Behavioral Health Services Division, FCHD

Frederick County Behavioral Health Authority

Roles, Responsibilities, Current & Developing Services

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BACKGROUND

1. The Secretary of the Maryland Department of Health (MDH) recognizes and authorizes the **Frederick County Health Department, Behavioral Health Services Division** as the Local Behavioral Health Authority (LBHA) for **Frederick County.**

2. This document details the administrative duties and responsibilities of the LBHA; henceforth also identified as the Local Designated Authority (LBHA). This agreement may also include funding for the provision of, or subcontracting for, behavioral health services, and specific conditions for those services are detailed in separate attachments as noted in Section VII of the agreement. Additionally, the LBHA shall fulfill all the duties, powers, and responsibilities as set forth in Maryland Code Ann. Health General (HG) §10-1202 et. seq.

3. It is the policy of MDH to empower the LBHA to deliver, where applicable, plan, develop, manage, monitor, and report on the implementation of a full range of publicly funded local behavioral health services for persons who have, or are at risk of developing, behavioral health disorders in accordance with the vision and mission of BHA.

4. The LBHA will develop and implement behavioral health services from a public health approach that recognizes the impact of trauma and the social determinants of health; prevents, and mitigates behavioral health related trauma, and collaborates with other human service agencies to promote comprehensive services for recipients who have multiple behavioral health needs. These services include those paid under contract with State general funds and/or Federal funds, as well as those funded under the Fee-for-Service (FFS) Public Behavioral Health System (PBHS).

5. The MDH and the LBHA are committed to developing strategies that result in a comprehensive and well-integrated community behavioral health system that provides equitable, accessible, high quality, culturally competent, and medically necessary services for individuals seeking services. **This includes, but is not limited to, individuals who have experienced or are experiencing homelessness, trauma, or brain injury; have forensic or criminal justice involvement; are pregnant, postpartum, or parenting; are deaf or hard of hearing; identify as a member of a marginalized racial, ethnic, religious, or cultural group, tribe, or tribal organization; whose sexual orientation, gender identity, or gender expression departs from prescribed sexual and gender norms; or who may need additional assistance because of language or immigration barriers, such as non-English speaking, Limited English Proficiency (LEP) or undocumented legal status.**

SCOPE OF WORK

The Local Behavioral Health Authorities (LBHAs) are a core component of Maryland's Public Behavioral Health System (PBHS), tasked with providing behavioral health expertise to and partnership with many stakeholders and multiple systems at the local level, to ensure that Marylanders have timely access to high quality behavioral health interventions, treatment, services and supports, resulting in better health and wellbeing for all individuals, families, and communities. Every LBHA has four essential roles and shall provide the following:

SECTION 1. Leadership

a. Provide behavioral health leadership, including collaboration to develop a comprehensive continuum of behavioral health services across the lifespan for the Public Behavioral Health System (PBHS) at the local

level and, where possible, developing innovative approaches that could be replicated in other jurisdictions.

b. Facilitate coordination and collaboration among all key stakeholders to develop, enhance and promote comprehensive, culturally competent, and accessible services for the PBHS at the local level, in ways that use limited public resources in the most effective way possible.

c. Collaborate with behavioral health stakeholders to develop, manage, expand, enhance, and retain a diverse local provider network to meet behavioral health needs of individuals and families.

d. Engage community members, including the Advisory Council (s) for the local PBHS.

e. Present local behavioral health issues to BHA and other stakeholders to raise awareness and advocate to address local PBHS needs, including securing additional resources as needed.

f. Facilitate local linkages within system partners including, but not limited to, local public agencies, schools, local Area Agencies on Aging (AAA), Division of Rehabilitation Services (DORS), local Public Housing Authorities (PHA), Social Services, courts, Local Management Boards, the Medicaid Administrative Services Organization (ASO), and Managed Care Organizations (MCOs).

g. Support BHA in facilitating intra-agency and interagency linkages at State level.

h. Develop local strategies to improve integration of behavioral health and primary care in Pediatric, Family and Internal Medicine, and other designated primary care providers.

i. Provide behavioral health expertise with all key stakeholders throughout the local jurisdiction.

j. Represent BHA to key local stakeholders, as the local extension of BHA.

k. Promote local implementation of evidence-based and promising behavioral health practices as identified by the LBHA and/or BHA for local and statewide use.

l. Provide public and consumer prevention, education, and information on behavioral health.

m. Educate the public locally about behavioral health issues including prevention, intervention, treatment, recovery, and how to assess services in the PBHS (e.g., support BHA in providing a directory of statewide and local behavioral health resources).

n. Assess needs, gaps and plan for programs and services in the local PBHS. Ensure regular ongoing assessment of local behavioral health needs and collaborate with local stakeholders to ensure shared understanding of local behavioral health needs.

o. Develop and implement a strategic plan for the local PBHS that meets State requirements, aligns with BHA's statewide behavioral health plan, and meets all parameters required by BHA. The plan should include measurable goals, strategies and activities that promote quality outcomes. The plan shall be the basis for Vendor budgetary requests to the BHA. The plan shall be data-driven, identify plans to address

gaps in the service delivery continuum, and reflect input from a diverse group of stakeholders into both planning and evaluating services, including, but not limited to, representatives of the local recovery community. Annually, the BHA will issue instructions for the completion and submission of the Behavioral Health Plan. The plan must be informed by the BHA needs assessment and geo-mapping.

p. The local strategic plan must connect to broader planning done by the local health departments (per ESF#8) to ensure local PBHS emergency preparedness (All Hazards, Continuity of Operations Plan, and Crisis Communications).

q. Designate a representative(s) to meet with the ASO, responding to ASO requests within a reasonable time. This includes working with the ASO and Vendors to participate in the development of a transition plan, following determination by the ASO that service to an individual is no longer medically necessary.

SECTION 2. Management

General

a. Design, develop, and manage behavioral health programs and services for the local level.

b. Design, develop and manage needed local behavioral health services, including Federal grant-funded behavioral health services.

c. Coordinate with local stakeholders to design approaches to prevent or mitigate the impact of behavioral health conditions.

d. Develop and manage the budget for PBHS program and service grants that have been awarded to the LBHA by BHA and other funding sources.

e. Procure services and contracts with behavioral health providers to implement local behavioral health programs and services, including but not limited to Targeted Case Management (TCM), which shall be procured, at least once every 5 years. Upon the approval of BHA, issue competitive solicitations to procure Residential Rehabilitation Program (RRP) and Residential Crisis Services (RCS) beds, when funding has been approved by BHA; when an individualized assessment of the nature, gravity, and history of complaints, critical incidents, or compliance deficiencies reveals that there would be an unreasonable risk of harm if the beds were to remain with the current provider; when a systematic review and analysis of the bed census history suggests a persistent pattern of vacancy or nonuse; when a systematic review and analysis of program dispositions and discharges suggests a disproportionately high rate of denial of admission and unplanned discharges for reasons unapproved by the Administration; or at the express request of BHA.

f. Coordinate care and support services for people who have behavioral health conditions, including those leaving State hospitals, correctional facilities or those who have complex needs and comorbid conditions.

g. Assist individuals and families who need help accessing specialty behavioral health services through the ASO or grant-funded programs, and coordinate support services such as housing and transportation as appropriate. This includes referrals for residential placement for pregnant women and women with children, and coordination of care for youth and families with complex needs who may require involvement of the Local Care Team operated by the Local Management Board in each jurisdiction.

h. Assist the Medicaid ASO, per Medicaid, BHA and ASO guidelines, by handling pre-authorization for behavioral healthcare (including exceptions for uninsured people) as a needed step for ensuring that individuals receive specialty behavioral health services in the setting for which they meet medical necessity.

i. If absolutely necessary to mitigate gaps in care, subcontract for or provide behavioral health care directly to individuals using an approach that ensures no conflict of interest with oversight, funding decisions and compliance responsibilities. If needed and as appropriate, also provide services such as transportation and housing.

j. Meet with providers registered in the PBHS network that provide services to the citizens in the Vendor's jurisdiction, to collaborate with, develop, plan, and implement accessible and equitable behavioral health services.

k. Coordinate the position of the BHA, the ASO, the Vendor, and/or the Attorney General's Office when a treatment plan or recommendation for a minor in Juvenile Court proceedings are required. When requested, prepare a written report for the court, and send a representative to assist in the proceedings regarding available services and treatment options as well as to monitor cases committed to the BHA.

l. Participate in State and/or local activities to implement health reform.

m. Assure that its director or designee attends the meetings and **supports the activities** of the Maryland Association of Behavioral Health Authorities (MABHA) and participates in the BHA committees and on various local boards and committees.

n. Participate in Consumer Quality Team monthly and quarterly feedback meetings for designated services.

o. Meet with providers, registered in the PBHS, which provide services for the citizens of the LBHA.

p. Meet annually with local Emergency Rooms to provide education and training on access to and services within the PBHS.

q. Attend BHA Policy Forums, the BHA Annual Conference, and the BHA in-service trainings, as time, staffing, and funding permit.

r. Upon request from ASO:
   i) Determine if an individual meets eligibility for the PBHS, using criteria established by BHA.
   ii) Assist in developing a multi-agency or provider-specific treatment plan

s. Be aware of, and have access to, Federal regulations, Maryland Statutes and BHA Policies and Procedures, governing the delivery of behavioral health services to children, adults, and older adults, and the Medicaid program.

Management of Public Behavioral Health System

a. Assist BHA to safeguard against unnecessary utilization of publicly funded services in its jurisdiction and assure that these services are medically appropriate and necessary.

b. Develop local strategies and implement specific actions to reduce Emergency Department and inpatient hospitalization. The Vendor shall meet with local hospital Emergency Departments to establish an enhanced level of communication and coordination between Emergency Department personnel, and Crisis System providers to enhance the use of community-based alternatives to inpatient admission.

c. Review and authorize, disapprove, or return for additional information requests, within 72 hours of receipt, excluding weekends and holidays, for the following services funded under the Fee for Service System.

   i. Residential Rehabilitation Program (RRP) transition visits, and bed holds, unless otherwise directed by BHA.
   ii. Supported Employment (SE). and associated Psychiatric Rehabilitation Program (PRP)services, unless otherwise directed by BHA.
   iii. Enhanced client supports for Mobile Treatment Services, Assertive Community Treatment, PRP, and RRP, unless otherwise directed by BHA.
   iv. Residential Crisis Services (RCS) (concurrent review only) and bed holds, unless otherwise directed by BHA.

d. Transmit within the secure ASO portal made to the ASO, and to the provider for request made in section 5.d (1-4). If the portal is unavailable or inaccessible, the decision shall be transmitted by secure fax or Health Insurance Portability and Accountability Act (HIPAA) compliant, password protected e-mail.

e. Follow the BHA's current policies, protocols, and guidelines for approval of the services.

f. Assure that staff who perform the authorizations for services in section (d.) are appropriately credentialed and/or supervised.

g. Utilize the forms developed and updated by the BHA for the purpose of review and approval of services.

h. Review information on high-cost users of services and providers of service, along with readmission data, on a regular basis, and take steps to assist service recipients to receive any medically appropriate levels of care that are less costly.

i. Assess hospitalization data at least monthly to include average length of stay (ALOS) cost, and number of readmissions.

j. Review and analyze utilization of all services with the Public Behavioral Health System to identify changes in service delivery trends for the BHA based upon a monthly review of the data. The LBHA shall report its findings to the BHA Director or designee, noting the LBHA planned interventions with the provider to assure appropriate delivery of services.

k. Upon review of the High Utilization Cost Report and High Inpatient user data, notify providers and refer individuals to appropriate levels of care.

l. Explore and develop local strategies to improve integration of care between the PBHS and local primary care providers.

m. Serve as BHA's designee regarding referral for residential placements of pregnant women and women with children, providing technical assistance for coordination of care as needed.

n. Provide a list of authorized persons and their signature to the ASO for the review and approval of services. The list should be categorized by service type, any modifications to the list needs to be promptly communicated to the ASO noting the effective date of the change.

o. Clinically deny service only based upon review by a Psychiatrist currently licensed in the State of Maryland.

p. Retain and transmit all patient information in a confidential manner consistent with State and Federal Statutes and Regulations.

q. Review PRP services encounter data to determine outliers of PRP service provision.

r. Evaluate the encounter data and conduct an on-site visit in order to validate that the service provision meets the individual's needs for PRP services. For the purposes of the review, only programs with encounter data outliers should be reviewed on-site by the LBHA. Additionally, an on-site review by the LBHA should be conducted on programs that have submitted encounter data for which the LBHA has reason to believe an investigation is warranted. The LBHA's review shall verify a provider's provision of both on-site and off-site services in order to receive the "blended rate" under the PRP case rate.

s. Participate in the process of review of Residential Treatment Center (RTC) admission requests in order to identify any available appropriate services, which could divert the admission, and provide services in the community.

t. Monitor the relative distribution of general-level RRP beds, intensive-level RRP beds, specialty beds, and non-specialty beds for its jurisdiction. Any change in level of intensity or the nature of specialty designation of existing RRP beds shall be approved by BHA in writing in advance of the change.

u. Assure that the number of RRP and RCS beds remains constant, unless changes are approved in writing by the BHA.

v. Continue partnership with the local community hospital that is participating in the Total Patient Revenue Project.

w. Promote best practices in service delivery.

SECTION 3. Oversight

General

a. Monitor, evaluate, and report on performance of programs in the local PBHS to ensure compliance with local, State, and Federal requirements.

b. Conduct performance audits of grant-funded and fee-for-service behavioral health providers, and support as needed, BHA performance audits of the LBHA operational management. This includes the development and monitoring of corrective action plans.

c. Monitor, document and, as needed, engage in collaborative corrective actions for programs that address the needs across the lifespan.

d. Per BHA rules, investigate non-financial behavioral health grievances, complaints, and disputes and assist BHA in resolving them.

e. Per Medicaid ASO protocols, support ASO needs associated with financial issues that may be a part of ASO audits.

f. Oversee quality for programs and services in the local PBHS.

g. Assist BHA in assessing behavioral health quality of care and services outcomes.

h. Engage providers to ensure and improve quality of care and services provided in the PBHS.

i. Per Medicaid ASO protocols, handle behavioral health grievances and appeals regarding medical necessity and support ASO needs associated with quality-related issues that may be part of the ASO audits.

j. Ascribe to Best Practices for stewards of public funds by efficiently, equitably and cost effectively managing operations and funding.

k. Assist the BHA's Office of Behavioral Health Licensing in monitoring the BHA's therapeutic group homes licensed under COMAR 10.21.07.

l. Review, as needed, annual budgets for the intensity of staffing and programming to determine the appropriateness of a rate increase request from an existing program, or to establish a rate for a new program.

Management of Public Behavioral Health System - Quality Assurance

The Vendor shall:

a. Complete *Agreements to Cooperate* for new programs.

b. Prior to a community behavioral health provider applying for licensure within a jurisdiction the LBHA shall enter into an Agreement to Cooperate with the community provider. The Agreement shall provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including but not limited to facilitating:

- A complaint investigation; and
- The transition of services if the program closes.

The Agreement to Cooperate may not include a provision that authorizes the LBHA to prohibit a program from offering services at any location.

c. Participate in site visits with BHA to programs.

d. Institute, as warranted or otherwise required, community behavioral health provider Program Improvement Plans (PIP) or Corrective Action Plan (CAP)s; review and provide feedback Review, evaluate, and provide feedback on.

e. Designate one or more staff members to perform the role and functions of the Residential Specialist position, as delineated in the *Residential Specialist Duties and Responsibilities* document, developed, and updated by BHA, including, but not limited to the following:

i) Perform on-site reviews and inspections, both announced and unannounced, of Group Homes for Adults with Mental Illness, RRP residences, residential crisis services (RCS) residences, and other residential programs, as designated by BHA, prior to BHA licensure, upon site relocation, upon program or bed expansion, and annually, using the BHA-approved inspection form, to determine compliance with site requirements set forth in COMAR 10.63.04.07. On-site inspections shall occur at least annually for each RRP residence, licensed group home for adults with mental illness, and RCS residence, regardless of whether the residence is leased or owned by the provider agency. Unannounced site visits shall include a residential site inspection, interviews with RRP or RCS residents, and a review of resident charts. At a minimum, one-third of all residential site visits for each RRP agency shall be unannounced visits. Perform ad hoc quality of care medical records reviews.

ii) Approve, approve with conditions, or deny approval of BHA-designated RRP beds, RCS beds, Group Home beds for Adults with Mental Illness or, as designated by BHA, other residential program beds, based on the results and findings of the on-site review and inspection as specified in e(1) above. Submit periodic reports, as required by BHA guidelines, on waiting lists, admissions, denials, and discharges.

iii) Serve as the primary contact for RRP referrals, adhering to applicable BHA policy and protocols, to include the following:

1. Receiving and reviewing RRP applications and supporting documentation for determination of eligibility and clinical appropriateness.
2. Prioritizing RRP referrals in accordance with BHA-approved referral priority classification (State hospital or community), assessed level of care needed, and urgency of need.
3. When bed vacancies exist, processing and routing RRP referrals to designated RRPs, taking into consideration the priority level of the referral, assessed level of care needed, urgency of need, individual choice, and other relevant program factors.
4. Ensuring that designated RRPs in receipt of referrals render a disposition and convey the disposition to the jurisdiction and referral source within established time frames.
5. Upon confirmation of program acceptance, completing and issuing to respective RRPs the Certificate of Determination (COD) form for the RRPs to attach to the RRP authorization request in the ASO system for the ASO to conduct its clinical review and medical necessity determination; and
6. Ensuring that any referred individual is first approved for admission to a specific, vacant RRP bed prior to permitting the individual to occupy the bed.

iv) When RRP beds are unavailable, maintain RRP waiting lists by level of care (General versus Intensive) and by priority level (State hospital versus community referral), adhering to applicable BHA policy and protocols, to include:

- Periodically reviewing and updating the RRP waiting list based on new information and changing individual needs.
- Providing individuals, families, and referral sources with alternative resources for housing and behavioral health services, as needed; and
- Facilitating, upon request, referrals to alternative programs and services.

v) Monitor RRP bed vacancies within respective RRPs, perform daily entry of RRP bed vacancies by program into the online bed availability tool or its successor, and ensure that vacancies are filled as soon as possible and that placements occur expeditiously.

vi) Participate with RRP providers and other relevant entities in the development of Managed Intervention Plans (MIPs) for residents who are at risk of involuntary or unplanned discharge, adhering to BHA policy and protocols and ensuring compliance with COMAR 10.63.04.05.

vii) Receive, review, and analyze RRP assessments and dispositions and identify, by program, trends, patterns, and barriers.

viii) Receive review, and adjudicate grievances from RRP residents who are denied admission to or are involuntarily discharged from the RRP to include the following:

- Assessing the acceptability of the reason for denial or discharge.
- Securing additional information on or clarification of the clinical justification for denial of admission or program discharge.
- Providing individuals, families, and referral sources with alternate resources for housing and behavioral health services, as needed.
- Facilitating, upon request, referrals to alternative programs; and
- Negotiating with providers and other relevant entities for needed services and program supports.

ix) Annually interview a representative sample (a minimum of 30%) of the RRP residents for the purpose of determining their level of satisfaction with the program and services.

x) Annually review a copy of the BHA-approved Entitlement Management Record (EMR) form for each resident. This review is intended to ensure that the RRP has assisted each resident in applying for all benefits and entitlements for which the he or she may be eligible and has coordinated with relevant agencies to ensure that eligible benefits and entitlements have been awarded and received.

xi) Annually review one-third of the Fee Determination forms to verify cost of care calculations and to ensure that the individual is actually receiving all income to which he or she is entitled.

xii) Maintain and submit quarterly RRP data to BHA through the online portal by no later than 30 days following the end of the quarter and provide, as needed, real-time information on admissions, denials, discharges, bed vacancies, and waiting lists.

xiii) Maintain and submit to BHA a master list of RRP site addresses and zip codes upon request. Upon approved RRP site relocation, submit to BHA any changes in address prior to the relocation or, in the case of an emergency relocation, as soon as feasible.

xiv. Attend mandatory BHA-sponsored Annual Fire and Environmental Safety training to be credentialed and privileged to conduct housing inspections; and

xv. Attend quarterly and ad hoc meetings held by the BHA Office of Evidence-Based Practice, Housing, and Recovery Supports.

f. Designate one or more staff members to perform the role and functions of the Supported Employment (SE) Liaison position, as delineated in the *Supported Employment Liaison Duties and Responsibilities* document, developed, and updated by BHA, including, but not limited to the following:

i. Serve as a repository of SE content knowledge and resources for local jurisdiction.

ii. Serve as the single point of contact for SE providers within the identified jurisdiction and act as a liaison with BHA and the ASO. This includes providing technical assistance and consultation regarding eligibility and medical necessity for SE.

iii. Receive and review SE provider and recipient complaints and collaborate with BHA and the ASO, as necessary, on the resolution of identified issues and concerns.

iv. Maintain a master list of SE program addresses and SE provider contact information.

v. Develop and/or convene a minimum of two meetings per year for SE provider leadership to discuss developments in supported employment, new or updated policies, best practices, and outcome data.

vi. Attend quarterly and ad hoc meetings held by the BHA Office of Evidence-Based Practice, Housing, and Recovery Supports or its designee.
vii. Promote Evidence-Based Practice (EBP) in supported employment implementation at the local level. Review training plans from SE providers pursuing EBP fidelity prior to their submission to BHA; and
viii. Facilitate clinical coordination between EBP SE programs and outpatient treatment providers and intervene as necessary with outpatient treatment providers to reinforce expectation of collaboration with SE programs.

Manage Public Behavioral Health - System Compliance

a. For grant-funded services, review Conditions of Award (COA) and Statement of Work (SOW).

b. Develop and monitor criteria for contract performance standards.

c. Procure services; monitor service provision; develop budgets and monitor expenses.

d. Propose to the BHA the repurposing of unspent grant awards to ensure the best utilization of funding.

e. Conduct reviews for continued need of services performed

f. Participate as requested by BHA, or the ASO as an agent of BHA, in on-site Regulatory Compliance reviews

g. Monitor the implementation of Program Improvement Plans and notify BHA of its findings using the protocol developed by the BHA.

h. Identify appropriate LBHA staff to be available when requested by BHA to participate in sanction proceedings.

i. Perform Risk Assessments on sub-vendors of Federal grants in conformance with the most current Federal guidance that is available.

j. Identify appropriate Vendor staff to be available when requested by the BHA to participate in the Office of Administrative Hearing's procedures or a case resolution conference.

Manage Public Behavioral Health System Grievances

a. Comply with the formal grievance and appeals protocols, as identified in COMAR 10.09.80 and in the ASO's Policy Manual for the public behavioral health system.

b. Provide that a psychiatrist, licensed to practice in Maryland, review any clinical denial of care made by the Vendor.

Manage Public Behavioral Health System Complaints

a. Ensure that the Vendor's sub-vendors have a protocol for a complaint to be filed by a service recipient. The Vendor shall require the sub-vendor to report to the Vendor any complaints received and their resolution on a periodic basis.

b. Ensure that Outpatient Treatment Programs (OTP's) also have a formal process for addressing community/program complaints and document meetings to attempt to resolve complaints.

c. Should the existing process not be sufficient to resolve community/complaints, consider using a mediator to assist in resolution of issues.
d. should the existing process not be sufficient to resolve com patients waiting for or post treatment "loitering" to help determining reasons.
e. Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for or post treatment "loitering" to recommend solutions.
f. e filed by a service recipient. Respondocumenting the complaint and the type of response and submit a report to the BHA as required.
g. Respond appropriately to all complaints made or referred to the Vendor within five (5) business days, documenting the complaint and the type of response, and submit a report to the BHA as required.

h. Proactively ensure that service recipients are able to freely access services without being subject to discriminatory admission and treatment policies. This includes individuals on substance use disorder medications requesting admission to residential treatment and recovery housing services.

i. Vendor shall require the sub-vendor to report to the Vendor any complaints received and their resolution on a periodic basis.

SECTION 4. Operations

a. Manage the LBHA operational activities.

b. Develop and implement written policies and procedures for the LBHA to ensure that it operates in compliance with local, State, and Federal requirements.

c. Engage in administrative activities to address issues including but not limited to legal, procurement, and information technology.

d. Manage the LBHA administrative budget using approaches that avoid duplication of effort and make best use of limited public resources.

e. Manage the LBHA human resources and engage in human resources activities including staff recruitment, retention, professional development, and training, which promotes inclusion and equity.

SECTION 5. Other Responsibilities

Public and Consumer Education and Information

a. Inform individuals in their jurisdiction of the availability of public behavioral health services and benefits to include stigma reduction and educational information on providers and treatment in general.

b. Establish and maintain a resource directory to assist clients in their jurisdiction to obtain services ancillary to behavioral health services that are necessary to meet the basic human needs for food, clothing, shelter, medical care, personal safety, and income.

c. Have a current list and description of behavioral health services and providers for its jurisdiction identifying those providers which have special capacity to provide for the behavioral health needs of non-English speaking individuals, individuals who are deaf or hard of hearing, and/or individuals with other disabilities.

d. Provide information and training to local health providers on access to local community based behavioral health services that speaks to the culture, gender, sexual orientation, and age of the targeted communities.

Provider Network Development

a. Encourage providers, as necessary, to enroll in the Public Behavioral Health System (PBHS) to ensure choice and access to appropriate levels of care. This includes encouraging providers to locate in areas of identified treatment gaps, based on needs assessment, and geo-mapping information.

b. Help new providers connect with community leaders and associations to help to build and fortify collaborative partnerships and gain access to other community supports.

c. Assist with Emergency Department (ED) diversion for Child & Adolescent, and Adults and Older Adult consumers as funds permit, with clinical staff available for consultation with an ED, day treatment and inpatient staff.

d. As funds permit, develop Urgent Care Capacity (UCC) within the Outpatient Mental Health Clinic (OMHC), Outpatient substance use treatment providers, and other provider networks concerning rapid availability of appointments for consumers using an Emergency Department or receiving Mobile Crisis team services.

e. Meet Federal and State requirements of the Targeted Mental Health Case Management (TCM) programs for both adults and children and youth as set forth in COMAR 10.09.45 & 10.09.90 and as articulated in the CMS approved Maryland 1915(b)(4) waiver-05.R01.00. These requirements include the following:{1} at least once every five years, competitively select an adequate number of providers to serve the residents of the jurisdiction; {2} conduct annual quality audit site visits to assure provider compliance with cited regulations and take corrective action as needed; and {3} conduct an annual TCM capacity assessment component within the above referenced Planning requirement to assist the State in determining the adequacy and comparability of the program statewide. The competitive selection of providers every five years may be done jointly or in partnership with other LBHA/CSA/LAAs as approved by BHA.

SECTION 6. Payment and Financial Reporting

1. The LBHA shall deposit all MDH funds in an interest-bearing account that is properly insured or collateralized and that maintains security of the funds. This account may be a Federally insured interest-bearing account or guaranteed by other financial instruments used by the local government or State of Maryland Treasury for State funds.

2. The LBHA shall maintain an accounting system which separates the funding for the different agreements being financed by the State, i.e., LBHA Administrative services, Federal grant agreements and other State or Special funded agreements.

3. The BHA will transfer funds to the LBHA for administrative and behavioral health contract services at the frequency set forth by MDH policy. The LBHA's proposed use of these funds shall be detailed using the MDH 4542, as detailed in the **MDH Local Health Department Funding System Manual (LHDFSM)**. These budgets may be modified during the term of this agreement, as agreed to by both parties. Further, both parties may agree to submit a modification near the end of the fiscal year, which will incorporate all modifications agreed to by the parties during the fiscal year.

4. Subcontracting or Assignment: Provision of Behavioral Health Services
    a. The LBHA may subcontract for the provision of behavioral health services funded in this agreement as detailed in the attached budget.

    b. Any such subcontractor assignment shall be subject to any terms and conditions that the BHA deems necessary to protect the interest of the State. The BHA shall not be responsible for the fulfillment of the LBHA's obligations to its contractors.

    c. If the BHA approves a subcontract, the BHA may require the subcontractor to indemnify the LBHA and/or the State.

    d. If the BHA approves a subcontract, the State of Maryland will have no obligation to provide legal counsel or defense to the subcontractors in the event that a suit, claim or action of any character is brought by any person not a party to this agreement against the subcontractor.

    e. The LBHA shall execute agreements with all its contractors who receive funds from the LBHA for the provision of behavioral health services. At a minimum, the LBHA shall include the requirements of the BHA's Conditions of Award (COA) and Statement of Work (SOW) in their funding agreements with their providers of services. All of these agreements must be executed prior to the inception of their covered period and shall incorporate requirements of the BHA specific program COAs and all relevant Federal, State, and local laws, regulations, and policies. Cost reimbursement agreements must also incorporate the requirements of the **MDH Local Health Department Funding System Manual**.

    f. The LBHA shall include in its Policy and Procedure Manual procedures to monitor all contractors to determine if the services or goods to be provided under the contract have been delivered and the actions to be taken if said services or goods have not been delivered. These procedures shall, at a minimum, require the LBHA to verify that the terms and conditions of the contract have been met and that the actual number of services reported by the contractors have been provided.

    g. The LBHA shall include in its Policy and Procedure Manual, the protocols and eligibility requirements for the distribution of Client Support funds.

5. Audits
    a. **General**

    There are three areas that need to be examined: financial statements, compliance with the terms and conditions of the agreement or contract, and compliance with the terms and conditions of the **MDH Local Health Department Funding System Manual**. Depending on the contract type, the first and last may not be necessary. The BHA will be reviewing LBHA records to determine if audits have been obtained and reviewed to evaluate compliance with the terms of the LBHA agreement.

    b. **Guidelines for Audits of LBHAs**

    Private non-profit LBHA/CSA/LAAs should contract with an independent accounting firm to perform an annual audit of their financial statements. The MDH auditors will audit all private LBHA/CSA/LAAs who receive over $250,000 and all Health Department LBHA/CSA/LAAs to determine the compliance with the terms and conditions of the **MDH Local Health Department Funding System Manual** Guidelines for Audits of LBHA/CSA/LAA Vendors.

    LBHA contracts with vendors shall contain a requirement that the vendor will be audited by an independent accounting firm or local government auditors based on the guidelines presented below.

The LBHA shall obtain a copy of the audit and review the audit findings and address those that affect the delivery of behavioral health services to our consumers and/or jeopardize a provider's ability to fulfill the terms and conditions of their contract with the LBHA.

1) Unit Priced and/or Fixed Price Contracts

   These types of contractual agreements do not require an audit of the financial statements or an audit to determine the sub-vendor's compliance with the terms and conditions with the **MDH Local Health Department Funding System Manual**. If a vendor has a financial audit performed, the LBHA shall obtain a copy and review the findings to determine if conditions exist that may prevent the vendor from delivering services or fulfilling the terms and conditions of their contract with the LBHA.

2) Cost Reimbursement Contract

   Under the terms and conditions of the **MDH Local Health Department Funding System Manual** vendors using the cost-based reimbursement methodology to contract with a LBHA must have an audit to determine their compliance with the Manual. The BHA has established the following guidelines for auditing vendors:

   a) **<u>Up to $100,000</u>**

      Vendors and private practitioners, both individuals and groups, with contracts for less than $100,000 do not need to be audited. This does not exempt the vendor from submitting the reporting forms required by the **MDH Local Health Department Funding System Manual** and certifying that the reported expenditures and revenues are true and correct. The LBHA should carefully review the reports to determine the vendor's compliance with the terms and conditions of the contract. In addition, if the vendor has a financial audit performed, the LBHA shall request a copy of the audit and review the findings to determine if conditions exist that may prevent the vendor from delivering services and/or fulfilling the terms and conditions of their contract with the LBHA.

   Please note that should a LBHA, through review of the expenditure reports and/or sampling of services delivered, suspect that a vendor has fiscal problems, the LBHA shall request an audit of the vendor. The vendor's independent auditor may perform these audits or the LBHA may request that local government auditors perform the audit.

   b) **<u>$100,000 or Greater</u>**

   Vendors with contracts for $100,000 or greater must be audited once every two years to determine their compliance with the **MDH Local Health Department Funding System Manual**. Each report issued for a vendor audit should provide sufficient schedules, forms, analysis, etc., to allow the reader to evaluate the results of the subcontracted service during each of the contract fiscal years (ending June 30) separately and isolated from the sub-vendor's total operations. In addition, the LBHA shall obtain a copy of the annual financial audit and review the findings to determine if conditions exist that may prevent the vendor from delivering services and/or fulfilling the terms and conditions of their contract with the LBHA. The vendor's independent auditor may perform these audits or the LBHA may request that local government auditors perform the audit.

3) Guidelines for Vendor Compliance Audits (contract deliverables)

All contracts, regardless of the type of contract, require a review by the LBHA to determine the sub-vendors compliance with the terms and conditions of their contract. Of particular importance is the validation of the number and type of services provided for the purpose of

evaluating whether services are appropriate and cost beneficial. Vendor compliance audits may be done on a sample basis to reduce LBHA workloads.

In addition to any other available remedies, if in the opinion of the BHA, the LBHA fails to perform in a satisfactory and timely manner, the BHA may refuse to pay or limit the approved amount of any invoice for payment and may cause payments to the LBHA to be reduced or withheld until such time as the LBHA meets the requirements of these agreements. Any such decision by the BHA to withhold payments to the LBHA may be appealed by the LBHA to the Deputy Secretary for Behavioral Health, MDH.

4) The BHA will notify the LBHA in writing, of any alleged unsatisfactory performance.

6) The BHA and the State retain the authority to reduce funds because of budgetary reductions in the MDH/BHA budget.

7) Reconciliation and Rollover Funds:

a. Funds awarded under this agreement are subject to the reconciliation and rollover provisions of the **MDH LHDFSM**.

b. The LBHA shall use the balance shown on the MDH 440/DAFR 7410 as the amount for which the Rollover request is made. All interest earned on Administrative, or services funding is to be reported on the MDH 440/DAFR 7410. Written BHA approval must be received before any Rollover funds can be spent.

SECTION 7. Duties of the Maryland Department of Health (MDH)/Behavioral Health Administration

The Behavioral Health Administration will provide technical assistance, quality assurance, monitoring, and fiscal oversight for all Awards.

Contracted and Direct Services – FCHD Behavioral Health Services Division/LBHA:

- **START (Sobriety, Treatment and Recovery Team) – Partnership with DSS to connect a peer family mentor with participating families**
- Behavioral Health Crisis Walk-In Center operated by Mental Health Association of Frederick County
- Crisis Stabilization Center in development, to be operated by Mental Health Association of Frederick County
- **Academic Detailing through the Opioid Misuse Prevention Program – direct one-on-one outreach to local prescribers and pharmacies**
- *Reimbursement to providers in the public behavioral health system for foreign language interpreting costs incurred when serving clients*
- **TAMAR (Trauma, Addiction, Mental Health and Recovery) - Psychoeducational curriculum for qualifying individuals who are incarcerated**
- **MCCJTP (Maryland Community Criminal Justice Treatment Program) – Re-entry planning and pre-release case management for inmates with Serious and Persistent Mental Illness**
- Mobile Crisis Response contracted to Sheppard Pratt
- Crisis Intervention Team (CIT)
- Homeless Services contracted to The City of Frederick Housing and Human Services: Homeless ID, SOAR, PATH
- Wellness and Recovery Center operated by On Our Own of Frederick County
- Respite Care for youth – Camp Journey, Sheppard Pratt
- Specialized Services for individuals with co-occurring developmental and mental health disorders – Sojourn House, Sheppard Pratt
- *Consumer Support Services for individuals engaged in mental health or substance use disorder treatment*
- Mental Health Outreach services for Seniors
- **Continuum of Care Permanent Supportive Housing**
- **Adolescent Clubhouse, *On The Mark***
- **Recovery Community Center, *CORE***
- **Care Coordination for individuals transitioning out of residential SUD treatment**
- Drug Court Clinical Case Management grant contracted to local provider
- **Peer to Peer services, embedded** or employed with:
    - **FHH**
    - MHA Walk-In Center
    - CCG
    - **Probation/Parole**
    - **FCADC**
    - **Downtown/Shelters**

- **Department of Social Services**

- **SUD Screening onsite at Department of Social Services**
- **SUD Screening onsite in FCPS by referral**
- **Kids Like Us program serving students in 30 public middle and high schools**
- **SUD Treatment for inmates at FCADC ("Project 103")**
- **LEAD (Law Enforcement Assisted Diversion) – *See info sheet that follows***
- Point of Care COVID-19 Testing Initiative with local provider
- Contingency Management Initiatives with two local providers
- Hospital Readmission Reduction Case Mgmt Program contracted to PCMS
- *Residential Rehabilitation Program management and oversight for over 200 county beds*
- *Support to MHA Call Center for Transition to 988 Lifeline*
- *Oversight of Adult Case Mgmt contract held by Potomac Case Management Services, Inc*
- *Oversight of Youth Case Mgmt contract held by Potomac Case Management Services, Inc*
- *Assessment and Care Coordination of Pregnant Women and Women with Children for SUD treatment*
- **Tobacco Sales Compliance**
- **Overdose Prevention Training and Narcan Distribution**
- **Syringe Services Program**
- **Post-overdose peer support outreach**
- **Hepatitis C testing and linkage to treatment**
- *Behavioral Health System Navigation assistance*
- *Complaint investigation*
- *Participation in provider audits with Optum/Medicaid and follow up on performance improvement plans*
- *Participate in provider site visits with BHA Compliance*
- *RTC referrals for youth*
- *Review provider funding and service requests for BHA/Optum*
- **Support public behavioral health provider efforts to mitigate effects of COVID – organize and provide trainings, vaccine clinics, testing clinics**
- **Adult Evaluation and Review Services (AERS)**
- *Suicide Prevention community interventions*

Councils/Coalitions/Workgroups

LBHA created and/or leads:

- Suicide Prevention Coalition
    - Andrea Walker, Jay Hessler, Amanda Adams
- LBHA Crisis System Workgroup
    - Andrea Walker, Sarah Drennan, Jay Hessler, Jessica Chausky, Jessica Ellis, Natalie Bowers
- Crisis Frontline Staff workgroup
    - Jessica Chausky, Jessica Ellis, Michelle Marshall, peer team
- Overdose Fatality Review Team
    - Barbara Brookmyer, Andrea Walker, Sarah Drennan, Jessica Chausky, Jessica Ellis, Marisa Shields, Michelle Marshall
- Behavioral Health Provider Council
    - Andrea Walker, Sarah Drennan, Jay Hessler, Jessica Chausky
- SSP consumer advisory board
    - Joe Keen
- LEAD workgroups – policy, coordinating etc
    - Jessica Ellis, LEAD peer staff

LBHA Staff serves:

- MABHA – Maryland Association of Behavioral Health Authorities
    - Sarah Drennan, Board of Directors
- Domestic Violence Council
    - Jay Hessler
- Domestic Violence Fatality Team
    - Jessica Chausky
- Child Fatality Review Team
    - Andrea Walker, Jessica Chausky
- LCT – Local Care Team
    - Jeffrey Thompson (Recovery Support Services Coordinator)
- LMB – Local Management Board
    - Jay Hessler, co-chair
- Public Health Response Team
    - Jessica Chausky, Jeffrey Thompson, Jay Hessler
- Truancy Reduction Council
    - Jay Hessler
- Veteran's Advisory Board
    - Jay Hessler
- Frederick Continuum of Care Coalition
    - Sarah Drennan
- Behavioral Health Advisory Council (pending County Council approval)
    - Andrea Walker, Sarah Drennan
- LHIP – ACES Workgroup

    - Jay Hessler
- LHIP – Mental Health Workgroup, including sub-groups focused on workforce development, community engagement, and suicide prevention
    - Andrea Walker, Jay Hessler, Jessica Chausky, Sarah Drennan
- Health Care Coalition (Board Member)
    - Barbara Brookmyer, Andrea Walker
- Substance Exposed Newborns
    - Jessica Chausky
- Safe Babies Court Team
    - Jessica Chausky
- START Steering Committee
    - Jessica Chausky

Aerial view of Downtown Frederick, Source, Michael DeMattia

Law Enforcement Assisted Diversion (LEAD)

GOALS

- Reduce rate of overdose deaths in Frederick County
- Reduce costs to the criminal justice system by providing support services in place of jail and prosecution
- Reduce harm of substance use to individuals and the community
- Reduce crime and recidivism
- Improve community-police relations

CORE PRINCIPLES

Harm reduction philosophy

Community transparency

Partnership accountability

Participant confidentiality

Peer support services

LEAD is a community organizing principal partnering:

Frederick Police Department

Frederick County State's Attorney's Office

Frederick County Division of Parole & Probation

Frederick County Health Department

Office of the Mayor, City of Frederick

Frederick County Office of the Public Defender

We recognize and treat substance use and other behavioral health conditions as public health issues.

Services address socioeconomic needs that may give rise to chronic low level criminal offenses.

For more information, contact the LEAD Program Manager at (301) 600-1777.