STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

MEMORANDUM

TO: **Distribution List**

FROM: **Brian Hepburn, M.D.**
Executive Director
Mental Hygiene Administration

THROUGH: **Cynthia Petion, Director, MHA Office of Planning, Evaluation, and Training**

DATE: **August 18, 2011**

SUBJECT: FY 2012 ANNUAL STATE MENTAL HEALTH PLAN

Enclosed please find the final copy of the ***FY 2012 Annual State Mental Health Plan.***

The Mental Hygiene Administration would like to acknowledge all of the individuals, organizations, and state agencies that contributed to the development of the FY 2012 State Mental Health Plan, through participation in the Plan Development Meeting/Workgroup in April. We would like to also thank the Planning Committee of the Maryland Advisory Council/P.L. 102-321 Planning Council who, in addition to planning and/or attending the work group, spent considerable time reviewing the draft document for final comment and approval.

The goals, objectives, and strategies developed and/or updated address major issues driven by various legislative activities, ongoing MHA projects, the current fiscal environment, and collaborative efforts with state agencies and other stakeholders. MHA has followed SAMHSA's lead in developing these goals based on **SAMHSA's Eight Strategic Initiatives** which further delineate MHA's focus on the continued improvement in the delivery of PMHS services. MHA goals, objectives, and strategies also continue to reflect advancements in the PMHS enhanced by community involvement and by efforts of the Maryland's Mental Health Transformation State Incentive grant (MHT-SIG).

Again, we at MHA thank all who contributed to the development of this plan. Please share this document with your staff, colleagues, or with other individuals who will contribute to and benefit from the accomplishment of these strategies. We look forward to continued collaboration as we proceed with our goals and future endeavors.

Enclosure:
FY 2012 State Mental Health Plan

Additional copies are available from the Division of Planning, through Telephone 410-402-8473. In the next several weeks, this document will also be available on MHA's Web site. You may visit at http://dhmh.state.md.us/mha/

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Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2012 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

MARTIN O'MALLEY, GOVERNOR

ANTHONY G. BROWN, LIEUTENANT GOVERNOR

JOSHUA M. SHARFSTEIN, M.D., SECRETARY

RENATA HENRY, DEPUTY SECRETARY
BEHAVIORAL HEALTH AND DISABILITIES

BRIAN M. HEPBURN, M.D., EXECUTIVE DIRECTOR

July 2011

"The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations."

"The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities."

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ACKNOWLEDGEMENTS

As in the past, the FY 2012 State Mental Health Plan is the result of the hard work of many people, particularly the Mental Hygiene Administration (MHA) staff, consumers, mental health advocacy groups, the Planning Committee of the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council and representatives of the Core Service Agencies. However, during the past two years the participation in the development of this annual plan was much increased through additional organizational and community stakeholders who gave their time to review and offer input into this document through all day Mental Health Plan Development Meetings held in the spring. This year, on April 29, 2011 the gathering included representatives of:

Consumers, including members of the Deaf and Hard of Hearing community

Family members

Consumer, child and family advocacy organizations

Wellness and Recovery Centers

Mental health providers and provider organizations

Local Mental Health Advisory Committees

Maryland Association of Core Service Agencies

Core Service Agencies' Boards of Directors

Protection and Advocacy Agencies

The Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Maryland Blueprint Committee

The Traumatic Brain Injury Advisory Board

DHMH and other Maryland state agencies

MHA staff and the Mental Health Transformation Office

Other interested stakeholders and citizens of Maryland

We at MHA thank all of you who contributed to the development of this plan and look forward to continued collaboration as we proceed with our goals and future endeavors. The use of break-out groups, as well as the availability of and interaction among key MHA staff and stakeholders, allowed much to be accomplished in a limited period of time. While not all suggestions were able to be included in the final document, some due to budget and resource constraints, many of the concepts prioritized by the break-out groups are expressed, at least in part, in a number of strategies. Your input and participation, through the group discussions and interactive process, have been invaluable.

STATE OF MARYLAND MENTAL HYGIENE ADMINISTRATION

MISSION

The Department of Health and Mental Hygiene's Office of Behavioral Health and Disabilities will develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions and developmental disabilities. The Mental Hygiene Administration will, through publicly funded services and supports, promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders.

THE VISION

The Vision of our public mental health system is drawn from fundamental core commitments:

- Coordinated, quality system of care
- A full range of services available
- Seamless linkages to services for the consumer delivered through a system of integrated care
- Recognition that co-occurring and co-morbid conditions are the norm
- Focus on treatment, behavioral health, support, recovery, and resilience
- Services developed in collaboration with culturally competent stakeholders in an environment that is culturally sensitive
- Improved health, wellness, and quality of life for consumers

VALUES

The values underpinning this system are:

(1) BASIC PERSONAL RIGHTS

Persons with psychiatric disabilities have the same rights and obligations as other citizens of the state. Consumers have the right to choice, to retain the fullest possible control over their own lives, and to have opportunities to be involved in their communities.

(2) RESPONSIVE SYSTEM

The Public Mental Health System must be responsive to the people it serves, coherently organized, and accessible to those individuals needing mental health care. Information must be readily available for individuals to enter and proceed through the system in a more appropriate and timely manner. The hospitals are one part of the community-based mental health system. The Public Mental Health System must collaborate with other public and private human health service systems in order to allow for continuity of care and facilitate support with all activities of life.

(3) EMPOWERMENT

Consumers, families, and advocates will be involved in decision-making processes, individually at the treatment level and collectively in the planning and operational aspects of the mental health system. An array of services and programs must be available to allow for consumer choice in obtaining and using necessary services. Relevant programs and services that recognize varying cultural, ethnic, and racial needs are imperative.

(4) FAMILY AND COMMUNITY SUPPORT

We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family supports.

(5) LEAST RESTRICTIVE SETTING

An array of services will be available throughout the state to meet a variety of consumer needs. These services should be provided in the least restrictive, most normative, and most appropriate setting.

(6) WORKING COLLABORATIVELY

Collaborations with other agencies at the state and local level will be fostered so support to consumers is inclusive of all activities of life. This will promote a consistently appropriate level of mental health services.

(7) EFFECTIVE MANAGEMENT AND ACCOUNTABILITY

Accountability is essential to consistently provide an adequate level of mental health services. Essential management functions include monitoring and self-evaluation, responding rapidly to identified weaknesses in the system, adapting to changing needs, and improving technology. We must put the highest priority on measuring consumer satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

(8) LOCAL GOVERNANCE

Local management of resources, resulting from the implementation of Core Service Agencies, will improve continuity of care, provide needed services in a timelier manner, improve the congruence of services and resources with needs, and increase economic efficiency due to the closer proximity of the service delivery level.

(9) STAFF RESOURCES

The presence of a competent and committed staff is essential for the provision of an acceptable level of mental health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.

(10) COMMUNITY EDUCATION

Early identification and prevention activities for risk groups of all ages, public education, and efforts that support families and communities must be incorporated into our service system. Increased acceptance and support for mental health services come from increased awareness and understanding of psychiatric disorders and treatment options.

List of Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization-ValueOptions®Maryland
CBH	Community Behavioral Health Association of Maryland
CEO	Chief Executive Officers
CEU	Continuing Education Units
CHIPRA	Children's Health Insurance Program Reauthorization Act
CILS	Centers for Independent Living
CLCTI	Cultural and Linguistic Competency Training Initiative
CME	Care Management Entity
CMS	Center for Medicare/Medicaid Services
COOP	Continuity of Operations Plan
CSA	Core Service Agency
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CQT	Consumer Quality Team
DDA	Developmental Disabilities Administration
DDC	Dual Diagnosis Capability
DHCD	Maryland Department of Housing and Community Development
DHMH	Maryland Department of Health and Mental Hygiene
DHR	Maryland Department of Human Resources
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services

DPSCS	Department of Public Safety and Correctional Services
DSS	Department of Social Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
FHA	Family Health Administration
FLI	Family Leadership Institute
GOC	Governor's Office for Children
HMIS	Hospital Management Information System
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
ICS	Incident Command System
IFSC	Interagency Forensic Services Committee
IOM	Institute of Medicine
IRMA	Information Resource Management Administration
LEAP	Leadership Empowerment and Advocacy Project
LMHAC	Local Mental Health Advisory Committee
LGBTQ	Lesbian, gay, bi-sexual, transgender, questioning
LMB	Local Management Board
MA	Medical Assistance or Medicaid
MACSA	Maryland Association of Core Service Agencies
MARFY	Maryland Association of Resources for Families and Youth
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCF	Maryland Coalition of Families for Children's Mental Health

MCLC	Maryland Consumer Leadership Coalition
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MDOT	Maryland Department of Transportation
MEMA	Maryland Emergency Management Administration
MFP	Money Follows the Person
MHA	Mental Hygiene Administration
MHAMD	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHCJP	Mental Health & Criminal Justice Partnership
MHEN	Maryland Mental Health Employment Network
MHFA	Mental Health First Aid
MHT-SIG	Mental Health Transformation State Incentive Grant
MIS	Management Information Systems
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
NAMI MD	National Alliance for Mental Illness-Maryland
NASMHPD	National Association of State Mental Program Directors
NIMS	National Incident Management System
NOC	Network of Care
ODHH	Governor's Office of the Deaf and Hard of Hearing

OHCQ	Office of Health Care Quality
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PATH	Projects for Assistance in Transition from Homelessness
PCIS2	Provider Consumer Information System 2
PERS	Peer Employment Resource Specialist
PHA	Local Public Housing Authorities
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
RRP	Residential Rehabilitation Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disorders
SMI	Serious Mental Illness
SOAR	Supplemental Social Security, Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TAC	Technical Assistance Collaborative, Inc.
TAMAR	Trauma, Addiction, Mental Health, and Recovery

TAY	Transition-Age Youth
TBI	Traumatic Brain Injury
UMBC	University of Maryland – Baltimore County
WRAP	Wellness Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience

SYSTEM GOALS
TABLE OF CONTENTS

These MHA goals, objectives, and strategies are a result of the collaborative efforts related to the implementation of the five-year federal Mental Health Transformation State Incentive Grant (MHT-SIG), existing interagency cooperation, and public and private partnerships. These alliances have been strengthened and new partnerships formed to further build upon the infrastructure, coordinate care, and improve service systems. Mental health transformation efforts and activities have fostered the implementation of increased opportunities for public education; awareness; training of consumer, families, and mental health professionals; and support of employment, self-directed care, and affordable housing options. Advancement and sustainment of these efforts will be effectively amplified through the support of Web-based technology that increases awareness and linkages to services; promotes wellness, prevention, and diversion activities; and enhances efforts in evidence-based and promising practices as well as cultural competency. These advancements are infused throughout the MHA State Mental Health Plan for children, adolescents, and adults. As the MHT-SIG completes its final year, MHA strategies continue to involve effective and efficient collaborations to support sustainability of transformation gains that promote recovery and resiliency; and will continue to evolve over the next few years as health care reform becomes fully implemented.

To continue improvement in the delivery of prevention, treatment and recovery support services, SAMHSA has identified Eight Strategic Initiatives to focus the Agency's efforts toward promoting expansion of behavioral health. MHA has organized its FY 2012 plan activities based on these initiatives. (Listed in Appendix B)

GOAL I. INCREASE PUBLIC AWARENESS AND SUPPORT FOR IMPROVED HEALTH AND WELLNESS.

Objective 1.1. The Mental Hygiene Administration (MHA), in collaboration with the Core Service Agencies (CSAs), will continue to work with the mental health community to initiate educational activities and disseminate, to the general public, current information related to psychiatric disorders, prevention mechanisms, treatment services, and supports.

(1-1A)
MHA, in collaboration with the Department of Health and Mental Hygiene (DHMH), the Missouri Department of Health, and the National Council for Community Behavioral Health, will continue implementation of the Mental Health First Aid-USA (MHFA USA) initiative for adults and youth in Maryland and throughout the United States.

Indicators:

- Continued publication, distribution, and promotion of Mental Health First Aid Participant Manual and Teaching Notes
- Work continued with Mental Health Association of Maryland, Inc. (MHAMD), national partners, and advocates to finalize a MHFA USA Youth Manual and teaching notes
- Curriculum supplements developed and piloted for workplace, law enforcement, military/veterans, primary care, assisted and aging living, faith communities, and higher education
- Continued partnership with MHAMD and CSAs to deliver additional training to local Area Offices on Aging, Department of Social Services, law enforcement, parole and probation, judges, public health, Emergency Medical Services personnel, shelter workers, higher education, and state employees
- Program sustained through course fees and other funding sources

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; Cynthia Petion and Carole Frank, MHA Office of Planning, Evaluation, and Training; DHMH; CSAs; Mental Health Association of Maryland (MHAMD); Maryland Coalition of Families for Children's Mental Health; On Our Own of Maryland; Missouri Department of Mental Health; the National Council for Community Behavioral Health; other mental health advocacy groups

MHA Monitors: Brian Hepburn, MHA Office of the Executive Director and Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care

(1-1B)
MHA, in collaboration with the Core Service Agencies (CSAs), will continue to provide support, funding, and ongoing consultation to Maryland's mental health advocacy groups to promote and implement a series of public education and training activities to increase awareness of mental illness; mental health issues; and recovery and resiliency among children, youth, and adults.

Indicators: Activities include:

- Maryland Coalition of Families for Children's Mental Health's (MCF) and Mental Health Association of Maryland's (MHAMD's) Children's Mental Health Awareness Campaign – "Children's Mental Health Matters"; number of public service announcements aired, volume of literature disseminated, and other outreach activities implemented
- National Alliance on Mental Illness (NAMI MD) – NAMI WALK, Family to Family, and other education programs
- On Our Own Maryland, Inc. (OOOMD) – Anti-Stigma Project workshops
- Network of Care – promotion and usage
- MHAMD – outreach campaign for older adults
- CSA – outreach/media campaigns
- Wellness and Recovery Centers – outreach efforts

Involved Parties: Cynthia Petion and Robin Poponne, MHA Office of Planning, Evaluation, and Training; Al Zachik, MHA Office of Child and Adolescent Services; James Chambers, MHA Office of Adult Services; MHA Office of Forensic Services; Melissa Schober, MHA Medicaid Policy Analyst**;** Clarissa Netter, MHA Office of Consumer Affairs; appropriate MHA staff; CSAs; Maryland Coalition of Families for Children's Mental Health; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers; community providers

MHA Monitor: Robin Poponne, MHA Office of Planning, Evaluation, and Training

(1-1C)
Continue efforts to enhance communication and education through use of social media tools and networks.

Indicators:

- Social media outlets, such as Facebook or Twitter, utilized to promote public mental health awareness and improved communication among MHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, produce 12-15 micro-blogs pertaining to mental health efforts and information
- Continue exploration of appropriate social media outlets to bolster Child and Adolescent initiatives and/or to provide Peer-to-Peer support

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems (MIS) and Data Analysis

MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

(1-1D)
MHA, in collaboration with the Core Service Agencies (CSAs) will have an all-hazards approach to emergency preparedness and response for MHA as an administration (including facilities) and for the mental health community at large.
Indicators:

- Continued use of National Incident Management System (NIMS)
- Incident Command System (ICS) Chart maintained, NIMS/ICS training for Incident Command Team completed
- Ongoing training for new members
- All-Hazards Disaster Mental Health Plan updated, Continuity of Operations Plan (COOP) for Pandemics and a general COOP plan updated
- Facility Evacuation Plans and Mass Fatalities Plans for MHA facilities developed and implemented
- The mass fatalities equipment purchased and stored in a central location accessible to DHMH facilities around the state
- MHA evacuation and Mass Fatalities plans exercised, in collaboration with the University of Maryland, across the state
- Plans of correction developed as needed
- Multi-state Consortium and Brain Tree Solution as a resource

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director of Facilities Management and Administrative Operations; Marian Bland, MHA Office of Special Needs Populations; Gail Wowk, MHA Emergency Preparedness; Facilities CEOs; Hospital Emergency Managers; CSAs
MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director of Facilities Management and Administrative Operations

Objective 1.2. MHA will continue efforts that facilitate recovery, build resiliency, and develop mechanisms to promote health and wellness across the lifespan.

(1-2A)
MHA, in collaboration with On Our Own of Maryland (OOOMD), will support statewide activities promoting the continuance of Wellness and Recovery Action Plan (WRAP) training as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement.
Indicators:

- Two facilitator follow-up trainings held
- Statewide wellness and recovery trainings for providers conducted
- Continued implementation of WRAP training in local consumer peer support and advocacy organizations across Maryland such as Wellness and Recovery Centers
- Continued training of Olmstead Peer Support Specialists as an additional WRAP resource for hospital discharge planning

Involved Parties: Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; OOOMD; CSAs; Wellness and Recovery Centers
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(1-2B)
Continue to implement, evaluate, and refine the Self–Directed Care project in Washington County and throughout the state.
Indicators:

- Self-directed care plans developed and approved with peer support workers assisting consumers with the process
- Continued WRAP training of consumer advocates and consumer participants with an emphasis on stress reduction and wellness
- Increased Internet availability provided – Network of Care and use of advance directives for mental health treatment

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA staff; CSAs; Washington County CSA and providers; OOOMD; consumers and family members
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Objective 1.3. MHA will increase opportunities for consumer, youth, family and advocacy organizational input into the planning, policy, quality assurance, evaluation, and decision-making processes.

(1-3A)
Participate in oversight of the Consumer Quality Team (CQT) project and plan for statewide expansion.
Indicators:

- Psychosocial programs and inpatient facilities in Maryland visited
- Continued expansion into counties, covering Maryland's most populous regions and outlying jurisdictions
- Survey initiated on proposed changes to inpatient units
- Involvement with Smoking Cessation Project (see strategy 2-1C); observation of smoking behavior in proximity to programs
- Feedback meetings held, identified issues resolved, annual report submitted

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA Office of Planning, Evaluation, and Training; state facility representatives; CSAs; MHAMD; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH)
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(1-3B)
Provide resources to continue to implement leadership activities and trainings through the Maryland Coalition of Families for Children's Mental Health (MCF) Family Leadership Institute for parents of children with emotional disorders; youth leadership programs; and the Leadership Empowerment and Advocacy Project (LEAP).
Indicators:

- Annual MCF Family Leadership Institute (FLI) convened, training activities for families implemented, number of graduates
- Increased youth leadership participation in state and local policy committees and public awareness events
- LEAP redefined and expanded to include increased collaboration with youth and young adult leadership and participation at statewide trainings
- Increased consumer and family participation in Public Mental Health System (PMHS) state and local policy planning

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; CSAs; OOOMD; MCF; Youth MOVE and other youth leadership

MHA Monitors: Al Zachik, MHA Office of Child and Adolescent Services and Clarissa Netter, MHA Office of Consumer Affairs

GOAL II. PROMOTE A SYSTEM OF INTEGRATED CARE WHERE PREVENTION OF SUBSTANCE ABUSE AND MENTAL ILLNESS IS COMMON PRACTICE ACROSS THE LIFE SPAN.

Objective 2.1. MHA, in collaboration with CSAs, the administrative services organization (ASO), managed care organizations (MCOs), behavioral health and health care providers, and other administrations and agencies, will continue to develop mechanisms to promote integrated health care.

(2-1A)
Continue to facilitate coordination of care activities throughout the Public Mental Health System (PMHS) and study data to determine impact of wellness activities and coordination of care in the provision of community mental health services.
Indicators:

- Utilization of existing interagency data to facilitate coordination of care i.e. pharmacy data (PharmaConnect)
- Collaboration with Medicaid Pharmacy regarding prescribing practices of anti-psychotic medicine in children
- Utilization of the Coordination of Care Committee to coordinate care of complex dual diagnosis cases
- Monitoring of utilization of resilience and recovery practices in treatment plans in community programs
- Increased access to registered public health providers through the administrative services organization (ASO) Web site, compliance activities monitored, and coordination of care activities administered through monthly meetings of medical directors of MHA and HealthChoice
- System integration of elements of coordination of care in PMHS through the Community Mental Health Medical Directors Consortium

Involved Parties: Gayle Jordan-Randolph and Jean Smith, MHA Office of the Clinical Director; Renata Henry, DHMH Deputy Secretary for Behavioral Health and Disabilities; MHA Office of Compliance and Risk Management; MHA-MCO Coordination of Care Committee; Community Mental Health Medical Directors Consortium; Alcohol and Drug Abuse Administration (ADAA); MCOs; Medical Assistance - Office of Health Services; ValueOptions®Maryland
MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director

(2-1B)
In collaboration with the University of Maryland's Research, Education and Clinical Center, the Maryland Child and Adolescent Mental Health Institute, and the University of Maryland School of Pharmacy, implement practice guidelines to ensure appropriate pharmacological utilization for adolescents and children with serious mental illness or serious emotional disorder with focus on youth in Baltimore foster care system and for Medicaid recipients under age five across the state.

Indicator:

- Pharmacological practice guidelines defined
- Report on implementation of practice guidelines completed
- Number of cases reviewed

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; other MHA staff; Maryland Medical Programs (DHMH); the University of Maryland, Community Psychiatry Division; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; University of Maryland School of Pharmacy; Department of Human Resources (DHR); CSAs; Maryland Department of Juvenile Services (DJS); the Maryland State Department of Education (MSDE); NAMI MD; OOOMD; MCF; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(2-1C)
Collaborate with the MDQuit Center of the University of Maryland – Baltimore County (UMBC), consumers, providers, private partnerships, and other behavioral health stakeholders to promote and implement smoking cessation initiatives for all individuals served by the Public Mental Health System to reduce mortality rates.

Indicators:

- Utilization of results of Substance Abuse and Mental Health Services Administration (SAMHSA) Policy Academy for Maryland on Wellness and Smoking Cessation to develop and implement Statewide Plan in conjunction with the Alcohol and Drug Abuse Administration (ADAA), providers, CSAs, and consumers
- Guidance and technical assistance provided to CSAs on successful smoking cessation initiatives (such as two models implemented at Silver Spring Wellness and Recovery Center and at Lower Shore Friends, Inc.)
- Increased awareness, promotion of public education, and raised consciousness of the essential role of smoking cessation in overall wellness through multiple media sources, as well as shared information gained through the state's Outcome Measurement System survey
- Smoking cessation resources added to Network of Care (NOC)
- Collaboration with the MDQuit Center in the development of tools for ongoing evaluation of the effectiveness of smoking cessation efforts

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; MHA Office of Adult Services; MHA Office of Child and Adolescent Services; other MHA staff; MHA Consultants; Alcohol and Drug Abuse Administration (ADAA); MCOs, MA HealthChoice; CSAs; UMBC MDQuit Center; Community Behavioral Health Association (CBH); On Our Own of Maryland (OOOMD); Mental Health Association of Maryland (MHAMD); MCF

MHA Monitors: Brian Hepburn, MHA Office of the Executive Director and Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care

(2-1D)
Implement the provisions of the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant from the Center for Medicare/Medicaid Services (CMS) to examine and refine Care Management Entity (CME) approaches.
Indicator:

- A consistent model for family peer support established
- Financing approach identified for populations served by CMEs
- Expansion of population eligibility served by CMEs explored
- A crisis response and stabilization model identified
- Coordination of CME service recipients' somatic and oral health improved consistent with wellness and Early and Periodic Screening Diagnosis and Training (EPSDT) standards of care
- Completion of program planning tool
- Timely submission of data to Center for Health Care Strategies (CHCS)

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; Department of Juvenile Services (DJS); Department of Human Resources (DHR); CMS; MCF; CHCS; State of Georgia; State of Wyoming
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(2-1E)
Continue to interface and maintain liaison efforts and partnerships with other agencies and administrations to support a comprehensive system of behavioral and somatic health services and community supports.
Indicators:

- Collaborations established and implemented with state entities

(See Appendix A for list of entities.)

Objective 2.2. MHA will work with the CSAs and other stakeholders to develop, implement, and evaluate screening, prevention, and early intervention services across the life span for individuals with psychiatric disorders or individuals who are at risk for psychiatric disorders.

(2-2A)
In collaboration with the Maryland Child Adolescent Mental Health Institute, the Maryland State Department of Education (MSDE), the Center for Maternal and Child Health, the Maryland Blueprint Committee, and other stakeholders continue to build infrastructure and deliver training to improve the quality of mental health screening assessment and intervention for young children.
Indicators:

- University of Maryland Early Childhood Mental Health Certificate program expanded to Bachelor's level participants – An additional 20 professionals trained
- The Maryland implementation of the Nurse-Family Partnership® (an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children)
- Summary of implementation data from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) reviewed

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MSDE; Center for Maternal and Child Health; the Maryland Blueprint Committee
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(2-2B)
MHA will work in conjunction with Department of Human Resources (DHR), Care Management Entities (CMEs), and other stakeholders to improve screening, assessment, and service delivery for children and youth in foster care.
Indicators:

- CME data reported on child welfare populations served
- Systems of Care grants - MD CARES and RURAL CARES – implemented in Baltimore City and nine Eastern Shore counties
- Mobile Crisis Stabilization Service Initiative continued for children placed in foster care settings

Involved Parties: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; the Maryland Child and Adolescent Mental Health Institute; DHR; MCF; CSAs; local Department of Social Services (DSS) offices
MHA Monitors: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services

(2-2C)
Mental Hygiene Administration will participate, in the Maryland State Department of Education's (MSDE's) strategic planning process to identify strengths and needs of school health programs and councils statewide.
Indicators:

- Committee convened; input gathered from external and internal stakeholders
- Strengths and needs assessed to develop recommendations to enhance school health programs statewide

Involved Parties: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; MSDE; Maryland State School Health Council; the University of Maryland Center for School Mental Health; MCF; local school systems; private providers

MHA Monitors: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services

(2-2D)
MHA, in collaboration with CSAs and other stakeholders, will continue efforts to address and implement suicide prevention activities for youth, adults, and older adults.
Indicators:

- Continued monitoring of utilization of Youth Suicide Hotlines for increased access
- DHMH/MHA participation in the Governor's Commission on Suicide Prevention and workgroups established to focus on issues of various populations
- Interim Commission report submitted
- Plan developed for suicide prevention across the life span

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Renata Henry, DHMH Deputy Director of Behavioral Health and Disabilities; Governor's Office for Children (GOC); Al Zachik and Henry Westray, MHA Office of Child and Adolescent Services; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; James Chambers, MHA Office of Adult Services; Maryland Department on Aging; Youth Crisis Hotline Network; the Maryland Committee on Youth Suicide Prevention; Wellness and Recovery Centers; MSDE; CSAs; Johns Hopkins University; University of Maryland; local school systems; other key stakeholders

MHA Monitors: Al Zachik, MHA Office of Child and Adolescent Services and Cynthia Petion, MHA Office of Planning, Evaluation, and Training

Objective 2.3. MHA, in collaboration with the CSAs and other stakeholders, will continue to facilitate the development, implementation, and evaluation of services that address the needs of children, adolescents, transition-age youth with psychiatric disorders, and their families.

(2-3A)
MHA, in collaboration with Maryland Department of Disabilities (MDOD), Department of Human Resources (DHR), Maryland State Department of Education (MSDE), and other stakeholders, will develop integrated home and community-based services and supports for youth and young adults in transition through the Healthy Transitions Initiative demonstration project in Washington and Frederick Counties.
Indicators:

- Seamless referral protocols established to link youth-serving agencies with the Public Mental Health System (PMHS) for services to transition-aged youth
- Involved systems and services identified and eligibility criteria reviewed
- 67 youth and young adults in transition served

Involved Parties: Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; MDOD; MSDE; CSAs; DHR; MCF; Youth Motivating Others through Voices of Experience (Youth MOVE) and other youth leadership; Governor's Interagency Transition Council for Youth with Disabilities; Maryland's Ready by 21; the University of Maryland; local school systems; parents; students; advocates; other key stakeholders
MHA Monitors: Tom Merrick, MHA Office of Child and Adolescent Services and Steve Reeder, MHA Office of Adult Services

(2-3B)
MHA, in collaboration with other state agencies, will participate in Maryland's Commission on Autism to evaluate and increase understanding of services that address the needs of Maryland families with children and adults with Autism Spectrum Disorders.
Indicators:

- An interim report submitted with recommendations regarding health care, education, and other adult and adolescent services
- Research and training needs identified
- Interim plan developed to address an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders

Involved Parties: Al Zachik, Marcia Andersen, and other staff – MHA Office of Child and Adolescent Services; Renata Henry, DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities; Maryland Department of Disabilities (MDOD); MSDE; DHR; the Kennedy Krieger Institute; the University of Maryland; parents; students; advocates; other key stakeholders
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

Objective 2.4. MHA will collaborate with CSAs and stakeholders to promote screening for mental health disorders, improve access and quality of PMHS services for individuals with co-occurring disorders, and provide linkages to appropriate treatment and supports across the life span.

(2-4A)
In collaboration with DHMH and ADAA, continue to provide training, technical assistance, and consultation to promote Dual Diagnosis Capability (DDC) in mental health treatment.
Indicators:

- Continued support of the DHMH Co-occurring Disorders Supervisor's Academy; included provision of training/coaching by the University of Maryland Evidence Based Practice Center's Consultant/Trainer on Co-Occurring Disorders
- Technical assistance (TA) provided to Core Service Agencies requesting assistance in promoting DDC within their jurisdictions
- Continued TA to the substance abuse specialists on Assertive Community Treatment (ACT) teams
- Ongoing training provided on the use of scientifically-validated screening and assessment instruments in support of screening for and assessment of co-occurring disorders

Involved parties: Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; James Chambers, MHA Office of Adult Services; Clarissa Netter, MHA Office of Consumer Affairs; Eileen Hansen and Tom Godwin, the University of Maryland Evidence Based Practice Center (EBPC); ACT teams; mental health providers
MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

(2-4B)
MHA and the University of Maryland Systems Evaluation Center (SEC) will analyze data relating to utilization of PMHS services by individuals with co-occurring disorders to further inform system and service planning and identify areas for quality improvement activities.
Indicators:

- Analysis conducted of consistency between diagnosis and self or provider report upon initial authorization of services in the Outcomes Measurement System (OMS) population

Involved parties: SEC; University of Maryland Evidence Based Practice Center; Cynthia Petion, MHA Office of Planning, Evaluation and Training; Susan Bradley, MHA Office of Management Information System (MIS) and Data Analysis; ValueOptions®Maryland
MHA Monitors: Cynthia Petion, MHA Office of Planning, Evaluation and Training and Susan Bradley, MHA Office of MIS and Data Analysis

(2-4C)
Create a system of integrated promotion, prevention, and treatment options for children, youth, and young adults who are at risk for, or have mental health and/or substance abuse disorders that includes a strong focus on supporting their families and the communities where they live.

- The Institute of Medicine (IOM) prevention framework adopted
- ADAA prevention infrastructure further developed
- Mental health and substance abuse systems professionals cross-trained in co-occurring treatment best practices with recipients of behavioral health services and their families
- Policies, procedures and regulations reviewed across systems

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MHA Staff; ADAA; CSAs; Health Departments; providers; consumers; families; advocates
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

Objective 2.5. MHA will closely monitor the activities of national and state health reform and prepare and plan appropriate coordination and collaboration.

(2-5A)
Improve communication, and efforts that support activities that lead to implementation of health reform and coordination of care, in the delivery of services to individuals with mental illnesses.
Indicator:

- Network of providers educated about Health Care Reform, through DHMH and MHA Web-sites, MHA conference, Webinars, and Community Mental Health Directors meetings
- Activities of community mental health providers who are integrating somatic care into their services monitored and supported

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordon-Randolph, MHA Office of the Clinical Director; Cynthia Petion, Office of Planning, Evaluation, and Training; Melissa Schober, MHA Medicaid Policy Analyst; CSAs, Center for Medicare/Medicaid Services (CMS); Medical Assistance or Medicaid (MA); other mental health consumer and family advocacy groups; CBH; other stakeholders
MHA Monitors: Brian Hepburn, MHA Office of the Executive Director and Gayle Jordan-Randolph, MHA Office of the Clinical Director

GOAL III. WORK COLLABORATIVELY TO REDUCE THE IMPACT OF VIOLENCE AND TRAUMA FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND OTHER SPECIAL NEEDS.

Objective 3.1. MHA will protect and enhance the rights of individuals receiving services and promote the use of advance directives in the PMHS.

(3-1A)
MHA's Office of Forensic Services, in collaboration with the Mental Health & Criminal Justice Partnership (MHCJP) and the Interagency Forensic Services Committee (IFSC) – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council, will continue to promote the development of services to include diversion, housing, case management, and re-entry for individuals with mental illnesses who encounter the criminal justice system.

Indicators:

- Provider linkages established
- Participation in workgroup to plan re-entry
- Increased capacity to exchange data between MHA and corrections system
- Minutes of meetings (IFSC and MHCJP) provided

Involved Parties: Larry Fitch, Dick Ortega, Debra Hammen, and Lynn Edwards - MHA Office of Forensic Services; Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; CSAs; Mental Health & Criminal Justice Partnership; the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(3-1B)
Provide training and technical assistance for MHA facility staff and community forensic evaluators regarding court orders for forensic mental health opinions in criminal and juvenile justice cases.

Indicators:

- Training provided on court evaluations and status reports
- Symposium held to include presentations to at least 200 DHMH-MHA facility staff, community providers, and other state agencies
- Technical assistance provided on services for individuals returning to the community

Involved Parties: Larry Fitch, Debra Hammen, Lynn Edwards and Dick Ortega - MHA Office of Forensic Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; University of Maryland Training Center

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 3.2. Continue to work collaboratively with appropriate agencies to improve access to mental health services for children with emotional disabilities and individuals of all ages with psychiatric disorders and co-existing conditions, including but not limited to: court and criminal justice involvement, deaf and hard of hearing, traumatic brain injury (TBI), homelessness, substance abuse, developmental disabilities, and victims of trauma.

(3-2A)
Facilitate community placements, ensure access to somatic and mental health services, and monitor plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver.
Indicators:

- Five year renewal application completed
- Plans of care developed and monitored for approximately 60 TBI waiver participants
- Increased utilization of enhanced transitional case management to support program's expansion and increased enrollment
- Financial incentives identified to expand provider capacity
- Additional providers enrolled
- Eligible participants enrolled in Money Follows the Person Project (MFP), enhanced federal match spent on initiatives that increase community capacity

Involved Parties: Stefani O'Dea and Nikisha Marion, MHA Office of Adult Services; Medical Assistance Division of Waiver Programs; Coordinators for Special Needs Populations in MHA facilities; CSAs; TBI Advisory Board; community providers
MHA Monitor: Stefani O'Dea, MHA Office of Adult Services

(3-2B)
Collaborate with the Maryland Advisory Council for the Deaf and Hard of Hearing, the Governor's Office of Deaf and Hard of Hearing (ODHH), CSAs, advocates, and other involved parties to implement recommended minimum standards upon approval by DHMH's Office of Behavioral Health and Disabilities to enhance access to services that are culturally competent, clinically appropriate, and recovery oriented for individuals who are deaf or hard of hearing and have co-occurring substance use disorders and/or developmental disabilities.
Indicators:

- Participation with DHMH's Office of Behavioral Health and Disabilities to determine standards to be adopted by the department
- Plan developed in collaboration with ADAA, DDA, and CSAs, to implement adopted standards based on department approval
- Council minutes and reports disseminated

Involved Parties: Marian Bland, MHA's Office of Special Needs Populations; DHMH's Office of Behavioral Health and Disabilities; Iris Reeves, MHA Office of Planning, Evaluation, and Training; Marcia Andersen, MHA Office of Child and Adolescent Services; CSAs; ODHH; ADAA, DDA, consumers and family groups; state and local agencies, colleges and universities; local service providers
MHA Monitor: Marian Bland, MHA Office of Special Needs Populations

(3-2C)
MHA's Office of Special Needs Populations, in collaboration with the Core Service Agencies and/or selected local providers (local detention centers, hospitals and mental health clinicians) will partner with National Association of State Mental Program Directors (NASMHPD) and others to provide training and disseminate information regarding trauma-informed systems of care.

Indicators:

- Continued presentation of Trauma-informed Care/Trauma issues at the Supervisors' Academy for Co-occurring Disorders
- SB 556 Workgroup formed to increase safety at State Facilities; collaborative effort with NASMHPD and Maryland Disability Law Center (MDLC)
- Facilities staff trained on trauma informed care principles
- Clinical staff trained to provide trauma education/treatment through group work
- List of providers trained in trauma-informed care maintained
- Continued promotion of trauma-informed care through collaborative efforts with ADAA, DDA, and community health centers
- Increased public awareness of trauma's impact on behavior

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; Clarissa Netter, MHA Office of Consumer Affairs; CSAs; NASMHPD; local detention centers; hospitals, mental health clinicians, and advocacy groups

MHA Monitor: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations

(3-2D)
MHA, in collaboration with the Committee on "Aging in Place", will develop an integrated care model for consumers age 50 years and above, with behavioral and somatic health needs, in PMHS residential programs.

Indicators:

- Activities of the "Aging in Place" committee expanded to include additional provider input
- Cost analysis developed, assessment tools selected, jurisdictions determined
- Components of integrated care model identified
- Model adjusted to include inpatient settings and residential rehabilitation programs (RRPs)
- Model approved

Involved Parties: James Chambers, Marge Mulcare, Penny Scrivens, and Georgia Stevens – MHA Office of Adult Services; Committee on Aging in Place; DHMH Office of Health Services; Office of Health Care Quality (OHCQ); CSAs; the Mental Health Association of Maryland (MHAMD); CBH

MHA Monitor: James Chambers, MHA Office of Adult Services

Objective 3.3. MHA, in collaboration with CSAs, consumer and family organizations, governmental agencies, the administrative services organization (ASO), and other stakeholders, will address issues concerning improvement in integration of community services.

(3-3A)
Continue to monitor crisis response systems, diversion activities, and community aftercare services to increase the diversion of inpatient and detention center utilization by individuals with mental illnesses.

Indicators:

- Stakeholder workgroups convened to refine service descriptions, curricula, certification processes (where applicable), and professional qualifications in regulations of residential and mobile crisis (as well as peer support and supported employment services)
- Workgroup recommendations used in working with Maryland Medicaid to make above services eligible for federal payment
- Number of uninsured individuals diverted from emergency departments, MHA facilities, other inpatient services, and detention centers
- Number of alternative services provided
- Reduction of emergency department requests for admission to state hospitals
- Service continuum plan developed

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; James Chambers, MHA Office of Adult Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; Larry Fitch, MHA Office of Forensic Services; Alice Hegner, MHA Office of CSA Liaison; Clarissa Netter, MHA Office of Consumer Affairs; Randolph Price, MHA Office of Administration and Finance; CSA directors in involved jurisdictions; other stakeholders

MHA Monitors: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; and Melissa Schober, MHA Medicaid Policy Analyst

(3-3B)
In collaboration with Center for Medicare/Medicaid Services (CMS) and Maryland Medical Assistance (MA), continue implementation of the CMS-supported 1915(c) Psychiatric Residential Treatment Facility (PRTF) demonstration waiver to provide services for at least 210 children and youth and their families.
Indicators:

- Number of Waiver providers enrolled, (including youth and family peer support providers)
- Number of youth enrolled
- Implementation of waiver quality assurance plan

Involved Parties: MHA Office of Child and Adolescent Services; Maryland Child and Adolescent Mental Health Institute; Maryland Medicaid (MA); CSAs; Care Management Entities (CMEs); Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY); Governor's Office for Children (GOC); the Children's Cabinet; Local Management Boards (LMBs)
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(3-3C)
In collaboration with Maryland Medicaid, review and amend Maryland's State Medicaid Plan to include community mental health services; once revised, submit amendments for approval to the Centers for Medicare and Medicaid Services (CMS).
Indicators:

- Service descriptions, curricula, and certification processes (where applicable) refined and/or developed
- Professional qualifications for psychiatric rehabilitation programs (PRPs), supported employment, peer support, and residential and mobile crisis services refined and/or developed
- A 1915(i) state plan amendment drafted to include PRP and supported employment as Medicaid-reimbursable services; peer support and crisis services submitted separately to accommodate further regulatory development
- The 1915(i) state plan amendment refined and submitted to CMS

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; James Chambers and Penelope Scrivens, MHA Office of Adult Services; Alice Hegner, MHA Office of CSA Liaison; Randy Price, MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services
MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(3-3D)
MHA's Office of Special Needs Populations, in collaboration with ADAA, and DDA, will provide information and extend technical assistance through training and promotional materials to health agencies regarding the identification, education, and treatment of consumers with trauma histories.
Indicators:

- Identification of key screening and assessment tools of trauma, such as Screening, Brief Intervention, Referral, and Treatment (SBIRT) and the Adverse Childhood Experiences questionnaire, to be utilized as the standard tool for all practices across systems and agencies (emergency rooms, military, criminal justice, child-serving systems, etc.)
- Technical assistance, general public education, and social marketing (including consumers, general assembly, etc.) provided on trauma to ensure culturally competent, trauma-informed systems and better coordinated service systems (ex: pre-trial evaluation pilot)
- Identification of Evidence-Based Practices (EBPs) - science-informed practices with proven outcomes - and workforce enhancement needs to address identified gaps.
- Necessary regulatory changes determined and financing strategies developed including federal funding opportunities (grants, MA, health care reform) and cross-system duplication to fund gaps in trauma-focused intervention and treatment.

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; Clarissa Netter, MHA Office of Consumer Affairs; ADAA; DDA; community health centers; mental health clinicians; advocacy groups
MHA Monitor: Darren McGregor, MHA Office of Special Needs Populations

GOAL IV. PROVIDE A COORDINATED APPROACH TO INCREASE EMPLOYMENT AND PROMOTE INTEGRATION OF SERVICES AND TRAINING TO DEVELOP AND SUSTAIN AN EFFECTIVE BEHAVIORAL HEALTH WORKFORCE.

Objective 4.1. MHA, in collaboration with CSAs and state agencies, will develop employment options and supports to increase the number of consumers employed.

(4-1A)
Continue to implement the Maryland Mental Health Employment Network (MHEN), a consortium of Maryland mental health supported employment providers and CSAs, to increase and enhance the array of choices of supported employment services available by utilizing Social Security Administration incentives such as Ticket-to-Work.
Indicators:

- Continued administrative infrastructure and operation of MHEN at Harford County Office on Mental Health (the Core Service Agency)
- Data reported on number of programs participating and consumers receiving training in these programs
- Number of consumers receiving individual benefits counseling in the Ticket-to-Work Program

Involved Parties: Steve Reeder, MHA Office of Adult Services; Maryland Department of Disabilities (MDOD); Work Incentives Planning and Assistance (WIPA) Project; University of Maryland Evidence-Based Practice Center (EBPC); Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ValueOptions®Maryland
MHA Monitor: Steve Reeder, MHA Office of Adult Services

(4-1B)
MHA, in collaboration with NAMI MD and the University of Maryland EBPC will implement the Johnson & Johnson - Dartmouth Community Mental Health Program Family Advocacy Project to educate family members as to the role of supported employment in consumer recovery.
Indicators:

- Increased understanding of MHA's supported employment program by consumers, transition-age youth, and families
- SE resource person trained and available at selected local NAMI affiliates – Metro Baltimore, Frederick, Howard, and Montgomery county organizations
- Content for Family-to-Family classes available to selected NAMI affiliates

Involved Parties: Steve Reeder, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; Maryland Department of Disabilities (MDOD); University of Maryland Evidence-Based Practice Center (EBPC); Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ValueOptions®Maryland
MHA Monitor: Steve Reeder, MHA Office of Adult Services

Objective 4.2. MHA will develop and implement collaborative training initiatives involving other agencies and stakeholders serving individuals with psychiatric disorders in the PMHS.

(4-2A)
Continue to enhance workforce development by expanding the involvement of Peer Employment Resource Specialists (PERS).

- Medicaid workgroup convened to explore the possibility of making peer support services eligible for the PMHS fee-for-service system
- Peers involved in disseminating person centered planning to consumers
- Use of Network of Care Web site to identify workforce development issues and career opportunities

Involved parties: Clarissa Netter, MHA Office of Consumer Affairs; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; OOOMD; CBH; mental health advocacy groups; peer organizations

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(4-2B)
Expand intensive skills-based training opportunities to include motivational interviewing, person centered planning, and core concepts of recovery and resilience to increase the effectiveness of service delivery within the PMHS.

Indicators:

- Number of motivational interviewing trainings given to providers
- Number of person centered planning trainings held for consumers and providers
- Number of trainings on core concepts of recovery and resilience
- Number of participants trained in each of the above
- Pre/post test, anecdotal evidence of skill improvement

Involved Parties: University of Maryland Training and Evidence Based Practice Centers; Cynthia Petion and Carole Frank, MHA Office of Planning, Evaluation and Training; James Chambers, MHA Office of Adult Services; Resilience Sub-Committee of the Maryland Blueprint Committee; Joan Smith, MHA Office of Child and Adolescent Services; Value Options®Maryland; Core Service Agencies; providers; consumers

MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

(4-2C)
MHA, in collaboration with DHMH, ADAA, and DDA, will convene a workgroup to develop an action plan for behavioral health workforce development.
Indicators:

- Workgroup convened
- Available infrastructure to support and coordinate workforce development evaluated
- Increased use of data to track, evaluate, and manage key workforce issues
- Needs assessment conducted to determine workforce capacity
- Recruitment and retention issues addressed

Involved Parties: MHA; DHMH; ADAA; DDA; other stakeholders
MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

(4-2D)
The Child and Adolescent Mental Health Workforce Committee, chaired by MHA and MSDE, will develop a mental health training model for educators and continue to promote the use of curricula for training of staff in child mental health professions based on established core competencies.
Indicators:

- Training modules marketed for undergraduate and graduate–prepared individuals to receive continuing education units (CEUs) via Web-based educational technology; number of individuals completing modules
- Mental health training modules/core competencies for educators developed to assist them in working with children, and their families, with mental health needs

Involved Parties: MHA Office of Child and Adolescent Services; MHA Office of Planning, Evaluation, and Training; MSDE; the Maryland Child and Adolescent Mental Health Institute; professional schools representing higher education; the Maryland Coalition of Families for Children's Mental Health; provider agencies; local school systems
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(4-2E)
Collaborate with Department of Public Safety and Correctional Services (DPSCS), the judiciary, law enforcement, CSAs, and community stakeholders to develop cross-educational events concerning mental health services for justice-involved individuals.
Indicators:

- Training for police upon request
- Collaboration on a cross-education event with parole and probation personnel and community mental health stakeholders
- Collaboration on a cross-education event with court personnel (judges, states' attorneys, public defenders, and clerks)

Involved parties: Larry Fitch, Lynn Edwards, and Debra Hammen - MHA Office of Forensic Services; Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; CSAs
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 4.3. Develop initiatives that promote the delivery of culturally competent and ethnically appropriate services.

(4-3A)
MHA, in collaboration with key stakeholders, will continue the development and implementation of cultural competence training activities for consumers, providers, staff, and individuals in the PMHS.
Indicators:

- Incorporation of data from cultural competence assessment tool in curricula development
- Develop a proposal to sustain Cultural and Linguistic Competency Training Initiative (CLCTI) training based on lessons learned
- Data analyzed by Systems Evaluation Center (SEC) of CLCTI evaluation
- Training modified on cultural and linguistic issues and system issues with additional emphasis, where appropriate, on regional and geographic differences
- Incorporation of cultural sensitivity and awareness for specific populations i.e. deaf and hard of hearing, TBI, lesbian, gay, bi-sexual, transgender, questioning, (LGBTQ), and individuals who are homeless

Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and Training; Marian bland, MHA Office of Special Needs Populations; Clarissa Netter, MHA Office of Consumer Affairs; other MHA staff; CSAs; Maryland Advisory Council on Mental Hygiene/Cultural Competence Advisory Group (CCAG); consumers; family members; advocacy groups
MHA Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

GOAL V. BUILD PARTNERSHIPS TO INCREASE THE PROVISION OF AFFORDABLE HOUSING AND REDUCE BARRIERS TO ACCESS IN ORDER TO PREVENT HOMELESSNESS FOR INDIVIDUALS WITH MENTAL ILLNESS.

Objective 5.1. Evaluate and develop opportunities to maximize current resources to promote affordable safe housing for individuals with serious mental illness.

(5-1A)
Continue to work with other state and local funding resources to promote and leverage DHMH's Administration-Sponsored Capital Program grant (Community Bond) funding to support an array of affordable and integrated housing choices for individuals with serious mental illness (SMI).

Indicators:

- Community bond housing applications approved to increase funding for supported and independent housing units
- Meetings with participating providers and non-profit organizations held
- Continued partnership with the Maryland Department of Housing and Community Development (DHCD), other state and local agencies, and funding entities to encourage participation in annual community bond proposal
- Monitored implementation of the Weinberg Foundation Grant with DHCD, DHMH, and MDOD to select participants for the program
- Past and present capital projects, that have been funded and implemented, reviewed to accurately report on number of units, number of persons served as well as documentation of annual progress and barriers in sustaining the housing generated by Community Bond

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Robin Poponne, MHA Office of Planning, Evaluation, and Training; Marian Bland, MHA Office of Special Needs Populations; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; DHCD; MDOD; Developmental Disabilities Administration (DDA); Maryland Department of Aging (MDoA); Centers for Independent Living (CILS); local housing authorities; housing developers; Consultant Staff of TAC

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

(5-1B)
MHA will analyze data related to entry and exit from Residential Rehabilitation Program (RRP) placements to identify characteristics associated with successful movement from RRPs to more independent settings and develop strategies to disseminate relevant findings to the provider community.
Indicators:

- SEC report of admissions and discharges to and from RRPs
- Analysis plan developed and implemented to study information from current practices within the RRP
- Number of individuals who moved from state hospitals to residential rehabilitation programs (RRPs) and/or to supported housing
- Findings incorporated into future planning for RRPs
- Continued updates and implementation of the RRP Survey Manual developed by hospital staff, providers, and CSAs to transition individuals to the community

Involved Parties: James Chambers and Penny Scrivens, MHA Office of Adult Services; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Robin Poponne, MHA Office of Planning, Evaluation, and Training; Marian Bland, MHA Office of Special Needs Populations; SEC; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; MHA facilities; CBH; RRP providers; Supported Housing providers
MHA Monitor: Penny Scrivens, MHA Office of Adult Services

(5-1C)
MHA, in collaboration with CSAs, federal Department of Housing and Urban Development (HUD), local public housing authorities (PHAs), and other federal, state, and local entities, will work with housing infrastructures to improve and increase the number of housing options and funding opportunities for rental assistance for individuals with mental illnesses.
Indicators:

- Increased availability of vouchers through Money Follows the Person Initiatives, the Non-Elderly Disabled HUD Notice of Funding Availability (NOFA), and collaboration with local public housing authorities (PHAs)
- RRP provider training continued on the needs of individuals with forensic involvement
- Collaboration with community-based entities to post available units through the Web site: mdhousingsearch.org

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; CSAs; DHCD; MDOD; DDA; MDoA; Centers for Independent Living (CILS); local housing authorities; housing developers
MHA Monitor: Penny Scrivens, MHA Office of Adult Services

(5-1D)
In collaboration with participating CSAs, develop a pilot that brings state and local partners together to increase access to adequate transportation across the state, which will impact access to housing and employment opportunities.
Indicators:

- A survey conducted of CSAs to determine interest and participation in a pilot to evaluate current public transit services and offer recommendations to improve public transportation access in their jurisdiction
- Changes to schedules and routes outlined and implemented as determined by the survey/pilot and the local agencies
- Evaluation at intervals (determined by the agencies/CSAs) to provide feedback and changes to the pilot
- Funding sources researched to sustain project and educate other jurisdictions on lessons learned and positive outcomes

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; CSAs; Maryland Department of Transportation (MDOT); DHCD; MDOD; DDA; MDoA; CILS; local housing authorities; housing developers
MHA Monitors: James Chambers and Penny Scrivens, MHA Office of Adult Services

(5-1E)
Identify partners to support accessible, affordable, and inclusive housing to consumers and families across the life span - children and families, transition-aged youth, and older adults - in addition to individual adult eligibility.
Indicators:

- Agencies that provide housing in Maryland surveyed to look at models for providing housing across the life span
- Models identified that support person centered planning, cultural diversity, access to services and promote health and well-being to individuals of all ages
- Recommendations made for support of models to be integrated into current planning for future housing expansion

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; CSAs; DHCD; MDOD; DDA; MDoA; CILS; local housing authorities; housing developers
MHA Monitors: James Chambers and Penny Scrivens, MHA Office of Adult Services

Objective 5.2. Continue to work collaboratively with appropriate agencies to improve access to mental health services for individuals who are homeless.

(5-2A)
Realign Projects for Assistance in Transition from Homelessness (PATH) funding to focus services on the delivery of outreach, case management, and recovery for individuals who are homeless or at imminent risk of becoming homeless.
Indicators:

- Submission of application to SAMHSA for continued PATH funding
- Provision of technical assistance to providers and CSAs to realign services to meet funding priorities
- Utilization of a small portion of grant to provide one-time-only funds to prevent eviction
- Data gathered on number of individuals who are homeless and are assisted through PATH

Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; other MHA staff; CSAs; PATH service providers
MHA Monitors: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations

(5-2B)
Maximize use of the Shelter Plus Care Housing funding and other support systems to provide rental assistance to individuals with mental illnesses who are homeless, or were formerly homeless, using federal Department of Housing and Urban Development (HUD) funding; explore other funding opportunities to provide housing assistance for special needs populations, i.e. women who have histories of mental illness, trauma, and substance abuse who are transitioning to the community with children.
Indicators:

- Partnerships developed to seek funding to meet needs of women with children who are transitioning to the community
- Sources of funding researched
- Application for funding submitted
- Number of families/individuals housed, services provided
- Technical assistance and trainings provided to CSAs, providers, and local continuum of care committees to facilitate the generation of new referrals, development of flexible budgets to increase the availability of housing, and expansion of landlord participation

Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; ADAA; CSAs; MHA facilities; Continuum of Care Homeless Boards; local detention centers; HUD; Chrysalis House Healthy Start Program; local service providers; consumers
MHA Monitors: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations

(5-2C)
Expand Supplemental Social Security, Outreach, Access, and Recovery (SOAR) statewide; establish new partnerships with the Veterans Administration, colleges and universities, hospitals, and other state and local agencies; explore funding opportunities to support SOAR implementation and services.

Indicators:

- Additional SOAR sites developed and workgroups formed
- State Planning workgroup expanded
- Partnerships created with Veterans Administration and other agencies
- New partners trained in SOAR
- Social Work students assigned to field sites
- Funding sources, other than PATH, obtained
- SOAR certification adopted in Maryland
- State Work Plan goals accomplished
- Technical assistance provided to develop a local planning group, create local SOAR projects, and increase knowledge of the SOAR application process and data collection tool

Involved Parties: Marian Bland, Caroline Bolas, and Keenan Jones – MHA Office of Special Needs Populations; Iris Reeves, MHA Office of Planning, Evaluation, and Training; Policy Research Associates, Social Security Administration; Disability Determination Administration; colleges and universities; DPSCS; DHR; Veterans Administration; Prince George's County Department of Social Services; Health Care for the Homeless; PATH-funded providers; other community and facility-based providers

MHA Monitors: Marian Bland and Caroline Bolas, MHA Office of Special Needs Populations

GOAL VI. UTILIZE DATA AND HEALTH INFORMATION TECHNOLOGY TO EVALUATE, MONITOR, AND IMPROVE THE QUALITY OF PMHS SERVICES AND OUTCOMES

Objective 6.1. MHA, in collaboration with Core Service Agencies (CSAs); consumer, family and provider organizations; and state facilities will identify and promote the implementation of models of evidence-based, effective, promising, and best practices for mental health services in community programs and facilities.

(6-1A)
Continue, in collaboration with the University of Maryland, CSAs, and key stakeholders, statewide implementation of evidence-based practice (EBP) models in supported employment, assertive community treatment, and family psycho-education.
Indicators:

- Annual evaluations of programs to determine eligibility for EBP rates
- Increased number of programs meeting fidelity standards for EBP programs
- Number of new programs established
- Ongoing data collection on EBPs receiving training, meeting fidelity, and providing consumer services

Involved Parties: James Chambers, Penny Scrivens, and Steve Reeder - MHA Office of Adult Services; Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Carole Frank, MHA Office of Planning, Evaluation, and Training; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; ValueOptions®Maryland; the University of Maryland Evidence-Based Practice (EBPC) and Systems Evaluation (SEC) Centers; CSAs; community mental health providers

MHA Monitors: James Chambers and Steve Reeder, MHA Office of Adult Services

(6-1B)
MHA, in conjunction with the University of Maryland Systems Evaluation Center (SEC), will aggregate, cross-match, and triangulate data from multiple data sources related to the implementation of supported employment (SE) to ensure the integrity and accuracy of data as a means to promote systems integration and to further inform data-driven, interagency policy development and program planning.
Indicators:

- SE claims and Division of Rehabilitation Services (DORS) data analyzed; EBP provider reports completed
- Report submitted by SEC
- Information disseminated to provider community
- Strategies developed, findings incorporated into future planning

Involved Parties: MHA Office of Adult Services; University of Maryland EBPC and SEC; DORS

MHA Monitors: Steve Reeder and James Chambers, MHA Office of Adult Services

(6-1C)
In collaboration with the University of Maryland, the Johns Hopkins University, and the Maryland Coalition of Families for Children's Mental Health, continue the efforts of the Maryland Child and Adolescent Mental Health Institute to explore and implement child and adolescent evidence-based practices (EBPs) and other promising practice-based models.

Indicators:

- Pilot projects with University of Maryland on Family-Informed Trauma Treatment continued, employing Trauma-Informed Cognitive Behavioral Therapy models in selected sites around the state
- Collaboration with the Children's Cabinet to implement a range of EBPs across all child-serving systems (Multi-Systemic Therapy, Functional Family Therapy)
- Wraparound fidelity monitored in the context of the 1915(c) waiver and other interagency demonstrations

Involved Parties: Al Zachik and Joan Smith, MHA Office of Child and Adolescent Services; the Children's Cabinet; Carole Frank, MHA Office of Planning, Evaluation, and Training; MSDE; University of Maryland and Johns Hopkins University Departments of Psychiatry; CSAs; CBH; Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY); MHAMD; other advocates; providers

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(6-1D)
MHA's Office of Special Needs Populations, in collaboration with the Core Service Agencies, local detention centers, DHMH and DPSCS's criminal justice team, and other key stakeholders, will develop and implement new practices to provide cost effective, coordinated, recovery-oriented services to individuals who have mental illnesses or co-occurring substance abuse disorders who are incarcerated in local detention centers or prisons.

Indicators:

- Identification of pre-trial best practices
- Identification of post-trial assessment best practices
- Engagement in partnerships to promote data sharing to assist with re-entry
- Engagement of Wellness and Recovery Centers in aftercare planning
- The feasibility assessed of the Maryland Community Criminal Justice Treatment Program (MCCJTP) and the Trauma, Addiction, Mental Health, and Recovery (TAMAR) Project to meet the aftercare needs of its participants

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; Debra Hammen, MHA Office of Forensic Services; Core Services Agencies; local detention centers; MHAMD; Wellness and Recovery Centers; ADAA; DDA; community behavioral health providers

MHA Monitors: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations

Objective 6.2. MHA will monitor and evaluate the performance of its key contractors the administrative service organization (ASO) and the Core Service Agencies (CSAs), requiring improvement as needed.

(6-2A)
In collaboration with CSAs and stakeholders, monitor the ASO contractual obligations and performance, monitor the system's growth and expenditures, identify problems, and, as needed, provide corrective action and maintain an appropriate level of care for at least the same number of individuals.
Indicators:

- Contract requirements monitored
- Information shared with key stakeholders
- Monthly and quarterly reports generated by ASO; analysis of reports by involved parties
- Analysis of utilization management practices

Involved Parties: Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; Audrey B. Chase, MHA Office of Compliance; MHA Management Committee; ValueOptions®Maryland; CSAs; representatives of key stakeholder groups
MHA Monitor: Daryl Plevy, MHA Office Deputy Director for Community Services and Managed Care

(6-2B)
Review, in collaboration with the ASO and CSAs, providers' clinical utilization, billing practices, and compliance with regulations.
Indicators:

- Number of audits conducted
- Audit reports and compliance activities reviewed
- Corrective actions identified/implemented as needed

Involved Parties: Audrey B. Chase, MHA Office of Compliance; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; James Chambers, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; DHMH's Office of Health Care Quality (OHCQ); ValueOptions®Maryland; CSAs
MHA Monitor: Audrey B. Chase, MHA Office of Compliance

(6-2C)
Review and approve CSA mental health plans, budget documents, annual reports, and letters of review from local mental health advisory committees (LMHACs) and CSA advisory boards.
Indicators:

- Plans submitted from each CSA
- Compliance with MHA planning guidelines for CSA Plans evaluated
- Letters of review and recommendation received from each LMHAC and/or CSA board
- Previous fiscal year annual reports received
- MHA letter of review sent to the CSAs

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Alice Hegner, MHA Office of CSA Liaison; MHA Office of Administration and Finance; MHA Review Committee (includes representatives of all major MHA offices); CSAs; LMHACs; CSA advisory boards
MHA Monitor: Cynthia Petion, MHA Office of Planning, Evaluation, and Training

(6-2D)
Monitor and collect documentation on each CSA's performance of its duties, as required in the annual Memorandum of Understanding (MOU), on risk-based assessment of each CSA through a sample of specific MOU elements; and notify the appropriate MHA program director of issues that may require corrective action or additional technical assistance.
Indicators:

- Development and update of monitoring tools and instructions for reports from each CSA, emphasizing electronic transmission
- Reports from each CSA reviewed, in response to periodic instructions issued, regarding its administrative duties and expenditures, the execution of its subvendors' contracts, year-to-date expenditures/performance measures, and any required audits
- Evaluation of compliance with the Conditions of Award for State General Funds and Federal Mental Health Block Grant funds
- Three reviews scheduled for the first, second and fourth quarters of the fiscal year
- Scheduled onsite visit or conference call time with each CSA to communicate the findings of the second and fourth monitoring review
- Written letter issued to each CSA regarding each periodic report
- Appropriate follow-up conducted as needed, additional documentation provided for any period as necessary
- An aggregated report prepared for MHA for each period monitored
- Information filed appropriately for each review period - either electronically, and/or by paper - per fiscal year, for each CSA, in accordance with the MHA's record retention schedule

Involved Parties: Alice Hegner, Sandy Arndts, and Richard Blackwell - MHA Office of CSA Liaison; appropriate MHA Office Directors; MHA staff
MHA Monitor: Alice Hegner, MHA Office of CSA Liaison

(6-2E)
Review MHA's budget and PMHS expenditures and services; implement corrective actions, as needed, to maintain operations within allocation.
Indicators:

- Quarterly expenditure management plans developed and reviewed
- Regular meetings held with MHA facility chief executive officers (CEOs)
- Expenditures and needs reviewed by clinical directors and financial officers

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; clinical directors and financial officers

MHA Monitors: Brian Hepburn, MHA Office of the Executive Director and Randolph Price, MHA Office of Administration and Finance

Objective 6.3. MHA, in collaboration with CSAs, state facilities, the administrative services organization (ASO), and key stakeholders, will utilize data and technology, through a variety of approaches, to evaluate and improve the appropriateness, quality efficiency, cost effectiveness, and outcomes of mental health services within the PMHS.

(6-3A)
Continue to monitor the implementation of the Outcomes Measurement System (OMS).
Indicators:

- Reestablishment of implementation of OMS monitoring, reporting, and feedback mechanisms including OMS expenditure analysis
- Review of provider utilization rates; resolution of identified problems
- Reestablishment of interactive OMS Web-based system (OMS Datamart) with refinements, including displays and reports that measure and reflect change-over-time analyses at the state, CSA, and provider levels
- Provision of technical assistance to providers and CSAs regarding use of the OMS Datamart, once it is operational

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Sheba Jeyachandran, MHA consultant; MHA Management Committee; ValueOptions®Maryland; CSAs; SEC; CBH; providers; consumer, family, and advocacy groups

MHA Monitor: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs

(6-3B)
MHA will monitor the utilization of telemental health services to the underserved populations in the rural Western and Eastern Shore counties.
Indicators:

- Number of telemental health encounters through PMHS claims data
- Utilization of telemental health services monitored
- Data reviewed with designated area CSAs to inform planning

Involved Parties: Daryl Plevy, MHA office of the Deputy Director for Community Services and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; CSAs; ValueOptions®Maryland
MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(6-3C)
Enhance capacity for stakeholders to utilize PMHS data to measure service effectiveness and outcomes.
Indicators:

- Combined data efforts between MHA and CSAs maintained to evaluate current data system and data reports used for the purpose of policy and planning by CSAs and other stakeholders
- Input gathered from stakeholders on the practicality and efficacy of reports; technical assistance and regional trainings held as necessary
- Access to data increased to develop standard and ad hoc reports
- Expanded data usage opportunities to the public and stakeholders outside of MHA through the SEC
- Reports generated and posted to designated data reporting section on administrative Web site, making PMHS demographic data available to users outside of state agencies
- Promotion of managerial and county-wide access to dashboard reports and PMHS data through ASO reporting system
- Promotion of Outcomes Measurement System (OMS) as an effective tool to assist providers in management and planning efforts; technical assistance provided

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; MHA Management Committee; ValueOptions®Maryland; SEC; CSAs; the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council; provider, consumer, family, and advocacy groups
MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

(6-3D)
Monitor the delivery of forensic services and generate statistical information to inform policy and promote public awareness.
Indicators:

- Number and results of court-ordered evaluations, the number and percentage of individuals in DHMH facilities on court order, and the number and success of consumers on court-ordered conditional release in the community
- Reports submitted to MHA Management Committee, the CSAs, and the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Involved Parties: Larry Fitch, Debra Hammen, and staff - MHA Office of Forensic Services; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Susan Bradley, MHA Office of Management Information Systems and Data Analysis
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 6.4. MHA, in collaboration with CSAs, the ASO, and key stakeholders, will promote the use of technology as a tool to improve information sharing, data collection, training, evaluation and performance, and outcomes.

(6-4A)
Enhance PMHS data collection and monitoring through continued activities to develop and/or refine management information systems.
Indicators:

- Technical aspects of management information systems refined; logic of reports enhanced to reflect recovery orientation and efficient use of service data; accuracy and usefulness of current reports identified
- Continued practices to promote data integrity for all PMHS data
- Continued promotion of Web-based OMS datamart for access to point-in-time and change-over-time information
- Continued data system integration efforts among behavioral health administrations (Mental Hygiene, Alcohol and Drug Abuse, and Developmental Disabilities)
- Strategies developed to identify and track users of services across administrations
- Continued leadership in Behavioral Health Data workgroup to promote relationships with other state agencies and data sharing

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; ADAA; DDA; SEC; DHMH's Information Resource Management Administration (IRMA); MA; CSAs; ValueOptions®Maryland; providers
MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

(6-4B)
Maintain accreditation of MHA facilities by the Joint Commission.
Indicator:

- All MHA facilities accredited

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Management Committee; MHA Facility CEOs; appropriate facility staff

MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations

(6-4C)
MHA, in collaboration with the Developmental Disabilities Administration (DDA), will provide access to and ongoing training of appropriate MHA and DDA staff in the use of the hospital management information system (HMIS) and the Provider Consumer Information System 2 (PCIS2) data systems to better serve individuals with co-occurring diagnoses in MHA facilities and in the community.
Indicators:

- Programming of HMIS monitored and updated as appropriate
- Training in HMIS and PCIS2 systems ongoing for identified MHA and DDA staff
- Increased eligibility for discharge, expedient discharge process
- Collaboration facilitated among leadership at MHA, DDA, regional offices, and CSAs

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; MHA Office of Consumer Affairs; Stefani O'Dea, MHA Office of Adult Services; Renata Henry, DHMH Deputy Secretary for Behavioral Health and Disabilities; DHMH IRMA; DDA; CSAs; MHA Facility CEOs

MHA Monitors: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations and Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care

(6-4D)
Increase public awareness and support for improved health and wellness through use of technology.
Indicators:

- Continuation of the Network of Care (www.maryland.networkofcare.org), a Web-based site promoting county specific resources for mental and behavioral health services throughout the state
- Specialized service information provided for Maryland's Youth, Veterans, and Families; work to improve upon existing formatting to create ease of system navigation and use
- Partnerships continued with county agencies and mental health entities to promote and expand features within the Network of Care site.

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Frank Sullivan, Director, Anne Arundel County Core Service Agency
MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

Appendix A

Mental Hygiene Administration Liaisons to Maryland State Government Agencies											
Maryland Department of Disabilities (MDOD)	Governor's Office for Children (GOC)	Governor's Office of the Deaf and Hard of Hearing (ODHH)	Maryland State Department of Education (MSDE)	Division of Rehabilitation Services (DORS)	Department of Human Resources (DHR)	Department of Housing and Community Development (DHCD)	Maryland Department of Aging (MDoA)	Department of Public Safety and Correctional Services (DPSCS)	Department of Juvenile Services (DJS)	Department of Veterans Affairs	Judiciary of Maryland
Brian Hepburn, M.D.	Al Zachik, M.D. Tom Merrick and Marcia Andersen	Marian Bland	Al Zachik, M.D. Cyntrice Bellamy	James Chambers and Steve Reeder	Daryl Plevy, Al Zachik, M.D. and Marian Bland	Penny Scrivens and Marian Bland	James Chambers and Marge Mulcare	Larry Fitch and Marian Bland	Al Zachik, M.D., Cyntrice Bellamy, Larry Fitch and Lynn Edwards	Marian Bland	Larry Fitch and staff
Mental Hygiene Administration Liaisons to Maryland State Government Agencies											
DHMH Alcohol and Drug Abuse Administration (ADAA)	DHMH Family Health Administration (FHA)	DHMH Developmental Disabilities Administration (DDA)	Maryland Health Care Commission (MHCC)	Health Services Cost Review Commission (HSCRC)	The Children's Cabinet	DHMH Medical Care Programs (Medicaid)	DHMH Office of Health Care Quality (OHCQ)	DHMH Office of Capital Planning, Budgeting, and Engineering Services	DHMH AIDS Administration	Maryland Emergency Management Administration (MEMA)	
Carole Frank and Pat Miedusiewski	Al Zachik, M.D.	Stefani O'Dea, Lisa Hovermale, M.D. and Debra Hammen	Brian Hepburn, M.D.	Brian Hepburn, M.D.	Al Zachik, M.D.	Brian Hepburn, M.D., Daryl Plevy , Gayle Jordan-Randolph, M.D., and Melissa Schober	Sharon Ohlhaver	Cynthia Petion and Robin Poponne	Marian Bland	Arlene Stephenson	

Appendix B

The Strategic Initiatives

The following eight Initiatives will guide SAMHSA's work from 2011 through 2014:

1. **Prevention of Substance Abuse and Mental Illness**—Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

2. **Trauma and Justice**—Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

3. **Military Families**—Supporting America's service men and women—active duty, National Guard, Reserve, and veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.

4. **Recovery Support**—Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

5. **Health Reform**—Increasing access to appropriate high quality prevention, treatment, and recovery services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.

6. **Health Information Technology**—Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of health information technology (HIT) and interoperable electronic health records (EHRs).

7. **Data, Outcomes, and Quality**—Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

8. **Public Awareness and Support**—Increasing the understanding of mental and substance use disorders and the many pathways to recovery to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

Source: SAMHSA Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014, page 3.