



UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK

Prince George's County's Investments in Children and Families

A Review of Financing for Prince George's County
Department of Health:
Cradle to Career and Behavioral Health Fund Mapping:
Fiscal Years 2011, 2013 & 2015

August 30, 2017

Prepared by David McNear with Deborah Harburger

Fund Mapping: Agenda

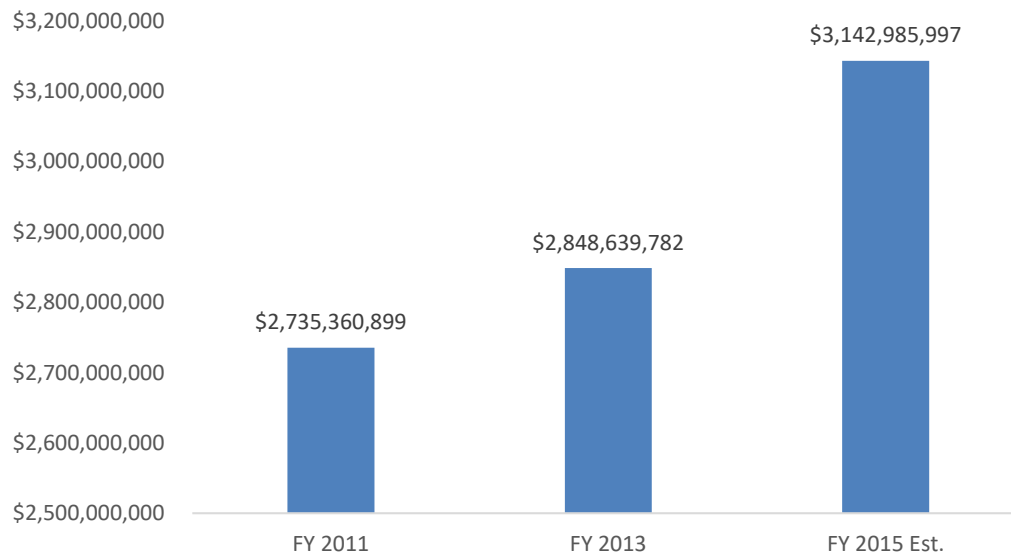
- Overview of Cradle to Career Investments
- Review of Core Behavioral Health Investments
- Behavioral Health Fund Map – including Core Behavioral Health Investments & Related/Support Services Spending
- Resources and Recommendations for Systems of Care Strategic Financing Plan

Public Investments in Services and Programs for Children, Youth and Families

PRINCE GEORGE'S COUNTY CRADLE TO CAREER FUND MATRICES: FY 2011 & FY 2013 ACTUAL & FY 2015 ESTIMATED

Cradle to Career Investments in Prince George's County

Cradle to Career Investments in Prince George's County



- \$2.7 billion in spending on children, youth and families in FY 2011.
- Steady increase of \$113.3 million, or 4%, from FY 2011 to \$2.8 billion in FY 2013.
- FY 2015 estimated spending of \$3.1 billion, up \$294.3 million, or 10%, from FY 2013, including a budgeted increase of \$145.5 million in counted Prince George's County Public Schools (PGCPS) spending; and an estimated increase of \$111.5 million in Medicaid spending, related to the Affordable Care Act's Medicaid expansion.

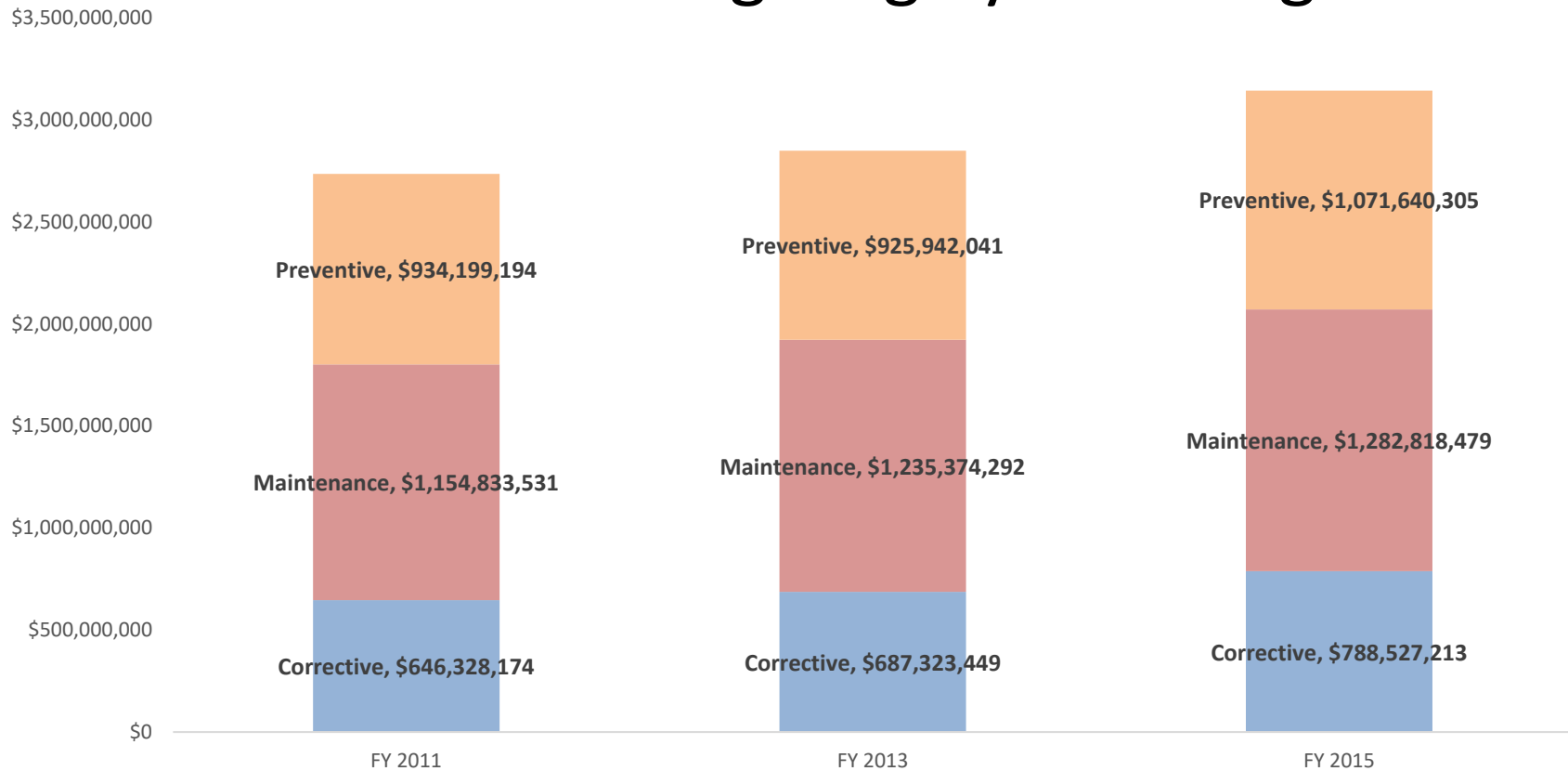
Cradle to Career Spending Per Child & Young Adult Under Age 20

- Between July 2011 and July 2013 [Census estimates](#), the overall Prince George's County population increased by 15,952 people, while the population under age 20 dropped by 3,750.
- The decrease in the children and young adult population coupled with the cradle to career spending increase resulted in a per child spending increase from FY 2011 to FY 2013 of \$681.
- In both the 2011 and 2013 Census data, 4% of Maryland's population were Prince George's County residents under the age of 20.
- In 2011 and 2013 respectively, county residents under age 20 were 26.8% and 25.9% of total county population.

Cradle to Career Spending Per Child & Young Adult Under Age 20



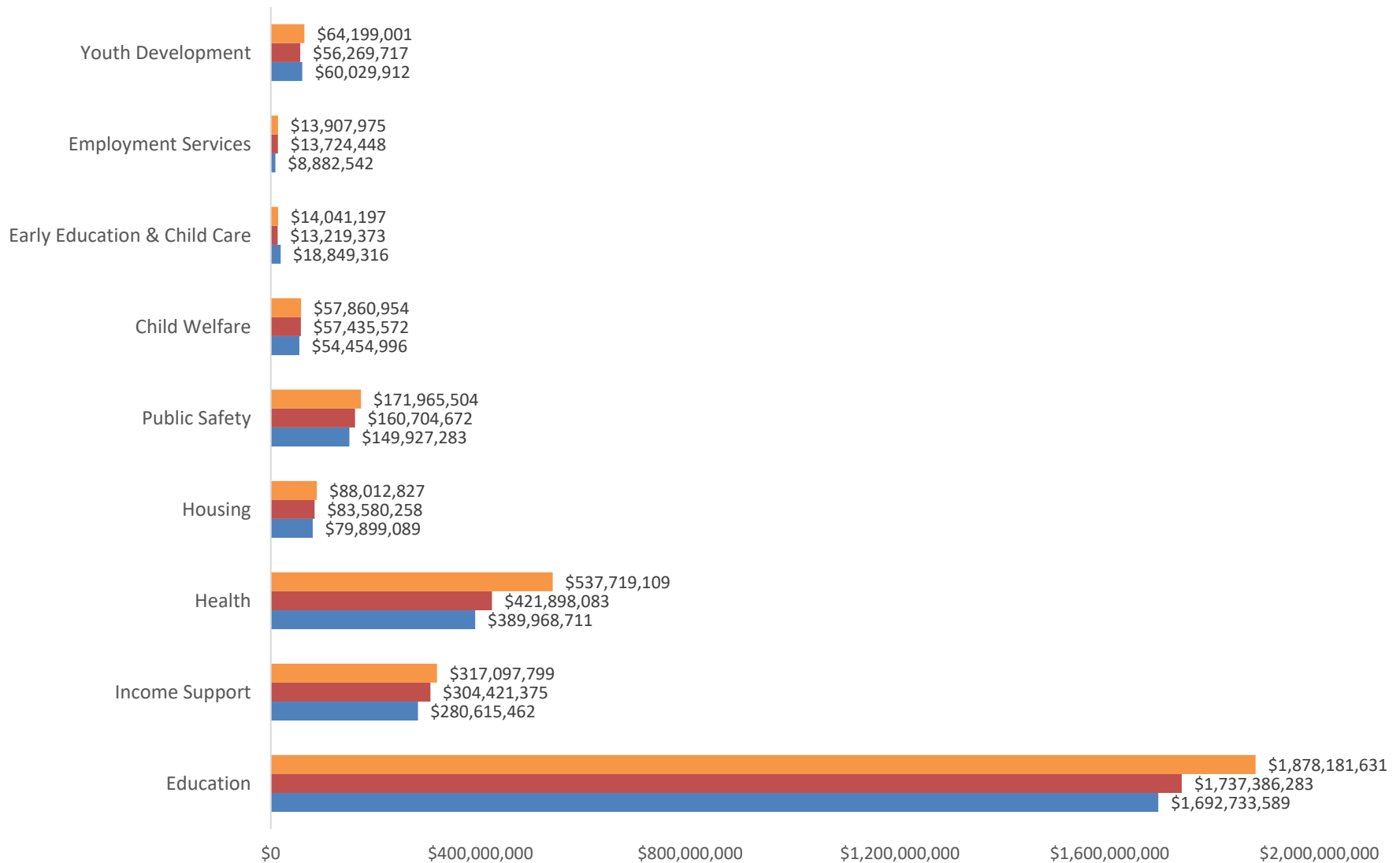
Spending by Major Function: Percentage of Overall Funding Largely Unchanged



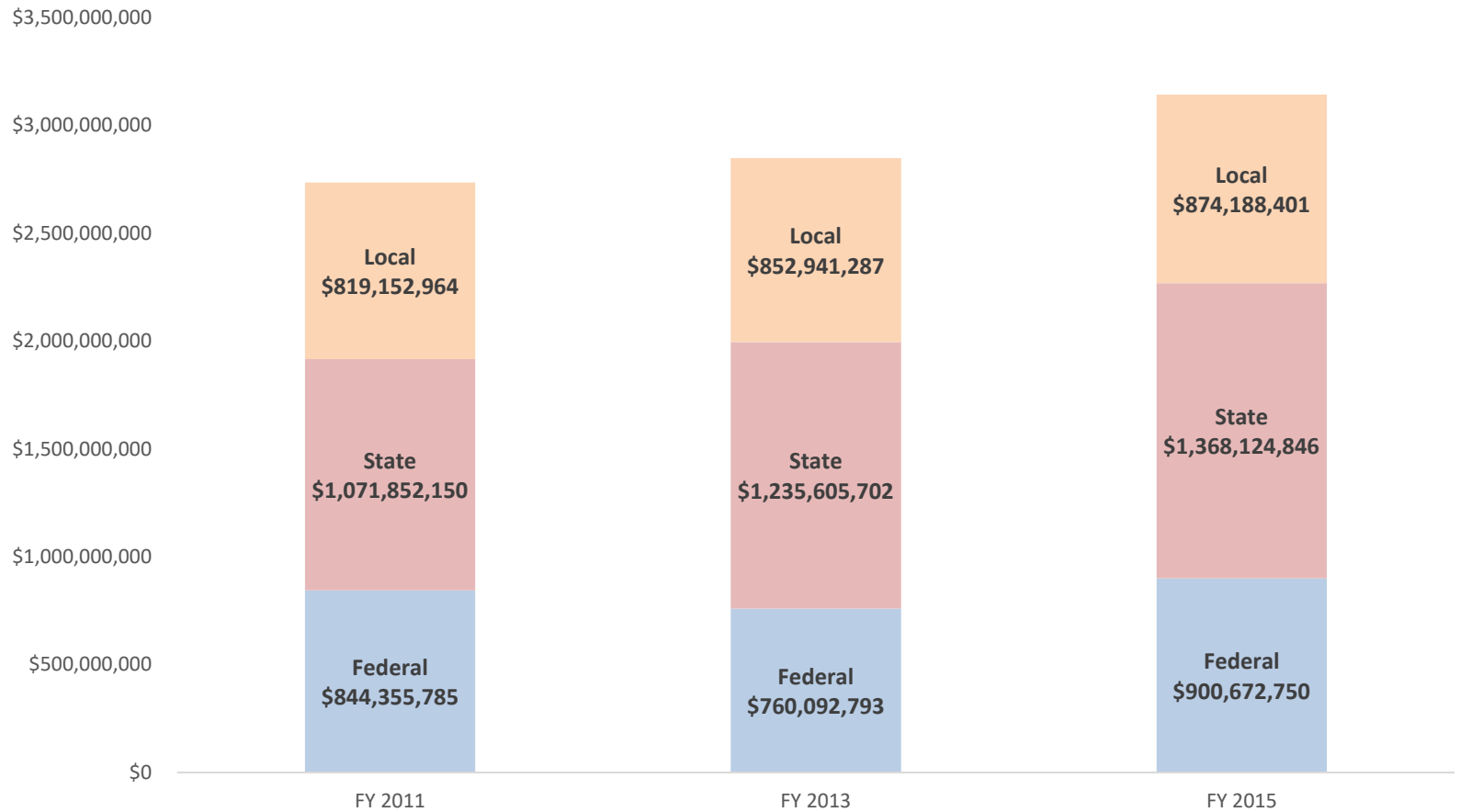
FY 2015 estimated Preventive spending accounts for 34% of total Cradle to Career investments, up from 32.5% in FY 2013. Spending on K-12 Education regular instruction is budgeted to increase \$74.2 million. And spending on preventive health, including Medicaid MCO payments, is estimated to increase \$60.9 million.

Cradle to Career Spending by Function

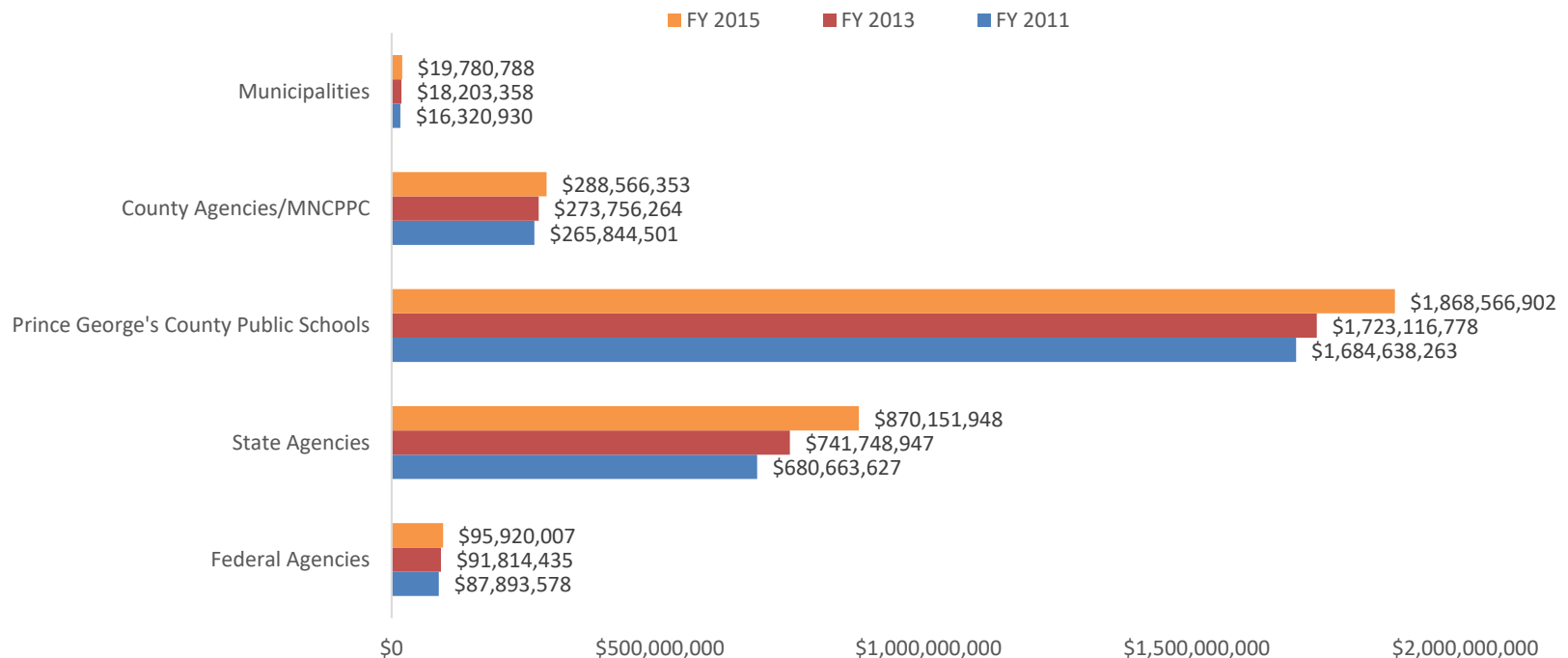
FY 2015 FY 2013 FY 2011



Cradle to Career Investments by Funding Source

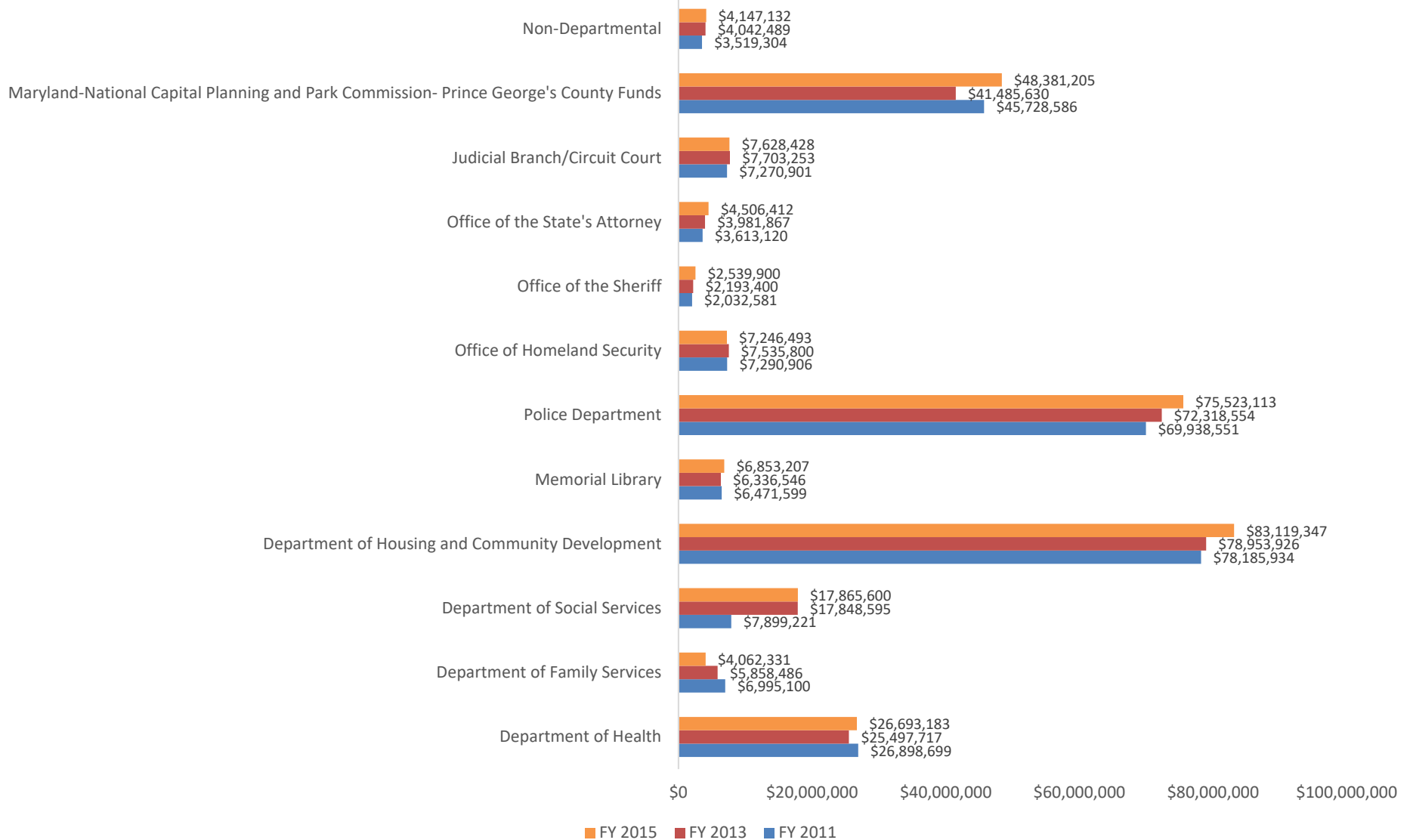


Follow the Money: Investments by Agency/Institution Source (Pass-Through Analysis)



The spending by agency source data show the agency pass-through for cradle to career spending and do not correspond to funding source data. For example, in FY 2011 and FY 2013 respectively, \$86.5 million and \$90.2 million in federal Social Security benefits flowed directly to children in the county from the Social Security Administration. And \$1.7-\$1.9 billion in investments flow through PGCPs, a local agency. At the same time, for FY 2015, the \$1.9 billion in spending in the PGCPs budget is funded with \$152 million in federal funding, \$1.03 billion in state funds and \$684 million in local funding sources. PGCPs spending accounted for 61.6%, 60.5% and 59.5% of total cradle to career investments for FY 2011, FY 2013 and FY 2015 respectively.

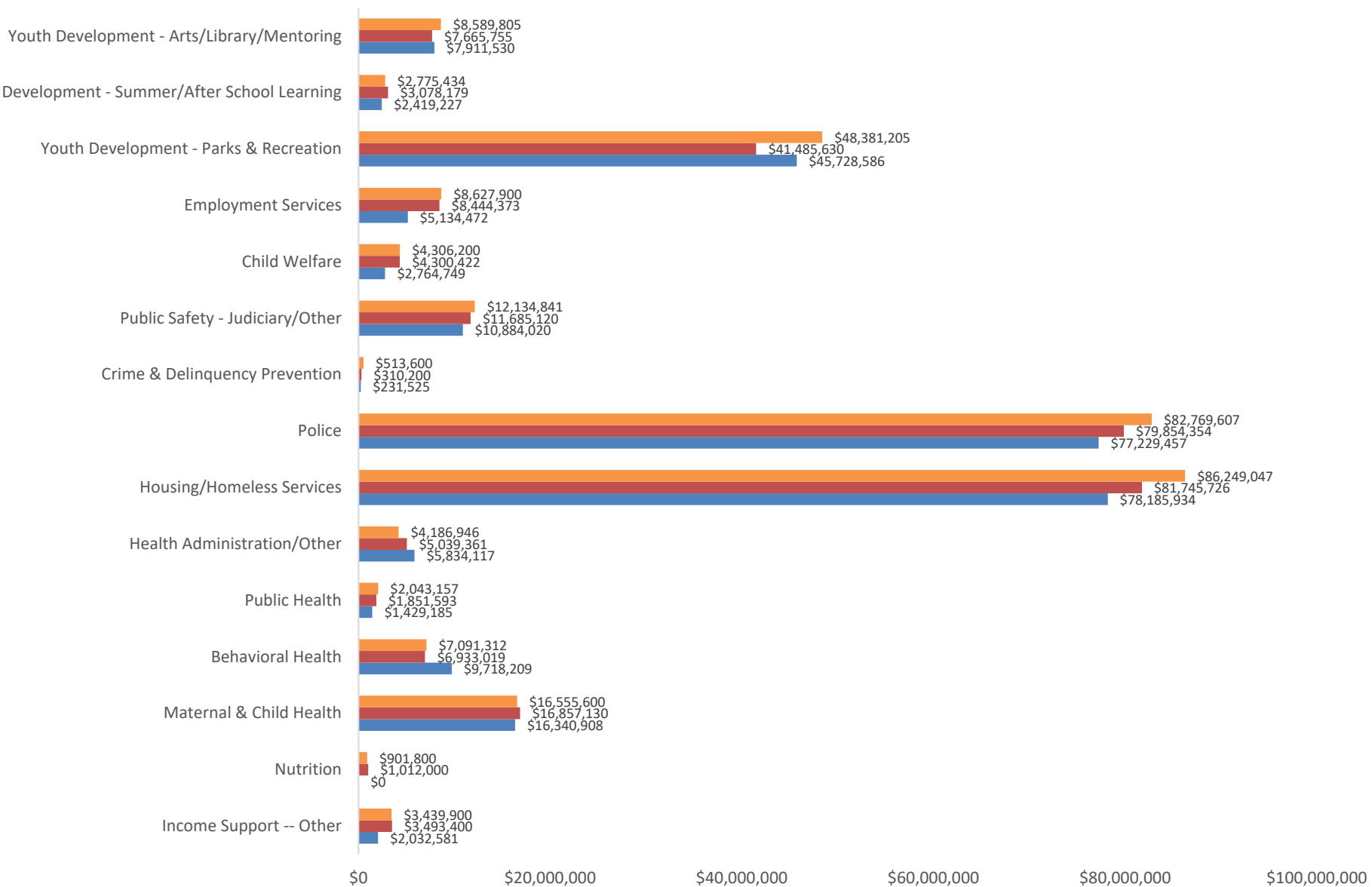
County Government & Maryland-National Park and Planning Commission



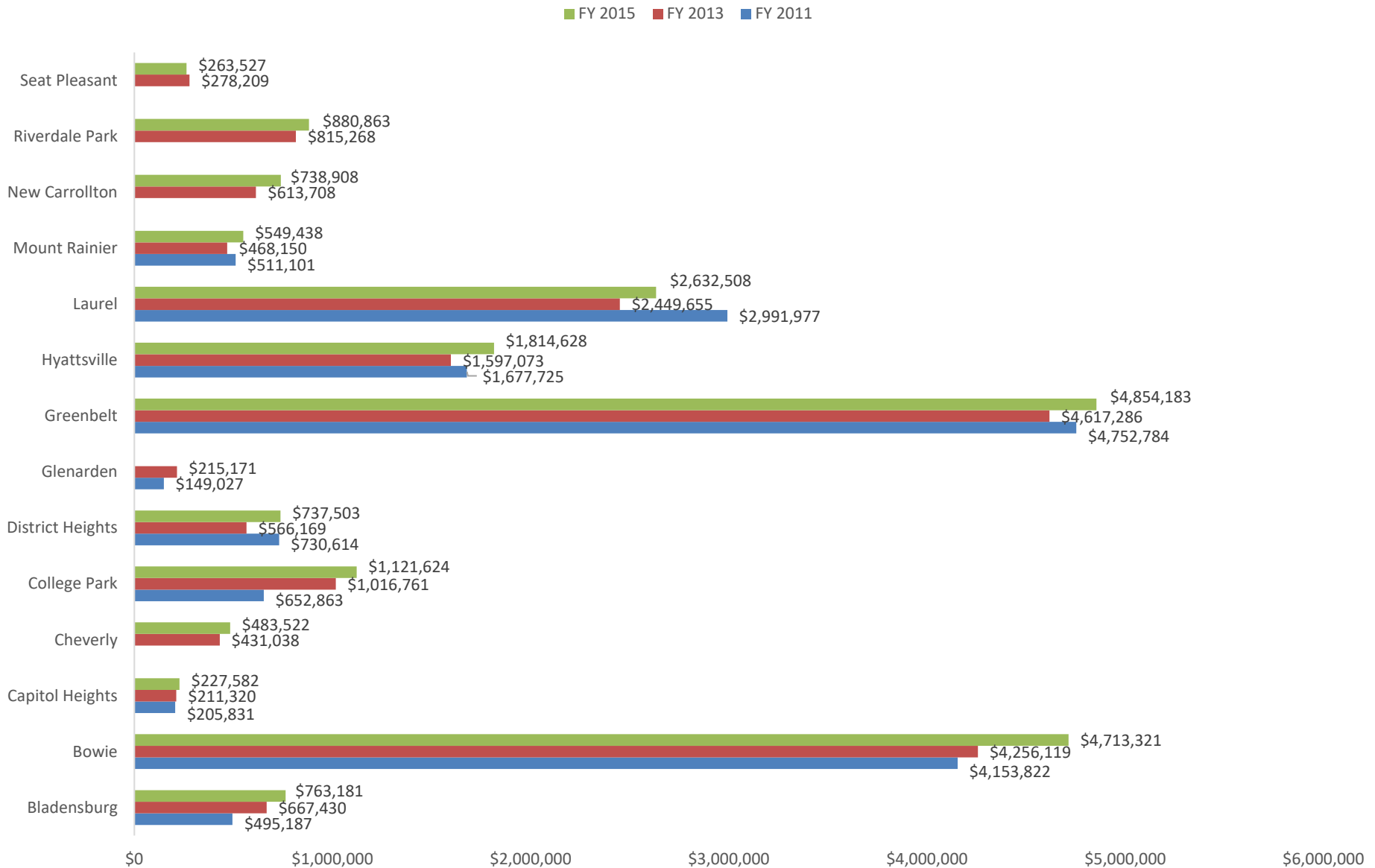
- Investments in Recreation and Parks are budgeted in the Maryland-National Capital Planning and Park Commission (MNCPPC) - Prince George's County Funds.
- Non-Departmental spending includes Grants to Community Organizations and Summer Youth Program.

Local Agencies & MNCPPC: Spending By Function

FY 2015 FY 2013 FY 2011

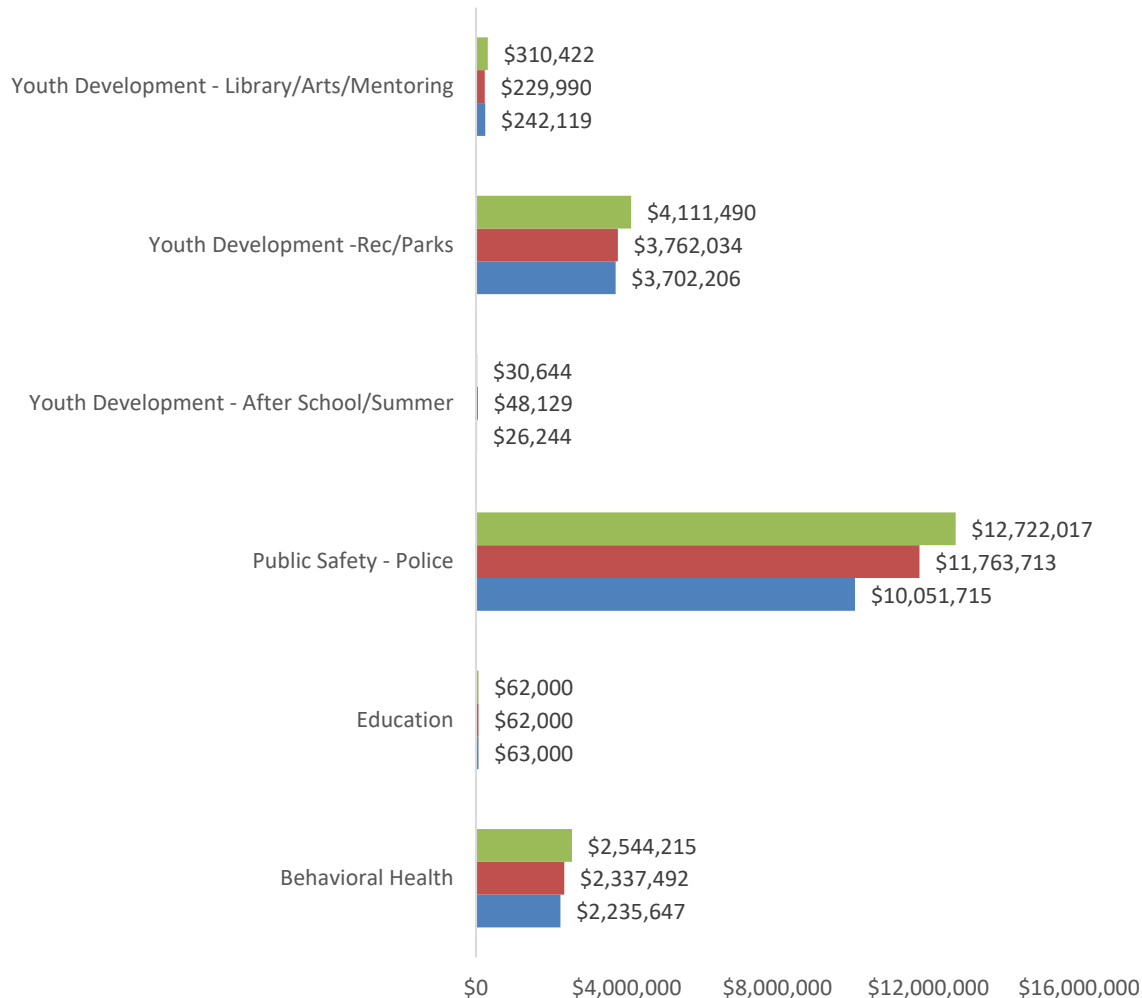


Municipalities: Cradle to Career Investments



Municipalities: Spending By Function

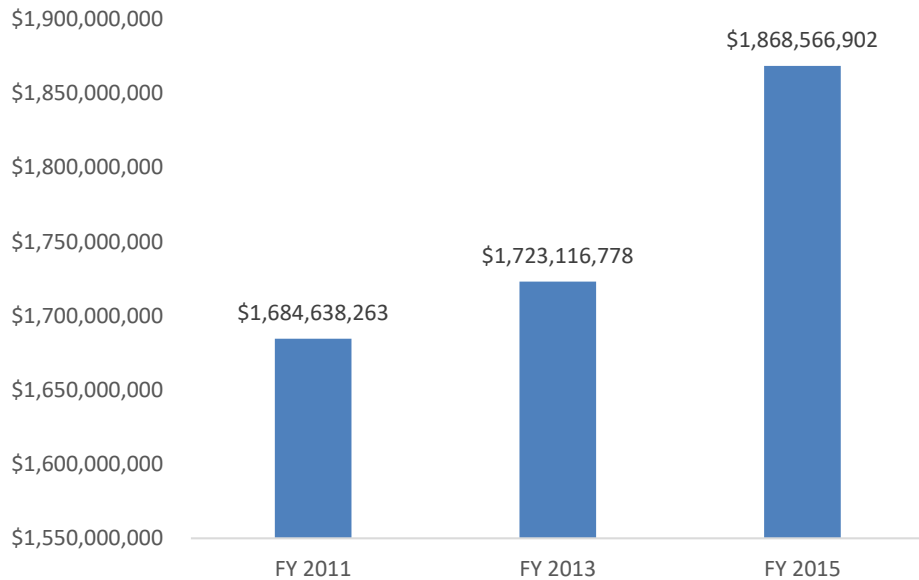
FY 2015 FY 2013 FY 2011



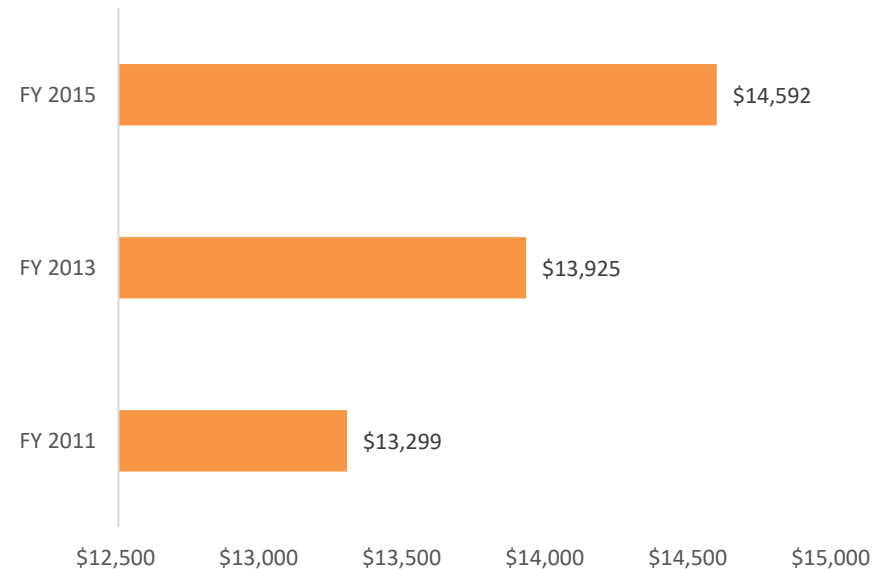
- Allocated spending on Police/Public Safety services accounted for the majority of cradle to career investments in municipality budgets.
- Behavioral Health investments are spending on Youth Services Bureaus in Bowie and District Heights, Greenbelt CARES, and behavioral health services in College Park's Department of Youth, Family and Senior Services.
- Spending on Police, Recreation/Parks, Library and Arts was allocated to Cradle to Career investments with the percent of County residents under age 20.
- Spending on Behavioral Health, After School/Summer Learning and Education was allocated entirely as Cradle to Career investments.

Prince George's County Public Schools

Prince George's County Public Schools
Cradle to Career Spending



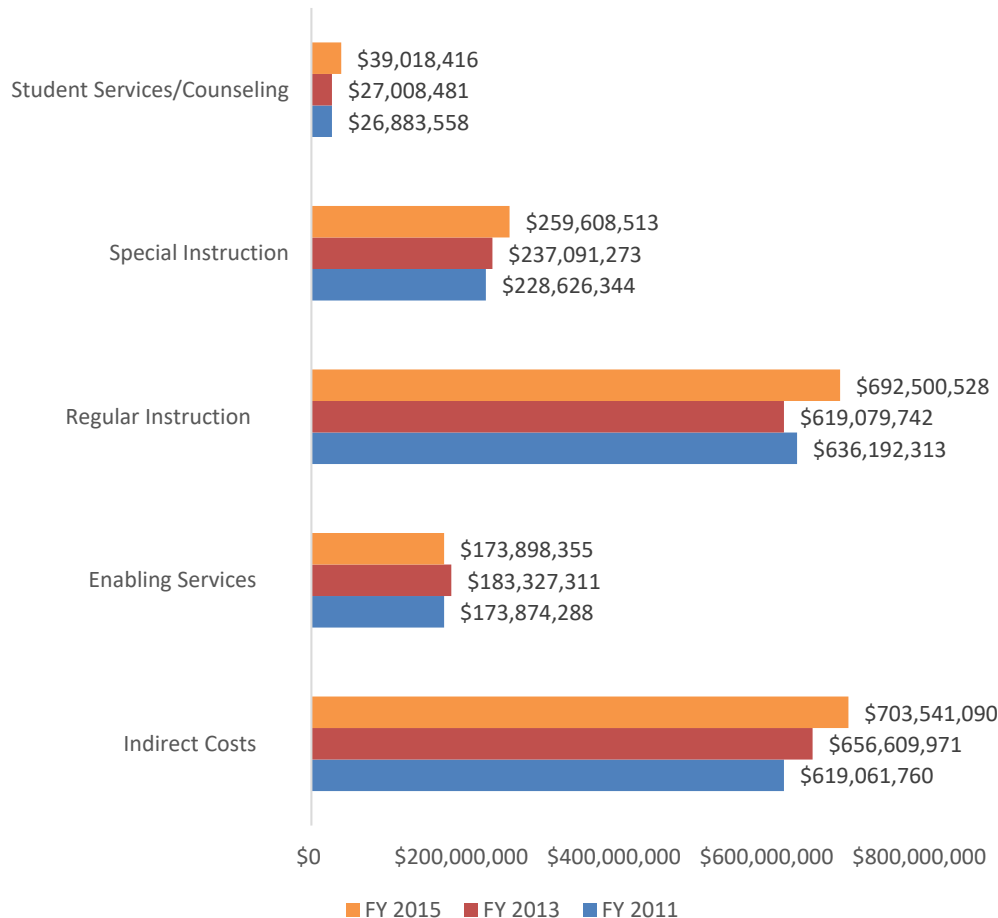
Prince George's County Public Schools
Cradle to Career Spending Per Student



- All operating PGCPs spending, except for Capital Outlays, is included in the Cradle to Career matrix.
- In addition, non-operating spending on Before and After School and Food & Nutrition Services is also included in the Cradle to Career matrix.
- FY 2011 spending included \$108.4 million in federal stimulus funding through the American Reinvestment and Recovery Act (ARRA).
- FY 2013 investments increased \$38.5 million, or 2.3%, from FY 2011; and FY 2015 spending went up \$145.4 million, or 8.4%, from FY 2013.

Prince George's County Public Schools

Prince George's County Public Schools -- Cradle to Career Spending By Function

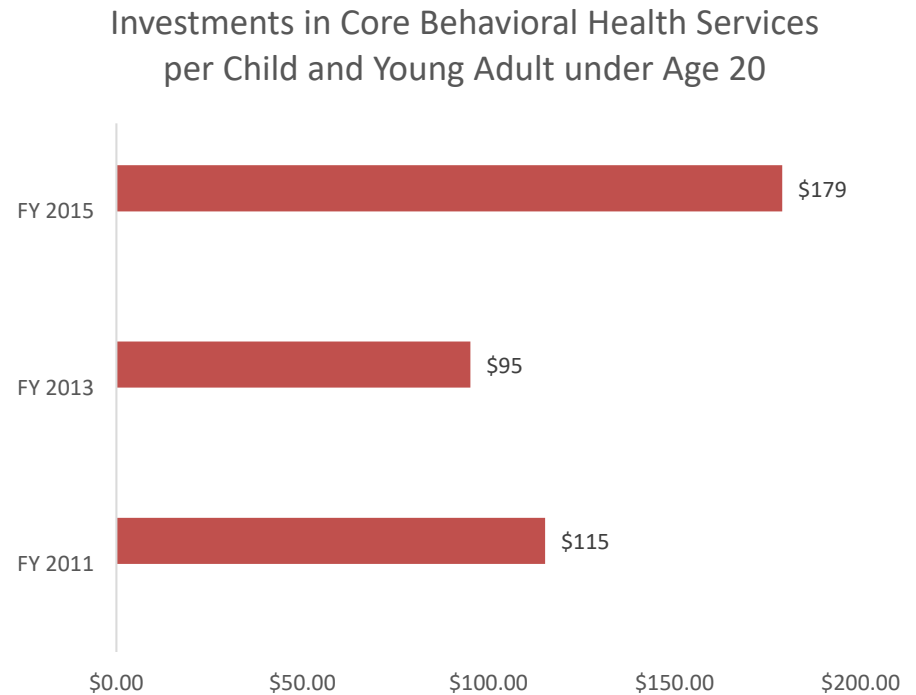
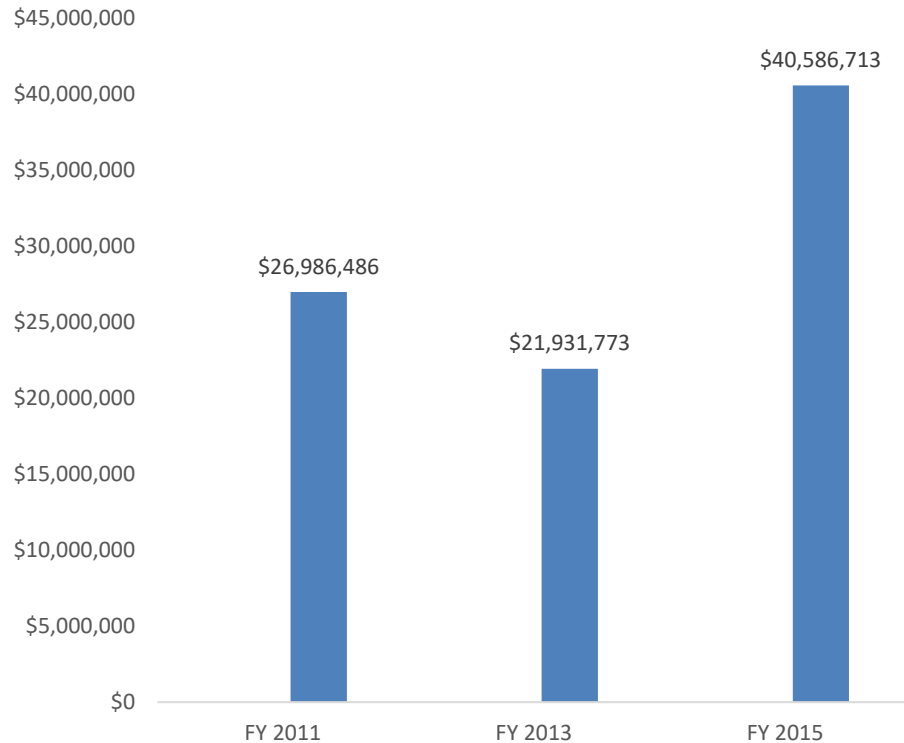


- Student Services/Counseling spending includes Student Personnel Services, Student Health Services and Community Services.
- Special Instruction, or Special Education, spending was up slightly in FY13 and then went up \$22.5 million between FY13 and FY15.
- After dropping between FY11 and FY13, spending on Regular Instruction (Instructional Salaries, Textbooks and Instructional Materials and Other Instructional Costs) increased \$73.4 million between FY13 and FY15.
- Enabling Services investments include Transportation, Food Services and Before and After School.
- Indirect Costs (Administration, Plant Maintenance & Operation, and Fixed Charges) go up \$37.5 million between FY11 & FY13 and \$46.9 million from FY13 to FY15.

Investments in Core Behavioral Health Services

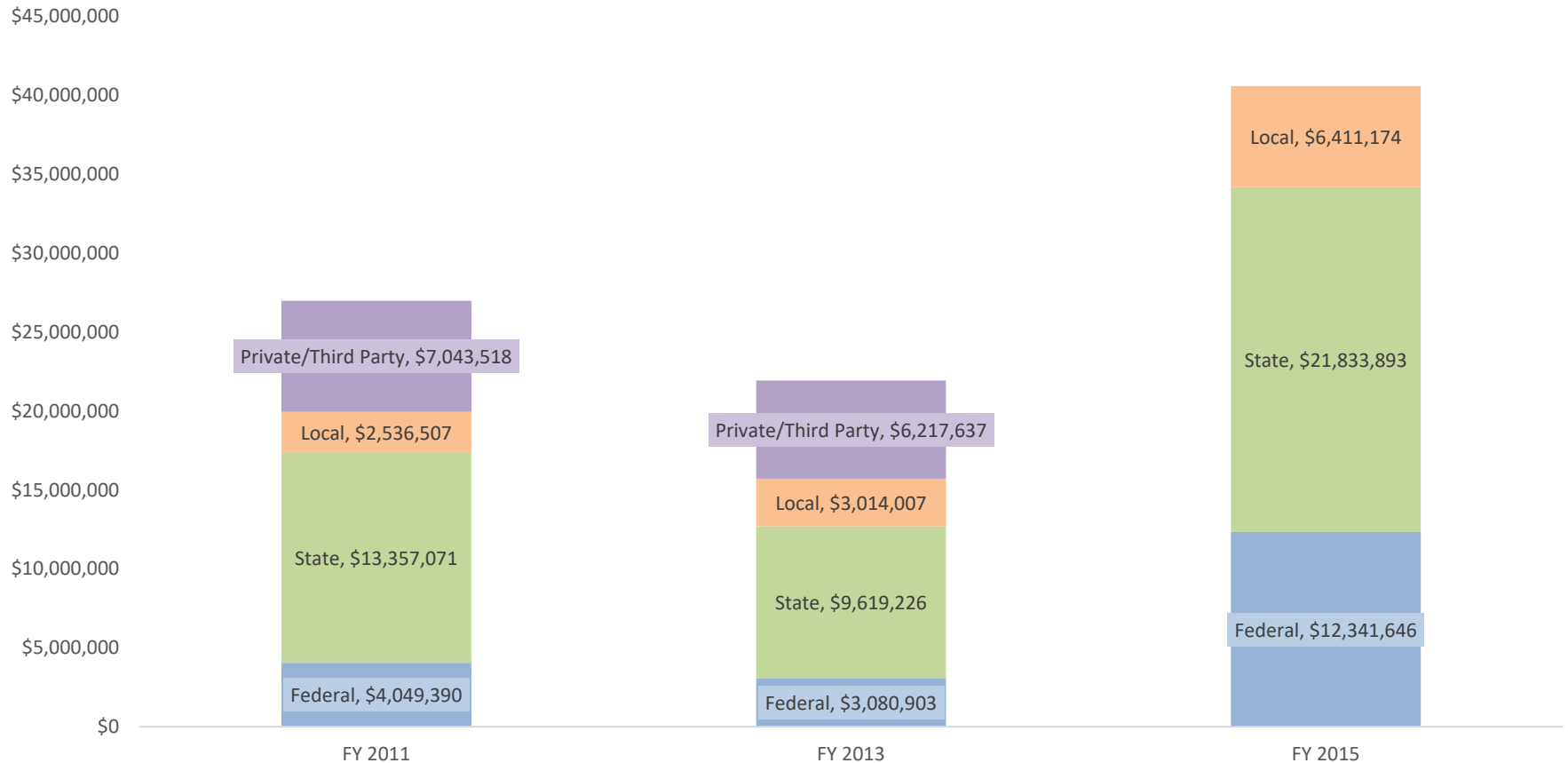
PRINCE GEORGE'S COUNTY BEHAVIORAL HEALTH INVESTMENTS

Core Behavioral Health Investments



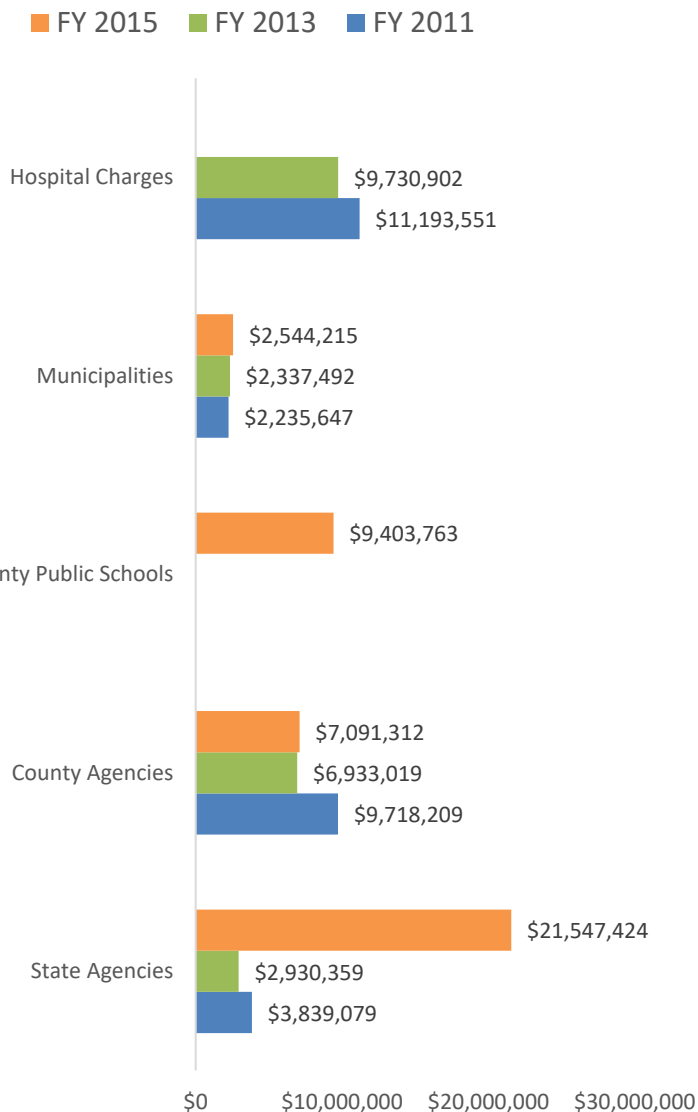
Investments in core behavioral health services include FY 2015 Medicaid behavioral health provider reimbursements, behavioral health hospital charges to county residents under 25, spending on county residents under age 20 placed at state psychiatric facilities, state early childhood mental health spending on county residents, and behavioral health spending in the state Department of Juvenile Services on county residents. Behavioral health investments also includes spending in DOH Division of Addictions and Mental Health, the previous DFS Mental Health and Disabilities Administration, spending on MST and Youth Services Bureaus in DFS Children, Youth and Families Division, and PGCPs FY 2015 spending on psychological services. Municipality investments in core behavioral health services include Greenbelt CARES, the Youth Services Bureau in Bowie and District Heights, and clinical services in the College Park Department of Youth, Family and Senior Services.

Core Behavioral Health Investments By Funding Source



Similar to the overall fund map, core behavioral health services are funded mainly with a mix of state and federal funds. The reporting of Medicaid behavioral health provider reimbursements that began with FY 2015 boosted state and federal funding for core services. State and federally funded services also include psychiatric hospital charges with an expected payer of either Medicaid or Medicare. All private/third party funds are psychiatric hospital charges with an expected payer of either charity/self pay, commercial or all other. Local funds include County General Fund spending in county agencies and municipality investments in Youth Services Bureaus.

Core Behavioral Health Investments By Agency Source



- Spending in county agencies includes:
 - Department of Health: FY11=\$6.2 million; FY13=\$4.1 million; & FY15 est.=\$5.9 million.
 - Dept. of Family Services: FY11=\$3.6 million; FY13=\$2.8 million; & FY15 est.=\$1.2 million.
- PGCPSS reported spending on psychological services beginning in FY15 at \$9.4 million, or \$2.3 million higher than budgeted behavioral health spending in the Department of Health and Department of Family Services combined.
- In FY15, DHMH began reporting separately on Medicaid behavioral health reimbursements. The fund map includes \$17.3 million in estimated spending for county residents under 20.
- Other behavioral health spending flowing through state agencies includes:
 - DJS: FY11=\$2.7M; FY13=\$2.6M; FY15=\$3.3M;
 - State Psychiatric Centers: FY11=\$1.1M; FY13=\$297K; FY15=\$838K; and
 - MSDE reported \$141,000 in Early Childhood Mental Health spending for each year.
 - DHMH spending on residents with Intellectual Disabilities is currently reported as a separate spending category and not included as a core behavioral health investment. Project staff can easily include this spending as behavioral health.

Behavioral Health Hospital Charges – Residents Under Age 25

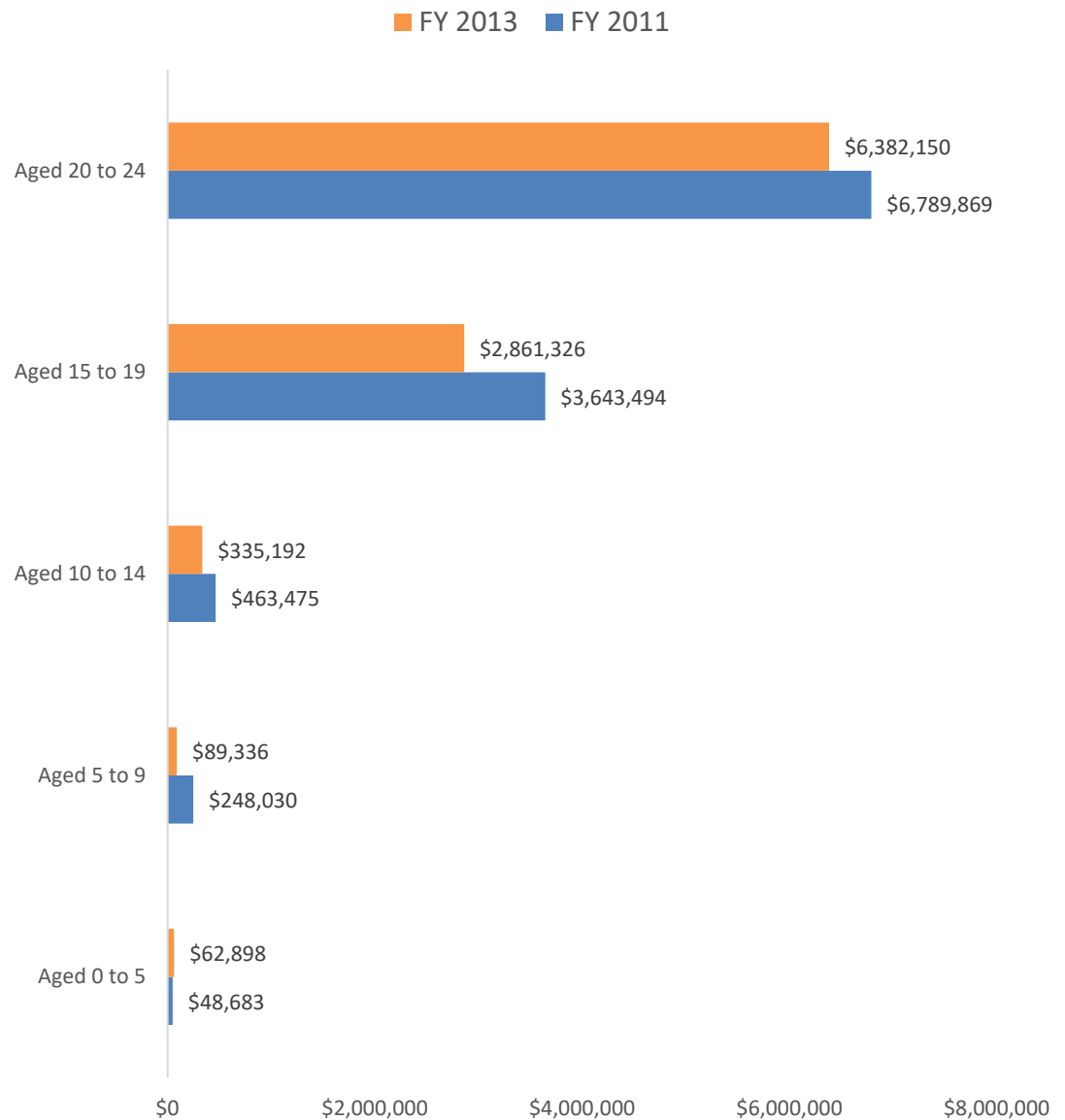
All Payers – Total Charges By Service Type

	FY 2011	FY 2013	Percent Change
Psychiatric Inpatient	\$8,972,256	\$7,244,643	-19.3%
Psychiatric Acute	\$4,818,013	\$3,756,965	-22.0%
Drugs - Behavioral Health Primary or Secondary Diagnosis	\$4,097,505	\$3,348,603	-18.3%
Psychiatric Day Night	\$5,598	\$27,272	387.2%
Recreation Therapy	\$51,140	\$111,803	118.6%
Psychiatric Outpatient	\$2,221,295	\$2,486,259	11.9%
Drugs - Behavioral Health Primary or Secondary Diagnosis	\$1,628,667	\$2,037,893	25.1%
Psychiatric Day-Night	\$592,628	\$448,366	-24.3%
Total Psychiatric Hospital Charges	\$11,193,551	\$9,730,902	-13.1%

- DHMH – Health Services Cost Review Commission (HSCRC) provided hospital charges at all state hospitals with a psychiatric or behavioral health rate center for County residents under age 25. These FY 2011 and FY 2013 charges were reported by age group, zip code and expected payer.
- For the Drugs rate center, charges were filtered by charges with a behavioral health primary or secondary diagnosis code.
- From FY 2011 to FY 2013, total behavioral health hospital charges decreased by 13.1%. Inpatient charges comprise more than three-quarters of total charges and were down by 19.3%; while outpatient charges increased by 11.9%.

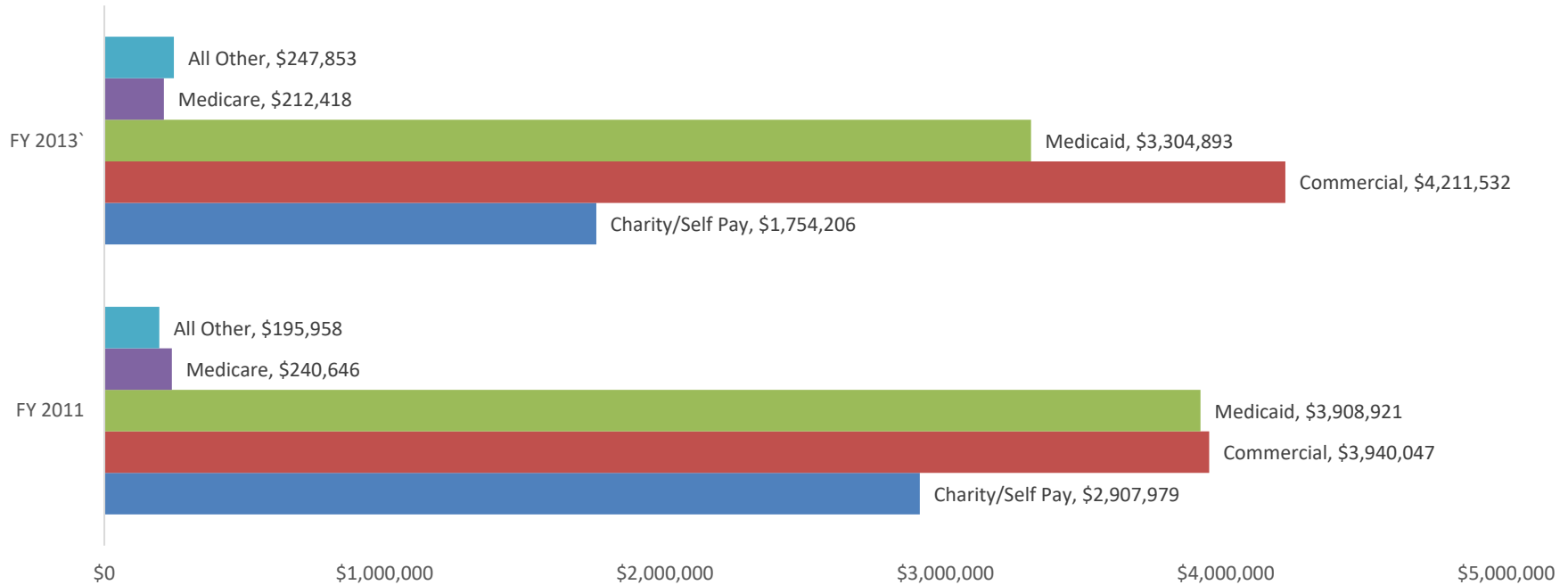
Behavioral Hospital Charges By Age Group

- The large majority of charges are for residents over age 15 – and predominantly young adults aged 20 to 24.
- A potential opportunity exists to explore the prevalence of sibling groups with multiple charges in zip codes with a high concentration of charges across multiple age groups.
- The cradle to career fund matrix and behavioral health fund map track investments for children and young adults under age 20 – with the exception of psychiatric hospital charges, which were requested and reported for county residents under age 25.



Behavioral Health Hospital Charges By Expected Payer

Behavioral Health Hospital Charges By Expected Payer



- HSCRC reports that hospital charges are reported prior to final payment; therefore hospitals report anticipated payers, which may be different from the final, actual payer.
- Charges with anticipated private or third party payers account for a bit less than two-thirds of total charges in each fiscal year.
- Charges with expected payer of Medicaid account for just over one-third of total charges.
- With the implementation of ACA health care exchanges and Medicaid expansion in 2014, both commercial-paid and Medicaid-paid charges would be expected to account for a larger share of total charges in future fiscal years.

	FY 2011	FY 2013	Percent Change
20607	\$47,264	\$62,309	31.8%
20608	\$712	\$0	-100.0%
20613	\$157,825	\$214,586	36.0%
20623	\$102,477	\$71,835	-29.9%
20703	\$2,388	\$0	-100.0%
20704	\$8,041	\$0	-100.0%
20705	\$364,749	\$334,110	-8.4%
20706	\$479,896	\$426,692	-11.1%
20707	\$295,931	\$573,659	93.8%
20708	\$240,199	\$413,866	72.3%
20709	\$0	\$2,910	
20710	\$174,617	\$155,826	-10.8%
20712	\$37,207	\$46,177	24.1%
20715	\$277,225	\$569,915	105.6%
20716	\$172,750	\$240,200	39.0%
20717	\$0	\$10,486	
20718	\$1,280	\$286	-77.7%
20720	\$392,154	\$380,888	-2.9%
20721	\$451,068	\$163,148	-63.8%
20722	\$93,559	\$37,328	-60.1%
20725	\$970	\$0	-100.0%
20731	\$774	\$0	-100.0%
20735	\$340,965	\$246,471	-27.7%
20737	\$318,737	\$127,723	-59.9%
20740	\$271,715	\$460,376	69.4%
20741	\$681	\$0	-100.0%
20742	\$10,993	\$18,283	66.3%
20743	\$801,734	\$406,777	-49.3%
20744	\$738,358	\$264,329	-64.2%
20745	\$482,996	\$287,886	-40.4%
20746	\$360,270	\$355,901	-1.2%
20747	\$367,576	\$437,064	18.9%
20748	\$587,075	\$376,328	-35.9%
20749	\$10,016	\$1,066	-89.4%
20762	\$37,132	\$1,377	-96.3%
20768	\$2,336	\$677	-71.0%
20769	\$53,995	\$137,233	154.2%
20770	\$270,939	\$293,620	8.4%
20771	\$0	\$55,326	
20772	\$419,048	\$349,157	-16.7%
20773	\$0	\$9,904	
20774	\$669,818	\$503,274	-24.9%
20775	\$1,450	\$0	-100.0%
20781	\$218,699	\$65,928	-69.9%
20782	\$270,246	\$334,766	23.9%
20783	\$463,526	\$442,719	-4.5%
20784	\$518,982	\$289,281	-44.3%
20785	\$673,831	\$556,467	-17.4%
20787	\$0	\$310	
20788	\$0	\$4,438	
20791	\$1,347	\$0	-100.0%

Behavioral Health Hospital Charges By Zip Code

- HSCRC reports that zip codes are assigned one county code in their data system. Therefore, charges to Prince George's County residents in shared zip codes with the majority of residents in another jurisdiction, e.g. Montgomery County, would not be captured in these reported data.
- The 10 zip codes with the highest charges accounted for 52.4% of total charges in FY 2011 and 49.2% of total charges in FY 2013.
- 5 zip codes were among the 10 zip codes with highest charges in both fiscal years: 20743, 20785, 20774, 20706, and 20783.
- Among zip codes with relatively high charges, between FY 2011 and FY 2013 behavioral health hospital charges dropped by 69.9% in 20781, 64.2% in 20744, 63.8% in 20721, 59.9% in 20737, and 49.3% in 20743, the zip code with the highest FY 2011 charges. In the same period, charges went up 105.6% in 20715, 93.8% in 20707, and 72.3% in 20708.
- More years of data would add to the ability to identify trends and isolate potential reasons for either increases or decreases over time by zip code.

Behavioral Health Hospital Charges – Pending Data Requests

- The strategic planning team requests the project staff to expand the geographic scope of the analysis of behavioral health hospital charges.
- The team directed staff to request behavioral health charges for county residents under 25 by payer, by age group and by zip code from hospitals in the District of Columbia as well as Children's Hospital in Alexandria, VA.
- Project staff followed up with DHMH HSCRC leadership and requested contact information for their DC colleagues. Staff requested the information from the referred colleague – the Chief Regulatory Counsel at the District of Columbia Hospital Association and forwarded the request to the DCHA Executive Director. When DCHA did not reply with the requested data, staff made a follow up request that remains pending.
- Project staff also followed up with staff at Alexandria's Children Hospital; and that request also remains pending.

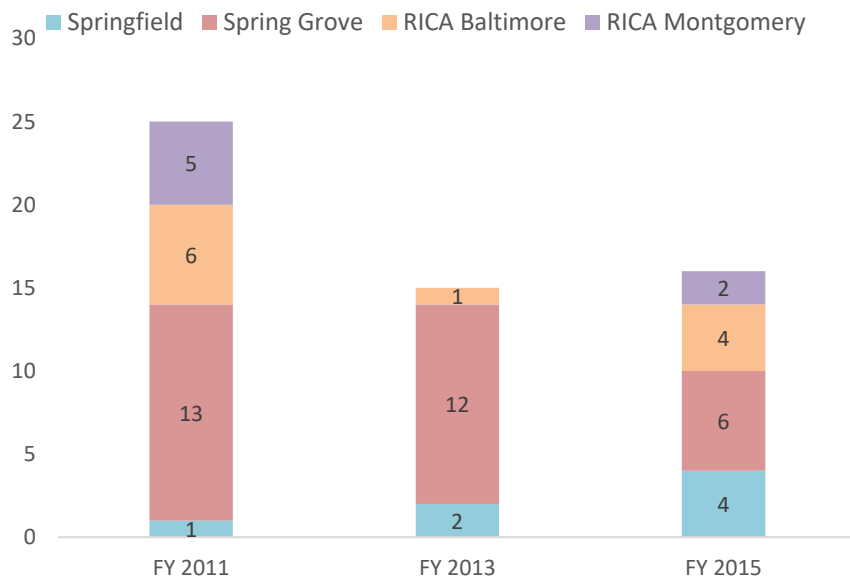
NICU Hospital Charges With Primary Diagnosis Codes of Substance Abuse Affecting Newborn

Zip Code	FY 2011	FY 2013
20706	\$58,744	
20735		\$95,271
20743	\$140,829	
20746		\$25,260
20747		\$42,542
20748	\$84,153	
20772	\$34,273	
20783		\$39,892
20785	\$34,891	
TOTAL	\$352,890	\$202,966

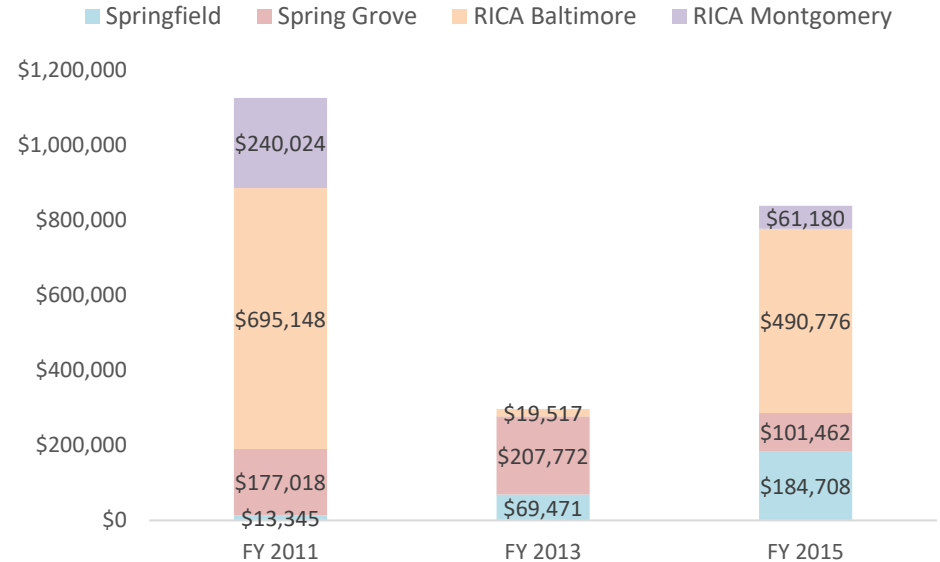
- County Department of Health staff requested the project team to drill down on NICU charges to identify NICU cases and charges by zip code where the mother was experiencing substance abuse involvement.
- At the direction of HSCRC, The Institute for Innovation and Implementation contracted with The St. Paul Group to determine NICU cases and charges by zip code with a primary diagnosis code indicating maternal substance abuse affecting the newborn.
- The St. Paul Group reported \$352, 890 in related FY 2011 NICU charges and \$202,966 for FY 2013.
- The reported cost per case was \$50,413 in FY 2011 and \$50,741 in FY 2013.

County Residents Under Age 20 in State Psychiatric Facilities

Number of Patients Treated



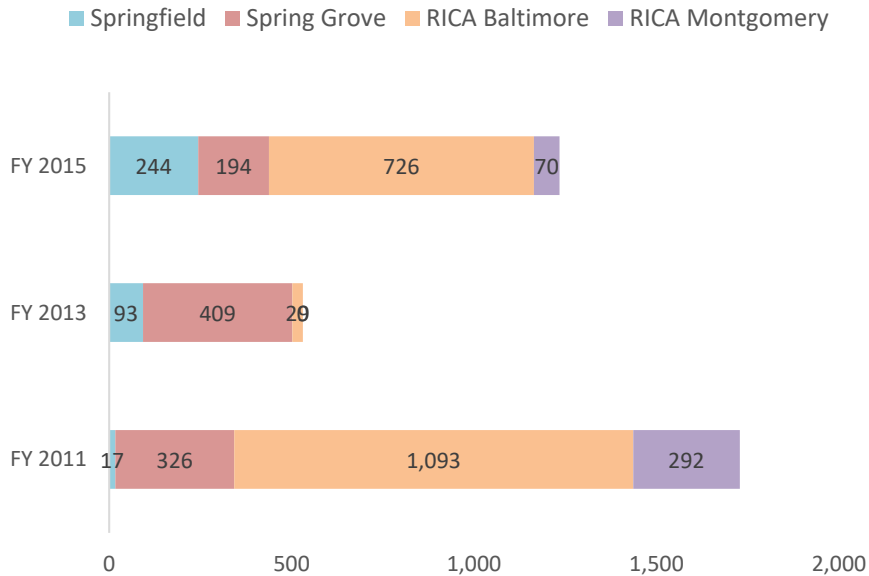
Total Cost



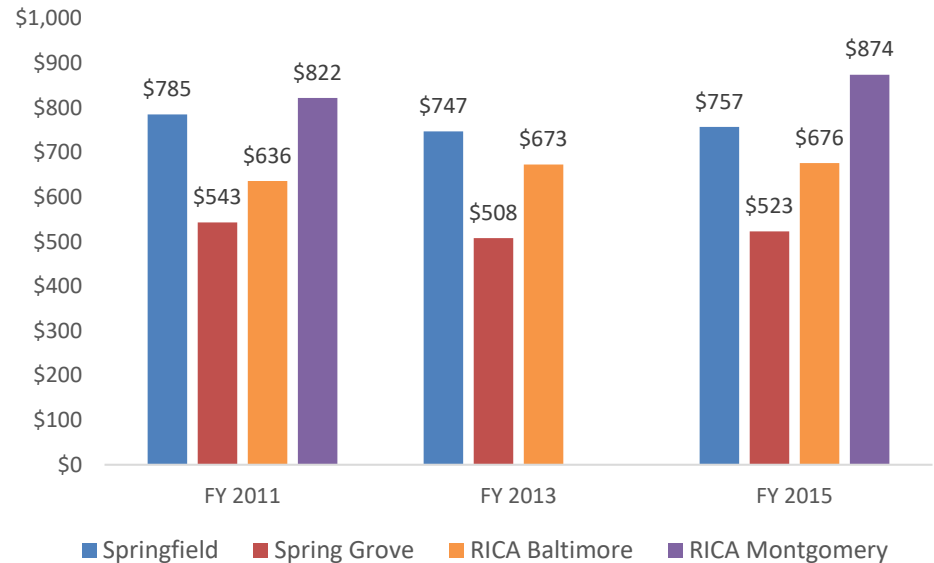
- DHMH Behavioral Health Administration (BHA) reported actual charges for FY 2011 and FY 2013. FY 2015 charges were reported by DHMH BHA and were estimated with actual data through March 30, 2015 – or three-quarters of FY 2015.
- The total cost to care for Prince George’s County children and young adults was \$1,125,535 in FY 2011 and \$296,760 in FY 2013. DHMH BHA estimated FY 2015 spending at \$838,126.
- In FY 2011, RICA – Baltimore received 24% of placements and accounted for 62% of costs, while in FY 2015 the facility received 25% of placements and accounted for 59% of costs.
- In all three fiscal years, Spring Grove had the highest number of county residents under age 20 placed among all facilities. In FY 2013, the year with the lowest costs, Spring Grove admitted 12 of the 15 county residents under age 20 and RICA – Baltimore admitted one.

County Residents Under Age 20 in State Psychiatric Facilities

Number of Bed Days

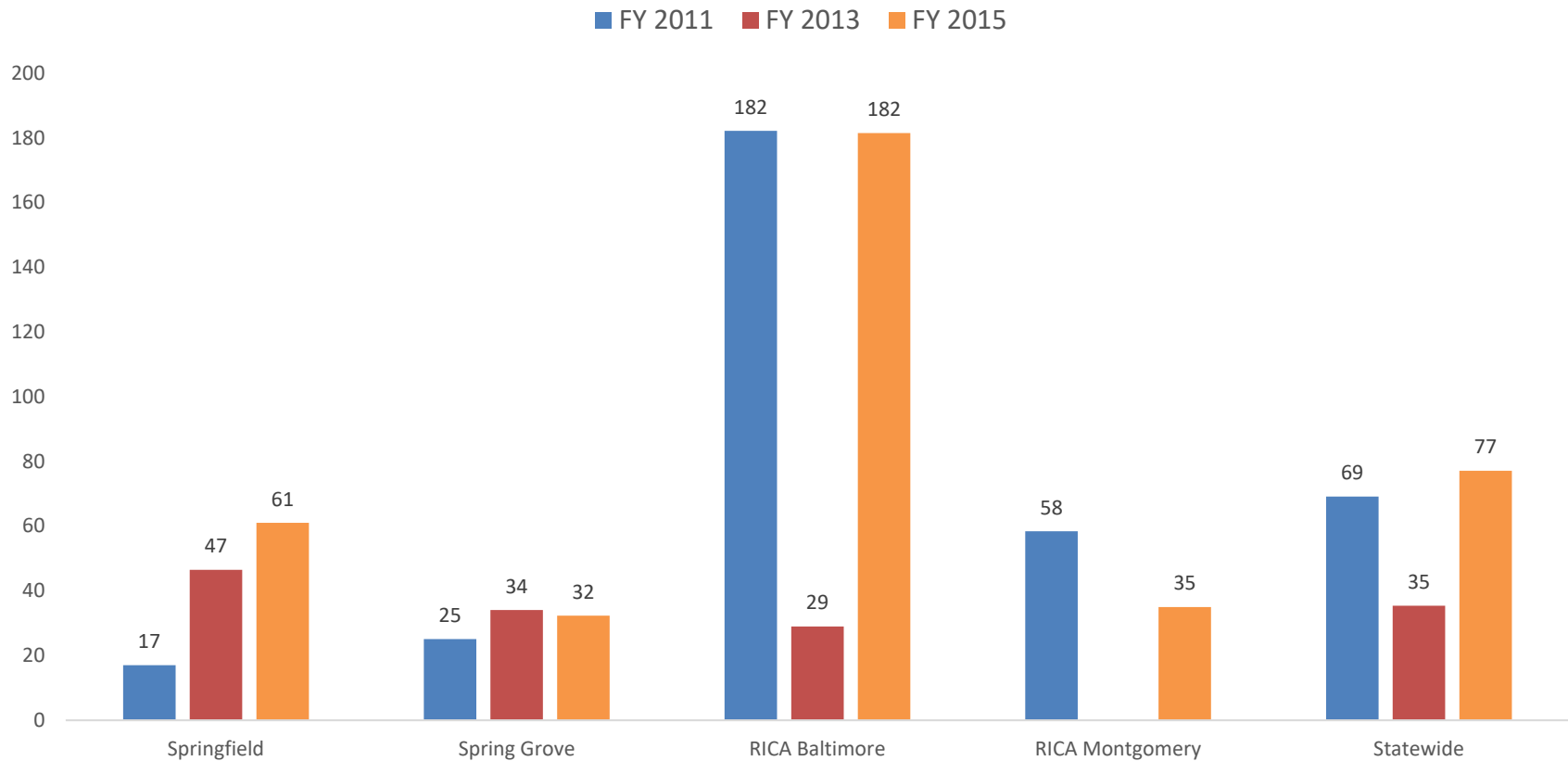


Per Diem Rate



- The relatively high FY 2011 and FY 2015 cost corresponded with a high number of bed days utilized by children placed at RICA-Baltimore in both fiscal years.
- While in FY 2013, the majority of bed days were spent at Spring Grove.
- The per diem rate is not a fixed cost associated with the respective facility. DHMH BHA calculates the per diem rate for a specific data set using the total cost and the number of bed days for that facility for that fiscal year.

Average Bed Days Per Child and Youth Under 20 Placed at State Psychiatric Facilities



In both FY 2011 and FY 2015, the years with relatively high costs, RICA – Baltimore had far higher average utilization of bed days per resident under age 20 than other state facilities, with an average of 182 in both FY 2013 and FY 2015

Investments in Core Behavioral Health Services and Related and Support
Services and Programs

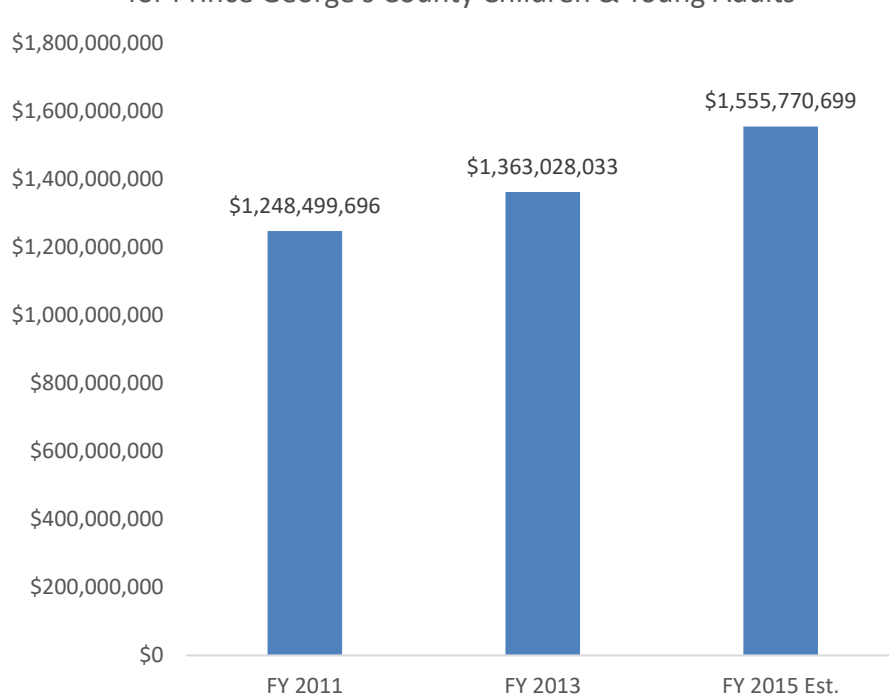
PRINCE GEORGE'S COUNTY BEHAVIORAL HEALTH FUND MAP

Behavioral Health Fund Map: Investments By Function

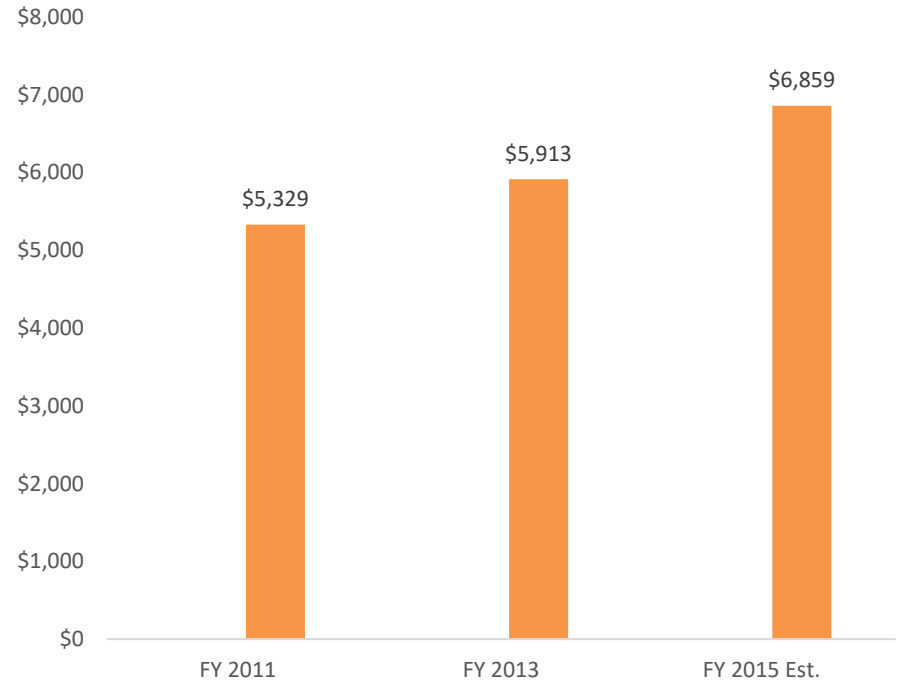
	FY 2011	FY 2013	FY 2015
Behavioral Health	\$27,127,486	\$22,072,773	\$40,736,713
Intellectual Disabilities	\$31,297,597	\$34,874,888	\$38,057,985
Somatic Health/Medicaid	\$341,408,496	\$389,224,063	\$483,365,035
Maternal & Child Health	\$29,060,568	\$28,859,720	\$28,813,968
Public Health/Administration	\$7,263,302	\$6,890,954	\$6,230,102
Housing	\$79,899,089	\$83,580,258	\$88,012,827
Special Education	\$233,803,378	\$242,441,634	\$266,915,642
Education - Guidance/Health Education	\$2,385,879	\$36,230,524	\$35,409,545
Early Education & Child Care	\$42,587,624	\$39,824,854	\$57,892,935
Youth Development - Recreation and Parks	\$49,430,792	\$45,345,404	\$52,588,695
Youth Development - After School/Summer Learning	\$10,875,193	\$10,398,342	\$11,187,327
Youth Development - Arts/Library/Mentoring	\$11,186,473	\$11,969,179	\$15,880,145
Juvenile Services	\$47,103,362	\$49,458,492	\$55,721,026
Child Welfare	\$54,454,996	\$57,435,572	\$57,860,954
Nutrition	\$128,928,330	\$156,770,115	\$165,980,900
Income Support - Other	\$151,687,132	\$147,651,260	\$151,116,899
TOTAL	\$1,248,499,696	\$1,363,028,033	\$1,555,770,699

Behavioral Health Fund Map

Core Behavioral Health & Related/Support Investments
for Prince George's County Children & Young Adults



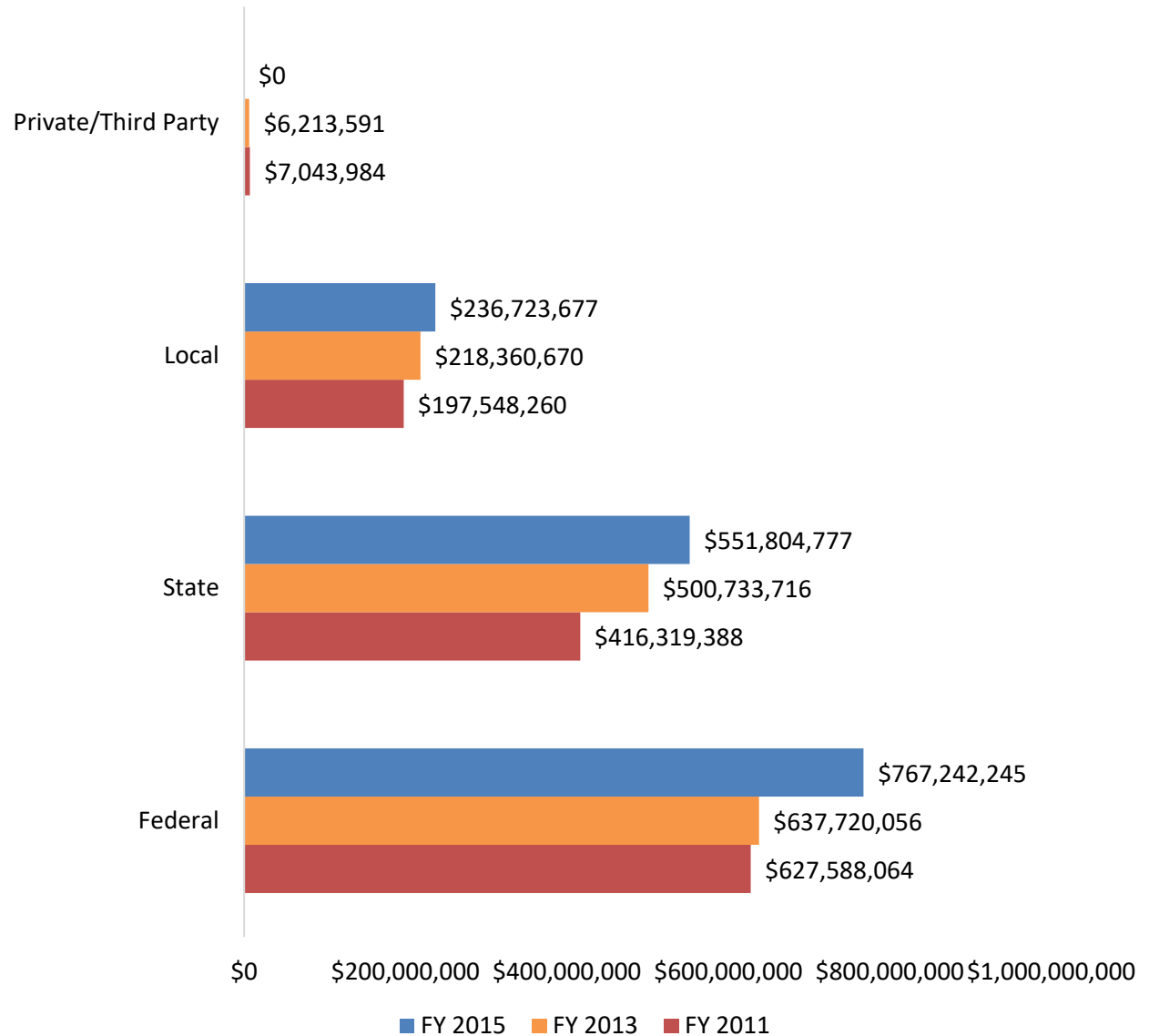
Spending Per Child and Young Adult Under 20



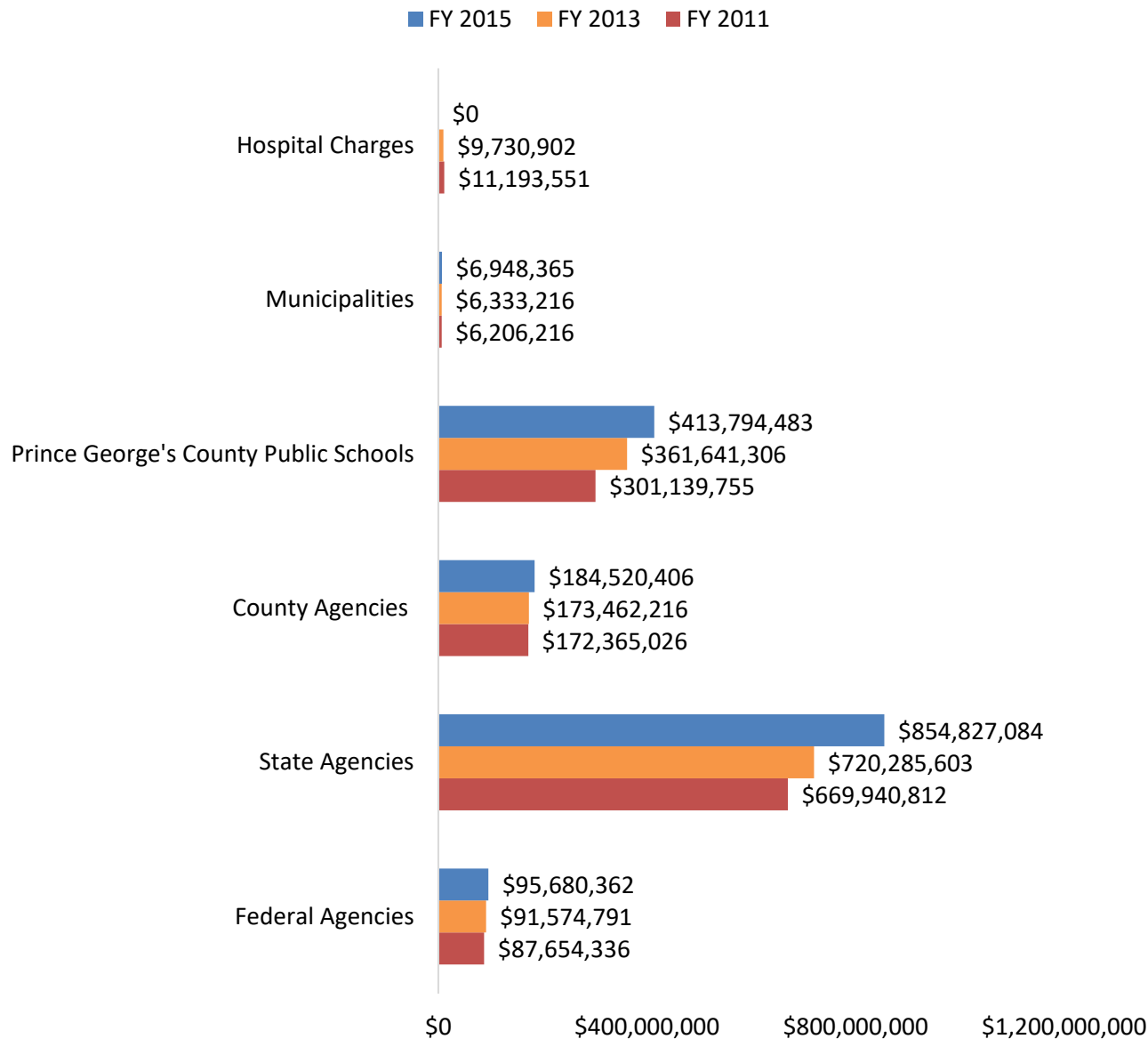
- To recognize the interconnectedness of the behavioral health system of care, the fund map incorporates investments on core behavioral health services as well as spending on related and support services or programs.
- Investments increase 9.2% from FY 2011 to FY 2013, 14.1% from FY 2013 to FY 2015 estimated, and 24.6% from FY 2011 to FY 2015 estimated.
- The FY 2015 increase is partially due to changes in reporting and policy/regulation at both PGCPs and DHMH. The upcoming slide on fund map spending by agency source has more detail on the changes.

Behavioral Health Fund Map: Investments By Fund Source

- Private/Third Party sources are expected payers for behavioral health hospital charges and include Charity/Self Pay; Commercial and All Other.
- In each year, federal funds paid for about half of total investments and state funds accounted for roughly one-third of total spending.
- Spending from local sources, including municipalities and PGCPs, accounted for about one-sixth of total spending.



Behavioral Health Fund Map: Investments By Agency Source



- The increases in PGCPSS investments are partially related to more detailed reporting of spending by program in the program matrix in the PGCPSS budget.
- For example, the program matrix began reporting spending on guidance services in FY 2013 and spending on psychological services in FY 2015.
- Beginning in FY 2015, DHMH “carved out” behavioral health provider reimbursements from the Medicaid fee-for-service system and reports these reimbursements as a separate appropriation statement in the state budget.

Resources and Recommendations for Strategic Financing Plan

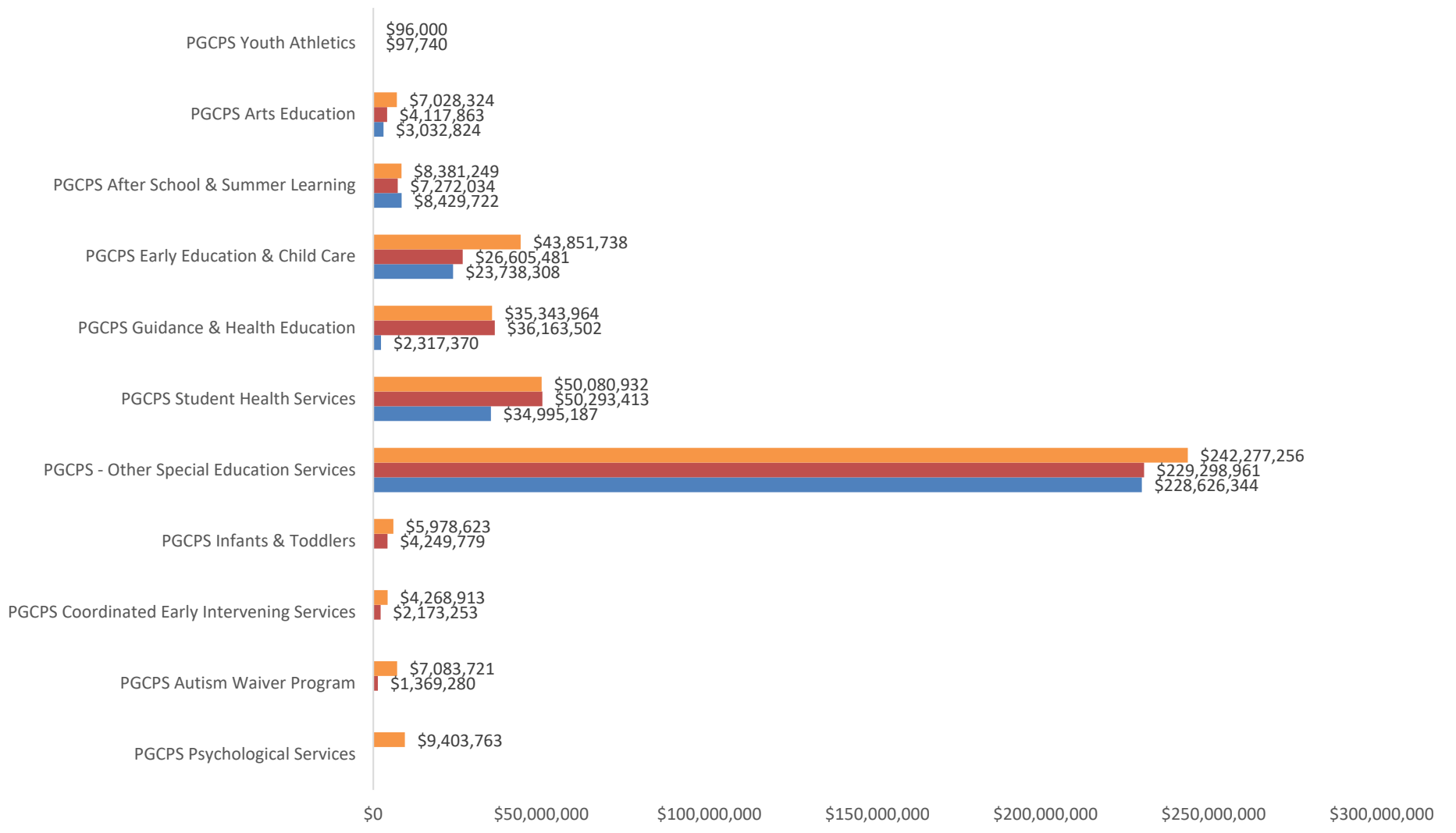
PRINCE GEORGE'S COUNTY BEHAVIORAL HEALTH FUND MAP

Resources & Recommendations

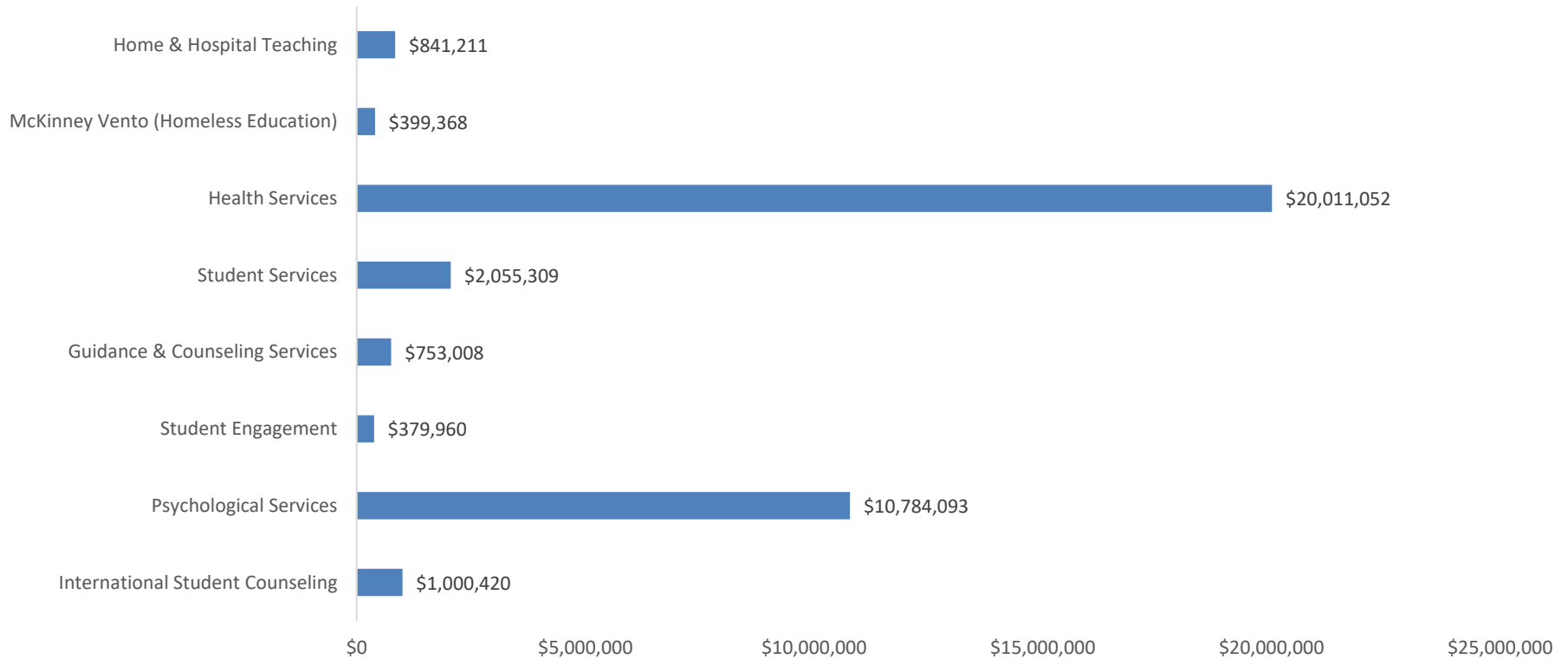
- Incorporate School-Based Mental Health Financing Resources & Best Practices
- Explore Collaboration with PGCPS, including potential school behavioral health services pilot in a Transforming Neighborhood Initiative school.
- Explore Collaboration with Department of Family Services, including regarding behavioral health services related funding budgeted in DFS.
- Collaborate with Municipalities, including related to behavioral health and youth development services and working with Police Departments to fund MRSS and other crisis services.

Prince George's County Public Schools: Core Behavioral Health & Related/Support Services

FY 2015 FY 2013 FY 2011



Prince George's County Public Schools FY 2018 Spending on Selected Items



Prince George's County Public Schools FY 2018 spending on psychological and counseling services is \$12.9 million, including \$10.8 million for psychological services, \$1 million for international student counseling, \$753,008 on guidance and counseling services, and \$379,960 for student engagement. Student services category includes \$129,611 for restorative practices school discipline program.

Existing PGCPS Behavioral Health Infrastructure FY 2018 Current Staffing Levels

Position Name	Total FTE
Professional School Counselor	346
Pupil Personnel Worker	43
Pupil Personnel, Transition Worker	7
School Psychologist – 11 Month	53
School Psychologist – 12 Month	31
TOTAL	480

The FY 2018 budget for Prince George's County Public Schools funds 480 school psychologists, professional school counselors and pupil personnel workers.

Incorporate School-Based Mental Health Financing Resources & Best Practices

- [The Center for Health and Health Care in Schools'](#) report [*Developing a Business Plan for Sustaining School Mental Health Services*](#) highlights success stories in three jurisdictions.
 - Family Services Association of Bucks County, Pennsylvania
 - The Washburn Center for Children in Hennepin County, Minnesota
 - District of Columbia's School Mental Health Program
- The jurisdictions established the billing infrastructure and other changes needed to bill Medicaid and commercial insurance carriers for school-based mental health services.
- The Washburn Center provides behavioral health services to 18 schools in three school districts.
- The District's program started in the 2000-2001 school year and by 2011 was providing services to 53 schools.

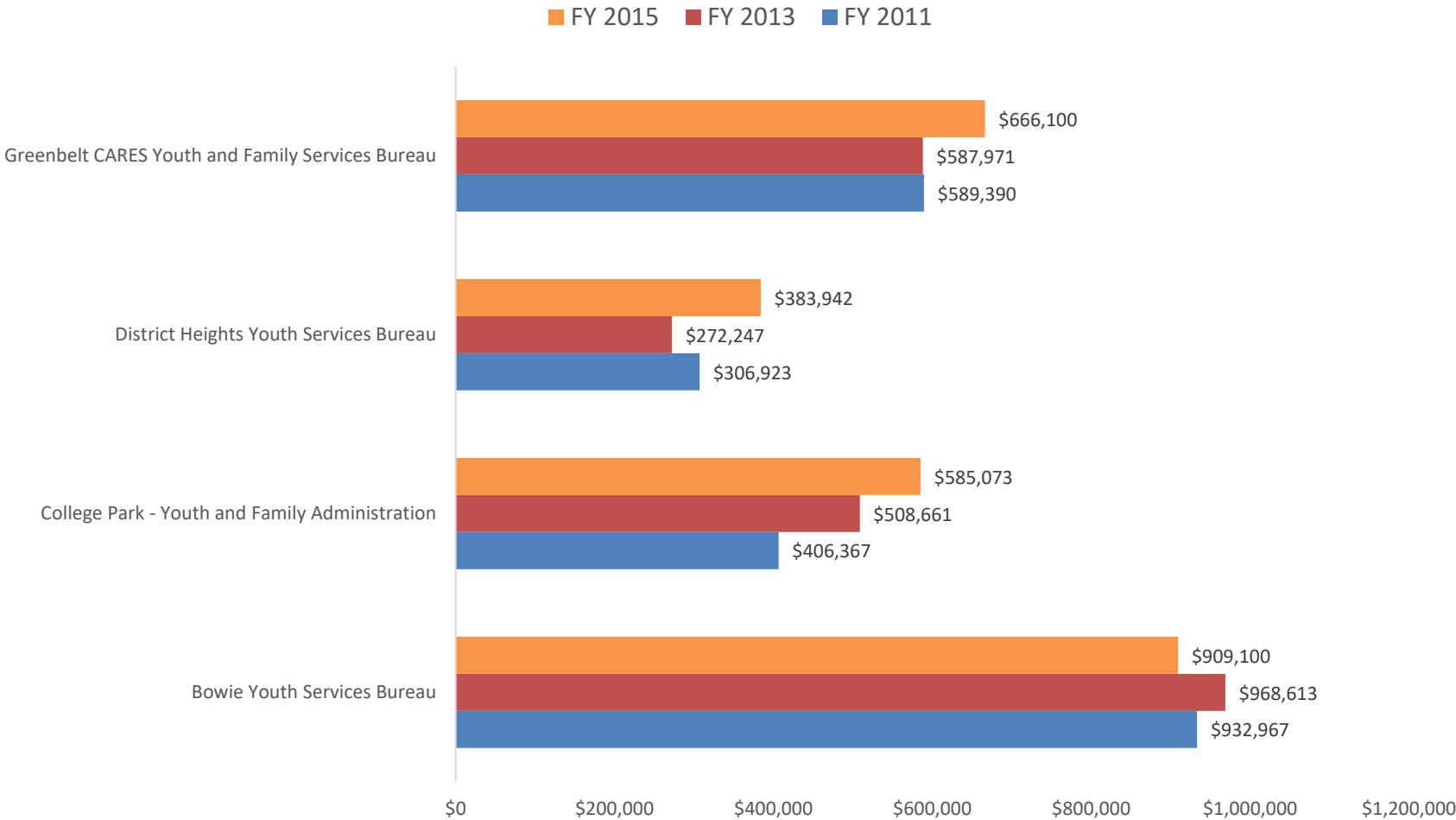
Incorporate School-Based Mental Health Financing Resources & Best Practices

- The [Center for School Mental Health](#) of the University of Maryland's School of Medicine offers valuable [resources](#), including [archived webinars](#) focusing on financing and sustainability.
- The [first webinar in the series](#) included more detail on behavioral health services in schools in Hennepin County, MN and the District.
- [*"Using Medicaid's EPSDT to fund Behavioral Health Rehabilitation Services in homes and schools"*](#)
- Other webinars in the series include [*Building a School-Based Prevention Support System: A Business Plan*](#) and [*Cracking the Code: How to design a Successful Business Model for Funding and Sustainability of School-Based Health And Mental Health Services*](#), which also included a series of worksheets to assist with the Business Model.
 - [Beaverton High School School-Based Health Care Business Plan](#)
 - [Designing School-Based Mental Health Services Business Model](#)
 - [School-Based Health Care Business Plan Metrics](#)

Incorporate School-Based Mental Health Financing Best Practices & Build on Transforming Neighborhoods Initiative and Schools

- Collaborate with Prince George's County Public Schools and explore potential of piloting school-based behavioral health services best practices model at a [Transforming Neighborhoods Initiative](#) (TNI) school.
- The total budget for TNI schools is about \$4.8 million and is funded in the PGCPS budget.
- There are currently 40 TNI schools, with 39 TNI schools offering behavioral health services.
- Piloting the project in a TNI elementary or middle school may increase the likelihood of success.
- Explore other opportunities to link in with the existing PGCPS existing behavioral health infrastructure.

Core Behavioral Health Investments in Municipalities



College Park – Youth and Family Administration includes clinical services for youth and families.

Related/Support Services in Municipalities

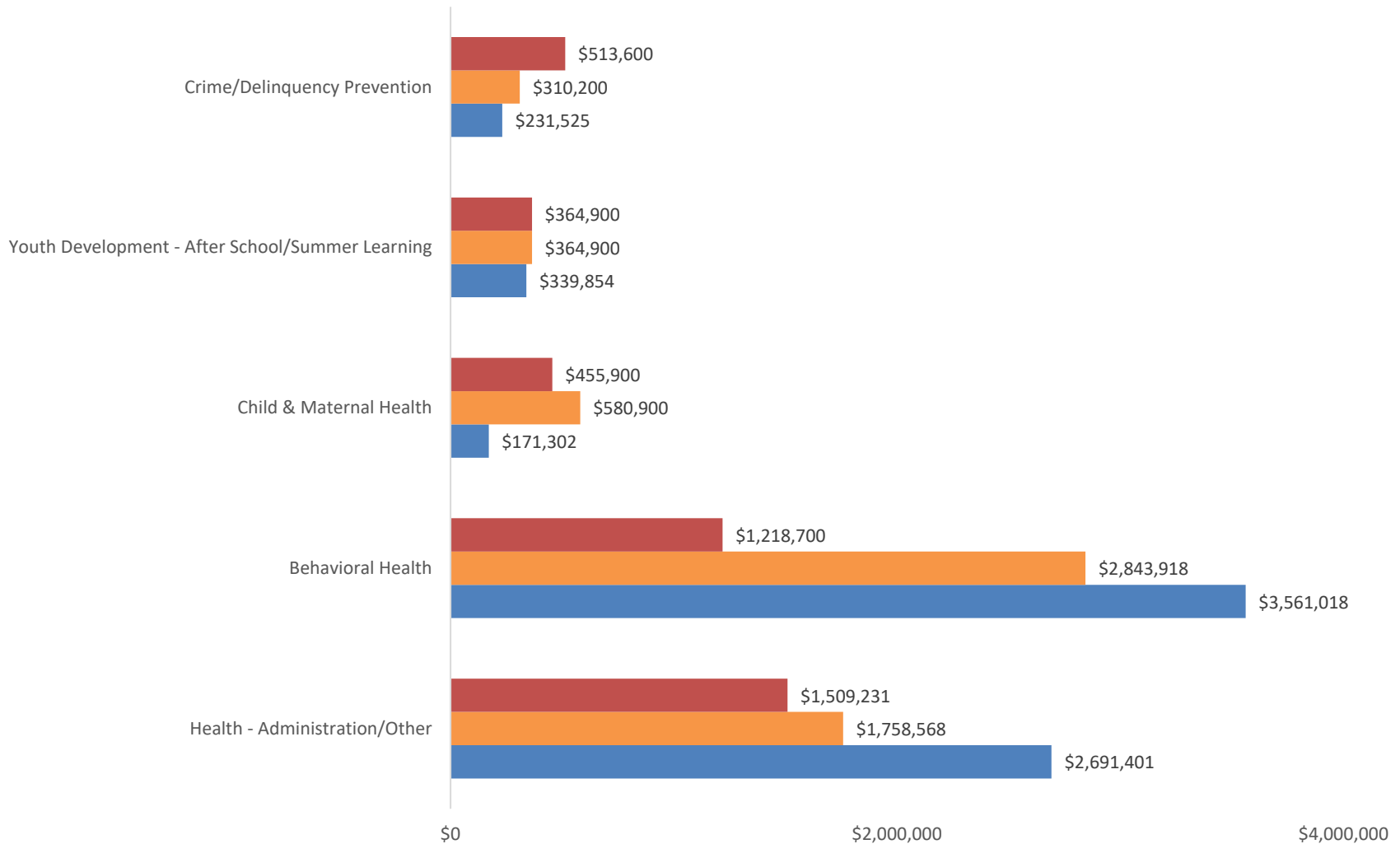
	FY 2011	FY 2013	FY 2015
Bowie -- Recreation & Parks	\$1,228,567	\$1,256,981	\$1,359,137
Bowie - Arts & Mentoring	\$151,451	\$143,089	\$215,926
Capitol Heights - Arts & Mentoring	\$6,000	\$6,000	\$7,500
College Park - Recreation & Parks	\$55,678	\$61,362	\$68,853
College Park - After School & Summer Learning	\$12,500	\$12,500	\$12,500
College Park - Arts & Mentoring	\$10,050	\$9,712	\$9,712
District Heights - Recreation & Parks	\$124,759	\$103,191	\$124,586
Greenbelt - Recreation & Parks	\$1,542,988	\$1,522,130	\$1,598,842
Greenbelt - Arts & Mentoring	\$71,811	\$24,080	\$26,029
Hyattsville - Recreation & Parks	\$160,306	\$104,734	\$167,823
Laurel - Recreation & Parks	\$582,157	\$546,285	\$581,767
Laurel - After School & Summer Learning	\$13,744	\$13,059	\$14,000
Laurel - Arts & Mentoring	\$2,806	\$2,679	\$2,849
Mount Rainier -- Receation & Parks	\$7,751	\$4,803	\$10,000
New Carrollton - Recreation & Parks	\$0	\$150,813	\$170,940
Riverdale Park - Recreation & Parks	\$0	\$5,199	\$10,088
Seat Pleasant - Recreation & Parks	\$0	\$6,536	\$19,455
Seat Pleasant - After School & Summer Learning	\$0	\$22,570	\$4,144
	\$3,970,569	\$3,995,723	\$4,404,150

Explore Collaboration with Municipalities

- The American Institutes for Research's August 2017 issue brief [*Mental Health Needs of Children and Youth: The Benefits of Having Schools Assess Available Programs and Services*](#) provides assessment tools and templates.
- Partner with Youth Services Bureaus in municipalities, including performing a behavioral health service inventory with PGCPs and the municipalities funding behavioral health services – the Youth Services Bureaus of Bowie, District Heights and Greenbelt and clinical services and administration for youth and families in College Park.
- Partner with municipal agencies funding behavioral health and youth development services to contact municipal police department to begin to explore funding crisis services.

Behavioral Health Fund Map: Department of Family Services (DFS) Investments By Function

FY 2015 FY 2013 FY 2011



Selected State Grant Funding to Department of Family Services

- DFS is the county Local Management Board and receives related grant funding from the Governor's Office of Children, as well as selected grants from Department of Juvenile Services.
- These investments represent cross-system spending in System of Care programs.
- Strengthen existing collaboration with DFS.
- Explore braided funding mechanisms.

