

Calvert County Health Department
Local Behavioral Health Authority

PART II – FY22

FINANCIAL PLAN



CALVERT COUNTY
HEALTH
DEPARTMENT

Table of Contents

A. Budgets	2-34
<i>-State General Fund Administrative Budget & Worksheet</i>	
<i>-State General Fund Mental Health Service budget & Worksheet</i>	
<i>-State General Fund SUD Services Budget & Worksheet</i>	
<i>-Drug Court Service Budget & Worksheet</i>	
<i>-Temporary Cash Assistance Budget & Worksheet</i>	
<i>-Maryland Recovery Net SUD Client Support Services & Worksheet</i>	
<i>-Federal Community Health Block Grant Budget & Worksheet</i>	
<i>-Federal SAPT Block Grant Services Budget & Worksheet</i>	
B. FY22 Conditions of Award (COA's)	35-123
C. Attachment I – (Budget Worksheets 1-2)	124-128
D. DHMH 433 & 434	129-142
E. Attestation Letters <i>- Review of Sub-vendor</i> <i>-Audit of Sub-Vendor</i> <i>-Procurement Policy</i>	143-

A. FY22 BUDGETS

• **LBHA Administrative Services Budget**

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	Behavioral Health Administration	DATE SUBMITTED:	1/28/2021
LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
ADDRESS:	P.O. Box 980	MODIFICATION:	#
CITY, STATE, ZIP CODE:	Prince Frederick, MD 20678	SUPPLEMENT:	#
TELEPHONE #:	410-636-6400	REDUCTION:	#
PROJECT TITLE:	Administrative LBHA		
AWARD NUMBER:	A3348ADM		
CONTACT PERSON:	Emily Dillard		
FEDERAL I.D. #:	37-1863880		
INDEX:	20004		
AWARD PERIOD:	7/1/2021-6/30/2022		
FISCAL YEAR:	2022		
COUNTY PCA:	F809N		
FILE NAME: (see instructions)	22-Calvert-F809N-A3348ADM		

	Current Budget	MDH Funds Mod(Supp)/Redl	Local Funds Mod(Supp)/Redl	Other Funds Mod(Supp)/Redl	Total Mod(Supp)/Redl
Direct Costs Net of Collections	369,809.00	0.00	0.00	0.00	0.00
Indirect Costs	32,490.00				0.00
Total Costs Net of Collections	402,299.00	0.00	0.00	0.00	0.00
MDH Funding	402,299.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments	
DGLHA Approval/Comments < DGLHA Log in ID	

(1)	(2)	(3)	(4)			(7)	(8)	(9)	(10)	(11)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111	Salaries	200,129		0	200,129				0
2	0121	FICA	14,569		0	14,569				0
3	0131	Retirement	40,566		0	40,566				0
4	0139	Def Compensation			0	0				0
5	0141	Health Insurance	31,240		0	31,240				0
6	0142	Retiree Health Insurance	16,245		0	16,245				0
7	0161	Unemployment Insurance	560		0	560				0
8	0162	Workmen's Compensation	864		0	864				0
9	0171	Overtime Earnings			0	0				0
10	0181	Additional Assistance			0	0				0
11	0182	Adjustments			0	0				0
12	0201	Consultants			0	0				0
13	0280	Special Payments Payroll	41,611		0	41,611				0
14	0291	FICA	3,193		0	3,193				0
15	0292	Unemployment Insurance	117		0	117				0
16	0299	Contractual Ser-Salaries & Fringe			0	0				0
17	0301	Postage			0	0				0
18	0304	Cellular Telephone	800		0	800				0
19	0405	In-State Travel			0	0				0
20	0409	Out-of-State Travel			0	0				0
21	0415	Training	11,042		0	11,042				0
22	0420	Stipend/Tuition			0	0				0
23	0604	Electricity			0	0				0
24	0613	Water			0	0				0
25	0615	Utilities - Combined			0	0				0
26	0701	Gas and Oil			0	0				0
27	0703	Insurance & Title			0	0				0
28	0705	Vehicle Maintenance & Repair			0	0				0
29	0801	Advertising	300		0	300				0
30	0803	Client Transportation			0	0				0
31	0812	Personnel Investigations			0	0				0
32	0816	Language			0	0				0
33	0832	Repair & Maintenance			0	0				0
34	0834	Photocopy Rental			0	0				0
35	0838	Equipment Service			0	0				0
36	0838	Software	900		0	900				0
37	0839	Software Maintenance			0	0				0
38	0853	Maintenance			0	0				0
39	0854	Housekeeping			0	0				0
40	0856	Indirect Cost	32,490		0	32,490				0
41	0860	Laboratory Services			0	0				0
42	0869	Photography (Commercial)			0	0				0
43	0873	Printing	2,000		0	2,000				0
44	0881	Purchase of Care			0	0				0
45	0885	Trash Disposal			0	0				0
46	0896	Human Service Contracts			0	0				0
47	0899	Special Projects-Client Transport			0	0				0
48	0909	Cleaning Supplies			0	0				0
49	0919	Educational Supplies			0	0				0
50	0924	Food			0	0				0
51	0953	Medicine, Drugs & Chemicals			0	0				0
52	0957	Medical Supplies			0	0				0
53	0955	Office Supplies	3,000		0	3,000				0
54	0986	Other Supplies			0	0				0
55	1060	Computer Equipment	500		0	500				0
56	1073	Office Equipment			0	0				0
57	1190	Personal Computer Equipment			0	0				0
58	1192	Medical Equipment			0	0				0
59	1193	Office Equipment	500		0	500				0
60	1331	Dues & Memberships	1,663		0	1,663				0
61	1332	Insurance			0	0				0
62	1334	Rent			0	0				0
63	1338	Subscriptions			0	0				0
64	1500	Interest Income			0	0				0
65	1602	Bad Debt Collections			0	0				0
66	1603	Self-Pay Collections			0	0				0
67	1606	Medicaid Collections			0	0				0
68	1607	Medicare Collections			0	0				0
69	1608	Other Collections			0	0				0
70	1612	County Contribution			0	0				0
71					0	0				0
72					0	0				0
73					0	0				0
74					0	0				0
75					0	0				0

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Administrative/LBHA	MODIFICATION:	#
AWARD NUMBER:	AS346ADM	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F909N	DATE SUBMITTED:	1/28/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
LBHAC Meetings	6
Completion and Implementation of Strategic Plan	TBD
Improved Integration of Systems of Care in the County	TBD
Compliance with the CSA MOU	100%

MDH pms4542C, October 2018

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Administrative/LBHA	MODIFICATION:	#
AWARD NUMBER:	AS346ADM	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F909N	DATE SUBMITTED:	1/28/2021

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Prgm Admin II Mental Health	McDONALD-FINGLAND, ANDREA	LBHA Director	17/9	40	68,165	68,165
Office Supervisor	KIDWELL, KRISTY	Administrative/fiscal	11/2	40	37,776	37,776
Coord Spec Prgms Hlth Serv II	WANDASHIN, KATHRYN	Adult Coordinator	13/9	29.75	38,076	38,076
Coord Spec Prgms Hlth Serv IV Mtl Hlth	MILLETTE, WAYNE	Adult Coordinator	15/9	40	58,122	58,122
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				3.74	200,129.00	200,129.00

MDH salary4542D, October 2018

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Administrative/LBHA	MODIFICATION:	#
AWARD NUMBER:	AS346ADM	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F909N	DATE SUBMITTED:	1/28/2021

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	COMPANY/ BUSINESS NAME (IF APPLICABLE)	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	HOURLY RATE	MDH FUNDED COST	TOTAL SALARY
CSPII	VACANT		Child & Adolescent	13/3	40	21.23	41,611	41,611
TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PAYMENTS ON BUDGET PAGE)					1.00		41,611.00	41,611.00

MDH speopr4542E, October 2018

**MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM**

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Administrative/LBHA	MODIFICATION:	#
AWARD NUMBER:	AS346ADM	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
FISCAL YEAR:	2022	DATE SUBMITTED:	1/28/2021

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

*** SPECIAL NOTES - WIC PROGRAM ONLY**

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost. The calculation of IDC must be shown below.

**METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY**

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS	324,898			324,898.18
INDIRECT COST RATE	10.0%			
INDIRECT COST AMOUNT	32,490.00	0.00	0.00	32,490.00

○ **Admin Work Sheet #3**

WORKSHEET #3					
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA			
Project Title		Administration			
Award Number		AS346ADM			
Fiscal Year		FY22			
MDH Object Code	Project/Service Breakdown	Total FY 22 Budget	Admin	Total All Services	Difference (Should be -0-) (Total FY22 Budget) - (Total All Services)
0111	Salaries/Special Payments	\$ 200,129	\$ 200,129	\$ 200,129	\$ -
0121	FICA	\$ 14,569	\$ 14,569	\$ 14,569	\$ -
0131	Retirement	\$ 40,586	\$ 40,586	\$ 40,586	\$ -
0141	Health Insurance	\$ 31,240	\$ 31,240	\$ 31,240	\$ -
0142	Retiree Health Insurance	\$ 16,245	\$ 16,245	\$ 16,245	\$ -
0161	Unemployment Insurance	\$ 560	\$ 560	\$ 560	\$ -
0162	Workmen's Compensation	\$ 864	\$ 864	\$ 864	\$ -
0280	Special Payments Payroll	\$ 41,611	\$ 41,611	\$ 41,611	\$ -
0291	FICA	\$ 3,183	\$ 3,183	\$ 3,183	\$ -
0292	Unemployment Insurance	\$ 117	\$ 117	\$ 117	\$ -
0304	Cellular Telephone	\$ 800	\$ 800	\$ 800	\$ -
0415	Training	\$ 11,042	\$ 11,042	\$ 11,042	\$ -
0801	Advertising	\$ 300	\$ 300	\$ 300	\$ -
0803	Client Transportation			\$ -	\$ -
0812	Personnel Investigations			\$ -	\$ -
0838	Software	\$ 900	\$ 900	\$ 900	\$ -
0839	Software Maintenance			\$ -	\$ -
0873	Printing	\$ 2,000	\$ 2,000	\$ 2,000	\$ -
0919	Educational Supplies			\$ -	\$ -
0924	Food			\$ -	\$ -
0965	Office Supplies	\$ 3,000	\$ 3,000	\$ 3,000	\$ -
0986	Other Misc Client Services			\$ -	\$ -
1060	Computer Equipment	\$ 500	\$ 500	\$ 500	\$ -
1193	Office Equipment	\$ 500	\$ 500	\$ 500	\$ -
1331	Dues & Memberships	\$ 1,663	\$ 1,663	\$ 1,663	\$ -
	Total Direct Costs	\$ 369,809	\$ 369,809	\$ 369,809	\$ -
0856	Indirect Cost	\$ 32,490	\$ 32,490	\$ 32,490	\$ -
	Total Costs	\$ 402,299	\$ 402,299	\$ 402,299	\$ -
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.					

• **State General Fund Mental Health MH026MSZ- Services Budget**

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4642A)

FUNDING ADMINISTRATION: Behavioral Health Administration
LOCAL HEALTH DEPT: Calvert County
ADDRESS: P.O. Box 959
CITY, STATE, ZIPCODE: Prince Frederick, MD 20678
TELEPHONE #: 410-535-6600
PROJECT TITLE: CSA Grant Services
AWARD NUMBER: MH026MSZ
CONTACT PERSON: Emily Dillard
FEDERAL I.D.#: 27-1663980
INDEX: 20004
AWARD PERIOD: 07/01/14-06/30/22
FISCAL YEAR: 2022
COUNTY PCA: F534N
FILE NAME: (See Instructions) 22-Calvert-F534N-MH026MSZ
P-TOTAL: 427,950.00

DATE SUBMITTED: 2/24/21
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	MDH Funds Mod/Suppl/Red	Local Funds Mod/Suppl/Red	Other Funds Mod/Suppl/Red	Total Mod/Suppl/Red
Direct Costs Net of Collections	427,950.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
Total Costs Net of Collections	427,950.00	0.00	0.00	0.00	0.00
MDH Funding	427,950.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval Comments

DOLHA Approval Comments
* DOLHA Log in 43

LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	OTHER DIRECT FUNDING			TOTAL PROGRAM BUDGET (COL 1+ COL 4+ COL 5)	MDH BUDGET MOD., SUPP or REDUCTION (COL 6B+ COL 6C)	LOCAL BUDGET MOD., SUPP or REDUCTION (COL 7B+ COL 7C)	OTHER BUDGET MOD., SUPP or REDUCTION (COL 8B+ COL 8C)	TOTAL DCF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (COL 6+ COL 7+ COL 8)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4+ COL 5)					
0111	Salaries				0					0
0121	FICA				0					0
0131	Retirement				0					0
0138	Def Compensation				0					0
0141	Health Insurance				0					0
0142	Medical Health Insurance				0					0
0161	Unemployment Insurance				0					0
0182	Workman's Compensation				0					0
0171	Overtime Earnings				0					0
0101	Additional Assistance				0					0
0102	Adjustments				0					0
0001	Consultants				0					0
0090	Special Payments Payroll				0					0
0201	FICA				0					0
0202	Unemployment Insurance				0					0
0208	Contractual Ser-Salaries & Fringe				0					0
0301	Postage				0					0
0304	Cellular Telephone				0					0
0405	Invoice Taxes				0					0
0408	Out-of-State Travel				0					0
0418	Training				0					0
0420	Shower/Tuition				0					0
0504	Electricity				0					0
0613	Water				0					0
0615	Utilities - Combined				0					0
0701	Gas and Oil				0					0
0702	Insurance & Title				0					0
0708	Vehicle Maintenance & Repair				0					0
0801	Advertising				0					0
0803	Client Transportation				0					0
0912	Personnel Investigations				0					0
0916	LABORERS				0					0
0933	Repair & Maintenance				0					0
0934	Photography Rental				0					0
0935	Equipment Service				0					0
0938	Software				0					0
0939	Software Maintenance				0					0
0953	Maintenance				0					0
0954	Housekeeping				0					0
0996	Indirect Cost				0					0
0999	Laboratory Services				0					0
0909	Photography (Commercial)				0					0
0813	Printing				0					0
0801	Purchase of Cars	75,041			75,041					0
0995	Trash Disposal				0					0
0998	Human Service Contracts	362,909			362,909					0
0900	Special Projects-Client Transport				0					0
0900	Cleaning Supplies				0					0
0919	Educational Supplies				0					0
0904	Food				0					0
0953	Medicine, Drugs & Chemicals				0					0
0957	Medical Supplies				0					0
0995	Office Supplies				0					0
0998	Other Supplies				0					0
1000	Computer Equipment				0					0
1073	Office Equipment				0					0
1100	Personal Computer Equipment				0					0
1102	Medical Equipment				0					0
1153	Office Equipment				0					0
1301	Dues & Memberships				0					0
1302	Insurance				0					0
1304	Rent				0					0
1306	Subscriptions				0					0
1000	Interest Income				0					0
1002	Bad Debt Collections				0					0
1003	Self-Pay Collections				0					0
1006	Medicaid Collections				0					0
1007	Medicare Collections				0					0
1008	Other Collections				0					0
1012	County Contribution				0					0
71					0					0
72					0					0
73					0					0
74					0					0
75					0					0

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	CSA Grant Services	MODIFICATION:	#
AWARD NUMBER:	MH026MSZ	SUPPLEMENT:	#
AWARD PERIOD:	07/01/21-06/30/22	REDUCTION:	#
COUNTY PCA:	F834N	DATE SUBMITTED:	2/04/21

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Jail Mental Health Program- 180 assessments	180
Jail Mental Health Program- 500 therapy visits	500
Court Assessor- Individuals interviewed and assessed	150
Wellness and Recovery- 100 Individuals Served	100
Family Navigation- Provide education and support to at least 20 families in each county/60 consumers	60
Family Navigation- Attain at least an 80% satisfaction rating from families receiving support	80%
Family Navigation- Coordinate the implementation of at least one family workshop in each county, a minimum of 30 participants, with at least 10 from each of the three counties, and attain at least an 80% satisfaction	3 workshops/30 participants/80% satisfaction rating
Urgent Care- Evaluations	40
Emergency Psychiatric Services- Individuals Served	1,000
Consumer Support Funds Adult- # of individuals provided transportation	360
Consumer Support Funds Child & Adolescent- Individuals	12

MDH pms4542C, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PURCHASE OF CARE SERVICES (Line Item 0881)
 NOTE: THIS FORM NOT TO BE USED FOR COST REIMBURSEMENT CONTRACTS

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	CSA Grant Services
AWARD NUMBER:	MH026MSZ
AWARD PERIOD:	07/01/21-06/30/22
COUNTY PCA:	F834N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	2/04/21

TYPE OF SERVICE NOTE: List only health related Fixed & Unit Price Contracts with organizations on this Schedule	CONTRACT TYPE (Indicate fixed price or unit price contract)	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
			NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
Urgent Care Program	UP	Calvert County Behavioral Health Clinic	40 Evaluations	11000	11000
Emergency Psychiatric Services	FP	Calvert Health Medical Center	1000 Individuals	42000	42000
Consumer Support Funds Adult	UP	Various	380 individuals provided transportation	11500	11500
Consumer Support Funds Child and Adolescents	UP	Various	12 Individuals	10541	10541
TOTAL (MUST EQUAL MDH AND TOTAL PURCHASE OF CARE SERVICES COSTS ON BUDGET PAGE)				\$75,041	\$75,041

NOTE: Fixed Price & Unit Price Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is NOT required for these contract types.

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 HUMAN SERVICE CONTRACTS (Line Item 0896)

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	CSA Grant Services
AWARD NUMBER:	MH026MSZ
AWARD PERIOD:	07/01/21-06/30/22
COUNTY PCA:	F834N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	2/04/21

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
Wellness and Recovery Program	On Our Own of Calvert	100 Individuals served	134,784	134,784
Jail MH Program	Calvert County Behavioral Health	180 assessments/500 therapy visits	61,258	61,258
Court Assessor	Calvert County Behavioral Health	150 interviewed and assessed	37,440	37,440
Family Navigation	Maryland Coalition of Families	60 Consumers/1 family workshop in each county	119,459	119,459
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			352,939.00	352,939.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542l, October 2018

○ **MH026MSZ Worksheet Sheet**

WORKSHEET #3														
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA												
Project Title		Mental Health Services												
Award Number		MH026MSZ												
Fiscal Year		FY22												
MDH Object Code	Project/Service Breakdown	Total FY 22 Budget	MCCJTP	Court Assessor/ Diversion	Urgent Care	Emergency Psychiatric Services	Consumer Support Services	Family Navigation	Wellness and Recovery	Consumer Support Needs Child and Adolescents	Total All Services	Difference (Should be 0-) (Total FY22 Budget)-(Total All Services)		
0111	Salaries/Special Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0163	Fringe	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0171	Overtime Earnings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0201	Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0280	Special Payments Payroll	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0291	FICA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0299	Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0301	Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0304	Cellular Phone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0405	In-State Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0415	Conf. & Other Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0701	Gas and Oil	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0705	Vehicle Maintenance & Repair	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0834	Photocopy Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0860	Laboratory Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0873	Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0881	Purchase of Care	\$ 75,041	\$ -	\$ -	\$ 11,000	\$ 42,000	\$ 11,500	\$ -	\$ -	\$ 10,541	\$ 75,041	\$ -	\$ -	
0896	Human Services Contracts	\$ 352,939	\$ 61,256	\$ 37,440	\$ -	\$ -	\$ -	\$ 119,459	\$ 134,784	\$ -	\$ 352,939	\$ -	\$ -	
0924	Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1073	Office Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1334	Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total Direct Costs	\$ 427,980	\$ 61,256	\$ 37,440	\$ 11,000	\$ 42,000	\$ 11,500	\$ 119,459	\$ 134,784	\$ 10,541	\$ 427,980	\$ -	\$ -	
0856	Indirect Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total Costs	\$ 427,980	\$ 61,256	\$ 37,440	\$ 11,000	\$ 42,000	\$ 11,500	\$ 119,459	\$ 134,784	\$ 10,541	\$ 427,980	\$ -	\$ -	

• **State General Fund SUD AS027SAS- Services Budget**

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION: Behavioral Health Administration
LOCAL HEALTH DEPT: Calvert County
ADDRESS: P.O. Box 880
CITY, STATE, ZIP CODE: Prince Frederick, MD 20678
TELEPHONE #: 410-686-6400
PROJECT TITLE: General Fund SUD Services
AWARD NUMBER: AS027SAS
CONTACT PERSON: Emily Dillard
FEDERAL I.D. #: 37-1669880
INDEX: 29004
AWARD PERIOD: 7/1/2021-6/30/2022
FISCAL YEAR: 2022
COUNTY PCA: F840N
FILE NAME: (see instructions) 22-Calvert-F840N-AS027SAS

DATE SUBMITTED: 1/27/2021
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	MDH Funds Mod/Suppl/Redl	Local Funds Mod/Suppl/Redl	Other Funds Mod/Suppl/Redl	Total Mod/Suppl/Redl
Direct Costs Net of Collections	374,512.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00	0.00	0.00
Total Costs Net of Collections	374,512.00	0.00	0.00	0.00	0.00
MDH Funding	374,512.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:
DGLHA Approval/Comments: DGLHA Log In ID

(1)	(2)	(3)	(4) OTHER DIRECT FUNDING			(7) TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	(8) MDH BUDGET MOD. SUPP OF REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD. SUPP OF REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD. SUPP OF REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries	6,719			0	6,719				0
2	0121 FICA	489			0	489				0
3	0131 Retirement	1,363			0	1,363				0
4	0139 Def Compensation	0			0	0				0
5	0141 Health Insurance	1,954			0	1,954				0
6	0142 Retiree Health Insurance	969			0	969				0
7	0161 Unemployment Insurance	19			0	19				0
8	0162 Workmen's Compensation	30			0	30				0
9	0171 Overtime Earnings	0			0	0				0
10	0181 Additional Assistance	0			0	0				0
11	0182 Adjustments	0			0	0				0
12	0201 Consultants	0			0	0				0
13	0290 Special Payments Payroll	0			0	0				0
14	0291 FICA	0			0	0				0
15	0292 Unemployment Insurance	0			0	0				0
16	0299 Contractual Ser-Salaries & Fringe	0			0	0				0
17	0301 Postage	0			0	0				0
18	0304 Cellular Telephone	0			0	0				0
19	0405 In-State Travel	0			0	0				0
20	0409 Out-of-State Travel	0			0	0				0
21	0415 Training	0			0	0				0
22	0420 Stipend/Tuition	0			0	0				0
23	0604 Electricity	0			0	0				0
24	0613 Water	0			0	0				0
25	0615 Utilities - Combined	0			0	0				0
26	0701 Gas and Oil	0			0	0				0
27	0703 Insurance & Title	0			0	0				0
28	0705 Vehicle Maintenance & Repair	0			0	0				0
29	0801 Advertising	0			0	0				0
30	0803 Client Transportation	0			0	0				0
31	0812 Personnel Investigations	0			0	0				0
32	0816 Language	0			0	0				0
33	0833 Repair & Maintenance	0			0	0				0
34	0834 Photocopy Rental	0			0	0				0
35	0835 Equipment Service	0			0	0				0
36	0838 Software	0			0	0				0
37	0839 Software Maintenance	0			0	0				0
38	0853 Maintenance	0			0	0				0
39	0854 Housekeeping	0			0	0				0
40	0856 Indirect Cost	0			0	0				0
41	0860 Laboratory Services	0			0	0				0
42	0869 Photography (Commercial)	0			0	0				0
43	0873 Printing	0			0	0				0
44	0881 Purchase of Care	0			0	0				0
45	0885 Trash Disposal	0			0	0				0
46	0896 Human Service Contracts	362,969			0	362,969				0
47	0899 Special Projects-Client Transport	0			0	0				0
48	0909 Cleaning Supplies	0			0	0				0
49	0919 Educational Supplies	0			0	0				0
50	0934 Food	0			0	0				0
51	0953 Medicine, Drugs & Chemicals	0			0	0				0
52	0957 Medical Supplies	0			0	0				0
53	0965 Office Supplies	0			0	0				0
54	0986 Other Supplies	0			0	0				0
55	1060 Computer Equipment	0			0	0				0
56	1073 Office Equipment	0			0	0				0
57	1180 Personal Computer Equipment	0			0	0				0
58	1192 Medical Equipment	0			0	0				0
59	1193 Office Equipment	0			0	0				0
60	1331 Dues & Memberships	0			0	0				0
61	1332 Insurance	0			0	0				0
62	1334 Rent	0			0	0				0
63	1336 Subscriptions	0			0	0				0
64	1600 Interest Income	0			0	0				0
65	1602 Bad Debt Collections	0			0	0				0
66	1603 Self-Pay Collections	0			0	0				0
67	1606 Medicaid Collections	0			0	0				0
68	1607 Medicare Collections	0			0	0				0
69	1608 Other Collections	0			0	0				0
70	1612 County Contribution	0			0	0				0
71		0			0	0				0
72		0			0	0				0
73		0			0	0				0
74		0			0	0				0
75		0			0	0				0
76		0			0	0				0

**MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 ESTIMATED PERFORMANCE MEASURES**

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	General Fund SUD Services	MODIFICATION:	#
AWARD NUMBER:	AS027SAS	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F840N	DATE SUBMITTED:	1/27/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Number of Jail Based clients	100
Number of 8505 Evaluations	4
CCDC referrals	150
State's attorney Liason - # of clients/# of referrals	25/25
Peer Encounters	1000
Individual Peers Served	400
Recovery Support Assistance (On Our Own Community Center)- # of individuals served	40

MDH pms4542C, October 2018

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	General Fund SUD Services	MODIFICATION:	#
AWARD NUMBER:	AS027\$AS	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F840N	DATE SUBMITTED:	1/27/2021

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	TYPE OF SERVICE	GRADE/STEP	HOURS PER WEEK	MDH FUNDED SALARY	TOTAL SALARY
Coord Spec Prgrms Hlth Serv II Addictn	Kathryn Wandishin	Workforce Development	13/9	5.25	6,719	6,719
TOTAL (MUST EQUAL MDH AND TOTAL SALARIES ON BUDGET PAGE)				0.13	6,719.00	6,719.00

MDH salary4542D, October 2018

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 HUMAN SERVICE CONTRACTS (Line Item 0896)

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	General Fund SUD Services
AWARD NUMBER:	AS027SAS
AWARD PERIOD:	7/1/2021-6/30/2022
COUNTY PCA:	F840N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	1/27/2021

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
Treatment in Detention Center	Calvert County Behavioral Health	150 CCDC referrals/100 jail based clients/4 8-505 evaluations completed	150,048	150,048
Peer to Peer	Calvert County Behavioral Health	1000 peer encounters/400 individuals served	143,365	143,365
State's Attorney Liaison	Calvert County Behavioral Health	25 clients per month/25 referrals	57,316	57,316
Recovery Community Center	On Our Own	40 individuals served	12,240	12,240
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			362,969.00	362,969.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr45421, October 2018

○ **AS027SAS- WS#3**

WORKSHEET #3								
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA						
Project Title		General Services						
Award Number		AS027SAS						
Fiscal Year		FY22						
MDH Object Code	Project/Service Breakdown	Total FY22 Budget	Peer to Peer	Recovery Community Center	States Attorney liasion	Treatment In Detention Center	Total All Services	Difference (Shouldbe-0-) (Total FY22 Budget)-(Total All Services)
0111	Salaries/Special Payments	\$ 6,719	\$ 6,719	\$ -	\$ -	\$ -	\$ 6,719	\$ -
0121	FICA	\$ 489	\$ 489	\$ -	\$ -	\$ -	\$ 489	\$ -
0131	Retirement	\$ 1,363	\$ 1,363	\$ -	\$ -	\$ -	\$ 1,363	\$ -
0141	Health Insurance	\$ 1,954	\$ 1,954	\$ -	\$ -	\$ -	\$ 1,954	\$ -
0142	Retiree Health Insurance	\$ 969	\$ 969	\$ -	\$ -	\$ -	\$ 969	\$ -
0161	Unemployment Insurance	\$ 19	\$ 19	\$ -	\$ -	\$ -	\$ 19	\$ -
0162	Workmen's Compensation	\$ 30	\$ 30	\$ -	\$ -	\$ -	\$ 30	\$ -
0171	Overtime Earnings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0301	Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0304	Cellular Phone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0405	In-State Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0415	Conf. & Other Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0701	Gas and Oil	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0705	Vehicle Maintenance & Repair	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0834	Photocopy Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0860	Laboraroty Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0896	Human Services Contracts	\$ 362,969	\$ 143,365	\$ 12,240	\$ 57,316	\$ 150,048	\$ 362,969	\$ -
0919	Educational Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0924	Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1073	Office Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1334	Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Direct Costs	\$ 374,512	\$ 154,908	\$ 12,240	\$ 57,316	\$ 150,048	\$ 374,512	\$ -
0856	Indirect Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Costs	\$ 374,512	\$ 154,908	\$ 12,240	\$ 57,316	\$ 150,048	\$ 374,512	\$ -
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.								

TCA Services Budget

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4642A)

FUNDING ADMINISTRATION: Behavioral Health
 LOCAL HEALTH DEPT: Calvert County
 ADDRESS: P.O. Box 900
 CITY, STATE, ZIP CODE: Prince Frederick, MD 20678
 TELEPHONE #: 410-535-5400
 PROJECT TITLE: Temporary Cash Assistance Funds
 AWARD NUMBER: A5565TCA
 CONTACT PERSON: Emily DeBart
 FEDERAL ID #: 37-183360
 INDE#: 30064
 AWARD PERIOD: 7/01/21-6/30/22
 FISCAL YEAR: 2022
 COUNTY FICA: 7866N
 FILE NAME: (see instructions) 22-Calvert-F965N-A5565TCA

DATE SUBMITTED: 1/26/2021
 ORIGINAL BUDG. (Y19): Y
 MODIFICATION: #
 SUPPLEMENT: #
 REDUCTION: #

	Current Budget	MDH Funds Mod/Suppl/Red	Local Funds Mod/Suppl/Red	Other Funds Mod/Suppl/Red	Total Mod/Suppl/Red
Direct Costs Net of Collections	38,895.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00	0.00	0.00
Total Costs Net of Collections	38,895.00	0.00	0.00	0.00	0.00
MDH Funding	38,895.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments

MDH Program Approval/Comments

DQLHA Approval/Comments + DQLHA Log In ID

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	MOD. SUPP or REDUCTION CHANGES (+ OR -)	MOD. SUPP or REDUCTION CHANGES (+ OR -)	MOD. SUPP or REDUCTION CHANGES (+ OR -)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
1	0111	Salaries				0				0
2	0121	FICA				0				0
3	0131	Retirement				0				0
4	0132	Self Compensation				0				0
5	0141	Health Insurance				0				0
6	0142	Other Health Insurance				0				0
7	0163	Unemployment Insurance				0				0
8	0162	Workman's Compensation				0				0
9	0171	Overhead Earnings				0				0
10	0181	Additional Assistance				0				0
11	0192	Adjustments				0				0
12	0201	Consultants				0				0
13	0230	Special Payments/Payroll				0				0
14	0291	FICA				0				0
15	0292	Unemployment Insurance				0				0
16	0299	Contractor Ser-Salaries & Fringe				0				0
17	0301	Postage				0				0
18	0304	Cellular Telephone				0				0
19	0405	Invoice Travel				0				0
20	0408	Out-of-State Travel				0				0
21	0410	Training				0				0
22	0420	Stipend/Tuition				0				0
23	0604	Electricity				0				0
24	0612	Water				0				0
25	0615	Utilities - Combined				0				0
26	0701	Gas and Oil				0				0
27	0702	Insurance & Title				0				0
28	0705	Vehicle Maintenance & Repair				0				0
29	0801	Advertising				0				0
30	0802	Client Transportation				0				0
31	0812	Personnel Investigations				0				0
32	0816	Language				0				0
33	0822	Repair & Maintenance				0				0
34	0824	Photocopy/Print				0				0
35	0826	Equipment Service				0				0
36	0828	Software				0				0
37	0829	Software Maintenance				0				0
38	0832	Maintenance				0				0
39	0834	Housekeeping				0				0
40	0836	Indirect Cost				0				0
41	0890	Laboratory Services				0				0
42	0893	Photography (Commercial)				0				0
43	0873	Printing				0				0
44	0901	Purchase of Cars				0				0
45	0905	Fresh Disposal				0				0
46	0906	Human Service Contracts	38,895			38,895				0
47	0909	Special Projects-Client Therapist				0				0
48	0909	Cleaning Supplies				0				0
49	0910	Educational Supplies				0				0
50	0924	Food				0				0
51	0925	Medicine, Drugs & Chemicals				0				0
52	0927	Medical Supplies				0				0
53	0928	Office Supplies				0				0
54	0929	Other Supplies				0				0
55	1000	Computer Equipment				0				0
56	1023	Office Equipment				0				0
57	1100	Personal Computer Equipment				0				0
58	1102	Medical Equipment				0				0
59	1105	Office Equipment				0				0
60	1201	Dues & Memberships				0				0
61	1202	Insurance				0				0
62	1204	Rent				0				0
63	1206	Subscriptions				0				0
64	1207	Interest Income				0				0
65	1209	Bad Debt Collections				0				0
66	1210	Self Pay Collections				0				0
67	1212	Medicaid Collections				0				0
68	1213	Medicare Collections				0				0
69	1214	Other Collections				0				0
70	1215	County Contributions				0				0
71						0				0
72						0				0
73						0				0
74						0				0
75						0				0

**MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 ESTIMATED PERFORMANCE MEASURES**

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Temporary Cash Assistance Funds	MODIFICATION:	#
AWARD NUMBER:	AS065TCA	SUPPLEMENT:	#
AWARD PERIOD:	7/01/21-6/30/22	REDUCTION:	#
COUNTY PCA:	F865N	DATE SUBMITTED:	1/29/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Individuals referred and screened	100

MDH pms4542C, October 2018

**MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)**

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Temporary Cash Assistance Funds	MODIFICATION:	#
AWARD NUMBER:	AS065TCA	SUPPLEMENT:	#
AWARD PERIOD:	7/01/21-6/30/22	REDUCTION:	#
COUNTY PCA:	F865N	DATE SUBMITTED:	1/29/2021

TYPE OF SERVICE <small>NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule</small>	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
TCA Addictions Specialist Program	Calvert County Behavioral Health	100 referred and screened	38,895	38,895
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			0.00	38,895.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

○ **TCA- worksheet #3**

WORKSHEET #3					
Name of CSA/LAA/LBHA:		Calvert County Health Department-LBHA			
Project Title		TCA Addictions Specialist Program			
Award Number		AS065TCA			
Fiscal Year		FY22			
MDH Object Code	Project/Service Breakdown	Budget	Drug Court	Services	Difference (
0111	Salaries/Special Payments	\$ -	\$ -	\$ -	\$ -
0121	FICA	\$ -	\$ -	\$ -	\$ -
0131	Retirement	\$ -	\$ -	\$ -	\$ -
0141	Health Insurance	\$ -	\$ -	\$ -	\$ -
0142	Retiree Health Insurance	\$ -	\$ -	\$ -	\$ -
0161	Unemployment Insurance	\$ -	\$ -	\$ -	\$ -
0162	Workmen's Compensation	\$ -	\$ -	\$ -	\$ -
0280	Special Payments Payroll	\$ -	\$ -	\$ -	\$ -
0291	FICA	\$ -	\$ -	\$ -	\$ -
0292	Unemployment Insurance	\$ -	\$ -	\$ -	\$ -
0304	Cellular Telephone	\$ -	\$ -	\$ -	\$ -
0415	Training	\$ -	\$ -	\$ -	\$ -
0801	Advertising	\$ -	\$ -	\$ -	\$ -
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -
0838	Software	\$ -	\$ -	\$ -	\$ -
0839	Software Maintenance	\$ -	\$ -	\$ -	\$ -
0896	Human Services Contracts	\$ 38,895	\$ 38,895	\$ 38,895	\$ -
0919	Educational Supplies	\$ -	\$ -	\$ -	\$ -
0924	Food	\$ -	\$ -	\$ -	\$ -
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -
1193	Office Equipment	\$ -	\$ -	\$ -	\$ -
1331	Dues & Memberships	\$ -	\$ -	\$ -	\$ -
	Total Direct Costs	\$ 38,895	\$ 38,895	\$ 38,895	\$ -
0856	Indirect Cost	\$ -		\$ -	\$ -
	Total Costs	\$ 38,895	\$ 38,895	\$ 38,895	\$ -
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.					

• Drug Court Services Budget

**MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4642A)**

FUNDING ADMINISTRATION: Behavioral Health Administration
 LOCAL HEALTH DEPT.: Calvert County
 ADDRESS: P.O. Box 592
 CITY, STATE, ZIP CODE: Prince Georges, MD 20678
 TELEPHONE #: 410-432-4488
 PROJECT TITLE: Drug Court Services
 AWARD NUMBER: A572DCT
 CONTACT PERSON: Emily Drake
 FEDERAL I.D. #: 27-1483969
 INDEX: 2004
 AWARD PERIOD: 7/1/2011-6/30/2012
 FISCAL YEAR: 2012
 COUNTY PCA: 75649
 FILE NAME: (see Instructions) 22-Calvert-P8849-A572DCT

DATE SUBMITTED: 1/29/2011
 ORIGINAL BUDG. YRNG: Y
 MODIFICATION: #
 SUPPLEMENT: #
 REDUCTION: #

	Current Budget	MDH Funds Mod/Suppl/Redct	Local Funds Mod/Suppl/Redct	Other Funds Mod/Suppl/Redct	Total Mod/Suppl/Redct
Direct Costs Net of Collections	90,112.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
Total Costs Net of Collections	90,112.00	0.00	0.00	0.00	0.00
MDH Funding	90,112.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:
 DCLHA Approval/Comments: * DCLHA Log In ID

LINE ITEM NO.	LINE ITEM DESCRIPTION	MDH FUNDING NUMBER	OTHER DIRECT FUNDING			TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	MDH BUDGET CHANGES (+ OR -)	LOCAL BUDGET CHANGES (+ OR -)	OTHER BUDGET CHANGES (+ OR -)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (COL 8 + COL 9 + COL 10)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries				0					0
2	0121 FICA				0					0
3	0121 Retirement				0					0
4	0129 Self Compensation				0					0
5	0141 Health Insurance				0					0
6	0142 Welfare Health Insurance				0					0
7	0161 Unemployment Insurance				0					0
8	0162 Workers' Compensation				0					0
9	0171 Overtime Exchange				0					0
10	0181 Additional Assistance				0					0
11	0182 Allowances				0					0
12	0271 Consultants				0					0
13	0280 Special Payments Permit				0					0
14	0301 FICA				0					0
15	0302 Unemployment Insurance				0					0
16	0303 Contractual Ser-Services & Fringe				0					0
17	0321 Postage				0					0
18	0324 Cellular Telephone				0					0
19	0401 In-Vehicle Trans				0					0
20	0403 Out-of-State Travel				0					0
21	0415 Rentals				0					0
22	0420 Stenographic				0					0
23	0424 Electricity				0					0
24	0425 Water				0					0
25	0426 Address - Contract				0					0
26	0429 Gas and Oil				0					0
27	0432 Insurance & Title				0					0
28	0436 Vehicle Maintenance & Repair				0					0
29	0451 Advertising				0					0
30	0452 Client Transportation				0					0
31	0453 Personnel Investigations				0					0
32	0470 Language				0					0
33	0473 Repair & Maintenance				0					0
34	0474 Photocopy & Facsim				0					0
35	0476 Equipment Service				0					0
36	0478 Software				0					0
37	0479 Software Maintenance				0					0
38	0483 Maintenance				0					0
39	0484 Housekeeping				0					0
40	0485 Contract Cost				0					0
41	0486 Laboratory Services				0					0
42	0489 Photography (Contract)				0					0
43	0473 Printing				0					0
44	0481 Purchase of Cars				0					0
45	0485 Trash Disposal				0					0
46	0486 Human Service Contracts				90,112					90,112
47	0489 Special Projects-Client Transport				0					0
48	0497 Cleaning Supplies				0					0
49	0519 Educational Supplies				0					0
50	0524 Food				0					0
51	0563 Medicine, Drugs & Chemicals				0					0
52	0567 Medical Supplies				0					0
53	0598 Office Supplies				0					0
54	0599 Other Supplies				0					0
55	1000 Computer Equipment				0					0
56	1073 Office Equipment				0					0
57	1100 Personal Computer Equipment				0					0
58	1102 Medical Equipment				0					0
59	1103 Office Equipment				0					0
60	1104 Books & Membership				0					0
61	1152 Insurance				0					0
62	1154 Rent				0					0
63	1156 Subscriptions				0					0
64	1403 Interest Income				0					0
65	1402 Bad Debt Collections				0					0
66	1403 Staff Pay Collections				0					0
67	1406 Medicaid Collections				0					0
68	1407 Medicare Collections				0					0
69	1408 Other Collections				0					0
70	1412 County Contributions				0					0
71					0					0
72					0					0
73					0					0
74					0					0
75					0					0

MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Drug Court Services	MODIFICATION:	#
AWARD NUMBER:	AS372DCT	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F854N	DATE SUBMITTED:	1/26/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
New Individuals referred	60
Individuals who completed the Drug Court Program	50

MDH pms4542C, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	Drug Court Services
AWARD NUMBER:	AS372DCT
AWARD PERIOD:	7/1/2021-6/30/2022
COUNTY PCA:	F854N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	1/26/2021

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
Drug Court	Calvert County Behavioral Health	60 new individuals referred	80,112	80,112
		60 individuals who completed the Drug Court Program		
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			80,112.00	80,112.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542I, October 2018

○ DCT Worksheet

WORKSHEET #3						
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA				
Project Title		Drug Court				
Award Number		AS372DCT				
Fiscal Year		FY22				
MDH Object Code	Project/Service Breakdown	Total FY 22 Budget	Drug Court	Total All Services	Difference (Should be -0-) (Total FY22 Budget) - (Total All Services)	
0111	Salaries/Special Payments	\$ -	\$ -	\$ -	\$ -	
0121	FICA	\$ -	\$ -	\$ -	\$ -	
0131	Retirement	\$ -	\$ -	\$ -	\$ -	
0141	Health Insurance	\$ -	\$ -	\$ -	\$ -	
0142	Retiree Health Insurance	\$ -	\$ -	\$ -	\$ -	
0161	Unemployment Insurance	\$ -	\$ -	\$ -	\$ -	
0162	Workmen's Compensation	\$ -	\$ -	\$ -	\$ -	
0280	Special Payments Payroll	\$ -	\$ -	\$ -	\$ -	
0291	FICA	\$ -	\$ -	\$ -	\$ -	
0292	Unemployment Insurance	\$ -	\$ -	\$ -	\$ -	
0304	Cellular Telephone	\$ -	\$ -	\$ -	\$ -	
0415	Training	\$ -	\$ -	\$ -	\$ -	
0801	Advertising	\$ -	\$ -	\$ -	\$ -	
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -	
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -	
0838	Software	\$ -	\$ -	\$ -	\$ -	
0839	Software Maintenance	\$ -	\$ -	\$ -	\$ -	
0896	Human Services Contracts	\$ 80,112	\$ 80,112	\$ 80,112	\$ -	
0919	Educational Supplies	\$ -	\$ -	\$ -	\$ -	
0924	Food	\$ -	\$ -	\$ -	\$ -	
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -	
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -	
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -	
1193	Office Equipment	\$ -	\$ -	\$ -	\$ -	
1331	Dues & Memberships	\$ -	\$ -	\$ -	\$ -	
	Total Direct Costs	\$ 80,112	\$ 80,112	\$ 80,112	\$ -	
0856	Indirect Cost	\$ -		\$ -	\$ -	
	Total Costs	\$ 80,112	\$ 80,112	\$ 80,112	\$ -	
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.						

Federal Mental Health Block Budget & Worksheet

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION: Behavioral Health Administration
LOCAL HEALTH DEPT: Calvert County
ADDRESS: P.O. Box 880
CITY, STATE, ZIPCODE: Prince Frederick, MD 20678
TELEPHONE #: 410-436-6400
PROJECT TITLE: Community Mental Health Block Grant
AWARD NUMBER: MH2480TH
CONTACT PERSON: Emily Dillard
FEDERAL I.D.#: 87-1863880
INDEX: 20004
AWARD PERIOD: 7/1/2021 - 9/30/2022
FISCAL YEAR: 2022
COUNTY PCA: F828N
FILE NAME: (see instructions) 22-Calvert-F828N-MH2480TH

DATE SUBMITTED: 1/28/2021
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: \$
SUPPLEMENT: \$
REDUCTION: \$

	Current Budget	MDH Funds Mod/Supp/Redl	Local Funds Mod/Supp/Redl	Other Funds Mod/Supp/Redl	Total Mod/Supp/Redl
Direct Costs Net of Collections	78,237.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
Total Costs Net of Collections	78,237.00	0.00	0.00	0.00	0.00
MDH Funding	78,237.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:

DGLHA Approval/Comments < DGLHA Log In ID:

(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING			(7) TOTAL PROGRAM BUDGET (COL 3 + COL 4 + COL 5)	(8) MDH BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries				0					0
2	0121 FICA				0					0
3	0131 Retirement				0					0
4	0138 Caf Compensation				0					0
5	0141 Health Insurance				0					0
6	0142 Retiree Health Insurance				0					0
7	0161 Unemployment Insurance				0					0
8	0162 Workmen's Compensation				0					0
9	0171 Overtime Earnings				0					0
10	0181 Additional Assistance				0					0
11	0182 Adjustments				0					0
12	0201 Consultants				0					0
13	0280 Special Payments Payroll				0					0
14	0291 FICA				0					0
15	0292 Unemployment Insurance				0					0
16	0298 Contractual Sen-Salaries & Fringe				0					0
17	0301 Postage				0					0
18	0304 Cellular Telephone				0					0
19	0406 In-state Travel				0					0
20	0409 Out-of-State Travel				0					0
21	0415 Training				0					0
22	0420 Stipend/Tuition				0					0
23	0604 Electricity				0					0
24	0613 Water				0					0
25	0615 Utilities - Combined				0					0
26	0701 Gas and Oil				0					0
27	0703 Insurance & Title				0					0
28	0705 Vehicle Maintenance & Repair				0					0
29	0801 Advertising				0					0
30	0803 Client Transportation				0					0
31	0812 Personnel Investigations				0					0
32	0816 Language				0					0
33	0833 Repair & Maintenance				0					0
34	0834 Photocopy Rental				0					0
35	0835 Equipment Service				0					0
36	0838 Software				0					0
37	0839 Software Maintenance				0					0
38	0853 Maintenance				0					0
39	0854 Housekeeping				0					0
40	0855 Indirect Cost				0					0
41	0860 Laboratory Services				0					0
42	0869 Photography (Commercial)				0					0
43	0873 Printing				0					0
44	0881 Purchase of Care				0					0
45	0885 Trash Disposal				0					0
46	0896 Human Service Contracts	78,237			78,237					0
47	0899 Special Projects-Client Transport				0					0
48	0909 Cleaning Supplies				0					0
49	0919 Educational Supplies				0					0
50	0924 Food				0					0
51	0923 Medicine, Drugs & Chemicals				0					0
52	0957 Medical Supplies				0					0
53	0966 Office Supplies				0					0
54	0986 Other Supplies				0					0
55	1060 Computer Equipment				0					0
56	1073 Office Equipment				0					0
57	1180 Personal Computer Equipment				0					0
58	1192 Medical Equipment				0					0
59	1193 Office Equipment				0					0
60	1331 Dues & Memberships				0					0
61	1332 Insurance				0					0
62	1334 Rent				0					0
63	1336 Subscriptions				0					0
64	1600 Interest Income				0					0
65	1602 Bad Debt Collections				0					0
66	1603 Self-Pay Collections				0					0
67	1606 Medicaid Collections				0					0
68	1607 Medicare Collections				0					0
69	1608 Other Collections				0					0
70	1612 County Contribution				0					0
71					0					0
72					0					0
73					0					0
74					0					0
75					0					0

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Community Mental Health Block Grant	MODIFICATION:	#
AWARD NUMBER:	MH2480TH	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021 - 6/30/2022	REDUCTION:	#
COUNTY PCA:	F828N	DATE SUBMITTED:	1/26/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
Services	760
Individuals Served	80

MDH pms4542C, October 2018

**MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)**

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	Community Mental Health Block Grant
AWARD NUMBER:	MH2480TH
AWARD PERIOD:	7/1/2021 - 6/30/2022
COUNTY PCA:	F828N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	1/26/2021

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
Psychogeriatric	Calvert County Behavioral Health	760 Services/80 Individuals served	78,237	78,237
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			78,237.00	78,237.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr45421, October 2018

○ **FBG Worksheet #3**

WORKSHEET #3						
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA				
Project Title		Federal Block Grant				
Award Number		MH248OTH				
Fiscal Year		FY22				
MDH Object Code	Project/Service Breakdown	Total FY 22 Budget	CCPAT	Total All Services	Difference (Should be -0-) (Total FY22 Budget)-(Total All Services)	
0111	Salaries/Special Payments	\$ -	\$ -	\$ -	\$ -	
0163	Fringe	\$ -	\$ -	\$ -	\$ -	
0171	Overtime Earnings	\$ -	\$ -	\$ -	\$ -	
0201	Consultants	\$ -	\$ -	\$ -	\$ -	
0280	Special Payments Payroll	\$ -	\$ -	\$ -	\$ -	
0291	FICA	\$ -	\$ -	\$ -	\$ -	
0299	Contractual Services	\$ -	\$ -	\$ -	\$ -	
0301	Postage	\$ -	\$ -	\$ -	\$ -	
0304	Cellular Phone	\$ -	\$ -	\$ -	\$ -	
0405	In-State Travel	\$ -	\$ -	\$ -	\$ -	
0415	Conf. & Other Training Costs	\$ -	\$ -	\$ -	\$ -	
0701	Gas and Oil	\$ -	\$ -	\$ -	\$ -	
0705	Vehicle Maintenance & Repair	\$ -	\$ -	\$ -	\$ -	
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -	
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -	
0834	Photocopy Rental	\$ -	\$ -	\$ -	\$ -	
0860	Laboratory Services	\$ -	\$ -	\$ -	\$ -	
0896	Human Services Contracts	\$ 78,237	\$ 78,237	\$ 78,237	\$ -	
0919	Educational Supplies	\$ -	\$ -	\$ -	\$ -	
0924	Food	\$ -	\$ -	\$ -	\$ -	
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -	
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -	
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -	
1073	Office Equipment	\$ -	\$ -	\$ -	\$ -	
1334	Rent	\$ -	\$ -	\$ -	\$ -	
	Total Direct Costs	\$ 78,237	\$ 78,237	\$ 78,237	\$ -	
0856	Indirect Cost	\$ -	\$ -	\$ -	\$ -	
	Total Costs	\$ 78,237	\$ 78,237	\$ 78,237	\$ -	
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.						

Federal SAPT Block Grant Services Budget

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION: Behavioral Health Administration
LOCAL HEALTH DEPT: Calvert County
ADDRESS: P.O. Box 880
CITY, STATE, ZIPCODE: Prince Frederick, MD 20678
TELEPHONE #: 410-436-6400
PROJECT TITLE: Federal SAPT Block Grant Services
AWARD NUMBER: A2219FED
CONTACT PERSON: Emily Dillard
FEDERAL I.D. #: 87-1663880
INDEX: 20004
AWARD PERIOD: 7/1/2021-6/30/2022
FISCAL YEAR: 2022
COUNTY PCA: FB48N
FILE NAME: (see instructions) 22-Calvert-FB48N-A2219FED

DATE SUBMITTED: 1/26/2021
ORIGINAL BUDG. (Y/N): Y
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	MDH Funds Mod/Supp/Red	Local Funds Mod/Supp/Red	Other Funds Mod/Supp/Red	Total Mod/Supp/Red
Direct Costs Net of Collections	207,457.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
Total Costs Net of Collections	207,457.00	0.00	0.00	0.00	0.00
MDH Funding	207,457.00				0.00
Local Funding					0.00
All Other Funding					0.00

MDH Program Approval/Comments:
DGLHA Approval/Comments:
+ DGLHA Log in ID

(1) LINE ITEM NO.	(2) LINE/ITEM DESCRIPTION	(3) MDH FUNDING REQUEST	(4) OTHER DIRECT FUNDING		(6) TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	(8) MDH BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD, SUPP OR REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			LOCAL FUNDING	ALL OTHER FUNDING						
1	0111 Salaries				0	0				0
2	0121 FICA				0	0				0
3	0131 Retirement				0	0				0
4	0139 Def Compensation				0	0				0
5	0141 Health Insurance				0	0				0
6	0142 Retiree Health Insurance				0	0				0
7	0161 Unemployment Insurance				0	0				0
8	0162 Workers Compensation				0	0				0
9	0171 Overtime Earnings				0	0				0
10	0181 Additional Assistance				0	0				0
11	0182 Adjustments				0	0				0
12	0201 Consultants				0	0				0
13	0202 Special Payments Payroll				0	0				0
14	0291 FICA				0	0				0
15	0292 Unemployment Insurance				0	0				0
16	0299 Contractual Ser/Garities & Fringe				0	0				0
17	0301 Postage				0	0				0
18	0304 Cellular Telephone				0	0				0
19	0405 In-State Travel				0	0				0
20	0409 Out-of-State Travel				0	0				0
21	0415 Training				0	0				0
22	0420 Stipend/Tuition				0	0				0
23	0604 Electricity				0	0				0
24	0613 Water				0	0				0
25	0615 Utilities - Combined				0	0				0
26	0701 Gas and Oil				0	0				0
27	0703 Insurance & Title				0	0				0
28	0705 Vehicle Maintenance & Repair				0	0				0
29	0801 Advertising				0	0				0
30	0803 Client Transportation				0	0				0
31	0812 Personnel Investigations				0	0				0
32	0816 Language				0	0				0
33	0833 Repair & Maintenance				0	0				0
34	0834 Photocopy Rental				0	0				0
35	0835 Equipment Service				0	0				0
36	0838 Software				0	0				0
37	0839 Software Maintenance				0	0				0
38	0853 Maintenance				0	0				0
39	0854 Housekeeping				0	0				0
40	0856 Indirect Cost				0	0				0
41	0860 Laboratory Services				0	0				0
42	0869 Photography (Commercial)				0	0				0
43	0873 Printing				0	0				0
44	0881 Purchase of Care				0	0				0
45	0886 Trash Disposal				0	0				0
46	0896 Human Service Contracts	207,457			0	207,457				0
47	0899 Special Projects-Client Transport				0	0				0
48	0909 Cleaning Supplies				0	0				0
49	0919 Educational Supplies				0	0				0
50	0924 Food				0	0				0
51	0953 Medicine, Drugs & Chemicals				0	0				0
52	0957 Medical Supplies				0	0				0
53	0965 Office Supplies				0	0				0
54	0986 Other Supplies				0	0				0
55	1060 Computer Equipment				0	0				0
56	1073 Office Equipment				0	0				0
57	1180 Personal Computer Equipment				0	0				0
58	1192 Medical Equipment				0	0				0
59	1193 Office Equipment				0	0				0
60	1331 Dues & Memberships				0	0				0
61	1332 Insurance				0	0				0
62	1334 Rent				0	0				0
63	1336 Subscriptions				0	0				0
64	1600 Interest Income				0	0				0
65	1602 Bad Debt Collections				0	0				0
66	1603 Self-Pay Collections				0	0				0
67	1606 Medicaid Collections				0	0				0
68	1607 Medicare Collections				0	0				0
69	1608 Other Collections				0	0				0
70	1612 County Contribution				0	0				0
71					0	0				0
72					0	0				0
73					0	0				0
74					0	0				0
75					0	0				0

**MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
ESTIMATED PERFORMANCE MEASURES**

LOCAL HEALTH DEPT:	Calvert County	ORIGINAL BUDG. (Y/N):	Y
PROJECT TITLE:	Federal SAPT Block Grant Services	MODIFICATION:	#
AWARD NUMBER:	AS219FED	SUPPLEMENT:	#
AWARD PERIOD:	7/1/2021-6/30/2022	REDUCTION:	#
COUNTY PCA:	F846N	DATE SUBMITTED:	1/26/2021

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD
School- Based services Coordinator	150
MAT Case Manger- # of clients receiving services	200
non-MAT service referrals	100
Court Assesor/Diversion Program- # of Individuals assessed for potential diversion	60
Individuals enrolled/accepted into the diversion	30
Monthly Enrollment	140
Monthly Discharge	70
Critical Incidents	0

**MARYLAND DEPARTMENT OF HEALTH
 LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
 HUMAN SERVICE CONTRACTS (Line Item 0896)**

NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	Calvert County
PROJECT TITLE:	Federal SAPT Block Grant Services
AWARD NUMBER:	AS219FED
AWARD PERIOD:	7/1/2021-6/30/2022
COUNTY PCA:	F846N

ORIGINAL BUDG. (Y/N):	Y
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	1/26/2021

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES	MDH FUNDED COST	TOTAL COST
		NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)		
State Care Coordination	Calvert County Behavioral Health	140 clients monthly enrolled/70 monthly discharged	80,946	80,946
School Based Services Coordinator	Calvert County Behavioral Health	150 students referred for services	61,455	61,455
MAT Coordinator	Calvert County Behavioral Health	200 individuals enrolled/100 non-MAT referrals	32,384	32,384
Court Assessor/Diversion Program	Calvert County Behavioral Health	60 individuals assessed/30 individuals enrolled/accepted	32,672	32,672
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			207,457.00	207,457.00

Cost Reimbursement Contracts - The funding administration's attestation via written documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542l, October 2018

○ **Federal SAPT Block Grant Worksheet**

WORKSHEET #3									
Name of CSA/LAA/LBHA:		Calvert County Health Department- LBHA							
Project Title		Federal Services							
Award Number		AS219FED							
Fiscal Year		FY22							
MDH Object Code	Project/Service Breakdown	Total FY 22 Budget	State Care Coordination	MAT Coordinator	School Based Treatment Coordinator	Court Assessor/Division	Total All Services	Difference (Should be -0-) (Total FY22 Budget)-(Total All Services)	
0111	Salaries/Special Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0163	Fringe	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0171	Overtime Earnings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0201	Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0280	Special Payments Payroll	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0291	FICA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0299	Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0301	Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0304	Cellular Phone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0405	In-State Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0415	Conf. & Other Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0701	Gas and Oil	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0705	Vehicle Maintenance & Repair	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0803	Client Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0812	Personnel Investigations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0834	Photocopy Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0860	Laboratory Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0873	Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0896	Human Service Contracts	\$ 207,457	\$ 80,946	\$ 32,384	\$ 61,455	\$ 32,672	\$ 207,457	\$ -	
0881	Purchase of Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0919	Educational Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0924	Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0965	Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
0986	Other Misc Client Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1060	Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1073	Office Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1334	Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total Direct Costs	\$ 207,457	\$ 80,946	\$ 32,384	\$ 61,455	\$ 32,672	\$ 207,457	\$ -	
0856	Indirect Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total Costs	\$ 207,457	\$ 80,946	\$ 32,384	\$ 61,455	\$ 32,672	\$ 207,457	\$ -	
Indirect costs should not be calculated using MDH Object codes 0201 and 0299.									

C.) FY22- Conditions of Awards

**Behavioral Health Administration
Conditions of Award
Calvert County Department of Health
AS346ADM
\$402,299**

I. BACKGROUND

1. The Secretary of the Maryland Department of Health (MDH) recognizes and authorizes the Carroll County Health Department as the Local Behavioral Health Authority (LBHA)/Local Addictions Authority (LAA)/ Core Service Agency (CSA) for Carroll County.
2. This attachment details the administrative duties and responsibilities of the CSA/LAA/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 Vendor shall fulfill all the duties, powers, and responsibilities as set forth in Maryland Code Ann. Health General §10-1202 et. seq.
3. It is the policy of MDH to empower the Vendor 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.
4. The Vendor develops and implements public health approaches to prevent and mitigate behavioral health related trauma affecting their communities, and collaborates with other human service agencies to promote comprehensive services for recipients who have multiple 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 System (FFS) of the Public Behavioral Health System (PBHS).
5. The MDH, the County, and the Vendor are committed to developing strategies that result in a comprehensive and well-integrated community behavioral health system that provides high quality, medically necessary services for the residents of the County and increases the involvement of the private sector.

GENERAL CONDITIONS:

1. The Vendor's administrative duties described herein are to be provided by the Vendor to all funding agreements between the Vendor and the BHA.
2. Unless specifically excluded, all funding included in this agreement is subject to the provisions of the MDH Local Health Department Funding System Manual (LHDFSM), or the Human Service Agreements Manual (HSAM), whichever is applicable, which are incorporated by reference, portions of which are included below. The inclusion of these provisions does not remove the responsibility of the Vendor for knowing the provisions of the manual in its entirety. The Vendor shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
3. Diversity and Cultural Sensitivity:

The Vendor's Policy and Procedure Manual shall include protocols that will assure that:

- a. The diversity of the citizenry which the Vendor serves is represented by the County's appointments to the Vendor's advisory and/or governing board, and by the Vendor's hiring and subcontracting decisions.
- b. The Vendor shall have a system 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 to maximize their access to services and information.
- c. Americans with Disabilities Act: The Vendor shall comply with the Americans with Disabilities Act, Public Law 101-336, all requirements imposed by the applicable Code of Federal Regulations, and all guidelines and interpretations issued pursuant thereto. The Vendor shall assure, to the extent practicable, that its, and its Vendors, facilities, services, and programs are accessible to individuals with disabilities as required by the Americans with Disabilities Act. The Vendor and its Vendors shall not discriminate against individuals with disabilities in the provision of its services and programs unless to do so would be an undue burden or result in a fundamental alteration in the program as those terms are used in Title II of the Act.

4. Procurement:

- a. As an agent of local government, the Vendor shall follow state Procurement Policy, local procurement policy, or if the local government has designated a 501 (c) (3) as its' Vendor, a procurement policy approved by its Board of Directors.
- b. If no modifications have been made from the previously submitted policy, an annual attestation, to include the type of procurement policy that is being followed, is required to be submitted with the Vendor's Annual Plan and/or Plan Update. Any revision or modification to the Vendor's procurement policy must be provided to the BHA within 30 days of adoption by the appropriate governing authority. Electronic copies of the policy are acceptable, with the provision of the website address and documentation of approval.
- c. At a minimum the Vendor's procurement policy shall:
 1. Assure that any conflict of interest is avoided in hiring of staff or consultants for the Vendor, and in selecting providers of community behavioral health services for members of the PBHS.
 2. Foster competition and minority business enterprise, and provide for conflict resolution and debriefing protocol in contested award of funds

5. Designated Liaison:

- a. The Vendor's Director or designee will act as liaison between the BHA, the Vendor, and the MDH Administrative Services Organization (ASO).
- b. The Vendor shall designate employee(s) who shall be on-call 24 hours a day seven days a week who can respond to emergency situations and act in the place of the Director as necessary. The Vendor's Director will forward to the BHA Director, Local Planning and Management and the ASO, its On-Call list, which designates these individual(s) at least five days prior to the implementation of the list.

6. Termination/Suspension/Reallocation:

Non-availability of Funding:

If the General Assembly fails to appropriate funds or if funds are not otherwise made available for continued performance for any fiscal year of this agreement succeeding the first fiscal year, this agreement shall be cancelled automatically as of the beginning of the fiscal year for which funds were not appropriated or otherwise made available; provided, however, that this will not affect the State's rights or the Vendor's rights under any termination clause in this agreement. The effect of termination of the agreement hereunder will be to discharge both the Vendor and the State from future performance of the agreement, but not from their rights and obligations existing at the time of termination. The Vendor shall be reimbursed for the reasonable value of any non-recurring cost incurred but not amortized in the price of the agreement. The State shall notify the Vendor as soon as it has knowledge that funds may not be available for the continuation of this agreement for each succeeding fiscal year beyond the first.

7. Default:
 - a. A default shall consist of (i) any use of the funds for any purpose other than authorized by this agreement, or (ii) any breach of substantive covenant, agreement, provision, presentation or warranty of the Vendor made in this agreement.
 - b. Upon the occurrence of a default, the BHA shall notify the Vendor in writing of the default. The BHA may suspend both administrative and services funding payments to the Vendor if the Vendor fails to cure within 10 working days of the receipt of the BHA's written notice.
 - c. If a default occurs, the Vendor shall have thirty (30) calendar days from its receipt of the BHA's written notice to cure the default. After the conclusion of this thirty (30) day period, or such longer period to which the parties may agree, if the Vendor has not cured the default to the satisfaction of the BHA, the BHA may, after written notice to the Vendor, terminate this agreement. All funds in the Vendor's accounts previously transferred to the Vendor pursuant to this agreement will then become the property of the State. The State shall pay the Vendor fair and equitable compensation for satisfactory Vendor performance prior to receipt of notice of termination, less the amount of damages caused by the Vendor's breach. If the damages are more than the compensation payable to the Vendor, the State can affirmatively collect damages.
 - d. If the BHA fails to fulfill its obligations under this agreement properly and on time, or otherwise substantially violates any provision of this agreement, the Vendor shall notify the BHA in writing of the default. The BHA shall have 30 calendar days from receipt of Vendor's written notice, to cure the default.

If the BHA fails to cure the default, the Vendor may terminate this agreement with written notice.

8. Terminate For Convenience:

The performance of work under this agreement may be terminated with ninety (90) day written notice, by the State or the Vendor, in accordance with this clause in whole or, from time to time, in part whenever the State or the Vendor shall determine that such termination is in the best interest of the State or the Vendor. Should the State elect to terminate this agreement, the State will pay all reasonable costs associated with termination of the agreement. The Vendor shall return to the State any funds previously paid by the State for services to be rendered that have not been provided.

9. Pre-Existing Regulations:

The regulations set forth in Title 10, Subtitles 9 and 21 of the Code of Maryland Regulations in effect on the date of execution of this agreement are applicable to this agreement and continue in effect unless otherwise revised.

10. Subcontracting or Assignment: Management of Behavioral Health Services

The Vendor shall not subcontract or assign any portion of the services related to managing the Behavioral Health services in its jurisdiction without the express written permission of the BHA.

11. Defense of Suits:

- a. To the extent permitted by statute, the State of Maryland will provide legal counsel or defense to the Vendor 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 Vendor as a result of, or relating to, the Vendor's obligations under this agreement.
- b. To the extent permitted by statute, the State will be responsible for the payment of any judgement or the settlement of any claims of the Vendor or its contractors as a result of, or relating to, the Vendor or its contractor's negligence or malfeasance in performing their obligations under this agreement.
- c. The Vendor shall immediately notify the BHA if any claim or suit is made or filed against the Vendor or its contractors regarding any matter resulting from or relating to the Vendor's obligations under this agreement.

- d. The Vendor will cooperate, assist, and consult with the State in the defense or investigation of any claim, suit or action made or filed against the State by a third party as a result of, or relating to, the Vendor's/BHA's performance under this agreement.
 - e. The State will cooperate, assist, and consult with the Vendor in the defense or investigation of any claim, suit, or action made or filed against the Vendor by a third party as a result of or relating to the Vendor's/BHA's performance under this agreement.
 - f. Vendors that are organized as non-profit entities shall maintain insurance against negligence and be bonded against loss of funds for the appropriate amounts.
12. Retention of Records:
- a. The Vendor shall include in its Policy and Procedure Manual, protocols to ensure that records are maintained as required, and all consumer information is kept confidential. The Vendor must ensure that its employees are informed of this policy.
 - b. The Vendor shall retain and maintain all financial records and documents including agreements and Conditions of Award relating to this agreement for five (5) years, or until all audit requirements are met unless a longer retention period is required by federal, state, or local governments, and then destroy if no longer needed.
 - c. The Vendor shall maintain all patient information in accordance with Maryland Law Health General § 4-301 et. seq., Ann. Code of Maryland and Federal HIPAA regulations, including 45(FR 164 et. seq.).

III SCOPE OF WORK

1. Planning

The CSA/LAA/LBHA shall:

- a. Assess and plan for behavioral health related disorder service needs for its jurisdiction. 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 stakeholder input 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.

- 1) The plan must be informed by the BHA needs assessment and geo-mapping.
- 2) When addressing gaps in service delivery, be aware of input from community leaders regarding perception of areas in need of treatment versus areas with sufficient treatment resources. Develop measurable outcomes for strategies and activities pertaining to the PBHS system.
- 3) Develop and maintain an All Hazards Plan, including coordination of responses to emergencies to insure service availability. Plans must be reviewed annually by the vendor and sent to BHA's Coordinator of Crisis and Criminal Justice Services with updates and changes to the Plan.

2. Cooperation and Interfacing

The CSA/LAA/LBHA shall:

- a. Develop and maintain an integrated system of publicly funded behavioral health services, which is responsive to the needs of consumers and providers in its jurisdiction. The Vendor shall make all reasonable efforts to coordinate the activities of publicly funded FFS Vendors providing behavioral health services.
- b. 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 behavioral health services.
- c. 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 is required. When requested, prepare a written report for the court and send a representative to assist in the proceeding regarding available services and treatment options as well as to monitor cases committed to the BHA.
- d. Assist the BHA's Office of Behavioral Health Licensing in monitoring the BHA's therapeutic group homes licensed under COMAR 10.21.07. 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.
- e. Collaborate with behavioral health providers to enable service recipients to access appropriate treatment and recovery services in a timely fashion.
- f. Participate in state and /or local activities to implement health reform.

- g. Assure that its Director, or designee, attends the Maryland Association of Behavioral Health Authorities (MABHA) meetings, and participates in the BHA committees and on various local boards and committees.
- h. Cooperate and collaborate with ASO by:
 - 1) Designating a representative(s) to meet with the ASO;
 - 2) Facilitating communication with local agencies;
 - 3) Responding to ASO requests within a reasonable time;
 - 4) Working with the ASO and Vendors to participate in the development of a transition plan, following determination by ASO that service to an individual is no longer medically necessary.
- i. Serve on local planning and advisory boards and committees to include local community boards as needed, in order to help prevent miscommunication between providers and local community leaders.
- j. Attend the County Behavioral Health Advisory Committee Meetings, the Vendor's Board of Director Meetings, and meet with County and State Delegations and other governmental agencies.
- k. Participate in Consumer Quality Team monthly and quarterly feedback meetings for designated services.
- l. Serve on local planning boards and committees, including but not limited to, Local Management Boards (LMB), and the Local Care Team (LCT), and promote, arrange and implement working relationships.
- m. Meet with providers, registered in the PBHS, which provide services for the citizens of the LBHA/LAA/CSA.
- n. Meet annually with local Emergency Rooms to provide education and training on access to and services within the PBHS.
- o. Attend BHA Policy Forums, the BHA Annual Conference, and the BHA in-service trainings, as time, staffing, and funding permit.
- p. Upon request from ASO:
 - 1) Determine if an individual meets criteria for the public PBHS, using criteria established by BHA.
 - 2) Assist in developing a multi-agency or provider-specific treatment plan

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

3. Public and Consumer Education and Information

The Vendor shall:

- 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 available 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.

4. Provider Network Development

The Vendor shall:

- a. Encourage providers, as necessary, to enroll in the public 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.
- c. Assist with ER diversion for Child & Adolescent consumers as funds permit, with clinical staff available for consultation with an Emergency Department, 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.

5. Management of Public Behavioral Health System

The Vendor shall:

- 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. Participate in appropriate demonstration projects with the ASO and the BHA for FFS Vendors providing Assertive Community Treatment (ACT) services to allow the ACT Team to provide ongoing authorizations in 3-day increments after initial authorization by the ASO.
- d. 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.
 - 1) Residential Rehabilitation Program (RRP) transition visits,
 - 2) Supported Employment (SE) and associated PRP,
 - 3) Enhanced client supports for Mobile Treatment Services, Assertive Community Treatment, PRP, and RRP.
 - 4) Residential Crisis Services (concurrent review only)
- e. Transmit by secure fax or Health Insurance Portability and Accountability Act (HIPAA) compliant, password protected email the decision made to the ASO, and to the provider for request made in section 5.d (1-4)
- f. Follow the BHA's current policies, protocols, and guidelines for approval of the services.
- g. Assure that staff who perform the authorizations for services in section d are appropriately credentialed and/or supervised.
- h. Utilize the forms developed and updated by the BHA for the purpose of review and approval of services.
- i. 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.

- j. Assess hospitalization data at least monthly to include average length of stay (ALOS) Cost, and number of readmissions.
- k. Review Utilization of all services with the Public Behavioral Health System to identify changes in service deliver trends for the BHA based upon a monthly review of the data. The CSA/LAA/LBHA shall report its findings to the BHA director or designee, noting the CSA/LAA/LBHA's planned interventions with the provider to assure appropriate delivery of services.
- l. Upon review of the High Utilization Cost Report and High Inpatient user data, notify provider and refer individual consumer to appropriate level of care for ACT, Case Management, Mobile Treatment, or other community supports.
- m. Explore and develop local strategies to improve integration of care between the PBHS and local primary care providers.
- n. Serve as the BHA's designee regarding Health General Article 8-505, Health General Article 8-506 and Health General 8-507 legislative requirements, providing clinical staff to conduct Health General Article 8-505 substance-related disorder evaluations, and facilitating patient placement into the appropriate level of care.
- o. 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.
- j. 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.
- k. Clinically deny service only based upon review by a Psychiatrist currently licensed in State of Maryland.
- l. Retain and transmit all patient information in a confidential manner consistent with State and Federal Statutes and Regulations.
- m. Review PRP services encounter data to determine outliers of PRP service provision.
- n. Evaluate the encounter data and conduct an on-site visit in order to validate that the service provision meets the consumer's needs for PRP services. For the purposes of the review, only programs with encounter data outliers should be reviewed on-site by the CSA/LAA/LBHA. Additionally, an on-site review by the CSA/LAA/LBHA should be conducted on programs that have submitted encounter data for which the

LBHA has reason to believe an investigation is required. The CSA/LAA/LBHA's review shall verify a Vendor's provision of both on-site and off-site services in order to receive the "blended rate" under the PRP case rate.

- o. 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.
- p. 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.
- q. Assure that the number of RRP beds remains constant, unless changes are approved in writing by the BHA.
- r. Continue partnership with the local community hospital that is participating in the Total Patient Revenue Project.
- s. Promote best practices in service delivery.

6. Manage Public Behavioral Health System Quality Assurance

The Vendor shall:

- a. Participate in BHA's evaluation of the PBHS system, including but not limited to: collaboration in BHA's *Outcomes Measurement System* and partner with BHA to develop outcome measures for services
- b. Collaborate with the BHA by:
 - 1) completing *Agreements to Cooperate* for new programs;
 - 2) Prior to a community behavioral health provider applying for licensure within a jurisdiction the CSA/LAA/LBHA shall enter into an agreement to cooperate with the community provider. The agreement to cooperate 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.
 - 3) The agreement to cooperate may not include a provision that authorizes the CSA/LAA/LBHA to prohibit a program from offering services at any location.
 - 4) Participating in site visits with BHA to programs.
 - 5) reviewing, evaluating, and providing feedback on Program Improvement Plans

- c. 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:
 - 1) Submit reports as required by the BHA guidelines on waiting lists, admissions, discharges, and an inventory of RRP sites,
 - 2) Perform on-site annual reviews of Group Homes for Adults with Mental Illness, RRP's and Residential Crisis Services to determine compliance with site requirements set forth in COMAR 10.63.04.07.

7. Manage Public Behavioral Health System Compliance

The Vendor shall:

- a) For grant-funded services, review *Conditions of Award*; develop and monitor criteria for contract performance standards; procure services; develop budgets and monitor expenses; monitor service provision; repurpose unspent grant funds to ensure best utilization of funding; conduct reviews for continued need of services performed
 - b) Participate as requested by BHA , or the ASO as an agent of BHA, in on-site Regulatory Compliance reviews
 - c) Monitor the implementation of Program Improvement Plans and notify BHA of its findings using the protocol developed by the BHA.
 - d) Identify appropriate LBHA staff to be available when requested by BHA to participate in sanction proceedings.
 - e) Perform Risk Assessments on sub-vendors of Federal grants in conformance with the most current Federal guidance that is available.
 - f) 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.
-

8. Manage Public Behavioral Health System Grievances

The Vendor shall:

- 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 under section K.

9. Manage Public Behavioral Health System Complaints

The Vendor shall:

- 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.
 - 1) Ensure that Outpatient Treatment Programs (OTP's) also have a formal process for addressing community /program complaints and documents meetings to attempt to resolve complaints. E
 - 2) Should existing process not be sufficient to resolve community/complaints, consider using a mediator to assist in resolution of issues. S
 - 3) Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for or post treatment "loitering" to recommend solutions. e
 - b) 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.
 - c) Proactively determine 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.
 - d) Vendor shall require the sub-vendor to report to the Vendor any complaints received and their resolution on a periodic basis.
-

C. PAYMENT AND FINANCIAL REPORTING

1. The CSA/LAA/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 CSA/LAA/LBHA shall maintain an accounting system which separates the funding for the different agreements being financed by the State, i.e. CSA/LAA/LBHA Administrative services, federal grant agreements and other State or Special funded agreements.
3. The BHA will transfer funds to the CSA/LAA/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 CSA/LAA/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 CSA/LAA/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 CSA/LAA/LBHA shall execute agreements with all its contractors who receive funds from the CSA/LAALBHA for the provision of behavioral health services. At a minimum, the CSA/LAA/LBHA shall include the requirements of the BHA's Condition of Awards (COA) 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 CSA/LAA/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 CSA/LAA/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 CSA/LAA/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 Department Funding System Manual. Depending on the contract type, the first and last may not be necessary. The BHA will be reviewing CSA/LAA/LBHA records to determine if audits have been obtained and reviewed to evaluate compliance with the terms of the CSA agreement.

b. Guidelines for Audits of CSA/LAA/LBHAs

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

CSA/LAA/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 CSA/LAA/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 CSA/LAA/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 Department Funding System Manual. If a vendor has a financial audit performed, the CSA/LAA/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 CSA/LAA/LBHA.

2.) Cost Reimbursement Contract

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

a) Up to \$100,000

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 Department Funding System Manual and certifying that the reported expenditures and revenues are true and correct. The CSA/LAA/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 CSA/LAA/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 CSA/LAA/LBHA

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

b.) \$100,000 or Greater

Vendors with contracts for \$100,000 or greater must be audited once every two years to determine their compliance with the MDH 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 CSA/LAA/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 CSA/LAA/LBHA. The vendor's independent auditor may perform these audits or the CSA/LAA/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 CSA/LAA/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 CSA/LAA/LBHA workloads.

In addition to any other available remedies, if in the opinion of the BHA, the CSA/LAA/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 CSA/LAA/LBHA to be reduced or withheld until such time as the CSA/LAA/LBHA meets the

requirements of these agreements. Any such decision by the BHA to withhold payments to the CSA/LAA/LBHA may be appealed by the CSA/LAA/LBHA to the Deputy Secretary for Behavioral Health, MDH.

6. The BHA will notify the CSA/LAA/LBHA in writing, of any alleged unsatisfactory performance.
7. The BHA and the State retain the authority to reduce funds because of budgetary reductions in the MDH/BHA budget.
8. Reconciliation and Rollover Funds:
 - a. Funds awarded under this agreement are subject to the reconciliation and rollover provisions of the MDH LHDFSM.
 - b. The CSA/LAA/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.

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

Behavioral Health Administration will provide technical assistance, quality assurance and fiscal oversight.

Statement of Work
Calvert County LBHA
FY2021-2022
Maryland Community Criminal Justice Treatment Program
(MCCJTP)
\$61,256

1. The Core Service Agency shall provide or contract for the provision of services to individuals who are incarcerated in the detention center. The Core Service Agency and its partners (i.e. detention facility, mental health vendors) who participate in MCCJTP are to fulfill the following requirements:
 - a. Identify individuals in the criminal justice system who have serious mental illness and/or are at risk for re-institutionalization
 - i. A Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that meets criteria in the DSM-V, and that results in functional impairment that substantially interferes with or limits one or more major life activities. Per Maryland's Public Behavioral Health System, an individual with an SMI is 18 years or older and meets the DSM V criteria for the following diagnostic codes: 295, 296.1, 296.2, 296.3, 296.4, 296.5, 296.6, 296.7, 296.8, 296.9, 296.23, 296.24, 296.33, 296.34, 297.1, 298.9, 301.22, 301.83
 - For the sole purpose of jail-based mental health treatment, an individual sentenced as an adult who meets the criteria for an SMI except for age is eligible for treatment.
 - ii. Screen justice involved individuals for mental health problems
 - iii. Assess justice involved individuals for mental health treatment
 - *Screenings and assessments may be performed by the detention facility at the request of the LBHA and referred to the mental health provider.
 - b. Assure the delivery of mental health and case management services to individuals identified in Section 1a.
 - i. A psychiatrist shall be employed for a minimum of 0 hours a week (0 hours annually) to conduct and/or provide the following:
 - Psychiatric evaluation
 - Medication management excluding the purchase of medication
 - *Service provided by Calvert County Detention Center
 - ii. A licensed mental health professional(s) shall be employed for minimum of 38 hours a week (1,750 hours annually) to conduct and/or provide the following:

- *mental health screening
- *mental health assessments
- individual and/or group therapy sessions
- short term crisis intervention
- coordination of other services within the detention center
- referral and coordination of community support services
- advocacy for "mainstream" services
- monitoring post-release compliance with treatment

*Screenings and assessments may be performed by the detention facility at the request of the LBHA and referred to the mental health provider.

2. The LBHA through the MCCJTP program shall provide the abovementioned services to a minimum of **180** ~~unduplicated individuals~~ *assessments, and 500 therapy visits.*
3. The LBHA shall ensure that detention center staff members, community mental health providers, and other agencies involved with the well-being of MCCJTP participants receive training in effective methods for working with participants.
 - a. Documentation of completed training shall be furnished to the MCCJTP director at the close of the fiscal year.
4. The LBHA shall submit quarterly reports to the Office of Adult and Specialized Behavioral Health Services according to the schedule as outlined on the reporting form.
5. The LBHA and any contracted provider serving under this award shall be an active participant on a local mental health advisory board which will meet quarterly.
 - a. Board minutes shall be furnished to the Office of Adult and Specialized Behavioral Health Services upon request.

The LBHA or its designee shall attend MCCJTP Quarterly meetings conducted by BHA's Office of Special Needs Populations.

The MCCJTP Quarterly Report can be found online at:
<http://bha.mdh.maryland.gov/RESOURCES/SitePages/Forms.aspx>

**Statement of Work
Calvert County LBHA
FY 2021 ~~2021~~ 2022
Court Assessor/Diversion Program
\$37,440**

The LBHA shall provide or contract for the provision of:

A Court Assessor (counselor) whom assists the judges in determining what is most appropriate for individuals appearing before the court who may have a mental illness. The licensed professional counselor conducts evaluations three days per week and makes recommendations to the judges for diverting defendants from incarceration. The counselor is the liaison between the Courts and the mental health providers, and also coordinates services among other community agencies.

The Counselor links with Calvert County Mental Health Clinic, Southern Maryland Community Network (SMCN), the Detention Center, the Jail Mental Health Program, the PATH Program worker, District Court and other community agencies.

Serve 150 individuals over the course of a year which could not be billed under the PBHS.

The LBHA shall provider BHA's Office of Forensic Services a quarterly report indicating the following (unduplicated count):

1. Referral Source (Judge, P.D., State's Attorney, Parole & Probation, etc.)
2. Number of individuals assessed for potential diversion
3. Number of individuals determined appropriate for diversion planning
4. Number of individuals who accepted the diversion plan and the court accepted the plan
5. Type of service provided in the diversion plan (outpatient treatment, case management, substance abuse treatment, etc.)
6. Number of defendants receiving community monitoring thru the diversion program

**Statement of Work
Calvert County LBHA
FY 2021 ~~2021~~ 2022
Urgent Care
\$11,000**

The LBHA shall provide or contract for the provision of:

1. ~~Two~~ ^{Three} hours per week of a Qualified Mental Health Professional's time in an approved OMHC to be reserved for consumers referred from Calvert Memorial's Emergency Department (ED), who have been assessed there to be in need of urgent outpatient mental health services,
2. Services to be provided for approximately 40 person per year, referred from this ED,
3. The OMHC will be compensated for holding the two hour window of time,

For referrals received from the ED, the OMHC will:

1. Submit claims to any insured third party payer,
2. Receive reimbursement from the LBHA for an uninsured consumer who is not a registered member of the PBHS,
3. Be compensated for any individual who fail to keep the appointment scheduled by the ED's staff.
4. Provide treatment in accordance with COMAR regulations, and refer the individual for any other services as needed.

**Statement of Work
Calvert County LBHA
FY 2021 ~~2021~~
Emergency Psychiatric Services (EPS)
\$42,000**

- 1) The LBHA shall contract for the provision of emergency psychiatric services, to include the following:
 - A) Twenty-four hours a day, seven days a week availability;
 - B) Face to face psychiatric evaluations by a qualified mental health professional;
 - C) Somatic examinations to rule out medical etiology of problems;
 - D) Transport or arrange transport for any patient requiring involuntary psychiatric admission;
 - E) Actively seek alternatives to hospitalization by making referrals to other community mental health services, as needed.
- 2) The LBHA's subcontractor shall maintain a shared services agreement with the Crisis Bed Provider, Out Patient Mental Health Clinics, Psychiatric Rehabilitation Programs, and BHA's State hospitals in the jurisdiction where the emergency services are being provided.
- 3) Treatment shall be provided to approximately 1,000 persons.
- 4) Data must be available for BHA to establish the disposition of each client served.

**Statement of Work
Calvert County LBHA
FY 2021 ~~2021~~ 2022
Consumer Support Services
\$11,500**

The LBHA shall provide or contract for the provision of the services listed below. It shall also develop local policies and procedures for the administration and prioritization of the funds, approved by the Board of Directors or its governmental oversight authority, and are available for review by BHA. These funds may not be used for cash payments directly to consumers.

It is the intent of the BHA that these funds are limited to use for members of the PBHS receiving mental health treatment and rehabilitation services within the Fee for Services network. The BHA will require that an Uninsured Eligibility form be completed for each consumer requesting services for Pharmacy in an urgent situation when eligibility for the PBHS is being processed as a bridge to Medicaid, MCHIPS, other entitlements completion, receipt of Med Bank supplies, and or acceptance by the Pharmaceutical company's Indigent Care Program.

1) Consumer Services – Pharmacy - \$2,000

- A) Funds shall be used for non-Medical Assistance and/or non MCHIPS individuals who receive a prescription for a psychotropic medication, or a medication that supports the administration of a psychotropic medication, from a physician.
- B) Funds shall only be used as a last resort after exhausting other alternatives such as:
 - 1) Physician samples;
 - 2) Pharmaceutical companies indigent medicine program;
 - 3) Med Bank,
 - 4) Charity organizations.
- C) Attempts will be made to collect a co-pay for this service.
- D) An MCHIPS, and/or Medical Assistance Applications shall be completed and submitted for each individual receiving medicines paid for by these funds.

Consumer Support (continued)

- ~~*~~ E) These funds will provide approximately ~~20~~ prescriptions to approximately ~~15~~ individuals.
- F) Funds are to be used after Medicare Part D coverage is exhausted and not for the Medicare "donut hole".

Other Consumer Support Needs - \$9,500

The purpose of these funds is to enable an individual to access or retain his/her community placement. Ideally this should be linked to the consumer's clinical and or rehabilitation plans/goals.

- A. Fund applications for birth certificates to facilitate consumers applying for entitlements.
- B. Funds must be used as a last resort in combination with other community, private, and/or public and family resources. The LBHA assessment form must be used to document this.
- C. These funds must be used to alleviate a problem. Documentation must be included with the LBHA assessment form.
- D. Funds must not be used for family members, for friends of LBHA staff, LBHA employees themselves, LBHA consultants and LBHA contractual employees, or for those of the LBHA parent organization.
- E. The LBHA must have a dual signature approval process one of who is the LBHA Director, or in his or her absence, a LBHA Board or Local Health Department designee.
- F. The use of Other Consumer Support- other funds is limited to once in a FISCAL year and may not exceed \$500 per consumer without prior written approval by the BHA Director of Adult and Specialized Behavioral Health Services or Director of Child and Adolescent Services (or Director of LBHA Liaison in their absence). Unless the expenditure is for life and/or safety issue, in which case the LBHA Director may approve the expenditure and subsequently notify by email the Director, Office of LBHA Liaison as soon as possible.
- G. Funding is limited to active clients in the PBHS and receiving services from PBHS credentialed providers.
- ~~*~~ H. Transportation - provide 20⁵ Bus Passes to 360 consumers.

- I. Allowable costs are governed by the Human Services Agreements Manual.
- J. Services covered under Medical Assistance or MCHIPs, are NOT a category of care eligible for reimbursement.
- K. Effective Jan 8, 2009 the BHA has identified DENTAL care as an additional INELIGIBLE COST for the UNINSURED as a category of care, as well as for those who are Medicaid eligible.
- L. Examples of eligible costs for Other Consumer Support Needs funds includes:
 - 1. Security deposit and first month's rent;
 - 2. Utility turn on, or deposit;
 - 3. Basic household goods to establish a residence;
 - 4. Past due utility, rent, or mortgage when payment enables the consumer to remain in the community placement, when a plan for continuing payment by the consumer is feasible.
 - 5. Educational expenses only in concert with a consumer's approved Supported Employment or Individual Rehabilitation Plan when the item is not otherwise eligible for coverage through DORS or a related state or federal program.

Statement of Work
Calvert County LBHA
FY 2021-2022
Family Navigation for Southern Maryland
\$119,459

Overview:

There is an established need to expand the availability of Family Navigation in Southern Maryland Region. A Family Navigator is a caregiver of a child with behavioral health needs who provides information, support and assistance to other families trying to access services for their child by using peer support. These Family Navigators will empower families caring for children and youth with challenges related to both mental health and substance use disorders by providing individual family-to-family support, education, advocacy, coaching, information and referral and follow-up.

Specific deliverables include:

- 1) Contract with MCF, the statewide family support organization, to provide (1.5) family navigators to serve in Calvert, Charles, and St. Mary's Counties;
- 2) Ensure that Family Navigators:
 - a. Lead a process with families to:
 - i. Clarify the problem(s)
 - ii. Provide emotional support
 - iii. Identify needs and strengths
 - iv. Identify resources including: appropriate levels of services, entitlements, community resources and natural supports;
 - b. Facilitate families accessing resources by:
 - i. Making phone calls to connect families with resources
 - ii. Providing guidance in completing forms and applications
 - iii. Reviewing documents such as IEPs or reports with families to ensure they fully understand documents
 - iv. Empowering families to effectively articulate their concerns and needs
 - c. Accompanying families to meetings
 - d. Educating families on laws, policies and procedures;
- 3) Build and maintain a library of local behavioral health resources, including state information and referral resources, support meetings, screening and referrals for behavioral health treatment, family education groups therapeutic and/or pro-social recreation, volunteer training opportunities and other services designed to meet the needs of family members and adolescents;

- 4) Publicize and disseminate information regarding relevant issues (i.e. prevention, treatment of mental health and substance use disorders, education supports, behavior management, legal issues, procedures for eligibility for entitlements, etc.);
- 5) Identify, share and promote training opportunities for families that are available within the local area or state; and
- 6) Network with other child and family advocacy agencies throughout the State.

Deliverables (for each 0.5 FTE Family Navigator):

- 1) Provide education and support to at least twenty (20) families in each county (total of 60);
- 2) Attain at least an 80% satisfaction rating from families receiving support;
- 3) Coordinate the implementation of at least at least one (1) family workshop in Southern MD pertaining to behavioral health support/treatment
 - a. A minimum of ten (10) participants
 - b. Attain at least an 80% satisfaction rating from training participants;
 - * c. 3 educational workshops.
- 4) Provide quarterly data report that provides the following information:
 - a. Number of newly referred families
 - b. Number of ongoing families
 - c. Demographics of families served
 - d. Primary reason for calling
 - e. Number of meetings with families
 - f. Number of outreach presentations
 - g. Family Empowerment Survey pre/post data



**Statement of Work
Calvert County LBHA
FY 2021 ~~2022~~
Consumer Support Needs for Children & Adolescents
\$10,541**

The purpose of these funds is to enable the child and adolescent to access or retain his or her community placement. Services purchased with these funds must be linked to the consumer's clinical and/or rehabilitation goals.

- a. Funds must be used as a last resort in combination with other community, private and/or public, and family resources. The LBHA assessment form must be used to document this.
- b. Funding is limited to active consumers in the PBHS and receiving services from PBHS credentialed providers.
- c. Services covered under Medical Assistance or MCHPs are not a category of care eligible for reimbursement.
- d. Funding will be limited to \$1,000 per consumer per fiscal year without prior written approval by the BHA Director of Child and Adolescent Services or Director of LBHA Liaison in their absence, unless the expenditure is for life and/or safety issues in which case the LBHA Director may approve the expenditure and subsequently notify by e-mail the Director/Office of LBHA liaison as soon as possible.
- e. Examples of eligible costs for Other Consumer Support Needs for Children and Adolescents funds include:
 1. Therapeutic summer camp placement;
 2. Equine therapy;
 3. An afterschool activity that supports the child's therapy/rehabilitation goals.
- f. These funds will serve a minimum of 12 consumers.

CONDITIONS OF AWARD

CALVERT COUNTY LBHA

The general conditions and award terms provided herein are applicable to all Behavioral Health Administration (BHA) awards for SFY2022

These **Conditions of Award (CoA's)** set out the standard terms and conditions for all BHA awards and should be read in conjunction with the Allocation Letter and the proposed Budget submitted by the jurisdiction/organization.

In addition to the CoA, each grant award document contains "program specific" award details and instructions also known as a **Statement of Work (SOW)** and may be incorporated by reference in the CoA. These program details are designed to ensure that award recipients comply with any regulatory, statutory or local programmatic requirements. Additionally, project specific terms and conditions may be amended and/or added to an award at any time during the award period, in order to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award are made aware of their responsibilities and comply with these Conditions of Award where applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

BHA reserves the right to vary the Conditions of Award at any time by providing 30 days written notice to the award recipient.

DEFINITIONS

- a. **Allocation Letter** - A letter notifying a jurisdiction or Behavioral Health Authority of projected allocation amounts to be anticipated for the upcoming state fiscal year.
- b. **Award Letter** - the letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.
- c. **Award Recipient(s)** - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.
- d. **Award Period** - the period of the Award as set forth in the Award Letter.
- e. **BHA-OCA** – Behavioral Health Administration – Office of Consumer Affairs
- f. **Certified Peer Recovery Specialist (CPRS)** – An individual providing Peer Recovery Support Services who has obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.
- g. **Community Based Access and Support** – A unit within the Behavioral Health Administration that houses the Office of Consumer Affairs and provides oversight for its funded programs and activities.

Calvert County LBHA
SFY2022
Wellness Recovery Center

- h. **1 – on – 1 Peer Contact** – Peer support encounters via phone or in person, lasting at least 15 minutes in duration.
- i. **Peer Recovery Specialist (PRS)** - An individual providing Peer Recovery Support Services who has NOT yet obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.
- j. **Registered Peer Supervisor (RPS)** – An individual who supervises certified and non-certified Peer Recovery Specialists and has obtained the Registered Peer Supervisor (RPS) endorsement from a credentialing board identified by the State.
- k. **Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e. monthly, quarterly etc.).
- l. **Statement of Work (SOW)** - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency and outcomes/outputs. *(Unless otherwise noted, BHA-required SOW's shall generally be Performance-Based in nature.)*

TERMS

The LBHA shall provide or contract for the following during the Award Period of July 1 2021 – June 30, 2022:

1. Designate and provide a site which allows individuals seeking behavioral health recovery supports to meet regularly throughout the award period;
2. If the service is provided by a Contractor, ensure one (1) part-time (.5 FTE) Bookkeeper or independent bookkeeping services are retained;
3. If the service(s) are provided by a Contractor, ensure an Annual independent financial Audit;
4. Performance of a Community Wellness and Recovery Needs Assessment of individuals utilizing funded program services which identifies the training, education, and recovery resource needs of individuals engaging in behavioral health recovery supports;
5. Ensure the provision of:
 - a. **Informational presentations** delivered by outside speakers who present information on specific community resources or whole health topics i.e. behavioral health recovery, heart disease, sexual health, SSDI, etc..
 - b. **Outreach presentations** to community organizations and/or **staffed** display tables at community events which provide information and resources about Wellness & Recovery, peer support and peer organizations. These outreach presentations are intended to increase the number of individuals who utilize program services;
 - c. **Social activities** that are designed to promote social connection and reduce isolation. These activities must involve 3 or more individuals (i.e.: board games, community meals, member outings, etc.);

**Calvert County LBHA
SFY2022
Wellness Recovery Center**

- d. **Peer support groups** that facilitate a conversation focused on a specific topic, (i.e. depression, gender specific, trauma, substance use recovery, etc.) These groups must include 3 or more individuals;
6. Provide peer support sessions documented using the approved State form (Documentation of Peer Support Session). Peer support sessions consist of one-to-one contact (in person, virtually, or by phone) conducted by staff and/or volunteers, with members, lasting at least 15 minutes.
7. Establish a relationship with a Registered Peer Supervisor (as evidenced by a RPS certificate) who will provide supervision hours to staff and/or volunteers seeking or maintaining their Certified Peer Recovery Specialist credential;
8. Allocate 1.0 % of program budget for training activities and supplies.
 - a. Use allocated funds to cover the costs associated with increasing the professional development of program staff (paid or volunteer) and board members. This includes expenses related to administrative training courses, training materials, CPRS/RPS training registration fees, and other application fees that cover CPRS or RPS credentialing. Training events can be facilitated either on site or participants can attend training sessions offsite. Funding may not be used for travel or lodging expenses;
9. Publish and distribute monthly newsletters and/or calendar of center events;
10. Maintain a library of resources to assist individuals utilizing funded services that reduce barriers and enhance connections which support long term wellness and recovery such as entitlements, fair housing, access to employment, advance directives, and patient rights;
11. Ensure representation for individuals with lived experience in behavioral health wellness and recovery attend at least 50% of any local Behavioral Health Council meetings;
12. Participate in management/fiscal trainings on topics relevant to running a nonprofit Wellness & Recovery Center (i.e.: grant writing, budget management, data collection, human resources training, etc.
13. Maintain a "warm line" to provide assistance to individuals who have non-urgent behavioral health needs within the jurisdiction.
14. Sponsor a minimum of three (3) individuals (staff, individuals receiving support services, and/or board members) to attend a peer led conference hosted in the state of Maryland (i.e. On Our Own of Maryland's Annual Conference).
15. Participate in Executive Director Meetings at On Our Own of Maryland. These meetings will be used as the forum for formal connection and collaboration with the Office of Consumer Affairs (OCA).
16. Provide BHA-OCA with any corrective action plans that result from a program investigation, program/staff complaint, or unmet contract deliverables within 15 days of notification to the program.

**Calvert County LBHA
SFY2022
Wellness Recovery Center**

17. The Award Recipient shall submit the Wellness Recovery Center Data Collection Tool quarterly to BHA's Office of Consumer Affairs, no later than 30 days after the close of each reporting period.

STATEMENT OF WORK

NAME OF AWARD RECIPIENT:	Calvert County LBHA
AWARD #	MH026MSZ
PERIOD : (SFY2022)	July 1, 2021 - June 30, 2022

SECTION I.

1.	Title	Wellness & Recovery Center
2.	Objectives	Develop a site that allows individuals living in or seeking behavioral health recovery to meet at least 2,000 hours per year. This site will offer peer support services and provide individuals with the ability to connect with others in recovery while navigating local support services and overcoming barriers to their own personal recovery. Services are offered on a voluntary basis and are available to participants throughout their recovery process. Wellness & Recovery Centers are not recovery clubs, soup kitchens, or drop-in centers, although aspects of all of these can be apparent. These services are most effective in non-traditional settings such as no-barrier community support agencies, standalone non-profit community centers, and other non-clinical behavioral health settings. All staff providing services to individuals should have a personal lived-experience with behavioral health recovery.
3.	Award Value	\$134,784
4.	Name of Contractor/ Provider Organization	On Our Own of Calvert County
5.	List of ALL positions funded in part or wholly by this Award	1FTE Executive Director 2 PTE 0.5 Office Staff 1 PTE 0.75 Transportation Staff 1 PTE 0.5 Bookkeeper or Independent Bookkeeping Service
6.	Location of Work / Work Site of Service Delivery	120 Jibsail Drive, Prince Frederick, MD 20678
7.	Performance Requirements	<ol style="list-style-type: none"> 1. Provide support to an unduplicated count of one-hundred (100) individuals per fiscal year. 2. Provide twelve (12) informational presentations delivered by outside speakers about specific community resources. 3. Provide twelve (12) outreach presentations to community organizations. 4. Facilitate twelve (12) activities designed to promote social connection and reduce isolation. 5. Facilitate fifty (50) behavioral health peer support groups focused on a specific topic. 6. Facilitate fifty (50) peer support sessions; each lasting at a minimum of 15 minutes and documented using "Documentation of Peer Support Session" forms. 7. Participate in a minimum of two (2) Executive Director meetings hosted by On Our Own of Maryland. 8. Participate in a minimum of two (2) management/fiscal trainings.

Calvert County LBHA
SFY2022
Wellness Recovery Center

8.	Reporting Requirements	<p>Provide the Office of Consumer Affairs with quarterly reports (Wellness Recovery Data Collection Tool) documenting program progress on the deliverables contained within the reporting tool. Reports are due 30 days after the close of each quarterly reporting period.</p> <p>Provide BHA-OCA with any corrective action plans that result from a program investigation, consumer complaint, or unmet contract deliverables within 15 days of notification to the program.</p>
9.	Modification Requirements	<p>Should modifications to this agreement be required; requests must be submitted in writing by the Local Behavioral Health Authority/Core Service Agency to the Director of Community Based Access and Support. Requests for changes will be reviewed by the unit and will be considered in a timely manner. If changes are approved, the unit will partner with the Local Authority and BHA Finance to make necessary changes and provide the local authority with an updated Scope of Work to guide service delivery.</p>
10.	Special Requirements	<p>All providers of peer recovery support services are strongly encouraged to pursue and obtain their Certified Peer Recovery Specialist credential from any approved state credentialing board in Maryland.</p>

SECTION II. - Work Breakdown Structure (WBS)

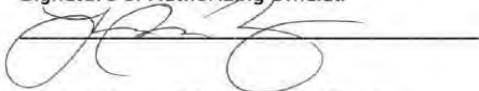
Task/Activities	Deliverables/Milestones/Unit Measure	Tentative Dates/Timeframes for Delivery
Develop/provide a site that allows individuals living in or seeking behavioral health recovery to meet.	At least 2,000 hours	07/01/2021 – 06/30/2022
Provide behavioral health support services to individuals.	100 unduplicated individuals	07/01/2021 – 06/30/2022
Provide informational presentations delivered by outside speakers about specific community resources.	12 presentations	07/01/2021 – 06/30/2022
Provide outreach presentations to community organizations.	12 presentations	07/01/2021 – 06/30/2022
Facilitate activities designed to promote social connection and reduce isolation.	12 activities	07/01/2021 – 06/30/2022
Facilitate behavioral health peer support groups focused on a specific topic.	50 groups	07/01/2021 – 06/30/2022
Facilitate peer support sessions; each lasting at a minimum of 15 minutes.	50 sessions	07/01/2021 – 06/30/2022
Participate in monthly Executive Director Meetings at On Our Own of Maryland.	2 meetings	07/01/2021 – 06/30/2022
Participate in management/fiscal trainings.	2 trainings	07/01/2021 – 06/30/2022

Calvert County LBHA
SFY2022
Wellness Recovery Center

The *Calvert County LBHA* has read and understands the requirements of this Statement of Work (SOW) for the *Wellness & Recovery Program* covering the Award Period of *July 1, 2021 through June 30, 2022*. Further, the Award Recipient agrees to provide/deliver the stated services as described above, not to exceed the amount listed in Section I., in the manner and timeframe reflected herein.

AWARD RECIPIENT:

Signature of Authorizing Official:



Printed Name of Authorizing Official:

Laurence Polsky, MD, MPH

Effective Date: July 01, 2021

➤ **General Funds Services COA's**

*Moved to /
Merged with
Treatment in
Detention
Center*

Attachment E
Page 1 of 13

FY2022 Behavioral Health Administration
FY-2021 Conditions of Award
Calvert County Health Department
General Fund Services
AS 027 SAS
Court 8505 Evaluations
\$111,445

This grant award is subject to the following conditions. Failure to comply with these Conditions of Award may result in the following, including, but not limited to loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. Schedule with the identified staff at the DPSCS facility the entry day, time and defendant's name with DOC Number.
2. Provide backup coverage for the evaluator during vacations and illness.
3. Arrange for the evaluator to conduct the evaluation and send the report to the Court, the Department and the defendant's attorney within 5 days of receipt of court order from the Department.
4. Have direct communication with the Court to clarify or provide additional information related to the evaluation.
5. Be present for court appearances as necessary.
6. If the treatment recommendation is for an outpatient program and the judge signs the 8-507 court order, the signed court order shall be faxed to the evaluator to facilitate an admission date at a local outpatient treatment facility. The admission date shall be communicated to the Treatment Placement Coordinator at the department.
7. Ensure all evaluations are entered into Optum Options.
8. The HG 8-505 contracted evaluator who conducts evaluations in the Central DPSCS Facilities shall not provide administrative or clinical supervision.
9. Attend trainings and meetings as identified by the Department.
10. Provide for the supervisor of this position to meet two times a year with the Department's Chief of Justice Services to assure required functions are being fulfilled.

CONDITIONS OF AWARD

CALVERT CO LBHA

The general conditions and award terms provided herein are applicable to all Behavioral Health Administration (BHA) awards for SFY2022

These **Conditions of Award (CoA's)** set out the standard terms and conditions for all BHA awards and should be read in conjunction with the Allocation Letter and the proposed Budget submitted by the jurisdiction/organization.

In addition to the CoA, each grant award document contains "program specific" award details and instructions also known as a **Statement of Work (SOW)** and may be incorporated by reference in the CoA. These program details are designed to ensure that award recipients comply with any regulatory, statutory or local programmatic requirements. Additionally, project specific terms and conditions may be amended and/or added to an award at any time during the award period, in order to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award are made aware of their responsibilities and comply with these Conditions of Award where applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

BHA reserves the right to vary the Conditions of Award at any time by providing 30 days written notice to the award recipient.

DEFINITIONS

- a. **Allocation Letter** - A letter notifying a jurisdiction or Behavioral Health Authority of projected allocation amounts to be anticipated for the upcoming state fiscal year.
- b. **Award Letter** - the letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.
- c. **Award Recipient(s)** - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.
- d. **Award Period** - the period of the Award as set forth in the Award Letter.
- e. **BHA-OCA** – Behavioral Health Administration – Office of Consumer Affairs
- f. **Certified Peer Recovery Specialist (CPRS)** – An individual providing Peer Recovery Support Services who has obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.
- g. **Community Based Access and Support** – A unit within the Behavioral Health Administration that houses the Office of Consumer Affairs and provides oversight for its funded programs and activities.

Calvert County LBHA

SFY2022

Peer-to-Peer Services

- h. **1 – on – 1 Peer Contact** – Peer support sessions via phone or in person, lasting at least 15 minutes in duration
- i. **Peer Recovery Specialist (PRS)** - An individual providing Peer Recovery Support Services who has NOT yet obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.
- j. **Registered Peer Supervisor (RPS)** – An individual who supervises certified and non-certified Peer Recovery Specialists and has obtained the Registered Peer Supervisor (RPS) endorsement from a credentialing board identified by the State.
- k. **Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e. monthly, quarterly etc.).
- l. **Statement of Work (SOW)** - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency and outcomes/outputs. *(Unless otherwise noted, BHA-required SOW's shall generally be Performance-Based or Level of Effort/Time & Materials/Unit Rate in nature).*

TERMS

The LBHA shall provide or contract for the following during the Award Period of July 1 2021 – June 30, 2022:

- 1. Ensure that the delivery of services is facilitated exclusively by individuals who identify as having lived experience in behavioral health recovery.
- 2. Provide opportunity options for PRS/CPRS to meet with individuals in settings that are comfortable to the individual seeking support;
- 3. Ensure that all Peer-to-Peer services are offered and conducted on a voluntary basis and are guided by a recovery plan which is created and maintained by the individual receiving the support;
- 4. Establish a relationship with a Registered Peer Supervisor (as evidenced by a RPS certificate) who will provide supervision hours to staff and/or volunteers seeking or maintaining their Certified Peer Recovery Specialist credential;
- 5. Through the support of PRS/CPRS's ensure that individuals receiving services navigate community-based supports and resources;
- 6. Support services shall include, but are not limited to:
 - A. One-on-one meetings;
 - B. Peer support groups;
 - C. Activities that reduce isolation;
 - D. Resume building and interview prep;
 - E. Recovery Plan development;
 - F. Accessing entitlements and other social services;
 - G. Recovery advocacy work;

Calvert County LBHA

SFY2022

Peer-to-Peer Services

- H. Vocational/Educational activities;
 - I. Connection to treatment based support;
 - J. Community outreach;
 - K. Resource connection activities.
7. The Award Recipient shall submit the Peer-to-Peer Quarterly Reports to the BHA's Office of Consumer Affairs, no later than 30 days after the close of each reporting period.
 8. Provide BHA-OCA with any corrective action plans that result from a program investigation, consumer complaint, or unmet contract deliverables within 15 days of notification to the program.
-

STATEMENT OF WORK

NAME OF AWARD RECIPIENT:	Calvert County LBHA
AWARD #	AS027SAS
PERIOD : SFY22	July 1, 2021 – June 30, 2022

SECTION I.

1.	Title	Peer-to-Peer Services
2.	Objectives	Peer to Peer services are unique in that the delivery of these services is facilitated exclusively by individuals who identify as having lived experience in behavioral health recovery. These individuals are professionally known as Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS) when working in the credentialed status of this role. Peer-to-Peer services can be facilitated within a formal setting such as a community based treatment program but are not exclusive to that setting. Peer-to-peer services are frequently effective in non-traditional settings such as no-barrier community support agencies, areas in the community where high rates of overdose, homelessness, and other health disparities exist, and other diverse settings such as hospitals, court houses, and jails. Peer-to-Peer services will demonstrate a high degree of flexibility and be individualized to the person receiving support. Peer-to-Peer services will empower people served allowing them to exert control over their lives and exercise the maximum level of self-determination. Peer-to-Peer services will focus on supporting recovery and establishment of a life in the community.
3.	Award Value	\$154,908
4.	Name of Contractor/ Provider Organization	<i>To be completed by jurisdiction.</i>
5.	List of ALL positions funded in part or wholly by this Award	<i>To be completed by jurisdiction.</i>
6.	Location of Work / Work Site of Service Delivery	<i>To be completed by jurisdiction.</i>
7.	Performance Requirements	Provide support services to an unduplicated count of two-hundred forty (240) individuals.
8.	Reporting Requirements	Provide the Office of Consumer Affairs with quarterly reports (Peer-to-Peer Quarterly Report) documenting program progress on the deliverables contained within the reporting tool. Reports are due 30 days after the close of each quarterly reporting period. Provide BHA-OCA with any corrective action plans that result from a program investigation, consumer complaint, or unmet contract deliverables within 15 days of notification to the program.
9.	Modification Requirements	Should modifications to this agreement be required; requests must be submitted in writing by the Local Behavioral Health Authority/Local Addiction Authority to the Director of Community Based Access and Support. Requests

		for changes will be reviewed by the Office and will be considered in a timely manner. If changes are approved, the Office will partner with the Local Authority and BHA Finance to make necessary changes and provide the local authority with an updated Scope of Work to guide service delivery.
10.	Special Requirements	All providers of peer recovery support services are strongly encouraged to pursue and obtain their Certified Peer Recovery Specialist credential from any approved state credentialing board in Maryland.

SECTION II. - Work Breakdown Structure (WBS)

Task/Activities	Deliverables/Milestones /Unit Measure	Tentative Dates/Timeframes for Delivery
Provide Peer-to-Peer services to individuals seeking behavioral health supports	240 unduplicated individuals served	July 01, 2021 – June 30, 2022

The Calvert County LBHA has read and understands the requirements of this Statement of Work (SOW) for the Peer-to-Peer Services covering the Award Period of July 01, 2021 through June 30, 2022. Further, the Award Recipient agrees to provide/deliver the stated services as described above, not to exceed the amount listed in Section I., in the manner and timeframe reflected herein.

AWARD RECIPIENT:

Signature of Authorizing Official:

Printed Name of Authorizing Official:

Effective Date: July 01, 2021

**Peer-to-Peer
 QUARTERLY REPORT**

This report should be submitted quarterly to the MDH – Behavioral Health Administration’s Office of Consumer Affairs within 30 days from the close of the reporting period. Submission deadlines are identified below. Send reports to kavlin.mcjilton1@maryland.gov.

- Quarter 1 Deadline -----October 30th
- Quarter 2 Deadline -----February 1st
- Quarter 3 Deadline -----April 30th
- Quarter 4 Deadline -----July 30th

Jurisdiction		Person Completing Form	
Contact Email Address		Contact Telephone Number	
Total # of funded CPRS positions		Total # of funded PRS positions	
Total # of 1 – on – 1 Peer Contacts		Total # of Unduplicated Served by Peers	

Behavioral Health Administration
FY-2021 **2022**
Conditions of Award
Calvert County Health Department
Recovery Support Service Expansion
AS 027 SAS

Recovery Community Center (On Our Own)

~~\$11,826~~

\$12,240

The LBHA shall provide or contract for the delivery of Recovery Community Center services.

These recovery-oriented sanctuaries are anchored in the heart of the community and put a face on recovery, build recovery capital and serve as a physical location where the local recovery community's ability to care is organized. While Recovery Community Centers are not treatment agencies, 12 Step clubs, or drop-in centers, aspects of all of these are apparent.

These services are activities and supports provided on a regular or episodic basis to individuals who are in recovery from mental and or substance use disorders. They are designed to meet some of the social, educational, health, individual and group peer support and other non-clinical needs of individuals required for sustained recovery.

Support services include, but are not limited to:

- One-on-one meetings;
- Peer Support Groups;
- Activities that reduce isolation;
- Resume building and interview prep;
- Recovery Plan development;
- Accessing entitlements and other social services;
- Recovery advocacy work;
- Vocational/Educational Training;
- Connection to treatment based support.

The Grantee who provides or contracts to provide recovery services shall submit quarterly reports to BHA's Office of Consumer Affairs outlining the following data collection points:

1. Total number of Certified Peer Recovery Specialists providing support services in a jurisdiction's Recovery Community Center(s);
2. Total number of Non-Certified Peer Recovery Specialists providing support services in a jurisdiction's Recovery Community Center(s);
3. Unduplicated number of individuals served by both Certified and Non-Certified Peer Recovery Specialist in a jurisdiction's Recovery Community Center(s);

4. Total number of contacts (defined as a face to face meeting lasting longer than 15 mins) facilitated by both Certified and Non-Certified Peer Recovery Specialist in a jurisdictions Recovery Community Center(s);
5. Total number of group sessions facilitated by both Certified and Non-Certified Peer Recovery Specialist in a jurisdictions Recovery Community Center(s);
6. Total number of referrals to treatment facilitated by both Certified and Non-Certified Peer Recovery Specialist in a jurisdictions Recovery Community Center(s);
7. Total number of Recovery Support Service Referrals made in the following categories: Education, Employment, Financial Assistance, Housing, Medical/Dental, Nutrition, Transportation, Other.

Jurisdictions are required to submit the attached form no longer than 30 days after the close of each reporting period:

Quarter 1 Deadline -----	October 30 th
Quarter 2 Deadline -----	January 30 th
Quarter 3 Deadline -----	April 30 th
Quarter 4 Deadline -----	July 30 th

Performance Measure: 40 served

REPORTING FORM LOCATED ON NEXT PAGE

Peer-to-Peer

**Recovery Community Center
REPORT FORM**

This form should be submitted quarterly to the Director of the Office of Consumer Affairs for the Maryland Department of Health's – Behavioral Health Administration. Submission deadlines and reporting requirements are identified below.

Jurisdictions are required to submit the attached form no longer than 30 days after the close of each reporting period:

- Quarter 1 Deadline** ----- **October 30th**
- Quarter 2 Deadline** ----- **January 30th**
- Quarter 3 Deadline** ----- **April 30th**
- Quarter 4 Deadline** ----- **July 30th**

Jurisdiction		Person Completing Form	
Contact Email Address		Contact Telephone Number	
Total # of Certified Peers		Total # of Non-Certified Peers	
Total # of Peer Contacts with Participants		Total # of Unduplicated Served by Peers	
Total # of Peer Facilitated Support Groups		Total # of Referrals to Treatment	
Total # of Recovery Support Service Referrals made to the following categories:			
Education		Employment	
Financial Assistance		Medical/Dental	
Housing		Nutrition	
Transportation		Other	

Behavioral Health Administration
FY-2021 ~~2021~~
Conditions of Award
Calvert County Health Department
Recovery Support Service Expansion
AS 027 SAS

State Attorney Liaison
\$57,316

The Calvert County LBHA intends to contract with a qualified provider to establish a State's Attorney Liaison. This award funds a case manager position that will provide wraparound services to individuals involved in the criminal justice system in Calvert County. This position will work with individuals who are both pre and post arrest to provide intervention and referral to needed services.

Services:

- Build relationships with the county's Office of the State's Attorney.
- Work to remove legal barriers to treatment for clients in crisis.
- Provide referrals to local legal services.
- Coordinate interpretation services for clients.
- Coordinate admission to developing diversion programs.

Initial referrals for this service will come mainly from the Calvert County Court Systems however individuals can be referred by other agencies if they are involved in the criminal justice system and have appropriate behavioral health needs.

Allowable expenses include:

- Salary and fringe benefits for a 1 FTE Case Manager position.
- o Time spent in court on behalf of clients
- o Status hearings
- o Pre-court meetings
- o Case consultation meetings with Office of the State's Attorney
- o Correspondence with court officials on behalf of the client
- Training

- Printing that is directly related to this award.
- Administrative costs (indirect costs, office supplies, etc).
- Funds may be utilized for other expenses not laid out in this document only with prior approval from the Calvert County LBHA.

Activities that funds may not be used for include:

- Funds may not be used if other funding sources are already paying for that service.
- Treatment services that are reimbursable through Medicaid.
- Funds may not be used for any items or services that are not directly related to the provision of the services described in this scope of work.

Performance Measures

This program will serve at least 15 distinct clients per month for a total of 180 unduplicated clients per year.

Reporting Requirements

Reports will be due on the 15th of the month for the prior month's activities addressing progress towards outcomes. Reports will be sent to BHA's Criminal Justice Coordinator with the Office of Crisis and Criminal Justice Services. Reports will include at a minimum:

- Number of referrals to the program
- Number of new individuals enrolled in case management services
- Number and Type of referrals made by Case Manager
 - o Benefits/Entitlements
 - o Treatment Services
 - o Housing
 - o Brief narrative to describe successes and challenges

Calvert County Health Department
Local Behavioral Health Authority
Condition of Award
July 1, 2020-June 30, 2021
~~2021~~ AS027SAS ~~2021~~ 2022

Treatment in Detention Center

~~\$38,603~~

\$150,048

The Calvert County LBHA shall contract with a qualified provider to provide treatment services within the Calvert County Detention Center. This award will contract for a .55 FTE Clinician (LMSW, LGPC, LCSW-C, LCPC) to provide counseling services to inmates in the detention center.

Clinical Services include:

1. Provide counseling services to inmates with identified mental health, substance abuse, or co-occurring conditions.
 - a. This includes ongoing services while inmates are incarcerated as well as linkages to providers within the community upon release.
2. Provide services to inmates who meet criteria through LS/CMI and ASAM for substance related disorders.
3. Serve individuals involved in problem solving courts, Parole and Probation, the general population, pre-release individuals, and pre-trial inmates.
 - a. Coordinate services with the appropriate individuals from each of these different agencies as well as any other relevant individuals.
4. Take part in weekly integrated detention center classification team meetings.

Initial referrals for this service will come mainly from the Calvert County Detention Center staff, however individuals can be referred from other unspecified referral sources.

Allowable expenses include:

1. Salary and fringe benefits for a .55FTE Clinician
2. Training
3. Administrative costs (indirect costs, office supplies, etc.)
4. Funds may be utilized for other expenses not laid out in this document only with prior approval from the Calvert County LBHA.

Activities that funds may not be used for include:

1. Funds may not be used if other funding sources are already paying for that service.
2. Treatment services that are reimbursable through Medicaid.
3. Funds may not be used for any items or services that are not directly related to the provision of the services described in this scope of work.

Performance Measures

1. This program will serve at least 30 unduplicated clients per month.

at least
- 100 Individuals per year
- 150 referrals
- Perform 147 8505 Evaluations

Reporting Requirements

1. Quarterly reports are to be submitted electronically to the Coordinator of Criminal Justice Services from the Office of Crisis and Criminal Justice Services, BHA on October 30, January 30, April 30, and July 30. The report form can be found online at: <https://bha.health.maryland.gov/Pages/Clinical-Services.aspx>
2. Reports will include at a minimum:
 - a. Number of referrals to the program
 - b. Number of new individuals enrolled in treatment services within the detention center
 - c. Monthly count of unduplicated individuals enrolled in each type of jail based treatment services

This grant award is subject to the above conditions. Failure to comply with these Conditions of Award may result in the following, including but not limited to, loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected

➤ Drug Court COA

Calvert County Health Department
~~SFY 2021~~ SFY 2022
AS372DCT
Drug Treatment Court

CONDITIONS OF AWARD
DRUG TREATMENT COURT

The general conditions and award terms provided herein are applicable to all Behavioral Health Administration (BHA) awards for SFY2021 ~~SFY 2021~~ **FY2022**

These **Conditions of Award (CoA's)** set out the standard terms and conditions for all BHA awards and should be read in conjunction with the Allocation Letter and the proposed Budget submitted by the jurisdiction/organization.

In addition to the CoA, each grant award document contains "program specific" award details and instructions also known as a **Statement of Work (SOW)** and may be incorporated by reference in the CoA. These program details are designed to ensure that award recipients comply with any regulatory, statutory or local programmatic requirements. Additionally, project specific terms and conditions may be amended and/or added to an award at any time during the award period, in order to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award are made aware of their responsibilities and comply with these Conditions of Award where applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

BHA reserves the right to vary the Conditions of Award at any time by providing 30 days written notice to the award recipient.

DEFINITIONS

- a. **Allocation Letter** - A letter notifying a jurisdiction or Behavioral Health Authority of projected allocation amounts to be anticipated for the upcoming state fiscal year.
- b. **Award Letter** - the letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.
- c. **Award Recipient(s)** - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.
- d. **Award Period** - the period of the Award as set forth in the Award Letter.
- e. **BHA-CCJS** - Behavioral Health Administration - Office of Crisis and Criminal Justice Services.

- f. **Case Management** - Case management ensures that: (1) clients are linked to relevant and effective services; (2) all service efforts are monitored, connected, and in synchrony; and (3) pertinent information gathered during assessment and monitoring is provided to the entire problem-solving court team in real time.
- g. **Correspondence with Court Officials** – includes, but is not limited to phone calls, face to face meetings, preparation of status reports
- h. **Direct Services** – includes time in court, preparation for status hearings, transporting clients to and from court, treatment services or other supports that may be required as part of the Drug Treatment Court plan.
- i. **Drug Treatment Court** - specialized court docket that targets criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems. This non-adversarial court team works together to restore the defendant and a productive, non-criminal member of society, using graduated sanctions for non-compliance.
- j. **Office of Problem-Solving Courts** - serves as the court's liaison to sustain and advance the development, maintenance, and advancement of a collaborative therapeutic system. Problem Solving Courts include Drug Treatment Courts, Mental Health Courts, and Truancy Courts.
- k. **Peer Support Services** - Peer Support services involve the development of a collaborative relationship between an individual seeking or maintaining their recovery and an individual in long-term recovery. This relationship will assist in developing healthy living skills, the acquisition and enhancement of recovery self-management skills, and will simultaneously reduce the isolation experienced by many individuals with behavioral health concerns.
- l. **Pre-court Meetings** - Pre-court staff meetings are where team members share their observations and impressions about each participant's performance in the program and propose behavioral and therapeutic responses for the judge to consider. The treatment representative's presence at the staff meetings ensures that each team member understands the treatment team's perspective and allows it to be taken into consideration when important decisions are made in the case. Pre-court staff meetings typically are held for about an hour to ninety minutes prior to the problem-solving court status hearing itself.
- m. **Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e. monthly, quarterly etc.).
- n. **Substance Use Disorder Screening (*Testing for Substances of Abuse*)** - Testing for substances of abuse involves the collection and testing of urine: 1) as part of the intake process to confirm a newly admitted client's substance use history; 2) as a routine part of therapy; and 3) to identify an intoxicated client or confirm abstinence. The frequency of testing should occur not less than once a week or more frequently than every 3 days in the

first weeks of treatment, and should be scheduled in a timeframe that aligns with the detection window for the substance.

- o. **Statement of Work (SOW)** - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency and outcomes/outputs. *(Unless otherwise noted, BHA-required SOW's shall generally be Performance-Based in nature.)*
- p. **Status Hearing** - Treatment agencies are primarily responsible for managing the delivery of treatment services for problem-solving court participants. Clinically trained representatives treatment providers are core members of the problem-solving court staff team and regularly attend problem-solving court status hearings. Problem-solving court status hearings typically are held for about an hour to ninety minutes prior to the problem-solving court hearing itself.
- q. **Transportation** – Transportation services may be provided to enable individuals to comply with court mandated treatment and drug testing. Transportation may include being escorted by the Drug Court staff (using an agency vehicle), providing vouchers with a pre-approved transportation service, and/or the purchase of passes to cover the cost of public transportation. These funds are not to be used for the purchase or reimbursement of gasoline, to perform preventive or routine vehicle maintenance;
- r. **Transition Age Youth (TAY)** – People between the age of 16 – 24 who are in transition from state custody or foster care and are "at risk", or less likely to successfully transition into adulthood and achieve economic self-sufficiency due to environmental, social and/or behavioral factors.
- s. **Youth** – Individuals between the age of 14 – 24

TERMS

The LBHA shall provide or contract for the following during the Award Period of July 1 ~~2020~~²⁰²¹ - June 30, ~~2021~~²⁰²²:

- 1) BHA/OPSC funds shall be used for the sole purpose of support for Drug Treatment Court services and shall not be used for any other program.
- 2) BHA/OPSC funds may be used to support the cost of staff who provide direct services to Drug Court clients.
 - a) Preparation of documents for court
 - b) Time spent in court
 - c) Transporting client to/from court
 - d) Court required case management services
- 3) BHA/OPSC funds shall only be used to support direct services to Drug Court clients are

restricted to the following:

- a) Non-reimbursable services delivered in ambulatory treatment settings to individuals actively being served in drug treatment court.
*****Services submitted for reimbursement must be itemized*****
 - b) Time spent in court on behalf of the client including status hearings, pre-court meetings, and case consultation meetings with drug court personnel.
 - c) Non-reimbursable clinical case management associated with SUD treatment services.
 - d) Correspondence with court officials on behalf of the client.
 - e) Transportation of clients to and from hearings, counseling and other drug court related requirements. Procurement of transportation services must comply with the procurement policies of the State and local jurisdiction
- 4) Requests to purchase non-reimbursable services require pre-approval by BHA. Approval should be requested in writing. This includes, but not limited to:
 - a) Staff training is restricted to local and/or online training that focuses on working with individuals in a drug court setting.
 - b) Equipment, such as, laptops and phones
 - 5) All requests for changes in Drug Court programming shall be submitted in writing to BHA's Office of Crisis and Criminal Justice Services Manager for approval prior to implementation.
 - 6) Funds may not be used for the purchase, maintenance or general upkeep of vehicles.
 - 7) BHA/OPSC funds may not be used to cover the cost of Public Defenders or other legal fees incurred by the Drug Court participant..
 - 8) BHA/OPSC funds cannot be used to supplement, substitute or supplant salary costs that are funded by the Federal, State or local government.
 - 9) The BHA Webform must be submitted along with the annual budget submission and with any future budget actions. Performance measures and related data should correspond with the budget submission.
 - 10) Quarterly expenditures must be submitted on the BHA webform and detail progress in comments section. Reports are due October 30th, January 30th, April 30th, and July 30th.
 - 11) All budget modification requests must be **received** by the BHA Grants and Contracts Management Section **no later than April 15 or the first business day thereafter**.
 - a) Any modification not received by April 15th or the first business day thereafter, will not be approved or processed.
 - 12) **Implementation of the budget modification may not begin until approval is received in writing. Implementation prior to approval may result in the disallowance of expenditures.**
 - 13) This award is based on estimated levels of state funds. If actual allocations differ from current estimates, this award may be adjusted accordingly.

Calvert County Health Department
SFY ~~2021~~ 2022
AS372DCT
Drug Treatment Court

- 14) Services funded with these Conditions cannot be billed under Maryland's Public Behavioral Health System.
- 15) Provide BHA's Office of Crisis and Criminal Justice Services with any corrective action plans that result from a program investigation, consumer complaint, or unmet contract deliverables within 15 days of notification to the program.

Calvert County Health Department
 SFY ~~2021~~ *2022*
 AS372DCT
 Drug Treatment Court

STATEMENT OF WORK

NAME OF AWARD RECIPIENT: Calvert County Health Department

AWARD NAME/GRANT #: AS372DCT

PERIOD OF PERFORMANCE: July 01, ~~2020~~ *2021* to June 30, ~~2021~~ *2022*

SECTION I.

Title	Drug Treatment Court
Objectives	Drug treatment courts are specialized court dockets that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have a substance use disorder. The court, through a designated drug court judge, provides overall leadership for the team and represents the court authority to the drug court participants. The Behavioral Health Administration (BHA), through an Agreement with the Office of Problem Solving Courts (OPSC), supports the Drug Court program. Active in 22 jurisdictions throughout the state, the program utilizes an individualized intensive and structured treatment program. The court plays an integral role in monitoring an individual's progress in treatment. Using a non-adversarial approach, the court team works to achieve treatment goals and utilizes graduated sanctions for individuals who are non-compliant with the program. The goal of the Drug Treatment Court is to restore defendants as productive, non-criminal members of society.
Estimated Value	\$80,112
Name of Contractor/ Provider Organization	Calvert County Behavioral Health Clinic
List of ALL positions funded in part or wholly by this Contract Award	1 FTE- Office Clerk II, Drug Court Support 0.4 FTE- Consultant, Drug Court Assessor
Location of Work / Work Site of Service Delivery	Calvert County Behavioral Health Clinic, 280 Stafford Rd Barstow, MD Circuit Court of Calvert County, 175 Main St Prince Frederick, MD
Performance Requirements	The Calvert County Local Behavioral Health Authority will contract with a local behavioral health services provider to implement services to individuals who are involved in the Calvert County Adult Treatment Court. Staff will evaluate referrals to the drug court program, provide case management and attend case management meetings. Clients are directed to resources as needed during their

	time in the program.
Reporting Requirements	<p>Submit quarterly reports to the Office of Crisis and Criminal Justice Services. Reports are due as follows:</p> <p>Jul 1 – Sept 30 due: Oct 31</p> <p>Oct 1 – Dec 31 due: Jan 31</p> <p>Jan 1 – Mar 31 due: Apr 30</p> <p>Apr 1 – Jun 30 due: Jul 30</p>
Modification Requirements	<p>Should modifications to this agreement be required; requests must be submitted in writing by the Local Behavioral Health Authority/Core Service Agency to the Director of the Office of Crisis and Criminal Justice Services. Requests for changes will be reviewed by the Office and will be considered in a timely manner. If changes are approved, the Office will partner with the Local Authority and BHA Finance to make necessary changes and provide the local authority with an updated Scope of Work to guide service delivery.</p>
Special Requirements	

SECTION II.

Work Breakdown Structure

Task/Activities	Deliverables/Milestones	Level of Effort / Unit Measure	Tentative Dates/Timeframes for Delivery
Substance Use Disorder Screenings	# unique individuals screened for SUD	Quarterly	07/01/2020 – 06/30/2021
Substance Use Disorder services/treatment referrals	# unique individuals	Quarterly	07/01/2020 – 06/30/2021
Delivery of Case Management Services (Assist/Facilitate successful completion of Drug Treatment Court requirements)	1) # unique individuals receiving non-billable Case Management Services	Quarterly	07/01/2020 – 06/30/2021

Calvert County Health Department
 SFY ~~2021~~ ²⁰²²
 AS372DCT
 Drug Treatment Court

	2) # of documented Case Management Sessions for Adults 3) # of documented Case Management Sessions for Transition Age Youth		
Attendance at status hearings, pre-court meetings, case consultation meetings, etc.	# hours spent in court on behalf of client	Quarterly	07/01/2020 – 06/30/2021
Delivery of SUD Treatment Services	# hours of non-reimbursable clinical case management	Quarterly	07/01/2020 – 06/30/2021
Correspondence with court officials	# correspondence actions with court officials	Quarterly	07/01/2020 – 06/30/2021
Transportation Services	# individuals transported for substance use disorder treatment services	Quarterly	07/01/2020 – 06/30/2021
Delivery of Peer Support Services	1) # individuals served 2) # families served	Quarterly	07/01/2020 – 06/30/2021

The Calvert County Health Department has read and understands the requirements of this Statement of Work (SOW) for the Drug Treatment Court covering the Award Period of July 1, 2020 to June 30, 2021. Further, we agree to provide/deliver the stated services as described above, for the amount listed in Section I., in the manner and timeframe reflected herein.

AWARD RECIPIENT:

Signature of Jurisdiction's Authorizing Official:

 5/11/2020

Printed Name of Jurisdiction's Authorizing Official:

Andrea McDonald-Fingland, LCSW-C

Effective Date: 5/11/20

Calvert County Health Department
SFY ~~2021~~ *2022*
AS372DCT
Drug Treatment Court

BHA PROGRAM STAFF APPROVAL:

Signature of BHA Staff Member:
On file at BHA

Printed Name of BHA Staff Member:
Darren McGregor

Effective Date: July 1, ~~2020~~ *2021* - June 30, ~~2021~~ *2022*

Drug Treatment Court Quarterly Report - SAMPLE

Substance Use Disorder Screenings	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# unique individuals screened for SUD				
Substance Use Disorder services/treatment referrals				
# unique individuals				
Delivery of Case Management Services (Assist/Facilitate successful completion of Drug Treatment Court requirements)				
1) # unique individuals receiving non-billable Case Management Services				
2) # of documented Case Management Sessions for Adults				
3) # of documented Case Management Sessions for Transition Age Youth				
Attendance at status hearings, pre-court meetings, case consultation meetings, etc.				
# hours spent in court on behalf of client				
Delivery of SUD Treatment Services				
# hours of non-reimbursable clinical case management				
Correspondence with court officials				
# correspondence actions with court officials				
Transportation Services				
# individuals transported for substance use disorder treatment services				
Delivery of Peer Support Services				
# individuals served				

Calvert County Health Department
SFY ~~2021~~ 2022
AS372DCT
Drug Treatment Court

# families served				
-------------------	--	--	--	--

Narrative Qtr. 1	
Narrative Qtr. 2	
Narrative Qtr. 3	
Narrative Qtr. 4	

➤ **MDRN COA-**

(Calvert County/Local Behavioral Health Authority)

CONDITIONS OF AWARD

The general conditions and award terms provided herein are applicable to all Behavioral Health Administration (BHA) awards for SFY2022

These **Conditions of Award (CoA's)** set out the standard terms and conditions for all BHA awards and should be read in conjunction with the Allocation Letter and the proposed Budget submitted by the Calvert County Local Behavioral Health Authority.

In addition to the CoA, each grant award document contains "program specific" award details and instructions also known as a **Statement of Work (SOW)** and may be incorporated by reference in the CoA. These program details are designed to ensure that award recipients comply with any regulatory, statutory or local programmatic requirements. Additionally, project specific terms and conditions may be amended and/or added to an award at any time during the award period, in order to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award are made aware of their responsibilities and comply with these Conditions of Award where applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

BHA reserves the right to vary the Conditions of Award at any time by providing 30 days written notice to the award recipient.

DEFINITIONS

- a. **Allocation Letter** - A letter notifying a jurisdiction or Behavioral Health Authority of projected allocation amounts to be anticipated for the upcoming state fiscal year.
- b. **Award Letter** - The letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.
- c. **Award Recipient(s)** - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.
- d. **Award Period** - The period of the Award as set forth in the Award Letter.
- e. **BHA** – Behavioral Health Administration
- f. **Medicare "donut hole"** A gap in Medicare Part D prescription drug coverage in which the Medicare beneficiary is responsible for paying for 25% of the cost of covered prescription drugs, once the total covered prescription drug costs, what the individual and their insurance plan have collectively paid, has reached the initial coverage limit (\$4,130 for 2021) and continuing until the out of pocket threshold (\$6,550 for 2021), has been reached. For brand name drugs, 95% of the total cost of the covered prescription drug counts towards the out of pocket threshold, while for generic prescription drugs, only the individual's contribution counts towards the out-of-pocket threshold.
- g. **Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e. monthly, quarterly etc.).

(Calvert County/Local Behavioral Health Authority)

h. Statement of Work (SOW) - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency and outcomes/outputs. *(Unless otherwise noted, BHA-required SOW's shall generally be Performance-Based in nature.)*

TERMS

The CSA/LAA/LBHA shall provide or contract for the following during the Award Period of July 1 2021 – June 30, 2022:

Maryland RecoveryNet (MDRN) SUD Client Support Services

The Local Behavioral Health Authority (LBHA)/Local Addiction Authority (LAA) shall directly administer and disburse the MDRN Substance Use Disorder (SUD) Client Support Services funds in accordance with the provisions below and may not contract with a sub-vendor for the administration and disbursement of these funds. The purpose of these funds is to enable an individual to access or retain community-based behavioral health services and shall be linked to the client's clinical and/or recovery support plan goals. It is the intent of BHA that MDRN SUD Client Support Services funds be utilized as funding of last resort for the purchase of emergency goods and the provision of time-limited services. MDRN SUD client support services, by definition, do not include recovery housing services which are authorized and reimbursed separately through the Administrative Services Organization (ASO).

General Conditions for the Use of Funds:

1. Individuals being referred to MDRN SUD Client Support Services shall be connected to State Care Coordination (SCC). For individuals currently not enrolled in SCC, the MDRN-approved recovery residence shall submit a referral to the SCC entity coincident with the request to the BHA/LAA for approval of MDRN.
2. Individuals must be actively engaged in a Fee-for-Service (FFS) Public Behavioral Health System (PBHS) funded outpatient treatment service, other than MDRN recovery housing services, in order to be eligible or retain eligibility for MDRN SUD Client Support Services. The State Care Coordinator must secure signed, written documentation from the treating clinician stating that the individual is actively engaged in Substance Use Disorder (SUD)-related treatment services for the full duration of the individual's eligibility with MDRN. Documentation must remain on file for five (5) years with the State Care Coordination entity and be readily available for review and inspection at any time. If at any point the individual is no longer actively engaged in treatment services, the State Care Coordinator shall immediately notify the BHA Regional Area Coordinator (RAC).
3. The purpose of MDRN SUD Client Support Services funds is to enable an individual to access or retain community-based behavioral health services and shall be linked to the individual's clinical treatment and/or recovery support plan goals. Any requests for MDRN funding must demonstrate the relationship between the requested MDRN service or support and the individual's identified clinical treatment or recovery goal. BHA, at its discretion, may request a copy of the individual's recovery or treatment plan.

(Calvert County/Local Behavioral Health Authority)

- 4 MDRN is to be utilized as a funding of last resort, after all other community, private, individual, or family resources have been exhausted. The LBHA or LAA must use an assessment form to document the availability of other resources in the community, which resources were pursued, and the outcome of those pursuits. At a minimum, three alternative resources must be consulted.

If the request is to purchase items to meet a recurrent or ongoing need(s), the request must include a sustainability plan that details how such needs will be met in the absence of MDRN funding.

- 5 Reimbursement shall be for only approved actual costs of goods or services.
- 6 The LBHA/LAA shall reimburse MDRN approved care coordination providers for approved, actual costs for MDRN client support service(s) provided on behalf of MDRN eligible individuals upon receipt of a request, verification of need, and documentation to substantiate the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation, as applicable.
- 7 Allowable costs are governed by the Human Services Agreements Manual or Local Health Department Funding System Manual.
- 8 The use of MDRN SUD Client Support Funds may not exceed \$1,000 per client without prior written approval by the BHA's Director of Clinical Service Division, Adults and Older Adults, or Assistant Director of Clinical Service Division, Adults and Older Adults or their designee unless the expenditure is for a life and/or safety issue, in which case the LBHA/LAA Director may approve the expenditure and subsequently notify by email the Director or Assistant Director, Clinical Services Division as soon as feasible. The cumulative \$1,000 per client per fiscal year threshold merely represents the upper limit of approval authority for the LBHA/LAA for any individual in a fiscal year without further written BHA approval; it does not represent an annual funding amount to which an MDRN-eligible client is entitled to receive.
- 9 The LBHA/LAA shall submit a quarterly report to the Director, MDRN and Maryland Certification of Recovery Residences at mdrn.info@maryland.gov on the following: number of individuals referred, number of individuals served, total cost of goods and services by category, itemized list of tangible items purchased.

Eligible Use and Reimbursement of Funds:

Pharmacy:

1. Funds shall be used for MDRN clients who are not Medical Assistance (MA) or MCHIPS beneficiaries and who receive a prescription for a medication related to the treatment of a behavioral health disorder or a medication which supports the administration of a medication related to a behavioral health disorder, from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing and legally authorized to prescribe the medication.

Page | 3

(Calvert County/Local Behavioral Health Authority)

2. Funds shall be used as a last resort after exhausting other alternatives such as:
 - a. Physician samples
 - b. Pharmaceutical companies' indigent medicine program.
 - c. Med Bank; and
 - d. Charity organizations
3. An MCHIPS, and/or a Medical Assistance Application shall be completed and submitted for each individual receiving medications paid for by these funds.
4. Documentation must be retained on the following: number of prescriptions, number of individuals served and cost of the prescription.
5. Funds shall only be used after Medicare Part D coverage is exhausted and not for the Medicare "donut hole."
6. Funds shall only be used for approved, actual medication costs.

Transportation:

1. Funds may be used, on a time-limited basis, for transportation costs for MDRN clients to access Fee for Service (FFS) Public Behavioral Health System (PBHS) SUD treatment services when MA does not pay for the transportation, and a sustainability plan exists for how transportation will be provided when MDRN funds are no longer available. If the individual requires transportation to access SUD treatment services, the LBHA/LAA must retain documentation from the Local Health Department (LHD) that Medicaid (MA) funded transportation is unavailable and the reason for the unavailability of such transportation. If the individual is clearly not eligible for Medicaid transportation, then the SCC shall document the reason that the individual is not eligible for the service.
2. Transportation requests must clearly indicate the purpose for which transportation is being requested, the type of transportation funding requested (e.g., tokens, passes or vouchers); the transportation provider (e.g., public transportation: bus, subway, light rail; taxicab; ride sharing), whether transportation is being requested to assist the individual in accessing SUD treatment services and, if not, how the individual will access such treatment. Transportation funds may be used, on a time-limited basis for MDRN clients to access competitive employment when a sustainability plan exists for how transportation will be provided when MDRN funds are no longer available.
3. Funds may only be used to support transportation costs from a licensed or registered transportation network provider for MDRN clients who are in service with BHA-licensed SUD treatment providers. Written documentation from the treating clinician stating that the individual is actively engaged in Substance Use Disorder (SUD)-related treatment services is required at the time of initial request. The LAA/LBHA shall retain ongoing documentation that

(Calvert County/Local Behavioral Health Authority)

the MDRN client is receiving treatment from a licensed PBHS SUD Treatment provider in order for the individual to retain eligibility for tokens, passes, or vouchers.

4. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the transportation tokens, passes, or vouchers.
5. Documentation must be retained on the following: number of individuals served, the cost of the transportation, and the type of transportation assistance provided.
6. Funds shall only be used for approved, actual transportation costs

Vital Documents:

1. Funds may be used to purchase state identification cards and birth certificates for individuals receiving SUD treatment services in the FFS PBHS.
2. Vital Document requests must identify the type of vital document(s) (e.g., birth certificate, state identification card) needed and how such document(s) will be obtained. Documentation must be retained on the following: first and last name and the date of birth of each individual receiving a birth certificate and/or state identification card and the actual cost of the document.
3. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the vital document(s).
4. Vital Document requests must identify the type of vital document(s) (e.g., birth certificate, state identification card) needed and how such document(s) will be obtained. Documentation must be retained on the following: first and last name and the date of birth of the individuals receiving a birth certificate and/or state identification card and the actual cost of the document.
5. Documentation must be retained on the following: number of individuals served, the cost of the vital documents, and the type of vital documents assistance provided.
6. Funds shall only be used for approved, actual vital document costs.

Transitional Support Needs:

1. Transitional Support Needs Requests must be for specific items and not broad categories of items. Each item to be purchased must be specifically and separately described within the request.

(Calvert County/Local Behavioral Health Authority)

2. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the item(s). Only those specific items for which approval has been requested in advance shall be reimbursed. If a certain item has not been explicitly identified and pre-approved, the LBHA/CSA shall not remit payment for that item.
3. Funds may be used for the following allowable emergency or one-time only permanent housing costs (not for a recovery residence) in order to alleviate a need that is presenting a barrier to the MDRN client's recovery:
 - a. Security deposit and first month's rent for permanent housing (not for a recovery residence);
 - b. Utility turn on charges, or deposit for permanent housing (not for a recovery residence);
 - c. Basic household goods to establish a permanent housing residence (not for a recovery residence);
 - d. Past due utility, rent, or mortgage when payment enables the client to remain in permanent housing, when a plan for continuing payment by the client is feasible (not for a recovery residence).
4. Emergency or one-time only clothing or personal hygiene item costs.
5. Educational or employment expenses only in connection with the individual's approved individual supported employment, treatment, or recovery plan when the item is not otherwise eligible for coverage from the Division of Rehabilitation Services (DORS) or a related state or federal program.
6. Documentation must be retained on the following: number of individuals served, the cost of the transitional support and the type of transitional service provided..
7. Funds shall only be used for approved, actual transitional support needs costs.

Medical Services:

1. Funds may be used for dental services, for which no other resources exist.
2. Funds may be used for medical services, for which no other resources exist, such as eyeglasses and durable medical equipment.
3. Medical services requests must indicate the type of service (medical, dental) or equipment requested (e.g, durable medical equipment, eyeglasses), a completed copy of the PBHS uninsured eligibility form; a copy of a completed Medicaid or Health Insurance Exchange application and documentation of submission.
4. Documentation must be retained on the following: number of individuals served, the cost of the transitional support and the type of transitional assistance provided.

5. Funds shall only be used for approved, actual medical services and equipment costs

Ineligible Use of Funds: Funds shall not be used for the purchase of or reimbursement for the purchase of:

1. Goods and services for the use of employees, consultants, contractors, or staff of the LAA/LBHA or affiliated entity or for any friends or family members of employees, consultants, contractors, or staff of the LAA/LBHA or affiliated entity.
2. Cell phones, cell phone services, and associated fees and charges.
3. Passports
4. Furniture, furnishings, and supplies for the operation of a recovery residence.
5. Communal supplies for the operation of recovery residence, including but not limited to toilet paper, cleaning and household supplies, bedding, towels, cutlery, cooking utensils, and appliances.
6. Services that are directly or indirectly provided by MDRN approved providers.
7. Recovery residence operating expenses.
8. Recovery residence application fees, security deposits, move-in fees, or any other fees charges, or rent for a recovery residence.
9. Services or equipment that is reimbursable by the PBHS or other payer.
10. Co-pays for services reimbursable by the PBHS.
11. Clients' personal, family members', or friends' vehicle repairs, emissions tests, registration fees, transfer taxes, titling fees, insurance premiums, monthly payments or down payments.
12. Gasoline, including mileage reimbursement, for use in a client's personal, family members' or friends' vehicle.
13. Gym or health club memberships (unless prescribed by the treating physician).

(Calvert County/Local Behavioral Health Authority)

14. Legal fees, fines, or debts.

15. Any other good or service not specified above for which BHA has not approved in writing.

NAME OF AWARD RECIPIENT:	Calvert County Local Behavioral Health Authority
AWARD #	BH 221 CSS
PERIOD : (State Fiscal Year)	July 1, 2021 to June 30, 2022

SECTION I.

1.	Title	Maryland RecoveryNet (MDRN) SUD Client Support Services
2.	Objectives	The Local Behavioral Health Authority (LBHA)/Local Addiction Authority (LAA) shall directly administer and disburse the MDRN Substance Use Disorder (SUD) Client Support Services funds in accordance with the provisions below and may not contract with a sub-vendor for the administration and disbursement of these funds. The purpose of these funds is to enable an individual to access or retain community-based behavioral health services and shall be linked to the client's clinical and/or recovery support plan goals. Any requests for MDRN funding must demonstrate the relationship between the requested MDRN service or support and the individual's identified clinical treatment or recovery goal. BHA, at its discretion, may request a copy of the individual's recovery or treatment plan. It is the intent of BHA that MDRN SUD Client Support Services funds be utilized as funding of last resort for the purchase of emergency goods and the provision of time-limited services. MDRN SUD client support services, by definition, do not include recovery housing services which are authorized and reimbursed separately through the Administrative Services Organization (ASO).
3.	Award Value	\$6,544
4.	Name of Contractor/ Provider Organization	Identify what entity will be responsible for delivering the service(s). Various.
5.	List of ALL positions funded in part or wholly by this Award	No positions are funded under this COA-SOW.
6.	Location of Work / Work Site of Service Delivery	Identify a physical location(s) where tasks/activities are to be carried out / completed. Community-based locations
7.	Performance Requirements	<ul style="list-style-type: none"> The LBHA/LAA shall reimburse MDRN approved care coordination providers for approved, actual costs for MDRN client support service(s) provided on behalf of MDRN eligible individuals upon receipt of a request, verification of need, and documentation to substantiate the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation, as applicable.

		<ul style="list-style-type: none"> The LBHA/LAA shall submit a quarterly report to the Director, MDRN and Maryland Certification of Recovery Residences on the following: number of individuals referred, number of individuals served, total cost of goods and services by category, itemized list of tangible items purchased.
8.	Reporting Requirements	<p>The LBHA/LAA shall submit a quarterly report to the Director, MDRN and Maryland Certification of Recovery Residences at mdrn.info@maryland.gov on the following:</p> <ul style="list-style-type: none"> number of individuals referred, number of individuals served, total cost of goods and services by category, itemized list of tangible items purchased.
9.	Modification Requirements	Any modifications of this COA-SOW needs prior approval from the Assistant Director of Clinical Services Division (Adults and Older Adults). Any modifications need to submitted in writing.
10.	Special Requirements	Referrals to the Maryland RecoveryNet (MDRN) SUD Client Support Services must be made by the State Care Coordinator.

SECTION II. - Work Breakdown Structure (WBS)

Task/Activities	Deliverables/Milestones /Unit Measure	Tentative Dates/Timeframes for Delivery
The LBHA/LAA shall submit a quarterly report to the Director, MDRN and Maryland Certification of Recovery Residence at mdrn.info@maryland.gov	<ul style="list-style-type: none"> Number of individuals referred, Number of individuals served, Total cost of goods and services by category, Itemized list of tangible items purchased with cost. 	October 30, 2021 January 30, 2022 April 30, 2022 July 30, 2022
The LBHA/LAA shall reimburse MDRN approved care coordination providers for approved, actual costs for MDRN client support service(s) provided on behalf of MDRN eligible individuals upon receipt of a request,	Reimbursement of actual costs of goods.	July 1, 2021 to June 30, 2020
Review request, verification of need, and documentation to substantiate the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation.	Approval or denial of request	July 1, 2021 to June 30, 2020

(Calvert County/Local Behavioral Health Authority)

The **Calvert County Local Behavioral Health Authority** has read and understands the requirements of this Statement of Work (SOW) for the **Maryland RecoveryNet (MDRN) SUD Client Support Services** covering the Award Period of July 1, 2021 to June 30, 2022. Further, the Award Recipient agrees to provide/deliver the stated services as described above, not to exceed the amount listed in Section I., in the manner and timeframe reflected herein.

AWARD RECIPIENT:

Signature of Jurisdiction's Authorizing Official:

 _____

Printed Name of Jurisdiction's Authorizing Official:

Laurence Polsky _____

Effective Date: 1/22/21 _____

BHA PROGRAM STAFF APPROVAL:

Signature of BHA Staff Member:

Printed Name of BHA Staff Member:

Effective Date: _____

ATTACHMENT E

Behavioral Health Administration
~~FY 2021~~ **FY22**
Conditions of Award
Calvert County Health Department

Substance Abuse and Treatment Services (SATS)
TCA Addictions Specialist(s) Program

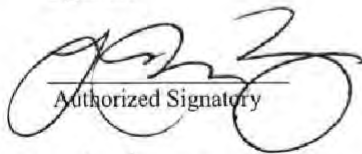
AS065TCA

\$38,895

The Maryland Department of Health (MDH)/Behavioral Health Administration (BHA) and the Calvert County Health Department agree that:

- 1) Services funded with this agreement cannot be billed under Maryland's Public Behavioral Health System.
- 2) The Conditions of Award are accepted as detailed in the Attachments.
- 3) The amount of this Agreement for Fiscal Year ~~2021~~ **2022** is \$38,895.

Signature:


Authorized Signatory

7/14/2020
Date



**Substance Abuse and Treatment Services (SATS)
TCA Addictions Specialist(s) Program
\$38,895**

Position 1 - 78%

This grant award is subject to the following conditions. Failure to comply with these Conditions of Award may result in the following, including, but not limited to loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

Grantee shall provide the following services:

1. Grantee shall comply with all fiscal and programmatic requirements as they relate to the SATS Program in the manner prescribed by the Behavioral Health Administration, i.e. budget requests, budget narratives, budget modifications, programmatic issues, and staffing.
2. Grantee shall deem the Behavioral Health Administration as the primary point of contact for all issues and questions concerning the SATS program including fiscal requirements/programmatic requirements and any issues about the monthly reports and the BHA SATS DATA SYSTEM
3. Grantee shall report the prescribed Addictions Specialist Screening Results to the Behavioral Health Administration through a monthly report form that is Due to BHA no later than the **5th of the month**. The Grantee will enter all data including screenings and results of screenings, assessment information, urinalyses and case management data into the monthly form and BHA SATS Data System as required.
4. Grantee shall inform the Behavioral Health Administration upon Addictions Specialist(s) termination/retirement of employment. This information should be reported to BHA no later than 7 days after termination of employment.
5. Grantee shall inform BHA of the contingency plan that will be in effect during the recruitment period. This plan shall be submitted to BHA within 14 days of the termination/retirement of the SATS Addiction Specialist. This contingency plan will be updated and sent to BHA monthly until the SATS position is filled.
6. Grantee shall provide a plan for an employee that is on extended leave. The plan shall include how the Grantee will continue to fulfill the SATS requirements. This plan is to be update monthly until the SATS Specialist returns back to work.
7. Grantee shall inform the BHA of new employee start date, credentials, location, contact information and the number of days/hour that the new employee will work at the Local Department of Social Services (LDSS).
8. Grantee shall submit a quarterly report to the Behavioral Health Administration of all addiction specialist working hours that are outlined in the Quarterly Reporting Document. The document should include the following elements

- a) Staff Name
- b) Start Date
- c) End date
- d) Days in LDSS Office by quarter
- e) Comment section include vacation, holidays, personal and sick time

All Referrals for the services will come through the Local Department of Social Services Staff, all referral forms shall be complete and have the Client Automated Resource and Eligibility System (CARES) Number identified on the referral form.

SATS Addiction Specialist Requirements:

1. The SATS Addiction Specialist shall provide services to the following population at the LDSS
 - a) Temporary Cash Assistance (TCA) Screens:
 - b) Temporary Cash Assistance (TCA) Assessments:
 - c) Temporary Cash Assistance (TCA) referral to Treatment
 - d) Temporary Cash Assistance (TCA) Redetermination
 - e) Food Stamp Program (FSP) Screens:
 - f) Food Stamp Program (FSP) Assessments:
 - g) Food Stamp Program (FSP) Referral to Treatment
 - h) Child Welfare (that are TCA Eligible) Screens
 - i) Child Welfare Assessments
 - j) Child Welfare Referral to Treatment
 - k) Minor Parent Screens
 - l) Minor Parent Assessments
 - m) Minor Parent Referral to Treatment
 - n) Urinalysis: per requirements and or clinical observation
 - o) Case Management Services
9. SATS Addiction Specialists are credentialed by the Maryland State Board of Professional Counselors and Therapist.
10. SATS Addiction Specialist shall ensure that they are receiving a completed form from the LDSS Case Worker with the CARES number on the form.
11. SATS Addiction Specialists are required to attend annual meeting at BHA and any other training that are required by BHA.
12. SATS Addiction Specialists are required to be on site at the Local Department of Social Services (LDSS) for the amount of time required through this grant agreement.
13. SATS Addiction Specialists are required to be on site at the Local Department of Social Services to complete all SATS Work Requirements
14. SATS Addiction Specialists are required to be on site at LDSS for all local site visits by BHA Staff.
15. SATS Addiction Specialist are required to enter all DATA elements into the BHA Data System

➤ Federal SAPT Services

Attachment E

Behavioral Health Administration
FY ~~2021~~ 2022
Conditions of Award
Calvert County Health Department
Federal Fund Services Grant
AS 219 FED

State Care Coordination
\$80,946

The LBHA/LAA shall provide or contract for the provision of State Care Coordination (SCC) services within their jurisdiction. The jurisdiction is mandated to enroll into State Care Coordination services individuals for whom there is an uninsured authorization in the Administrative Services Organization (ASO) system for residential Substance Use Disorder (SUD) treatment (Levels 3.7, 3.5, and 3.3), and other populations as identified by the jurisdiction, with written approval of the BHA Coordination of Care Program Manager.

The LBHA/LAA shall ensure that:

1. State Care Coordination services for 140 individuals consist of an intake while the individual is still in treatment and twice monthly contact for the duration of SCC services.
= Successfully discharge 70 indiv. - 8 Critical Incidents Reported
2. All individuals who enroll into SCC complete an initial face-to-face or telephone interview prior to discharge from a residential treatment program. A telephone intake is only appropriate when travel distance is over 20 miles or 30 minutes from the residential program to the SCC location.
3. All required enrollment data is entered into the Administrative Services Organization (ASO) system by the SCC provider.
4. A monthly data report that captures the following elements is submitted to the BHA Coordination of Care Program Manager no later than the 5th of month.
 - Jurisdictions name
 - Coordinators name
 - Month and year
 - # of enrollments for the month
 - # of discharges for the month
 - Anticipated problems relevant to SCC
 - Identified needs for efficient delivery of SCC services
 - Integral changes in staffing
 - # of critical incidents reported for the month
5. Individuals are discharged in the ASO system by the SCC provider after 30 days of no contact or the individual declines continuing services and support.

Attachment E

6. Staff changes are immediately reported to the BHA Coordination of Care Program Manager.
7. A representative of the SCC provider participates in monthly SCC Workgroup meetings.
8. A representative of the SCC provider participates in quarterly Regional Meetings. The purpose of these meetings is to provide jurisdictions with regular program updates, to explain Administration initiatives, and to provide a forum for jurisdictional discussion.
9. The SCC provider complies with confidentiality of individual information, including but not limited to Protected Health Information as set forth in applicable state and federal regulations. Confidentiality of individual information is an ethical obligation for State Care Coordination providers and a legal right for every individual.
10. Individuals who become incarcerated after enrollment into SCC services are discharged from SCC services in the ASO system and/or any relevant program EHR/EMR systems. The individual may be re-enrolled into SCC Services three weeks prior to being released from incarceration.
11. A Critical Incident Report to the BHA Coordination of Care Program Manager is submitted to BHA within 24 hours of becoming aware of the incident. Critical incidents are those events that occur while an individual is receiving SCC services that negatively impact the individual, individual's family, other individual or the SCC initiative, including but not limited to:
 - Death
 - Suicide attempt
 - Injury to self (including overdose)
 - Assault or injury to others
 - Any sexual activity between a staff member and a program participant
 - Sexual/physical abuse or neglect, or allegation thereof
 - Inappropriate use of SCC resources
 - Incarceration for any reason
12. A SCC Satisfaction Survey is administered by the State Care Coordinator at prescribed intervals (every 6 months) and during the discharge process for each individual receiving SCC services and is sent via email to the BHA Coordination of Care Program Manager.

Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)
Calvert County
Local Behavioral Health Authority (LBHA)
FY2022 ~~FY20~~ Conditions of Award (COA)
Medication Assisted Treatment (MAT) Coordinator
Contract Period: July 1, ~~2019~~ June 30, ~~2020~~ - 2022
Budget: AS 219 FED
Award Amount: \$32,384

With a total budget of \$32,384, the Local Behavioral Health Authority (LBHA) shall provide or contract for the provision of Medication Assisted Treatment (MAT) case management to individuals who have been diagnosed with an Opioid Use Disorder or Alcohol Use Disorder, and may be in need of assistance with referral to MAT. Individuals may be referred from primary care physicians, behavioral health providers, case managers, local hospital, local law enforcement, self-referrals, or other community referral sources. The funding provided shall be used to:

1. Cover salary and fringe for a .5 FTE Case Manager position to coordinate referrals to MAT treatment, recovery support services, and assistance with acquiring entitlements for individuals within the jurisdiction.
2. Cover administrative costs (cell phone, office supplies, and software maintenance) associated with the functionality of the position.
3. Support training for the MAT Coordinator in the education and benefits of engaging in MAT treatment utilizing one of the 3 approved Federal Drug Administration (FDA) medications.
4. Establish a comprehensive list of MAT community providers.

The Grantee shall ensure:

1. The program serves ¹⁶ distinct clients per month for a total of ²⁰⁰ ~~180~~ unduplicated clients per fiscal year.
2. The MAT Coordinator provides care coordination with the consumer's MAT provider and somatic care teams, ^{provide 100 referrals to Non-MAT Services}
3. Reports are submitted by the 30th of each month to the BHA Contract Monitor on a BHA approved reporting tool. Report shall include, but not be limited to the following:
 1. Number and origination of referrals to the program;
 2. Number of new individuals enrolled into MAT services during the reporting month;
 3. If individuals are referred to services other than MAT, # and where referrals are made
 4. to; and
 5. Number of individuals referred to State Care Coordination services if applicable.

4. The provider complies with confidentiality of individual information, including but not limited, to Protected Health Information (HIPAA) as set forth in applicable state and federal regulations. Confidentiality of individual information is an ethical obligation for providers and a legal right for every individual.

Calvert County
FY20 MAT COA

5. If applicable, the Grantee will monitor the sub-vendor(s) to ensure that they maintain all licenses, certifications, and accreditation status, and as is required by federal, state and local laws, statutes and regulations governing the provision of community behavioral treatment and recovery support services to individuals.

Attachment E

6. The Grantee will monitor sub-vendor(s) expenditures to ensure that funding is only used for allowable costs unless the Grantee gives a written exception to the BHA sub-vendor and provides a copy of the exception to the BHA Contract Monitor.

7. If services are provided by a sub-vendor, compliance with the COA will be conducted through on-site visits utilizing a BHA provided monitoring tool to assess compliance. For any identified areas of non-compliance, the LBHA shall require a corrective action plan, monitor corrective action plan progress, and submit the completed monitoring report to the BHA Contract Monitor. Failure to comply with these Conditions of Award may result in the following, including but not limited to, loss of award, future audit exceptions, dis-allowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

The Maryland Department of Health /Behavioral Health Administration, and the Calvert County Local Behavioral Health Authority agree that:

1. Services funded with this agreement cannot be billed under Maryland's Public Behavioral Health System (PBHS); and

2. The Conditions of Award for the above mentioned project are accepted as detailed above.

Authorized Signature

Authorized Signatory Date
BHA Contract Monitor:
Risa Davis
Regional Services Manager
The Office of Treatment Services
410.402.8578
risa.davis@maryland.gov

Maryland Department of Health (MDH)
 Behavioral Health Administration (BHA)
 Calvert County Local Behavioral Health Authority (LBHA)
 FY20 Conditions of Award (COA)
 Court Assessor/Diversion Program *2022*
 Contract Period: July 1, ~~2019~~ – June 30, ~~2020~~
 Budget: AS 219 FED
Amount: \$32,672

With a total budget of \$32,672, the Local Behavioral Health Authority (LBHA) shall provide or contract for the provision of services to be provided for Court Assessor/Diversion Program to coordinate treatment and other services for individuals with substance use disorders (SUD) who are involved with the local court system. It will connect eligible individuals from the Calvert County Court System with local resources to divert them from future incarceration.

The funding provided shall be used to:

1. Establish a Court Assessor to provide services within a Diversion Program;
2. Cover salary and fringe for a .4 FTE Licensed Clinician to provide case management and care coordination services (LMSW, LGPC, LCSW-C, LCPC);
3. Cover administrative costs associated with the functionality of the position; and
4. Support additional training for the clinician.

The Grantee shall ensure:

1. This program will conduct assessments for at least 75 unduplicated individuals during the fiscal year/contract period.
2. Individuals are assessed and receiving services as a result of being involved with the local court system, and have a diagnosed behavioral health disorder;
3. Collaborative coordination of services with local judges, public defenders, State's Attorney, and local behavioral health providers to divert appropriate individuals from incarceration;
4. Reports are submitted by the 30th of each reporting month utilizing a reporting tool approved by the BHA. The report shall include, but not be limited to the following:

- Referral source;
- Number of individuals assessed for potential diversion;
- Number of individuals determined appropriate for diversion planning;
- Number of individuals enrolled in diversion planning for the reporting month and year-to-date;
- Type of service provided in the diversion plan

- o Residential treatment
- o Outpatient treatment
- o Case management

Calvert County
 LBHA
 FY 20 COA
 Court Assessor/Diversion Program

Failure to comply with these Conditions of Award may result in the following, including but not limited to, loss of award, future audit exceptions, dis-allowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

 The Maryland Department of Health (MDH)/Behavioral Health Administration (BHA) and Calvert County Local Behavioral Health Authority agree that:

1. Services funded with this agreement cannot be billed under Maryland's Public Behavioral Health System (PBHS); and
2. The Conditions of Award for the above mentioned project are accepted as detailed above.

Attachment E

Authorized Signature

Authorized Signatory Date

Contract Monitor:

Risa Davis

Regional Services Manager

Office of Treatment Services

410.402.8578

risa.davis@maryland.gov

Conditions of Award

Calvert County Health Department – Local Behavioral Health Authority
School Based Services

FY ~~20~~ Award *FY 2022*

July 1, ~~2019~~ – June 30, ~~2020~~

2021
AS 219 FED *2022*

\$61,455

This award funds a case manager position that will bridge the connection between crisis services and the identified Handle with Care officials within the Calvert County Public School System. The Coordinator will:

- Coordinate the provision of comprehensive integrated services for young children and their families.
 - Track and ensure completeness of milestones, such as treatment plans.
 - Track open appointment slots.
 - Identify and facilitate clinical services to be provided by interns.
- Maintain relationships with students and their families over summer breaks, including summer school and summer camps.
- Coordinate the Handle With Care effort between Law Enforcement, Mobile Crisis, Rational Re-Entry, and the Public School system.
- Be an available resource for other escalated situations involving Calvert County Public School System youth.

Allowable expenses include:

- Salary and fringe benefits for a .2 FTE Case Manager position.
- Training.
- Administrative costs (indirect costs, office supplies, etc).
- Funds may be utilized for other expenses not laid out in this document only with prior approval from the Calvert County LBHA.

Activities that funds may not be used for include:

- Funds may not be used if other funding sources are already paying for that service.
- Treatment services that are reimbursable through Medicaid.
- Funds may not be used for any items or services that are not directly related to the provision of the services described in this scope of work.

Attachment E

Outcomes Measurements and Reporting Requirements: - 150 individuals Served

The LBHA shall be tracking certain performance measurements including:

- Name and licensure of sub-contracted agency and/or agency staff.
- Number of consumers referred to the program and referral source.
- Number of new individuals referred to case management services.
- Number and type of referrals to school based treatment services.
- Number and type of referrals to non-school based treatment services.
- Outcome specific measures to be established between BHA and LBHA's.

This information should be reported to BHA Director of Child and Adolescent and Young Adult Services semi-annually with the first report due 4/15/2020 (Q1 and Q2 data) Contact for this award will be Caroline Jones (cjones@maryland.gov)

**Statement of Work
Calvert County CSA/LBHA
FY~~2021~~ 2022
Psychogeriatric Assessment and Treatment Program (CCPAT)
\$78,237**

The Calvert County Psychogeriatric Assessment and Treatment Program is intended to aid in meeting the mental health needs of the elderly in Calvert County. The CSA shall:

1. Employ a licensed mental health professional who shall provide assessment, treatment and referral services to older adults by going into private homes, the three senior centers and nursing homes, as requested (32 hours per week).
2. Coordinate services with the Senior Citizen Programs, the Mental Health Clinic, Office on Aging, private physicians and nursing homes.
3. 80 individuals shall be seen for a total of 760 services in FY 2017. None of the individuals who are recipients of service will require an inpatient psychiatric hospitalization.
4. The services are not billable under Medicare.
5. The CSA will submit quarterly reports to BHA, Office of Planning.

D. Budget Worksheets 1-2

±

Administrative and Mental Health Services Worksheet #1

FISCAL YEAR 2022 LOCAL BEHAVIORAL HEALTH PLAN											
BUDGET WORKSHEET #1											
GRANTEE NAME:	Calvert County Health Department/ LBHA										
PROJECT TITLE:	Mental Health Services										
AGREEMENT NUMBER:	MH026MSZ										
Type of Service	Fiscal Year 2020 Actuals				Fiscal Year 2021 Budget				Fiscal Year 2022		Comments/Explanation of Changes
	Actual Expenditures Charged to Award	Actual Expenditures for Services Charged to Rollover Budget	Total Expenditures	Actual Outcomes	Budget Award	Budgeted Outcomes	Projected Expenditures	Projected Outcomes	FY 2022 Budget Award	Budgeted FY 2022 Outcomes	
AS/MH Agreement #AS346ADM											
Total Administration Award	334,139.09	1317.91	335,457.00		357,388		357,388		\$ 357,388.00		
AS/MH/MU Agreement #/Service											
MH026MSZ											
1) MCCJTP	55,641.25	5614.75	61256		61256		12,915		61,256		COVID-19 has dramatically limited access to the Detention Center to provide this service. Anticipated expenditures may increase as access to inmates increases utilizing telehealth services. We are also working with the vendor to determine alternatives for utilizing this funding to more fully expend the award. COVID-19 has reduced court services which has impacted outcomes for FY21.
# of individuals served				298		180		302		N/A	
# of assessments				N/A		N/A		N/A		180	
# of therapy visits				N/A		N/A		N/A		500	
2) Court Assessor	14220	23220	37440		37440		37440		37,440		
# interviewed/assessed				93		150		54		150	
3) Urgent Care	5537	5463	11000		11000		4,025		11,000	40	
# of evaluations				56		40		39			
4) EPS (Emergency Psychiatric Services)	42000	0	42000		42000		42000		42,000	1000	
# of individuals served				1038		1000		1000			
5) Consumer Support (Adult)	11500	0	11500		11500		5520		11,500		
# of individuals provided pharmacy				1		N/A		N/A		N/A	
# of prescriptions purchased				1		N/A		N/A		N/A	
# of individuals provided transportation				N/A		360		228		360	
6) Consumer Support (C&A)	4264	6277	10541		10541		1000		10,541	12	
# of individuals served				2		12		12			
7) Family Navigation	119459	0	119459		119459		119,459		119,459		
# of families served				78		60		65		60	
% satisfaction rating				N/A		N/A		N/A		80	
# of educational workshops				N/A		N/A		N/A		3	
# attending educational workshops				N/A		N/A		N/A		30	
8) Wellness and Recovery	120,983	0	120,983		130,226		130,226		134,784		
# of individuals served				137		100		100		100	
Subtotal/Grand Total of Services ONLY	\$373,604	\$40,575	\$414,179		\$423,422		\$352,585		\$427,980		
Attach additional sheets if necessary:											
Provide a subtotal for services on each sheet as well as a total for each award #.											

- General Fund SUD Services – #1 Worksheet

WORKSHEET #1											
MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL HEALTH ADMINISTRATION FISCAL YEAR 2022 LOCAL BEHAVIORAL HEALTH PLAN BUDGET WORKSHEET #1											
GRANTEE NAME:		Calvert County Health Department/ LBHA									
PROJECT TITLE:		General Fund SUD Services									
AGREEMENT NUMBER:		AS027SAS									
Type of Service	Fiscal Year 2020 Actuals				Fiscal Year 2021 Budget				Fiscal Year 2022		Comments/Explanation of Changes
	Actual Expenditures Charged to Award	Actual Expenditures for Services Charged to Rollover Budget	Total Expenditures	Actual Outcomes	Budget Award	Budgeted Outcomes	Projected Expenditures	Projected Outcomes	FY 2022 Budget Award	Budgeted FY 2022 Outcomes	
AS/MH Agreement #AS027SAS											
1) Court 8505 Evaluations	22695.05		22695.05		111,445		76,878		N/A	N/A	
# of evaluations				0		15		2			
2) Peer to Peer	59773.38		59,773		154,908		154,904		154,908		
# of individuals served				4719		1200		708		400	
# of peer encounters				N/A		N/A		N/A		1000	
3) States Attorney Liaison	12121.22	40875	52996.22		57,316		14452		57,316		The local courts have been closed much of 2020 and 2021. This position was recently filled and should start producing outcomes soon.
# of individuals served				0		180		0		100	
# of referrals				N/A		N/A		N/A		150	
4) Continuing care	68321.42		68321.42		N/A		N/A		N/A	N/A	
# of evaluations				3		N/A		N/A		N/A	
5) Tx In Detention Center	N/A	N/A	N/A		38,603		30868		150,048		
# of individuals served						360		22		100	
# of referrals						N/A		N/A		150	
# of 8505 evaluations						N/A		N/A		4	
6) Recovery Community Center	11005.00	0	11822		11,826		12240		12,240		
# of individuals served				140		40		104		40	
7) Salary and Fringe	4899.98		4899.98								
Chair collections	-210.00		-210								
Subtotal/Grand Total of Services ONLY	178606.05	\$40,875	\$220,298		\$374,098		\$289,342		\$374,512		

MDRN/DCT/TCA Worksheets #1 –

WORKSHEET #1											
MARYLAND DEPARTMENT OF HEALTH											
BEHAVIORAL HEALTH ADMINISTRATION											
FISCAL YEAR 2022 LOCAL BEHAVIORAL HEALTH PLAN											
BUDGET WORKSHEET #1											
GRANTEE NAME: Calvert County Health Department/ LBHA											
PROJECT TITLE: MDRN/DCT/TCA											
AGREEMENT NUMBER: BH221CCS, AS372DCT, AS065TCA											
Fiscal Year 2020 Actuals				Fiscal Year 2021 Budget				Fiscal Year 2022			
Type of Service	Actual Expenditures Charged to Award	Actual Expenditures for Services Charged to Rollover Budget	Total Expenditures	Actual Outcomes	Budget Award	Budgeted Outcomes	Projected Expenditures	Projected Outcomes	FY 2022 Budget Award	Budgeted FY 2022 Outcomes	Comments/Explanation of Changes
AS/MH Agreement #											
AS/MH/MU Agreement #/Service											
1) BH221CCS	N/A	N/A	N/A		6544		880		6544		
# of individuals provided pharmacy				N/A		30		0		15	
# of individuals provided transportation				N/A		30		0		15	
# of individuals provided vital docs				N/A		25		4		15	
# of individuals provided other support				N/A		25		0		15	
2) AS372DCT	69,313	10,798.50	80,112		80,112		69,964		81,112		
# of hours in case consultation				41		345		80		N/A	
# of hours in case management				80		576		60		N/A	
# of referrals				N/A		N/A		N/A		60	
# of individuals completing program				N/A		N/A		N/A		50	
3) AS065TCA	35,374.81	4,629.19	40,004		38,899		12965		38,899		
% of referrals screened				88		90		0		N/A	
% of referred assessed				50		75		0		N/A	TCA has received no new referrals from DSS
% of referred in treatment				100		75		0		N/A	this fiscal year. The position is currently not
% successfully completing treatment				39		50		0		N/A	filled but a new staff will begin in March
# referred and screened				N/A		N/A		N/A		100	
Subtotal/Grand Total of Services ONLY	\$104,688	\$15,428	\$120,116		\$125,551	\$1,121	\$83,809		\$126,551	\$170	
Attach additional sheets if necessary:											
Provide a subtotal for services on each sheet as well as a total for each award #.											

- **MH Federal Block Grant/ FED Services SAPT Worksheet #2**

WORKSHEET #2									
MARYLAND DEPARTMENT OF HEALTH									
BEHAVIORAL HEALTH ADMINISTRATION									
FISCAL YEAR 2022 LOCAL BEHAVIORAL HEALTH PLAN									
BUDGET WORKSHEET #2									
FEDERAL BLOCK GRANTS									
GRANTEE NAME:	Calvert County Health Department /LBHA								
PROJECT TITLE:	Federal Block Grants								
AGREEMENT NUMBER:	MH248OTH, AS219FED								
	FY 2020		FY 2021			FY 2022			
Type of Service	Actual Expenditures	Actual Outcomes Delivered	Approved Award	Projected Expenditures	Budgeted Outcomes	Projected Outcomes	Budget Request	Proposed Outcomes	Comments/Explanation of Changes
MH248OTH	78,237		78,237	56,824			78,237		
1) Psychogeriatric Treatment Program	78,237		\$ 78,237.00	56,824			\$ 78,237.00		
# of individuals served		298			80	166		80	
# of services provided		1418			760	676		760	
AS219FED	143,192		207,457	134,204			207,457		
2) State Care Coordination	71172.72		80,946	38,232			80,946		
# of individuals served		110			140	110		140	
# of individuals discharged		59			N/A	N/A		70	
# of critical incidents		0			N/A	N/A		0	
3) MAT Coordinator	10,565.07		32,384	26428			32,384		
# of individuals enrolled in MAT		49			180	408		200	
# of non-MAT service referrals		N/A			N/A	N/A		100	
5) School Based Services Coordinator	61,454.52		61,455	51916			61,455		
# of individuals served		642			N/A	142		150	
6) Court Assessor/Diversion	0		32,672	17628			32,672		
# of individuals assessed		0			75	24		75	
# of individuals enrolled		N/A			N/A	N/A		30	
Subtotal or Grand Total of Services	\$221,429		\$285,694	\$191,028			\$285,694		
Attach additional sheets if necessary:									
*Please show services in the same order that they appear on the budget purchase of service detail page and/or Human Services page (DHMH 4542H/4542I or DHMH432G).									
Provide a subtotal for services on each sheet as well as a total for each award #.									

E. DHMH 433 & 434

**DHMH 434
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964
AND SECTION 503 AND 504 OF THE REHABILITATION ACT OF 1973,
AS AMENDED**

As a condition necessary to the award of State and/or Federal funds, Calvert
County Local Behavioral Health (hereinafter called the Applicant).
Authority

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and with Section 503 and 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services issued pursuant to these Acts (45 CFR Parts 80 and 84), to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, or handicapped status, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Department of Health and Mental Hygiene; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color or national origin in any Aprogram or activity receiving federal financial assistance≡ [42 U.S.C. 2000 (d)] (Discrimination on the basis of sex is addressed by a different law.) It does not extend to employment practices unless providing employment is a primary objective of the federal assistance, but relates to the provision of services in a non-discriminatory manner. AEach state agency administering a continuing program that receives federal financial assistance is required to establish a Title VI compliance program for itself and its sub recipients≡ (20 CFR Sec. 42.410).

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures on the basis of race, religion, age, sex, political affiliation or handicap.

Section 503 of the Rehabilitation Act of 1973, as amended: requires federal contractors and subcontractors to take affirmative action to employ and advance in employment qualified disabled people (as opposed to the nondiscrimination of Section 504). An affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of \$50,000 or more.

In addition, Section 503 of the Rehabilitation Act of 1973 requires the following clauses in all contracts and subcontracts involving federal funds of \$10,000 or more. The required clauses are:

- a) The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- b) The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the act.
- c) In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.
- d) The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
- e) The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
- f) The contractor will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more of federal funding unless exempted by rules, regulations, or orders of the (federal) secretary issued pursuant to Section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance (41 CFR 60-741.4.4)

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 et seq.): prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires that all recipients of federal funds analyze and make any needed changes in three general areas of operation: programs and activities, facilities, and

DHMH 434
Revised May 2005

employment. A Recipient is specifically defined to include sub recipients. It states among other things that:

A Grantees that provide health... services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.

THE ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the Applicant by the State of Maryland, Department of Health and Mental Hygiene, including installment payments after such date on account of applications for Federal and/or State financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

The recipient: (Check (a) or (b))

- a. employs fewer than fifteen persons;
- b. employs fifteen or more persons and has designated the following person(s) to coordinate its efforts to comply with these DHHS regulations for Section 504.

Sharon Walser, Human Resources

Name of Designee(s) - Type or Print

Date: 2/28/20 Calvert County Local Behavioral Health Authority
(Applicant)

By: Dr. Lawrence Polsky, MD, Health Officer
(President, Chairman of Board, or comparable authorized official)

P.O. Box 980
Prince Frederick, MD 20678
(Applicants Mailing Address)

Grant Title: _____ Grant Number: _____

Signature of Official: [Signature]

CALVERT COUNTY HEALTH DEPARTMENT

P.O. Box 980
975 Solomons Island Road,
N Prince Frederick,
Maryland 20678

Washington Area (301) 855-1353

Laurence Polsky, MD, MPH, F.A.C.O.G
Health Officer

Baltimore Area (410) 269-1051

Champ Thomaskutty, MPH
Deputy Health Officer

Fax (410) 535-5285

Sharon Walsler, Director
Administrative Services



STATE OF MARYLAND

www.calverthealth.org

Calvert County Health Department Procurement Policy

Summary

The purpose of this policy is to provide guidelines regarding purchasing activities within the Calvert County Health Department (CCHD). Procurements shall be divided into three categories:

Category I	\$ 0 - \$ 5,000
Category II	\$ 5,001 - \$15,000
Category III	\$15,001 - Above

Category I (\$0 - \$5,000)

- i. A procurement in this price range can be awarded based upon the decision of the Fiscal Officer. While some attempt at competition is preferred, the educated decision of the Fiscal Officer is sufficient to make an award. This is true even if no competition was sought, or a vendor other than the lowest priced bidder/offeror is preferred.
- ii. CCHD will use Corporate Purchasing Cards for all Category I Small Procurements whenever possible.
- iii. Staff will fill out the purchase requisition form complete with signatures for supervisor approval and attach 3 written quotes for individual items over \$2,500.00. Obtaining quotes is the responsibility of the staff member.
- iv. Quotes are not required when purchasing from vendors with active contracts through CCHD or its affiliates.
- v. Staff are not allowed to make purchases online using their own

purchase order whenever possible.

c
r
e
d
i
t

card through personal accounts.
vi. Medical supplies, drugs, and equipment shall be obtained by


purchase order whenever possible.

Category II (\$5,001 - \$15,000)

- i. Procurements in this price range requires 3 written quotes.
- ii. Obtaining quotes is the responsibility of the staff member.
- iii. Quotes may be obtained by fax, email, mail, website, eMaryland Marketplace, or by advertising in a publication such as a newspaper or journal.
- iv. Quotes shall be selected by one of the following conditions:
 1. Most favorable price
 2. Most favorable prospective price
 3. Most advantageous offer (requires justification)
- v. In the instance that only one quote is received, the Fiscal Officer shall make the award, provided that a determination is made that the price is fair and reasonable. Justification must be documented.

b. Category III (\$15,001 -Above)

- i. Procurements in this price range require a written contract.
- ii. Category III small procurements require a written notice to be published on an agency bid board, newspaper of general circulation, e-Maryland Marketplace, or electronic media generally available to the business community.
- iii. This published notice must be posted/advertised a minimum of three working days prior to the date bids/proposals are due and at a minimum, contain the following elements:
 1. Description of services requested, including the contract term;
 2. Time, date, place and form of response requested;
 3. Basis for award, including evaluation criteria if "most advantageous offer" basis is used;
 4. The name and telephone number of the fiscal officer to whom inquiries may be directed.



Deputy Health Officer
Champ Thomaskutty

11/18/19

**ADMINISTRATIVE PROCEDURE
CALVERT COUNTY, MARYLAND**

TITLE: PURCHASING SYSTEM (Voucher System)

Purpose

- 1.0 To establish a general policy and criteria for the purchases by the County of supplies or services as referenced in the County Code, Sec. 6-102, Exceptions to competitive bidding.
- 1.1 The following are the laws that govern Calvert County Purchasing according to: "The Code of Public Local Laws of Calvert County, Maryland" Contracts and Purchasing, Title 6.
- 1.2 Sec. 6-101. Competitive bidding
 - A. Except as otherwise provided in this title, contracts for the purchase by the County of supplies or services involving \$15,000 or more shall be awarded at a regularly scheduled meeting of the Commissioners to the lowest responsible bidder meeting specifications. A contract may not be subdivided to avoid the requirements of this section.
 - B. The Commissioners shall invite proposals for all contracts subject to this Section by publishing a notice in at least two county newspapers for two consecutive weeks. The notice shall state that in not less than three weeks the Commissioners will meet in public session to receive bids for the described purchase or contract, state the time and place of the meeting, and reserve the right to reject any and all bids.
 - C. In determining the "lowest responsible bidder", in addition to considering price, the Commissioners or the official authorized to contract for the County shall consider:
 - (1) The ability, capacity, and skill of the bidder to perform the contract or provide the service required.
 - (2) Whether the bidder can perform the contract or provide the service promptly, or within the time specified, without delay or interference.
 - (3) The character, integrity, reputation, judgement, experience, and efficiency of the bidder.
 - (4) The quality of performance of previous contracts or services;
 - (5) The previous and current compliance by the bidder with laws and ordinances relating to the contract or service;
 - (6) Whether the bidder is in arrears to the County on any debt or contract, is in default on any surety to the County, or is delinquent as to any taxes or assessments; and
 - (7) Any other information that may have a bearing on the decision to award the contract.

**Administrative Procedures
Calvert County, Maryland**

Purchasing System

- H. Wearing apparel, uniforms, etc.
- I. Maintenance and Janitorial
- J. Vehicle supplies
- K. Training equipment
- L. Trash collection
- M. Participant awards
- N. Hand tools
- O. Program supplies
- P. Highway Maintenance operating supplies
- Q. Library supplies, books, etc.

(Note: This list is to be used as a guide. The list does not include all items that will utilize a purchase order.)

Responsibilities

- 3.0 Department Heads and Division Chiefs will be responsible for authorization of the purchase request.
- 3.1 Department Heads and Division Chiefs will be responsible for determining that available funds exist for each purchase requisition.
- 3.2 Department Heads and Division Chiefs will be responsible for the accuracy and completeness of each purchase requisition.
- 3.3 Department Heads and Division Chiefs will be responsible for receiving, inspecting and verifying the goods or services are received.
- 3.4 The Department Heads and Division Chiefs will be responsible for, upon receipt of an invoice, comparing invoice with related supporting documentation for agreement of price, quantity, and terms, and verifying the mathematical accuracy of the invoice. Upon completion of the above affix the stamp of "Approval for Payment" and complete all necessary information including full signature and forward to the Department of Finance and Budget.
- 3.5 Purchasing Office will be responsible for preparing purchase orders for only authorized purchase requisitions.
- 3.7 Purchasing Office will be responsible for verification of available funds for each purchase requisition.
- 3.8 Purchasing Office will be responsible for the completeness and accuracy of the purchase order.
- 3.9 The Department of Finance and Budget is responsible for verification of agreement among the vendor's invoice, and Purchase Order.

Administrative Procedures
Calvert County, Maryland

Purchasing System

- H. Wearing apparel, uniforms, etc.
- I. Maintenance and Janitorial
- J. Vehicle supplies
- K. Training equipment
- L. Trash collection
- M. Participant awards
- N. Hand tools
- O. Program supplies
- P. Highway Maintenance operating supplies
- Q. Library supplies, books, etc.

(Note: This list is to be used as a guide. The list does not include all items that will utilize a purchase order.)

Responsibilities

- 3.0 Department Heads and Division Chiefs will be responsible for authorization of the purchase request.
- 3.1 Department Heads and Division Chiefs will be responsible for determining that available funds exist for each purchase requisition.
- 3.2 Department Heads and Division Chiefs will be responsible for the accuracy and completeness of each purchase requisition.
- 3.3 Department Heads and Division Chiefs will be responsible for receiving, inspecting and verifying the goods or services are received.
- 3.4 The Department Heads and Division Chiefs will be responsible for, upon receipt of an invoice, comparing invoice with related supporting documentation for agreement of price, quantity, and terms, and verifying the mathematical accuracy of the invoice. Upon completion of the above affix the stamp of "Approval for Payment" and complete all necessary information including full signature and forward to the Department of Finance and Budget.
- 3.5 Purchasing Office will be responsible for preparing purchase orders for only authorized purchase requisitions.
- 3.7 Purchasing Office will be responsible for verification of available funds for each purchase requisition.
- 3.8 Purchasing Office will be responsible for the completeness and accuracy of the purchase order.
- 3.9 The Department of Finance and Budget is responsible for verification of agreement among the vendor's invoice, and Purchase Order.

Administrative Procedures
Calvert County, Maryland

Purchasing System

- 4.1 Effective controls are needed to provide reasonable assurance that authorized purchases are properly recorded to permit the preparation of financial statements in accordance with generally accepted accounting principles and provide a basis of accountability of assets and expenditures.
- 4.2 Effective controls are needed to provide reasonable assurance that only authorized purchases are received and the goods or services are received according to authorized specification.
- 4.3 Effective controls are needed to provide reasonable assurance that only authorized purchases of goods and services that have been actually received are paid.

Departments and Divisions Affected

- 5.0 All

Procedure - Placing the Purchase Requisition

- 6.0 Department/Division - Recognize and evaluate the need for goods or services.
- 6.1 Department/Division - Review latest weekly report Statement of Actual vs. Budgeted Expenditures for availability of funds per particular line item involved.
- 6.2 Department/Division - Develop quality specifications for goods or services desired.
- 6.3 Department/Division - Purchases under \$2,500 - Complete Calvert County, Maryland Purchase Requisition either electronically or manually. Include the following information:
 - A. From (requesting division or department)
 - B. Full Account Number, i.e., 321-20205. If a capital project, indicate project number and account number
 - C. Date Prepared
 - D. Suggested Vendor (Include tax identification number or social security number and workers compensation certificate)
 - E. Street (vendor)
 - F. City, State, Zip (vendor)
 - G. Ship to
 - H. Date needed
 - I. Provide a description as outlined in 6.2 above
 - J. A catalog number if applicable
 - K. Quantity
 - L. Unit Price
 - M. Total Amount
 - N. General purpose of items requested

- 4.1 Effective controls are needed to provide reasonable assurance that authorized purchases are properly recorded to permit the preparation of financial statements in accordance with generally accepted accounting principles and provide a basis of accountability of assets and expenditures.
- 4.2 Effective controls are needed to provide reasonable assurance that only authorized purchases are received and the goods or services are received according to authorized specification.
- 4.3 Effective controls are needed to provide reasonable assurance that only authorized purchases of goods and services that have been actually received are paid.

Departments and Divisions Affected

- 5.0 All

Procedure - Placing the Purchase Requisition

- 6.0 Department/Division - Recognize and evaluate the need for goods or services.
- 6.1 Department/Division - Review latest weekly report Statement of Actual vs. Budgeted Expenditures for availability of funds per particular line item involved.
- 6.2 Department/Division - Develop quality specifications for goods or services desired.
- 6.3 Department/Division - Purchases under \$2,500 - Complete Calvert County, Maryland Purchase Requisition either electronically or manually. Include the following information:
 - A. From (requesting division or department)
 - B. Full Account Number, i.e., 321-20205. If a capital project, indicate project number and account number
 - C. Date Prepared
 - D. Suggested Vendor (Include tax identification number or social security number and workers compensation certificate)
 - E. Street (vendor)
 - F. City, State, Zip (vendor)
 - G. Ship to
 - H. Date needed
 - I. Provide a description as outlined in 6.2 above
 - J. A catalog number if applicable
 - K. Quantity
 - L. Unit Price
 - M. Total Amount
 - N. General purpose of items requested

Administrative Procedures
Calvert County, Maryland

Purchasing System

- 6.10 End users must maintain a cumulative total of change orders processed on a contract. The cumulative total will determine who the approval authority will be for that change order.
- 6.11 Limits of approval authority are as follows:
- Director of Finance & Budget up to \$25,000
 - County Administrator up to \$50,000
 - President of the Board of County Commissioners up to \$100,000
 - Full Board of County Commissioners \$100,000 and over

Receipt of Purchase Requisitions by Purchasing

- 7.0 Purchasing Office - Review Purchase Requisition to ascertain if properly completed per 6.3 and 6.4. If Purchase Requisition is not properly completed return to initiating Division/Department for additional information. Document information needed on purchase requisition and date returned.
- 7.1 Purchasing Office - Purchasing Office will maintain a list of Department Heads and Division Chiefs authorized to approve purchase requisition. Purchasing Office will review purchase requisition to ascertain if the proper authorizations have been included.
- 7.2 Purchasing Office - Review Department or Division authorized budget to ascertain availability of funds per line item. If funds are not available, requisition will be returned to requesting Department or Division with reason purchase requisition was denied.
- 7.3 Purchasing Office - The Purchasing Office will maintain a Vendor Reference File.
- 7.4 Purchasing Office - The purchasing office will verify the suggested vendor included on the purchase requisition and may require additional information from the Department or Division such as tax ID numbers.
- 7.5 Purchasing Office - Purchases under \$2,500 - The Purchasing Office should prepare the Purchase Order from the information submitted by the Department/Division. Information included is as follows:
- A. Vendor name, address and phone number
 - B. Ship to: (Requesting department and address)
 - C. Purchase Order Number
 - D. Vendor Number
 - E. Full Account Number
 - F. Ship to Number
 - G. Order Date
 - H. Delivery Required Date
 - I. Description
 - J. Quantity
 - K. Unit
 - L. Unit Price
 - M. Amount

- 6.10 End users must maintain a cumulative total of change orders processed on a contract. The cumulative total will determine who the approval authority will be for that change order.
- 6.11 Limits of approval authority are as follows:
- Director of Finance & Budget up to \$25,000
 - County Administrator up to \$50,000
 - President of the Board of County Commissioners up to \$100,000
 - Full Board of County Commissioners \$100,000 and over

Receipt of Purchase Requisitions by Purchasing

- 7.0 Purchasing Office - Review Purchase Requisition to ascertain if properly completed per 6.3 and 6.4. If Purchase Requisition is not properly completed return to initiating Division/Department for additional information. Document information needed on purchase requisition and date returned.
- 7.1 Purchasing Office - Purchasing Office will maintain a list of Department Heads and Division Chiefs authorized to approve purchase requisition. Purchasing Office will review purchase requisition to ascertain if the proper authorizations have been included.
- 7.2 Purchasing Office - Review Department or Division authorized budget to ascertain availability of funds per line item. If funds are not available, requisition will be returned to requesting Department or Division with reason purchase requisition was denied.
- 7.3 Purchasing Office - The Purchasing Office will maintain a Vendor Reference File.
- 7.4 Purchasing Office - The purchasing office will verify the suggested vendor included on the purchase requisition and may require additional information from the Department or Division such as tax ID numbers.
- 7.5 Purchasing Office - Purchases under \$2,500 - The Purchasing Office should prepare the Purchase Order from the information submitted by the Department/Division. Information included is as follows:
- A. Vendor name, address and phone number
 - B. Ship to: (Requesting department and address)
 - C. Purchase Order Number
 - D. Vendor Number
 - E. Full Account Number
 - F. Ship to Number
 - G. Order Date
 - H. Delivery Required Date
 - I. Description
 - J. Quantity
 - K. Unit
 - L. Unit Price
 - M. Amount

- 9.18 Department of Finance and Budget – Insure total from tape and total from Selection of Payments balance.
- 9.19 Department of Finance and Budget – Instruct computer to produce checks via printer.
- 9.20 Department of Finance and Budget – Input information to run computer produced check register (annotate voided check numbers on the register).
- 9.21 Department of Finance and Budget – Deliver copy of check register, selection of payment and checks to Treasurer’s Office for disbursement.

Signing of the Check

- 10.0 Treasurer – Verify that each check is supported by an approved voucher. Checks supported by invoices that contain payment discounts or immediate due dates are to be given priority.
- 10.1 Treasurer – Review all supporting documentation before signing a check.
- 10.2 Treasurer – Sign the check.
- 10.3 Treasurer – Supporting documentation should be stamped or perforated after payment.
- 10.4 Treasurer – Remittance advice should be attached to the voucher package.
- 10.5 Treasurer – Voucher package is to be filed by vendor.
- 10.6 Treasurer – The Treasurer will control mailing of the checks. Checks supported by invoices that are due at a future date are to be held and released for payment at the time that corresponds with that due date.

Forms Used

- 11.0 Calvert County Purchase Requisitions
- 11.1 Calvert County Purchase Order
- 11.2 Voucher
- 11.3 Contract Change Order form

Administrative Procedures
Calvert County, Maryland

Purchasing System

Amendments

- 9/15/08 Added Sec. 6.6 to 6.11 - Change Orders for Fixed Priced Formal Contracts
- 9/15/08 Added Sec 11.3 – Contract Change Order form

**Calvert County Health Department
Credit Card Policy for Purchasing**

Two cardholders: Denise Wilkins \$10,000 limit
 Kathy Walton \$15,000 limit

Program Administrator: Sharon Walser

Fiscal Officer: Marla Behrens

1. Staff will fill out purchase requisition form complete with signatures for supervisor approval and attach bids for items over \$500,000.
2. Supply requisitions go to Denise Wilkins.
3. Non-Supply requisitions go to Kathy Walton.
4. Kathy and Denise present requisitions to fiscal officer for approval.
5. Items are ordered.
6. Fiscal Accounts Clerk (Emily Dillard) will receive purchased items, sign off on packing slip, and deliver items to staff. If an item needs to be tagged for inventory, it will be done at this time.
7. Credit card holders will reconcile purchases with bank statement within 3 days of receipt of statement.
8. Program Administrator will reconcile purchases with credit card statement.
9. Fiscal officer will reconcile purchases with credit card statement and zero out the default PCA and transfer expenditures to the appropriate PCA.
10. Fiscal officer will send certification memo to DHMH General Accounting monthly.

Jan 2011

F. ATTESTATION LETTER

CALVERT COUNTY HEALTH DEPARTMENT
Local Behavioral Health Authority
P.O. Box 980
Prince Frederick, Maryland 20678

Laurence Polsky, MD, MPH, F.A.C.O.G.
Health Officer

Andrea McDonald-Fingland
Director



STATE OF MARYLAND

Phone (410) 535-5400
(443) 295-8584

Fax (443) 968-8979

www.calverthealth.org

February 16, 2021

Dr. Aliya Jones
Deputy Secretary of Behavioral Health
Behavioral Health Administration

Dear Dr. Jones,

This attestation letter certifies that the Calvert County Local Behavioral Health Authority reviews all sub vendors' budgets for cost reimbursement contracts regardless of the amount. Vendors are required to submit a MDH Form 432 with all relevant tabs filled out prior to execution of a contract. The LBHA reviews all contract budgets upon submission and requires modifications be submitted prior to changing spending plans.

The Calvert County LBHA further certifies the sub vendors are audited by the LBHA at least annually to ensure compliance with COA's. Cost Reimbursement Contracts for over \$100,000 are audited semi-annually. Audits are performed according to the Human Services Agreement Manual and the LHDFS Manual. The Grant Coordinator gives reports to the LBHA Director monthly on progress towards meeting program outcomes.

The LBHA also certifies that the Calvert County LBHA has procurement standards policy that is on file and current. The Director reviews and signs all invoices and reports from each vendor on a monthly or quarterly basis and approves them prior to submitting invoices for reimbursement through the Fiscal Department.

The following contracts will be in place for FY 2022 prior to July 1, 2021:

1. MH 026 MSZ, Mental Health Services
2. MH 391 OTH, Administration
3. MH 248 OTH, Federal Block Grant
4. AS 027 SAS, General Services SUD
5. AS 219 FED, Federal SAPT
6. AS 065 TCA- Temporary Cash Assistance
7. AS 372 DCT- Drug Court
8. BH 221 CSS- Maryland Recovery Net- Client Support Services

24- Hour Helplines 410-535-1121 / 301-855-1075
Person with a hearing impairment – Call Maryland Relay Service at 1-800-735-2258

CALVERT COUNTY HEALTH DEPARTMENT

Local Behavioral Health Authority

P.O. Box 980

Prince Frederick, Maryland 20678

Laurence Polsky, MD, MPH, F.A.C.O.G.
Health Officer

Andrea McDonald-Fingland
Director



STATE OF MARYLAND


Phone (410) 535-5400
(443) 295-8584

Fax (443) 968-8979

www.calverthealth.org

The Calvert County LBHA strives to appropriately manage and monitor all Public Behavioral Health funds according to LHDFS standards, as well as generally accepted audit standards.

Respectfully Submitted,

 2/17/2021

Andrea McDonald-Fingland, LCSW-C
Calvert County Local Behavioral Health Authority

24- Hour Helplines 410-535-1121 / 301-855-1075

Person with a hearing impairment – Call Maryland Relay Service at 1-800-735-2258