenditures			
	FY 2016	FY 2017	% Change	FY 2018	% Change		FY 2016	FY 2017	% Change	FY 2018
Inpatient	54	58	7.4%	47	-19.0%		\$164,770	\$214,253	30.0%	\$181,053
Outpatient	1,526	1,989	30.3%	2,374	19.4%		\$1,173,349	\$1,475,022	25.7%	\$2,377,628
Partial Hospitalization	195	226	15.9%	96	-57.5%		\$665,941	\$747,340	12.2%	\$287,429
Labs	1,623	2,267	39.7%	2,692	18.7%		\$1,001,924	\$2,241,531	123.7%	\$2,888,933
MD Recovery Net	153	123	-19.6%	193	56.9%		\$135,395	\$122,483	-9.5%	\$163,621
Methadone Maint.	561	569	1.4%	600	5.4%		\$1,446,789	\$1,512,345	4.5%	\$1,242,946
Residential ICFA	27	11	-59.3%				\$195,820	\$71,970	-63.2%	
Intensive Outpatient	460	714	55.2%	763	6.9%		\$1,247,009	\$2,017,261	61.8%	\$2,631,439
Gambling	0	0	0.0%				\$0	\$0	0.0%	
Invitation for Bid	127	154	21.3%	108	-29.9%		\$2,548,939	\$3,313,768	30.0%	\$1,642,697
Court Ordered Placement	#N/A	#N/A	#N/A	73	#N/A		#N/A	#N/A	#N/A	\$1,345,519
Women with Children/Pre	#N/A	#N/A	#N/A	12	#N/A		#N/A	#N/A	#N/A	\$156,347
Residential All Levels	#N/A	#N/A	#N/A	398	#N/A		#N/A	#N/A	#N/A	\$2,447,765
Residential Room/Board	#N/A	#N/A	#N/A	399	#N/A		#N/A	#N/A	#N/A	\$416,044
**TOTAL	2,799	3,215	14.9%	3,699	15.1%		#N/A	#N/A	#N/A	\$15,820,642

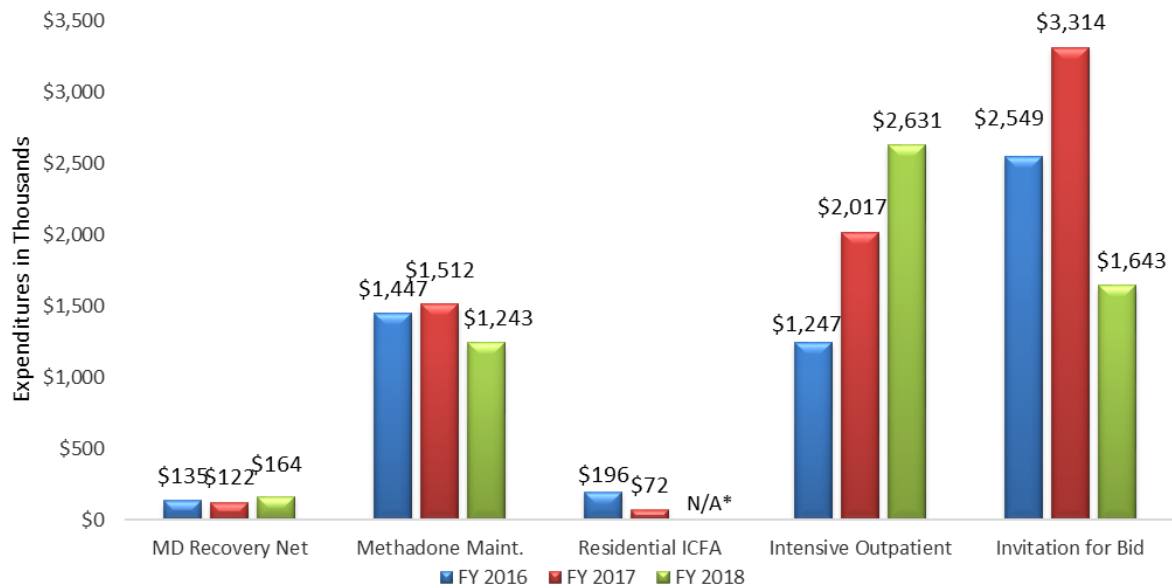
*Based on claims paid through September 30, 2018.

Source: S-MARF0004

1b. Expenditures by SUD Service Type (in Thousands) (1/2)



1b. Expenditures by SUD Service Type (in Thousands) (2/2)

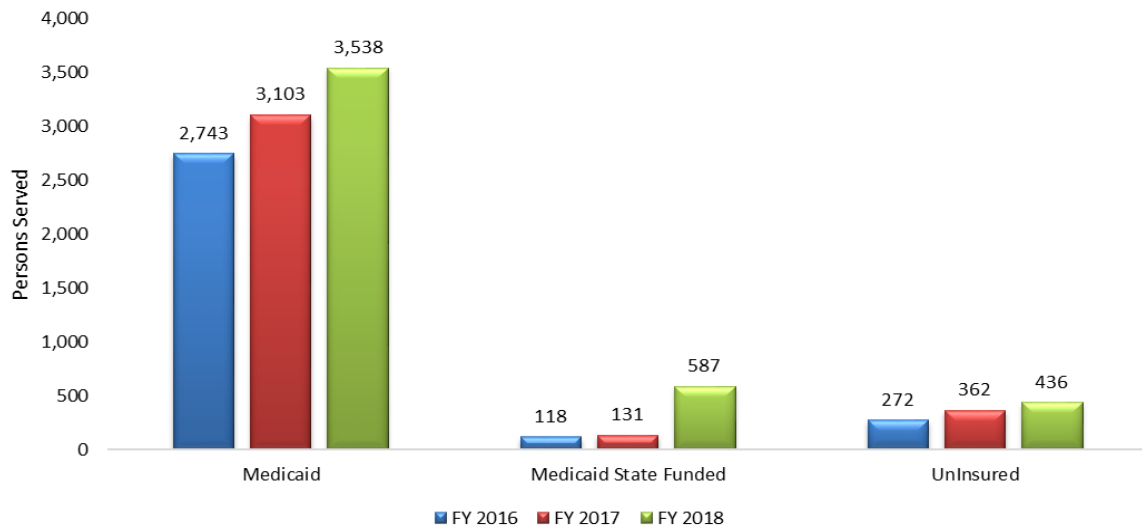


*Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

Table 1c. Three Year Comparisons By Coverage Type

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Medicaid	2,743	3,103	13.1%	3,538	14.0%	\$5,889,805	\$8,139,332	38.2%	\$11,903,853	46.3%
Medicaid State Funded	118	131	11.0%	587	348.1%	\$4,455	\$56,089	1159.0%	\$1,917,779	3319.2%
Uninsured	272	362	33.1%	436	20.4%	\$2,685,676	\$3,520,552	31.1%	\$1,999,009	-43.2%
**TOTAL	2,799	3,215	14.9%	3,699	15.1%	\$8,579,936	\$11,715,973	36.6%	\$15,820,641	35.0%
*Based on claims paid through September 30, 2018.										
Data Source: S-MARF0004										
**Does not include adjustments included in Table 1a.										
Also, TOTAL is unduplicated as an individual may have more than one service										
or have been covered by multiple funding streams throughout the fiscal year.										

1c. Persons Served by Coverage Type



1c. Expenditures by Coverage Type (in Thousands)

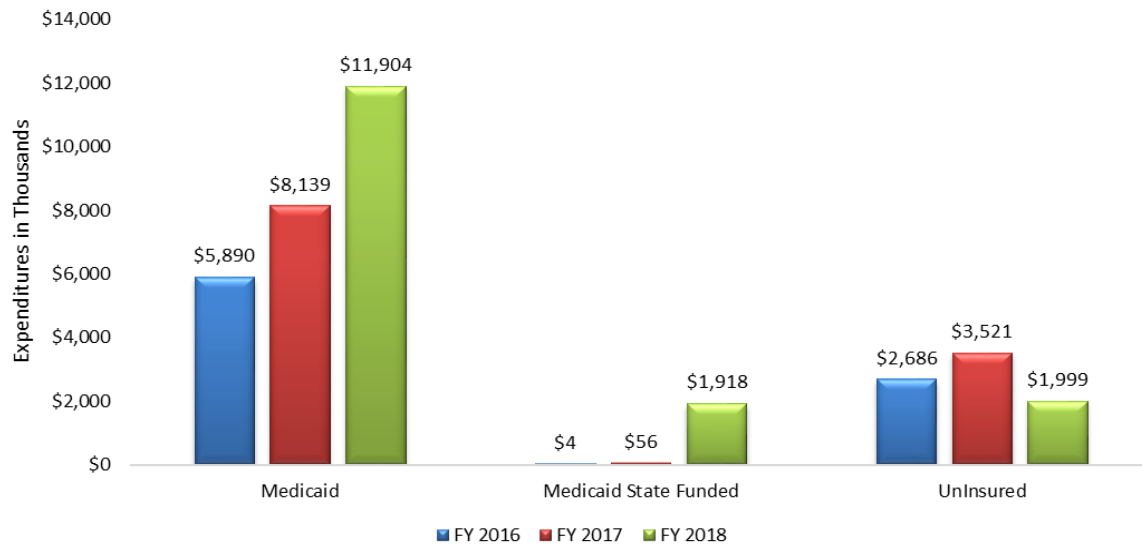


Table 2a. Child / Adolescent - 0 - 17									
	Persons Served					Expenditures			
	FY 2016	FY 2017	% Change	FY 2018		FY 2016	FY 2017	% Change	FY 2018
Inpatient									
Outpatient	94	94	0.00%	102	8.51%	\$44,587	\$55,181	23.76%	\$76,865
Partial Hospitalization	11			0		\$31,325			\$0
Labs	61	92	50.82%	113	22.83%	\$22,494	\$56,395	150.71%	\$119,626
MD Recovery Net	0			0		\$0			\$0
Methadone Maint.	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
Residential ICFA	16					\$109,806			
Intensive Outpatient	21	23	9.52%			\$61,750	\$44,243	-28.35%	
Gambling	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
Invitation for Bid	0	0		0	#DIV/0!	\$0	\$0		\$0
Court Ordered Placement - Residential	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
Women with Children/Pregnancy - Residential	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
Residential All Levels	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
Residential Room/Board	0	0	#DIV/0!	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0
**TOTAL	129	127	-1.55%	136	7.09%	\$310,116	\$183,707	-40.76%	\$230,737

*Based on claims paid through September 30, 2018.

Data Source: S-MARF0004

**Does not include adjustments included in Table 1a.

Also, TOTAL is unduplicated as an individual may have more than one service or have be covered by multiple funding streams throughout the fiscal year.

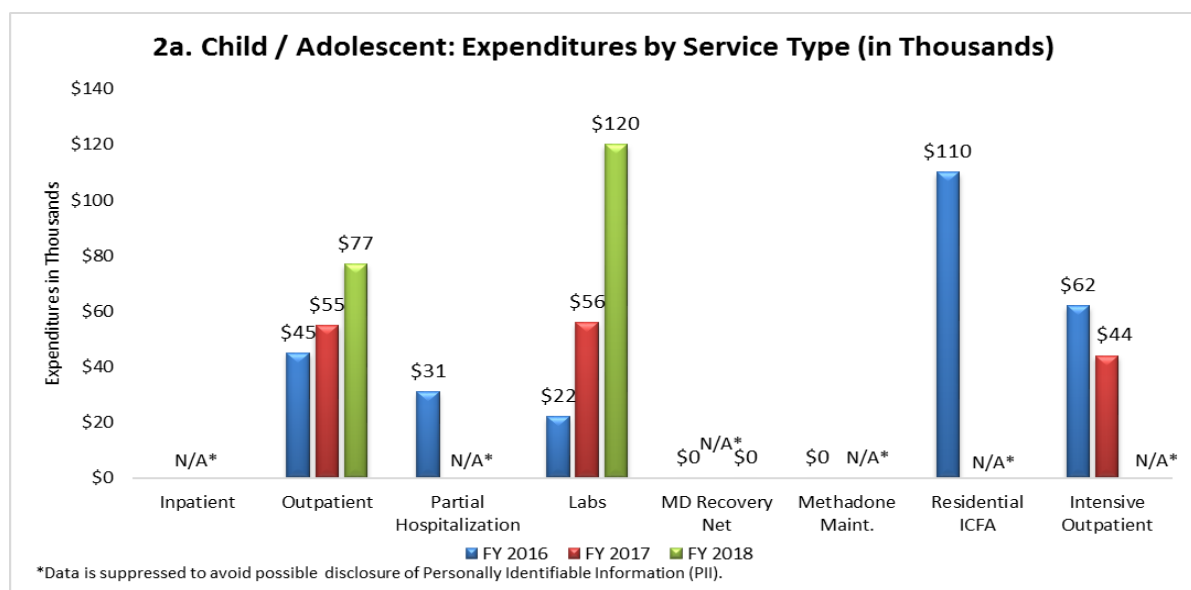
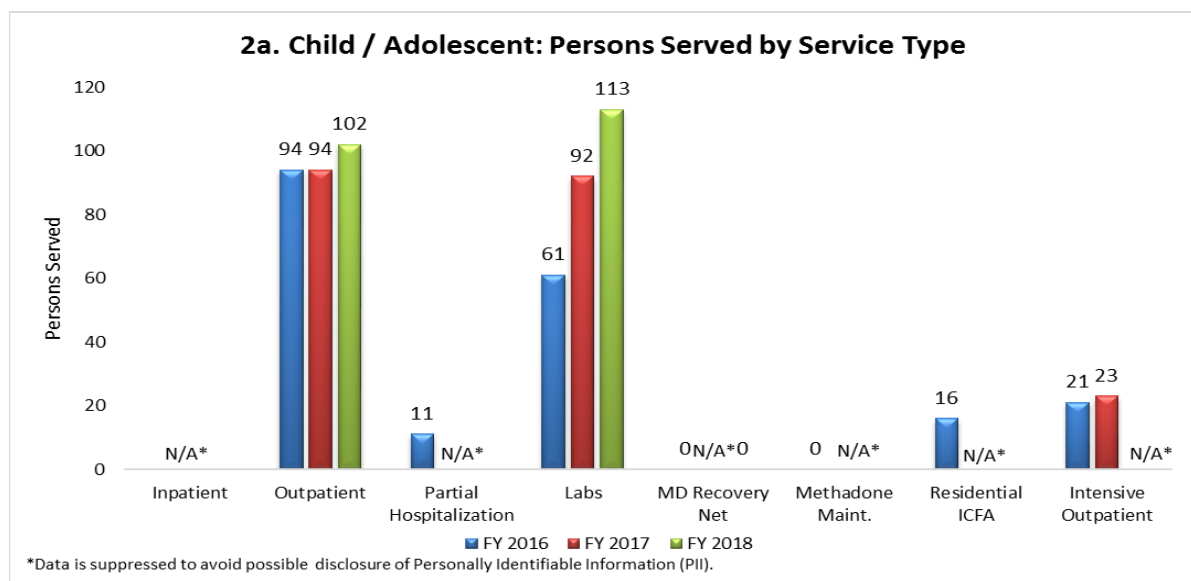


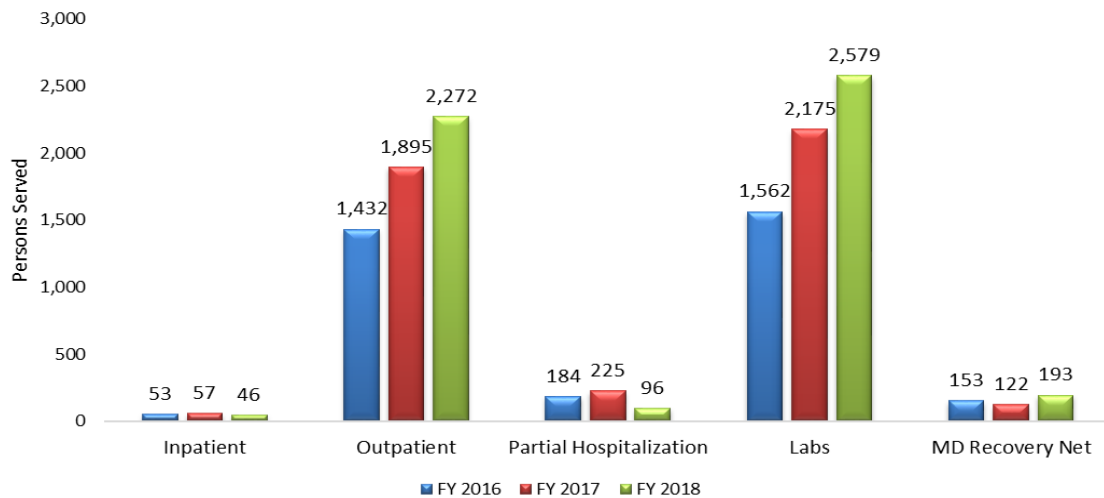
Table 2b. Adults - Ages 18 and Over

	Persons Served					Expenditures				
	FY 2016	FY 2017	% Change	FY 2018	% Change	FY 2016	FY 2017	% Change	FY 2018	% Change
Inpatient	53	57	7.55%	46	-19.30%	\$161,546	\$214,057	32.51%	\$180,886	-15.50%
Outpatient	1,432	1,895	32.33%	2,272	19.89%	\$1,128,762	\$1,419,840	25.79%	\$2,300,763	62.04%
Partial Hospitalization	184	225	22.28%	96	-57.33%	\$634,616	\$746,080	17.56%	\$287,430	-61.47%
Labs	1,562	2,175	39.24%	2,579	18.57%	\$979,430	\$2,185,136	123.10%	\$2,769,307	26.73%
MD Recovery Net	153	122	-20.26%	193	58.20%	\$135,395	\$121,503	-10.26%	\$163,621	34.66%
Methadone Maint.	561	569	1.43%	600	5.45%	\$1,446,789	\$1,512,346	4.53%	\$1,242,946	-17.81%
Residential ICFA	11					\$86,014				
Intensive Outpatient	439	691	57.40%	757	9.55%	\$1,195,259	\$1,973,018	66.46%	\$2,623,440	32.97%
Gambling	0	0	#DIV/0!			\$0	\$0	#DIV/0!		
Invitation for Bid	126	154	22.22%	108	-29.87%	\$2,512,007	\$3,313,768	31.92%	\$1,642,697	-50.43%
Court Ordered Placement - Residential	0	0	#DIV/0!	73	#DIV/0!	\$0	\$0	#DIV/0!	\$1,345,519	#DIV/0!
Women with Children/Pregnancy - Residential	0	0	#DIV/0!	12	#DIV/0!	\$0	\$0	#DIV/0!	\$156,347	#DIV/0!
Residential All Levels	0	0	#DIV/0!	388	#DIV/0!	\$0	\$0	#DIV/0!	\$2,447,765	#DIV/0!
Residential Room/Board	0	0	#DIV/0!	399	#DIV/0!	\$0	\$0	#DIV/0!	\$416,044	#DIV/0!
**TOTAL	2,670	3,088	15.66%	3,563	15.38%	\$8,269,818	\$11,532,266	39.45%	\$15,589,905	35.19%

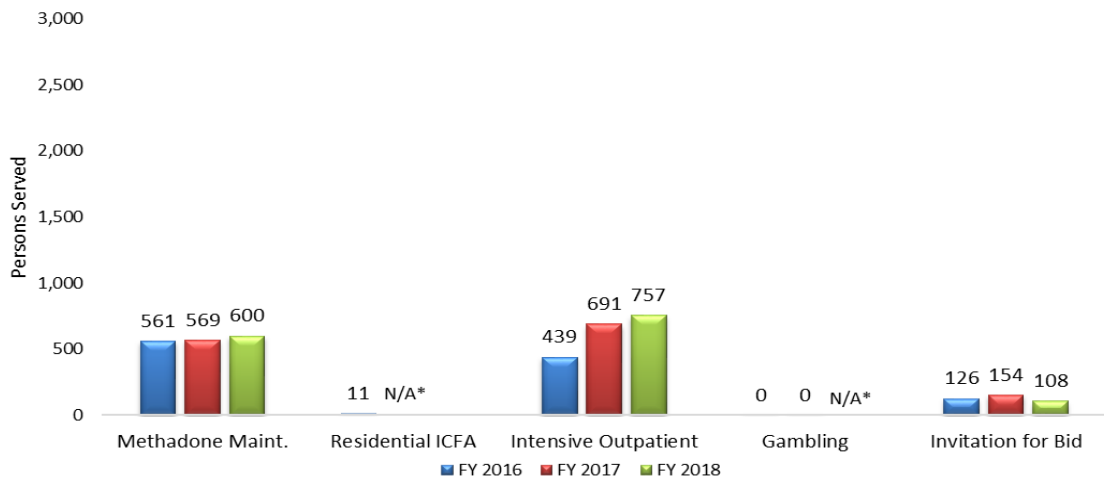
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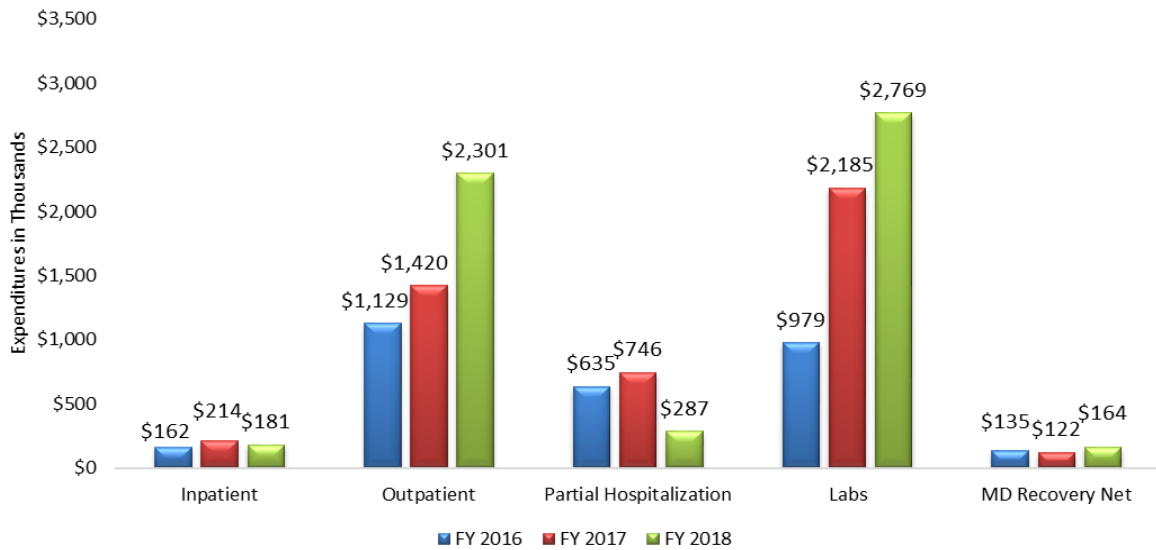
2b. Adults: Persons Served by Service Type (1/2)



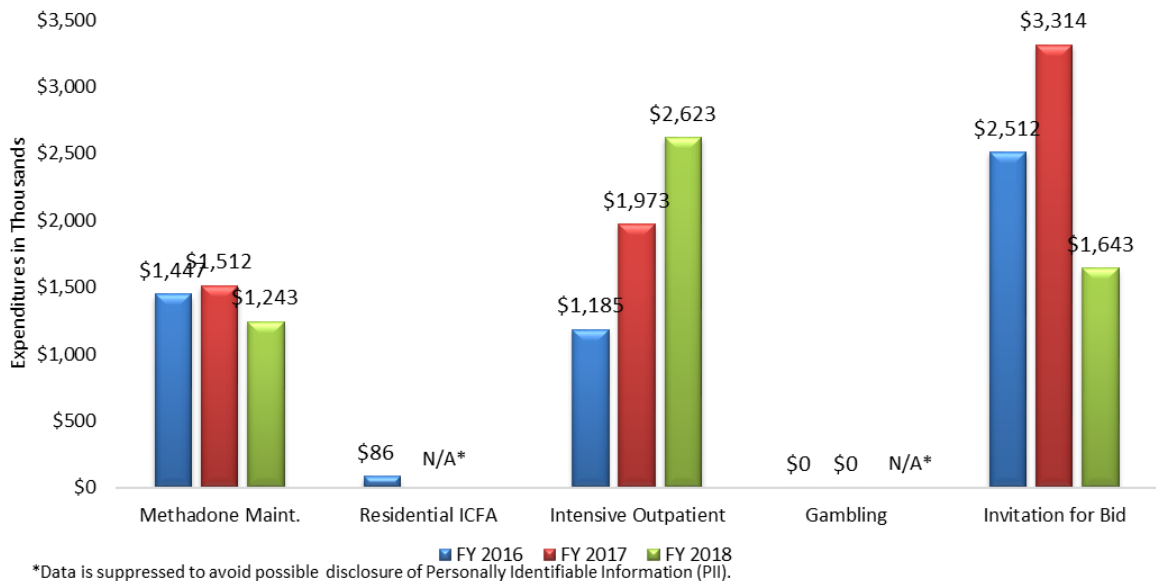
2b. Adults: Persons Served by Service Type (2/2)



2b. Adults: Expenditures by Service Type (in Thousands) (1/2)



2b. Adults: Expenditures by Service Type (in Thousands) (2/2)



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The number of adults served in SRD PBHS increased FY 17 to FY 18, as did the expenditures. Spending is proportional and expected compared to the populations served.

Adults aged 22-64 are by far the largest consumers of SRD treatment services in the county.

Intensive outpatient, outpatient and labs account for much of the increase in expenditure. The county has seen greater numbers of residents covered by Medicaid who are then accessing the public behavioral health system. Our local providers have expanded capacity as well as demonstrating increased co-occurring capability; for instance, a mental health provider expanded their accreditation/licensure last year to include a substance-related disorder treatment program to its local services.

A figure to monitor is the reduction in expenditures for Methadone Maintenance treatment despite serving approximately the same number of individuals in FY 17 and FY18. This could indicate clients remaining on medication for a shorter period of time. This has implications for aftercare planning, overdose prevention planning, anti-stigma education and education about best practices for providers. This could also be explained by the increase of the use of other medications not captured in this data set: office-based and outpatient buprenorphine and naltrexone.

Adolescent and young adult services remain low, possibly indicating a need to better identify individuals in these age groups to seek or remain engaged in treatment. Treatment availability for adolescents is currently under much-needed scrutiny. Programs serving this population have closed or changed populations due to few adolescents accessing services; however, this creates a gap for those who seek treatment. The need for adolescent treatment – especially residential treatment - tends to fluctuate over a given timespan, so creative and efficient use of resources is critical. This could include exploration of flexible beds that can be utilized for mental health and/or substance use disorder treatment to better address the complex behavioral health needs of adolescents.

Medicaid has expanded to cover more services, including labs, over the last fiscal years, which can account for the increase in Medicaid expenditures. Uninsured costs are down despite serving more people. This could indicate higher success rates in people obtaining Medicaid to cover treatment costs. Lab costs should be monitored and consideration given to more training for clinicians about the appropriate therapeutic use of drug screening for clients in treatment.

Table 3a. Fiscal Year 2018 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	53	0.0%	0	0.0%	\$17,082	0.00%	\$0	0.0%
Child	264	0.2%			\$90,526	0.02%		
Adolescent	3,325	2.9%	132	3.6%	\$3,813,706	0.94%	\$230,147	1.5%
Transitional	4,837	4.3%	220	5.9%	\$9,654,307	2.37%	\$774,431	4.9%
Adult	103,590	91.4%	3,319	89.7%	\$389,420,862	95.57%	\$14,777,358	93.4%
Elderly	1,251	1.1%	24	0.6%	\$4,479,243	1.10%	\$38,115	0.2%
TOTAL	113,320	100.0%	3,699	100.0%	\$407,475,726	100.0%	\$15,820,641	100.0%
SERVICE TYPE								
Inpatient	2,899	2.6%	47	1.3%	\$11,595,217	2.85%	\$181,053	1.1%
Outpatient	71,669	63.2%	2,374	64.2%	\$82,175,424	20.17%	\$2,377,628	15.0%
Partial Hospitalization	3,919	3.5%	96	2.6%	\$10,061,208	2.47%	\$287,429	1.8%
Labs	74,799	66.0%	2,692	72.8%	\$67,267,776	16.51%	\$2,888,933	18.3%
MD Recovery Net	4,509	4.0%	193	5.2%	\$3,527,570	0.87%	\$163,621	1.0%
Methadone Maint.	33,394	29.5%	600	16.2%	\$88,827,872	21.80%	\$1,242,946	7.9%
Residential ICFA	218	0.2%			\$1,391,725	0.34%		
Intensive Outpatient	15,399	13.6%	763	20.6%	\$57,622,147	14.14%	\$2,631,439	16.6%
Gambling	65	0.1%			\$32,640	0.01%		
Invitation for Bid	563	0.5%	108	2.9%	\$7,768,843	1.91%	\$1,642,697	10.4%
Court Ordered Placement - Residential	429	0.4%	73	2.0%	\$6,594,422	1.62%	\$1,345,519	8.5%
Women with Children/Pregnancy - Residential	135	0.1%	12	0.3%	\$1,979,188	0.49%	\$156,347	1.0%
Residential All Levels	9,198	8.1%	398	10.8%	\$58,457,094	14.35%	\$2,447,765	15.5%
Residential Room/Board	9,121	8.0%	399	10.8%	\$10,174,601	2.50%	\$416,044	2.6%
**TOTAL	113,320	100.0%	3,699	100.0%	\$407,475,727	100.0%	\$15,820,642	100.0%
COVERAGE TYPE								
Medicaid	107,927	95.2%	3,538	95.6%	\$352,237,806	86.4%	\$11,903,853	28.6%
Medicaid State Funded	15,031	13.3%	587	15.9%	\$34,188,734	8.4%	\$1,917,779	4.6%
Uninsured	9,808	8.7%	436	11.8%	\$21,049,187	5.2%	\$1,999,009	4.8%
TOTAL	113,320	100.0%	3,699	100.0%	\$407,475,727	100.0%	#REF!	100.0%
*Based on claims paid through September 30, 2018.								
Data Source: S-MARF0004								

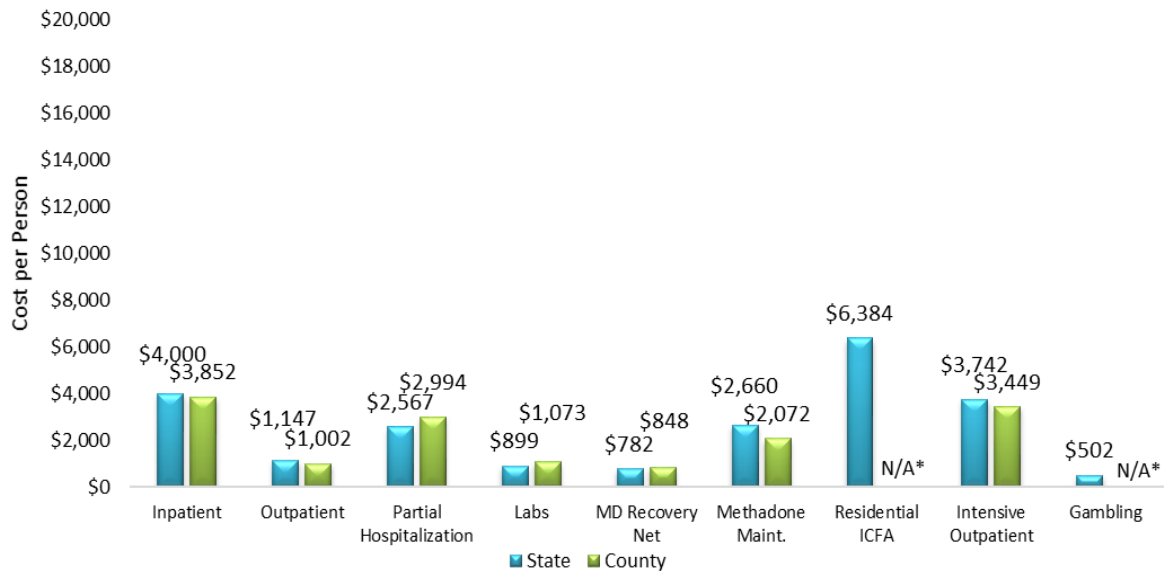
Table 3b. FY 2018 Comparisons: Cost per Person Served				
	State	County	Difference	Index^
AGE				
Early Child	\$322	#DIV/0!	#DIV/0!	#DIV/0!
Child	\$343			
Adolescent	\$1,147	\$1,744	\$597	152.0
Transitional	\$1,996	\$3,520	\$1,524	176.4
Adult	\$3,759	\$4,452	\$693	118.4
Elderly	\$3,581	\$1,588	-\$1,992	44.4
TOTAL	\$3,596	\$4,277	\$681	118.9
SERVICE TYPE				
Inpatient	\$4,000	\$3,852	-\$148	96.3
Outpatient	\$1,147	\$1,002	-\$145	87.3
Partial Hospitalization	\$2,567	\$2,994	\$427	116.6
Labs	\$899	\$1,073	\$174	119.3
MD Recovery Net	\$782	\$848	\$66	108.4
Methadone Maint.	\$2,660	\$2,072	-\$588	77.9
Residential ICFA	\$6,384			
Intensive Outpatient	\$3,742	\$3,449	-\$293	92.2
Gambling	\$502			
Invitation for Bid	\$13,799	\$15,210	\$1,411	110.2
Court Ordered Placement - Residential	\$15,372	\$18,432	\$3,060	119.9
Women with Children/Pregnancy - Residential	\$14,661	\$13,029	-\$1,632	88.9
Residential All Levels	\$6,355	\$6,150	-\$205	96.8
Residential Room/Board	\$1,116	\$1,043	-\$73	93.5
**TOTAL	\$3,596	\$4,277	\$681	118.9
COVERAGE TYPE				
Medicaid	\$3,264	\$3,365	\$101	103.1
Medicaid State Funded	\$2,275	\$3,267	\$993	143.6
Uninsured	\$2,146	\$4,585	\$2,439	213.6
TOTAL	\$3,596	#REF!	#REF!	#REF!

*Based on claims paid through September 30, 2018.

^The index is that number that represents how much more or less a County's cost is when compared to the State cost. Any number over 100 indicates a higher County cost than the State.

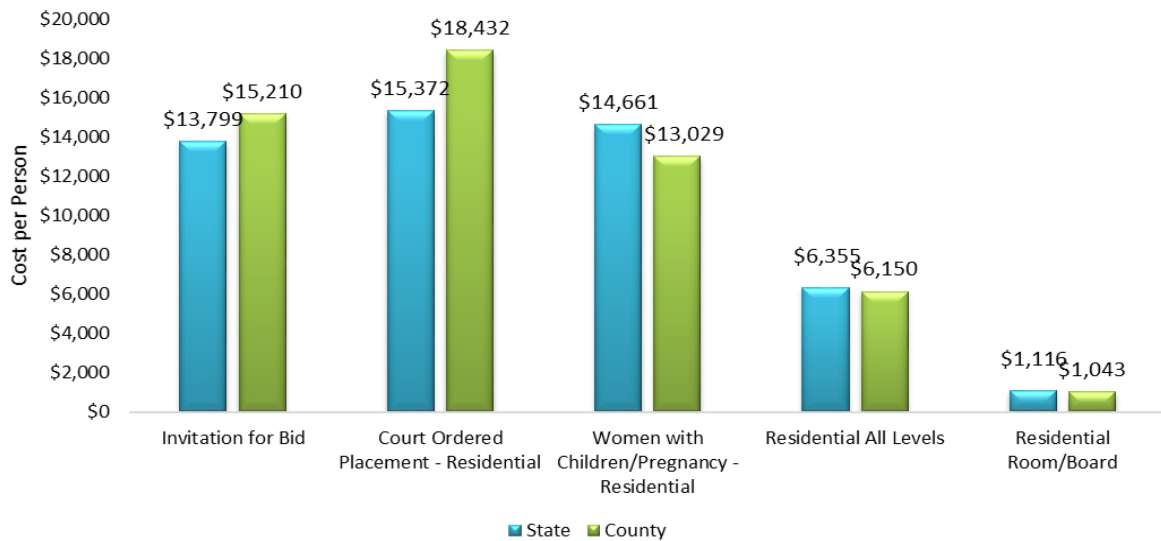
Ex: 125 means a cost is 25% more costly than the State cost. 85 means a cost that is 15% less than the State cost.

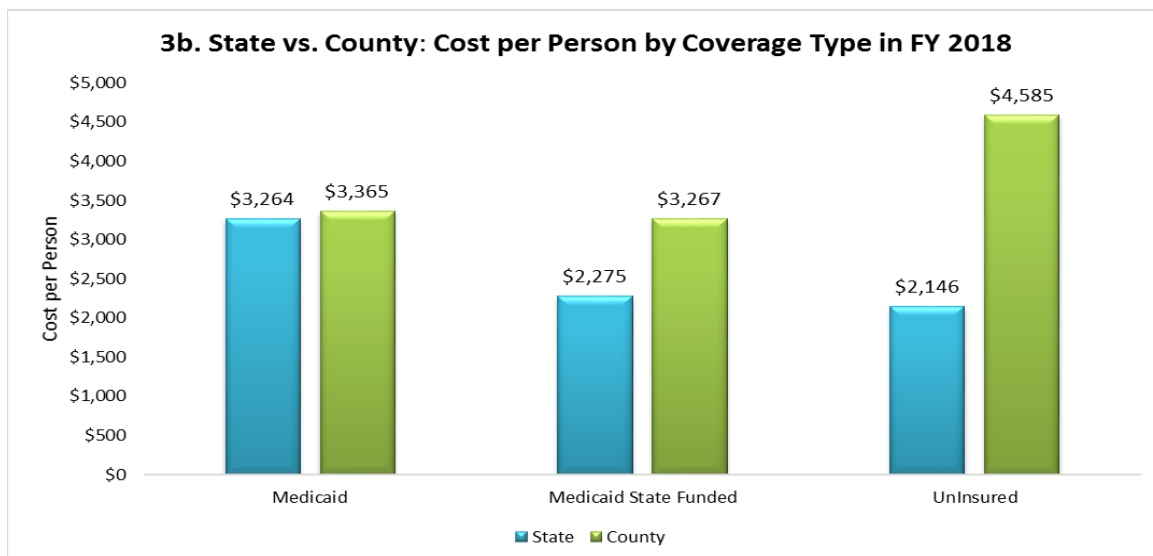
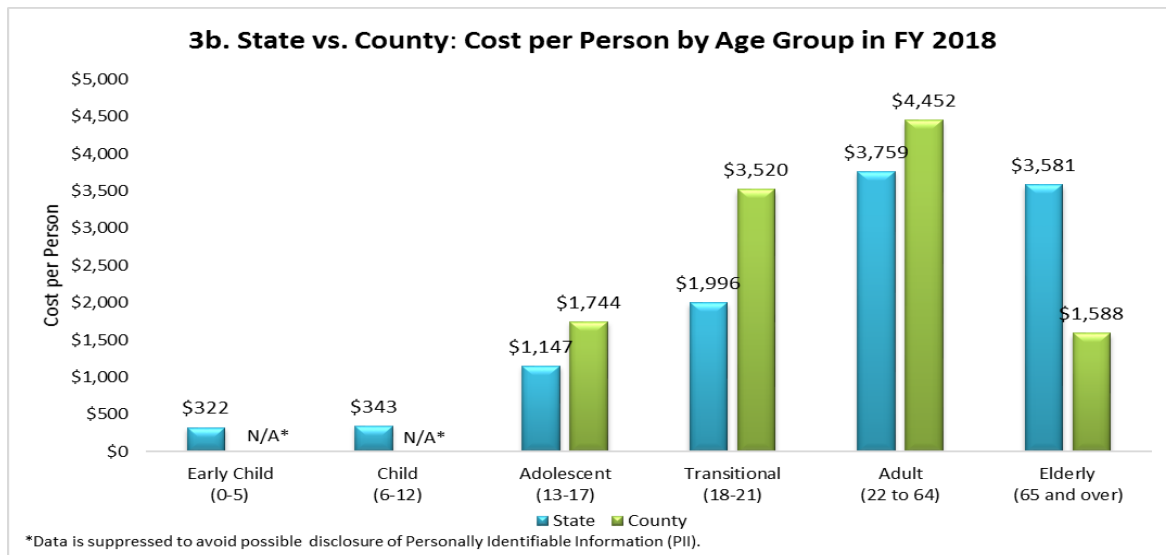
3b. State vs. County: Cost per Person by Service Type in FY 2018 (1/2)



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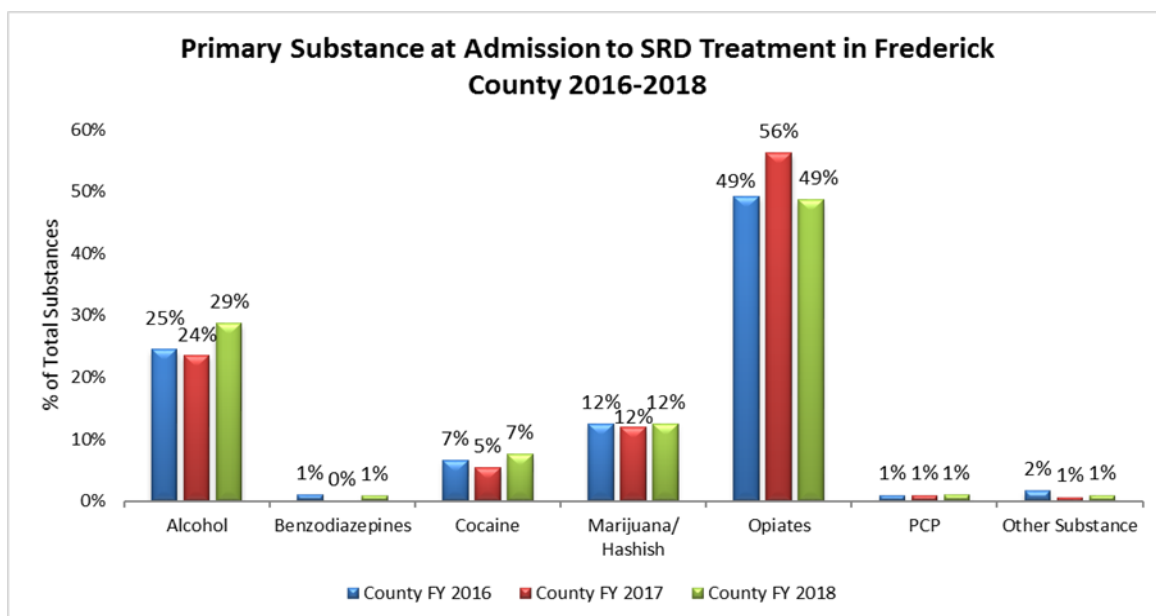
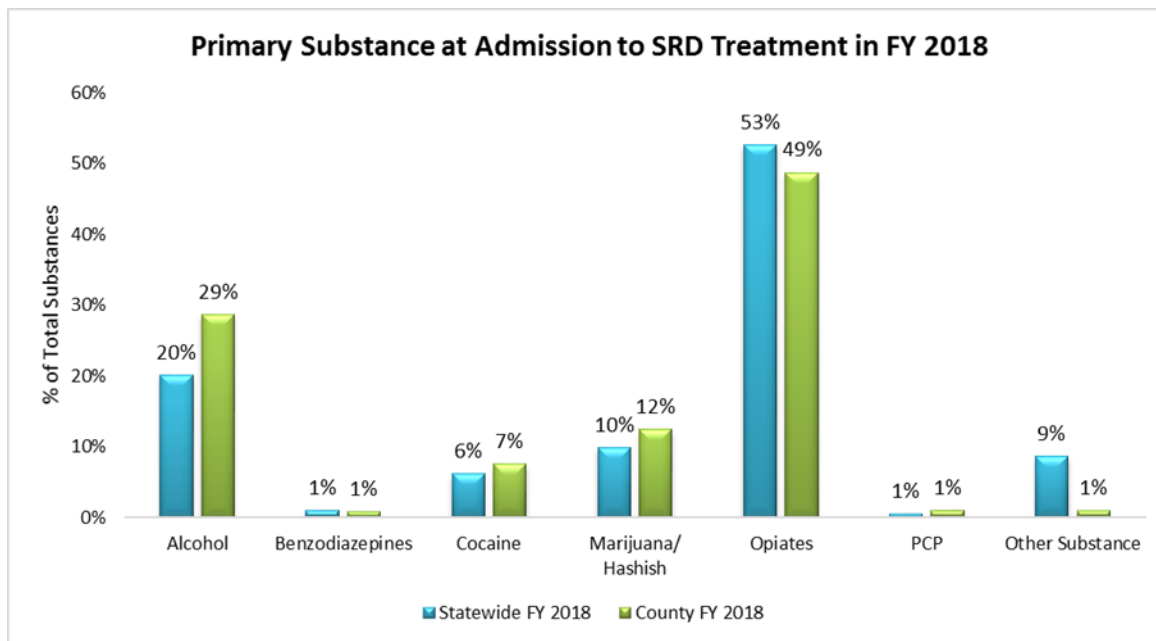
3b. State vs. County: Cost per Person by Service Type in FY 2018 (2/2)





As the Index and charts illustrate, Frederick County spends more than the state in a number of areas. Higher costs for adolescent, transitional-aged youth, and adult services may indicate longer lengths of stay in treatment services. The high cost of laboratory services should also be considered a factor. Appropriate clinical use of lab testing in treatment settings may be a helpful training for the workforce. Court-ordered residential services is higher than the state which may indicate the success rate with which we are able to place individuals into recommended treatment from incarceration or involvement in the criminal justice system.

Frederick County has a higher cost per person for those with Uninsured coverage. Awareness among the provider community about this funding source has led to their willingness to treat those with inadequate or no insurance coverage. This ensures that individuals in the community who are in need of treatment services are able to access them; many of these individuals identify opioids as their primary substance and are therefore at higher risk for overdose without access to services.



Opiates remain the most common substance identified by those seeking treatment in the jurisdiction. Fewer individuals have sought treatment for opioid use during FY18 than in FY17, though, and those identifying alcohol as their substance of choice has risen slightly. It will be helpful to further examine the number of individuals participating in medication-assisted treatment services in response to their opioid use disorder; Frederick County has recently gained a MAT program to increase access to this population. Treatment for alcohol use disorder may have increased due to successful peer interventions provided in the local hospital that have directly connected patients to provider agencies; alcohol remains the most frequent substance identified by patients there.

**Service Utilization for Individuals Receiving Mental Health Treatment in the
Public Behavioral Health System (PBHS)**

PENDING

Outcome Measurement System

Table 4. Fiscal Year 2018 State & County Comparisons					
Outcome Measurement System					
Most Recent Substance-Related Disorder Interview - FY 2018*					
	STATE Percent	COUNTY Percent		STATE Percent	COUNTY Percent
ADULTS			ADULTS		
OMS - Q41/Q2. Employed now or last 6 months	36.6%	51.5%	Q3. Have you been homeless at all in the past six months?	11.9%	13.5%
OMS - Smoking			Q39. In the past six months, have you been arrested?	8.8%	12.8%
Q45. Do you smoke? Cigarettes	71.0%	64.9%	Q38. During the past month, Did you have problems from your drinking or drug use?		
Q47. In the past month use tobacco products? Cigars	5.8%	2.7%		Often	11.3%
Smokeless Tobacco	1.8%	1.9%		Always	9.8%
Electronic Cigarettes	5.7%	6.0%			10.9%
Pipes	0.5%	0.4%			
Other Tobacco Product	5.3%	4.0%			
OMS - Q48. General Health Status					
Excellent	5.8%	4.3%			
Very Good	23.1%	22.9%			
Good	42.7%	56.6%			
Fair	24.0%	12.1%			
Poor	4.4%	4.1%			
CHILDREN AND ADOLESCENTS			CHILDREN AND ADOLESCENTS		
OMS - Q32. Problems with school attendance	30.4%	16.1%	Q2. Have you been homeless at all in the past six months?	1.6%	0.0%
OMS - Q34. Suspend from school in past 6 months	30.1%	7.1%	Q40. In the past six months, have you been arrested?	30.8%	50.0%
OMS - Smoking**			During the past month,		
Q37. Do you smoke? Cigarettes	26.3%	39.3%	Q41. Did you drink any alcohol?	34.4%	40.0%
Q39. In the past month use tobacco products? Cigars	8.1%	1.8%	Q42. Did you smoke any marijuana or hashish?	80.8%	100.0%
Smokeless Tobacco	1.3%	0.0%	Q43. Did you use anything else to get high?	15.0%	0
Electronic Cigarettes	6.8%	5.4%			
Pipes	0.7%	1.8%			
Other Tobacco Product	2.0%	1.8%			
OMS - Q36. General Health Status					
Excellent	26.8%				
Very Good	38.9%				
Good	29.8%				
Fair	4.4%				
Poor	0.0%				
* Most recent observation for each Substance Use consumer in FY 2018; provisional data which may change slightly as Datamart refinement continues					
** For children and adolescents, only those ages 11 to 17					
*** First administered in January 2015; for Children and Adolescents, data represents only those ages 14 and over					
Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html					
Most Recent Interview Only, FY 2018					
Based on data through June 30, 2018					

Adult OMS SRD Data

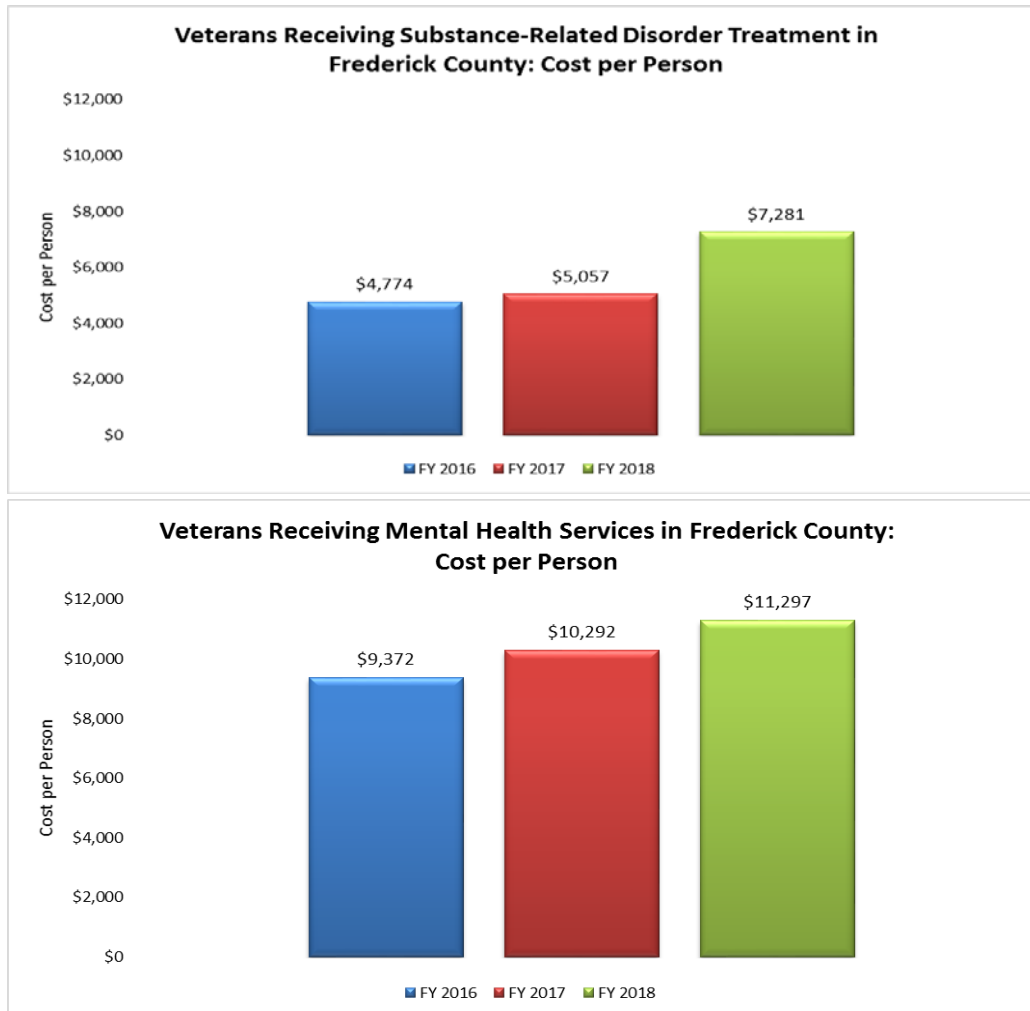
No significant changes are reported from FY 2017 to FY 2018 for the adult client population responding to the OMS. Of those receiving SRD treatment services, approximately half are employed. A majority report smoking cigarettes, yet most report good or very good health. Opportunity remains for tobacco cessation interventions at local provider sites.

Children and Adolescent OMS SRD Data

Out of 136 adolescents served in FY 18, as many as 56 responded to OMS questions; not all respondents answered every question. Many questions indicate under ten responses. Likewise, of 120 receiving SRD services in FY 2017, 32 responses were recorded. Given the low numbers for these data pools, our providers to ensure that they are actually filling out the questions. Another possible reason for the low response rates is that adolescents are accessing the system for a clinical assessment and not continuing in services.

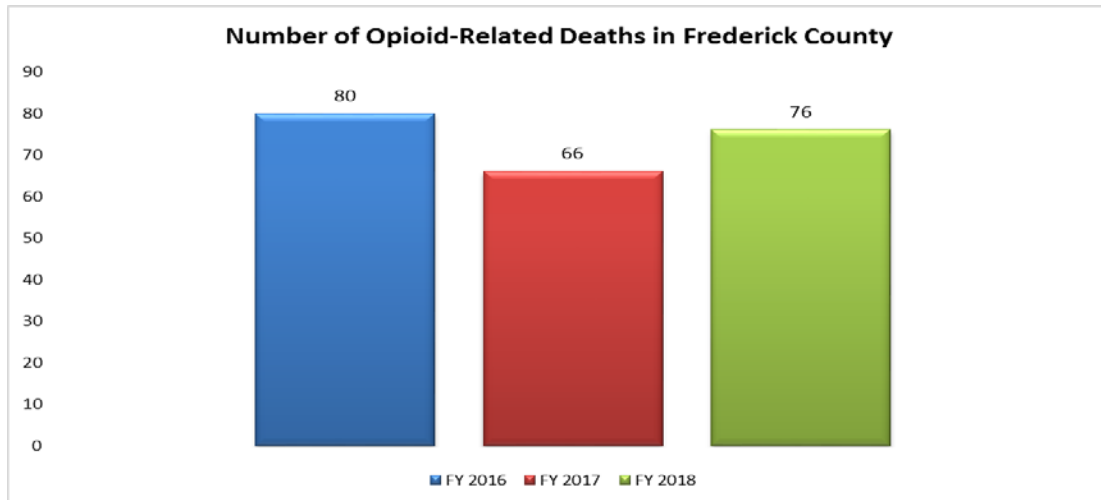
OMS for Mental Health Services PENDING

Veterans in the Public Behavioral Health System



It is important to note that there are approximately 17,000 veterans who live in Frederick County, and we are home to Ft. Detrick and Camp David. These are factors as we examine possible reasons the number and expenditures for veterans continue to increase. The Veteran's Administration (VA) now allows veterans to seek services outside the VA system, and has more publicly encouraged mental health and SRD services, which could drive some individuals to seek these services in the public behavioral health system. This indicates also that sufficient income may be a problem for many if they not have sufficient coverage in the private sector. Veterans in general are more educated than general public because they are required to have a high school diploma; this in theory would result in them being more employable. The interplay, though, with other behavioral health problems is important to consider. 17% of the suicides in Frederick County between July 2015 and July 2017 were veterans. The county clearly has a high veteran population whose needs are perhaps more complex and diverse as the general public. The BHS Director sits on the county's Community Veteran's Engagement Board.

Opioid-Related Overdose Deaths



Fentanyl has clearly been the critical factor impacting opioid-related overdose deaths in the county and throughout the state. The substance, typically illicitly manufactured fentanyl, was present in 81% of all overdose deaths in the county during 2018. BHS and our partners are dedicated to innovation through ongoing support and expansion of current harm reduction efforts, ensuring access to treatment, and progression towards treatment-on-demand with 24/7 access.

These interventions include:

- Our existing low threshold Overdose Response Trainings with naloxone distribution that is available to the public, with plans to target prescribers and locations at high risk for opioid overdose.
- Naloxone distribution to inmates upon release from county detention.
- The “Leave Behind Program” is active with Frederick County Fire and Rescue Services/EMS, equipping residents at the scene of an overdose with naloxone. Supplying fentanyl test strips is also planned.
- Syringe Services Program that includes overdose prevention education, naloxone, and fentanyl test strips
- Harm reduction education to treatment providers
- Support of LHIP workgroup that successfully spearheaded efforts to increase access to inpatient withdrawal management treatment in the county
- Family outreach, providing support to families and individuals affected by either fatal or non-fatal overdose; this is done in conjunction with both EMS via the Leave Behind Program and law enforcement.
- Support for local providers through the Provider Council, one on one meetings, workforce development trainings
- Funding for Hospice to support families affected by fatal overdose.

**Average Medical Assistance Eligibility, PBHS MA Participation, and PBHS MA Penetration Rate by County
Fiscal Year 2018 - PBHS claims as of September 30, 2018**

Accessing the Public Behavioral Health System					
COUNTY	Average MA Eligible	MA Served In SRD/PBHS	Penetration Rate	Total County Population*	% of County MA Eligible
Allegany	22,181	3,037	13.7%	71,615	31.0%
Anne Arundel	94,681	10,432	11.0%	573,235	16.5%
Baltimore County	197,917	16,474	8.3%	832,468	23.8%
Calvert	14,508	2,090	14.4%	91,502	15.9%
Caroline	12,017	906	7.5%	33,193	36.2%
Carroll	23,533	2,692	11.4%	167,781	14.0%
Cecil	27,002	4,076	15.1%	102,746	26.3%
Charles	31,874	2,417	7.6%	159,700	20.0%
Dorchester	13,053	1,241	9.5%	32,162	40.6%
Frederick	40,750	3,699	9.1%	252,022	16.2%
Garrett	8,808	771	8.8%	29,233	30.1%
Harford	44,956	5,223	11.6%	252,160	17.8%
Howard	45,719	2,149	4.7%	321,113	14.2%
Kent	5,074	543	10.7%	19,384	26.2%
Montgomery	288,590	5,210	1.8%	1,058,810	27.3%
Prince George's	228,525	6,045	2.6%	912,756	25.0%
Queen Anne's	8,625	865	10.0%	49,770	17.3%
St. Mary's	23,037	2,450	10.6%	112,667	20.4%
Somerset	8,875	865	9.7%	25,918	34.2%
Talbot	8,583	701	8.2%	37,103	23.1%
Washington	44,465	5,297	11.9%	150,578	29.5%
Wicomico	34,727	3,203	9.2%	102,923	33.7%
Worcester	13,726	1,384	10.1%	51,690	26.6%
Baltimore City	264,783	34,747	13.1%	611,648	43.3%
Statewide	1,408,078	107,927	7.7%	6,052,177	23.3%
*Data Source: Maryland Vital Statistics Est. Md. Population July 1, 2017					
Data Source: Average MA Eligible supplied by UMBC Hilltop Institute. Data through August 2018.					
FY 18 data is not final as a provider has up to 12 months from the date of service in which to submit a claim for payment.					

This chart shows us the number of Medicaid eligible individuals and those with Medicaid who have used public behavioral health system services. Of the 40,750 individuals eligible for Medicaid in Frederick County, 3,699, or 9.1%, were served in the PBHS in FY2018.