



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
Office of Planning and Training
Mental Hygiene Administration

DATE: August 2, 2012

SUBJECT: *FY 2013 ANNUAL STATE MENTAL HEALTH PLAN*

Enclosed please find the final copy of the *FY 2013 Annual State Mental Health Plan*.

The FY 2013 State Mental Health Plan is the result of a series of discussions by participants from The Mental Hygiene Administration (MHA) Management and staff and various stakeholder groups. MHA would like to acknowledge all of the individuals, organizations, and state agencies that contributed to the development of this Plan, particularly through participation in the Plan Development Meeting/Workgroup in April. We would also like to 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 the focus on behavioral health integration, various legislative activities, ongoing MHA projects, the current fiscal environment, collaborative efforts with state agencies, and involvement of community, providers, consumer and family advocacy organizations, and other stakeholders. MHA continues to follow SAMHSA's lead in incorporating goals based on SAMHSA's Eight Strategic Initiatives which further delineate MHA's focus on the continued improvement in the delivery of services for mental illnesses and co-occurring disorders as well as initiatives toward prevention and wellness. This document also informs the Maryland Mental Health Block Grant, StateStat, and Managing For Results activities.



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 2013 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://dhhm.state.md.us/mha/>

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Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2013 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

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DEPUTY SECRETARY
BEHAVIORAL HEALTH AND DISABILITIES

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

July 2012

“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 2013 State Mental Health Plan is the result of the hard work of many people, particularly the Mental Hygiene Administration (MHA) staff, consumers, providers, 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 three 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 27, 2012 the gathering included representatives of:

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

Alcohol and Drug Abuse Administration (ADAA) and other Maryland DHMH state agencies

Other interested stakeholders and citizens of Maryland

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. The workgroups focused on the Department of Health and Mental Hygiene (DHMH) Seven Principles of Behavioral Health Integration and identified recommendations to support planning efforts in developing a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues. While not all suggestions/recommendations were able to be included in the final document many of the concepts prioritized by the break-out groups are expressed, at least in part, in a number of strategies. The input of the participants, through the group discussions and interactive process, have been invaluable. 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 in a behavioral health system of care.

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 behavioral health system of care 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 across the life span

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 behavioral health system of care 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 behavioral health system of care 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) ***COMMUNITY EDUCATION***
Promote wellness through 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.
- (5) ***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.
- (6) ***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.
- (7) ***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.
- (8) ***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, rapid response to identified weaknesses in the system, adaptation to changing needs, and improved 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.
- (9) ***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.
- (10) ***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.

List of Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization-ValueOptions®Maryland
BIPP	Balancing Incentive Payments Program
CBH	Community Behavioral Health Association of Maryland
CCAC	Cultural and Linguistic Competence Advisory Committee
CEO	Chief Executive Officer
CEU	Continuing Education Units
CHIPRA	Children’s Health Insurance Program Reauthorization Act
CILS	Centers for Independent Living
CLCTI	Cultural and Linguistic Competence Training Initiative
CME	Care Management Entity
CMS	Center for Medicare/Medicaid Services
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
FLI	Family Leadership Institute
GOC	Governor's Office for Children
HUD	Housing and Urban Development
IFSC	Interagency Forensic Services Committee
IIMR	Integrated Illness Management and Recovery
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
MAP	Maryland Access Point
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
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFP	Money Follows the Person
MHA	Mental Hygiene Administration

MHAMD	Mental Health Association of Maryland, Inc.
MHBG	Federal Mental Health Block Grant
MHCJP	Mental Health & Criminal Justice Partnership
MMHEN	Maryland Mental Health Employment Network
MHFA	Mental Health First Aid
MIS	Management Information Systems
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
NAMI MD	National Alliance on Mental Illness-Maryland
NOC	Network of Care
ODHH	Governor's Office of the Deaf and Hard of Hearing
OHCQ	Office of Health Care Quality
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PATH	Projects for Assistance in Transition from Homelessness
PCCP	Person Centered Care Planning
PERS	Peer Employment Resource Specialist
PHA	Local Public Housing Authorities
PMHS	Public Mental Health System
PRA	Project-Based Rental Assistance
PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
RRP	Residential Rehabilitation Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDC	Self-Directed Care

SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disorders
SMI	Serious Mental Illness
SOAR	Supplemental/Social Security, Outreach, Access, and Recovery
SPMI	Serious and Persistent Mental Illness
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
WRC	Wellness and Recovery Center

SYSTEM GOALS TABLE OF CONTENTS

Many of the MHA goals, objectives, and strategies in this State Mental Health Plan for children, adolescents, and adults are a result of existing interagency cooperation as well as public and private partnerships. Many of the strategies are related to the activities of the recently accomplished five-year federal Mental Health Transformation State Incentive Grant. The grant focused on the coordination of care and improvement of service systems particularly in the areas of: public education; awareness; training of consumer, families, and mental health professionals; promotion of wellness, prevention, and diversion activities; enhanced efforts in evidence-based and promising practices; cultural competency as well as support of employment, self-directed care, and affordable housing options. MHA strategies continue to involve effective and efficient collaborations to support sustainability of transformation gains that promote recovery and resiliency.

To continue improvement in the delivery of prevention, treatment and recovery support services and to focus the Administration’s efforts toward promoting expansion of behavioral health, MHA has continued to organize its FY 2013 plan activities based on the Substance Abuse and Mental Health Services Administration (SAMHSA’s) Eight Strategic Initiatives (Listed in Appendix B).

Now, in FY 2013, MHA is participating in Maryland’s behavioral health integration to improve and impact care across behavioral health and somatic domains. In the days to come, MHA and ADAA, under the leadership of DHMH, will work together with consumers, families, providers, advocacy organizations, professionals, and interested citizens to complete this process as MHA and ADAA move together toward a financing and integration model that will continue to promote high-quality, consumer-centered, behavioral health care.

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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 behavioral 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)

***MHBG**

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, Teaching Notes, and other materials
- 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 piloted for law enforcement and higher education; research and development initiated for workplace, veterans, faith communities, and older adults modules
- Number of people trained
- Continued partnership with MHAMD and Core Service Agency (CSAs) to deliver additional training to local communities such as 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 and Training; DHMH; CSAs; Mental Health Association of Maryland (MHAMD); Maryland Coalition of Families for Children’s Mental Health (MCF); On Our Own of Maryland (OOOMD); Missouri Department of Mental Health; the National Council for Community Behavioral Health; other behavioral 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

***Federal Mental Health Block Grant Strategy**

(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: Continued support for:

- 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 and Training; Al Zachik, MHA Office of Child and Adolescent Services; James Chambers, MHA Office of Adult Services; MHA Office of Forensic Services; MHA Office of Consumer Affairs; appropriate MHA staff; CSAs; MCF; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers (WRC); community providers

MHA Monitor: Robin Poponne, MHA Office of Planning 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, 15 micro-blogs pertaining to mental health efforts and information produced
- Promotion of MHA Twitter account @DHMH_MHA and percentage of "followers" increased by 15% within the year.
- Continued 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 continue to facilitate an all-hazards approach to emergency preparedness and response for MHA as an Administration and for the mental health community at large.

Indicators:

- All-Hazards Disaster Mental Health Plans from the CSAs updated
- Multi-state Consortium and Brain Tree Solution utilized as resources

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; Gail Wowk, DHMH Emergency Management; Facilities CEOs; Facilities Emergency Managers; CSAs

MHA Monitor: Marian Bland, MHA Office of Special Needs Populations

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)

***MHBG**

MHA, in collaboration with On Our Own of Maryland (OOOMD), will continue to support statewide activities promoting the continuance of Wellness 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
- Continued WRAP training for the deaf and/or hard of hearing community consumers
- Continued implementation of WRAP training in local consumer peer support and advocacy organizations across Maryland such as Wellness and Recovery Centers (WRC)
- WRAP training facilitated to ADAA Peer Recovery Support Specialists
- Continued training of Olmstead Peer Support Specialists as an additional WRAP resource for hospital discharge planning

Involved Parties: Susan Kadis, MHA Office of Consumer Affairs; Marian Bland, MHA Office of Special Needs Populations; OOOMD; CSAs; WRCs

MHA Monitor: MHA Office of Consumer Affairs

***Federal Mental Health Block Grant Strategy**

(1-2B)

***MHBG**

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 behavioral health system of care to reduce early 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 (OMS) 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; Maryland Medicaid; CSAs; UMBC MDQuit Center; Community Behavioral Health Association (CBH); On Our Own of Maryland (OOOMD); 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

(1-2C)

Continue to implement, evaluate, and refine the Self-Directed Care project in Washington County and throughout the state.

Indicators:

- Self-directed care (SDC) 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
- Person Centered Care Planning training introduced to consumer advocates and consumer participants for goal directed, person centered recovery initiatives
- Implementation of SDC explored in other jurisdictions as funding is available
- Increased Internet utilization – Network of Care and use of advance directives for mental health treatment

Involved Parties: MHA Office of Consumer Affairs; MHA staff; Washington County CSA and providers; ADAA Regional Services Manager; Wellness and Recovery Centers (WRC); OOOMD; consumers and family members

MHA Monitor: MHA Office of Consumer Affairs

(1-2D)

Expand on the efforts to embed a resilience-focused, strength-based approach to the provision and evaluation of child and adolescent mental health services through specific training on the core concepts of resilience, which promotes improved treatment outcomes and family engagement.

Indicators:

- Partnership with the University of Maryland on a Resilience Grant for Practice Improvement
- Resilience Committee meetings held to develop planned outcomes
- Number of Resilience Trainings requested and provided
- Efforts of the Resilience Committee expanded to include a wellness and prevention focus across the lifespan

Involved Parties: Joan Smith, MHA Office of Child and Adolescent Services; University of Maryland School of Medicine, Department of Psychiatry; MHA Resilience Sub-Committee of the Maryland Blueprint Committee; CSAs; family members, advocates, and providers

MHA Monitor: Dr. Albert Zachik, and Joan Smith, MHA Office of Child and Adolescent Services

(1-2E)

Identify opportunities to assist older adults to maintain health, develop resilience, and participate in their communities.

Indicators:

- Promotion and implementation of Substance Abuse and Mental Health Services Administration's (SAMHSA's) "Treatment of Depression in Older Adults" Evidence-based Practices Tool kit
- Tool kit information disseminated to CSAs, Local Areas of Aging, local Department of Social Services (DSS), and other appropriate stakeholders through partnership with MHAMD's Coalition on Mental Health and Aging

Involved Parties: Marge Mulcare, MHA Office of Adult Services; MHAMD's Coalition on Mental Health and Aging; CSAs; Local Areas of Aging; local DSS offices

MHA Monitor: Marge Mulcare, MHA Office of Adult Services

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 for statewide expansion.

Indicators:

- Continued statewide implementation, covering all of Maryland's regions and outlying jurisdictions
- Psychosocial programs and inpatient facilities in Maryland visited
- Feedback meetings held, identified issues resolved, and annual report submitted

Involved Parties: MHA Office of Consumer Affairs; Cynthia Petion, MHA Office of Planning and Training; James Chambers, MHA Office of Adult Services; Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Sharon Ohlhaber, MHA Office of Quality Management and Community Programs; State facility representatives; CSAs; MHAMD; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH)

MHA Monitor: Cynthia Petion, MHA Office of Planning and Training and 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 behavioral 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 deaf and /or hard of hearing adult leadership and participation at statewide trainings
- Increased consumer and family participation in state and local policy planning for behavioral health system of care

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Susan Kadis, MHA Office of Consumer Affairs; Marian Bland, MHA Office of Special Needs Populations; MCF; CSAs; OOOMD

MHA Monitors: Al Zachik, MHA Office of Child and Adolescent Services and 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 Core Service Agencies (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 behavioral health system of care and study data to determine impact of wellness activities and coordination of care in the provision of community behavioral 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
- Increased access to registered somatic health providers through the administrative services organization (ASO) Web site and coordination of care activities administered through monthly meetings of medical directors of MHA and HealthChoice
- Integration of elements of coordination of care in behavioral health system of care through the Community Mental Health Medical Directors Consortium

Involved Parties: Gayle Jordan-Randolph and Jean Smith, MHA Office of the Clinical Director; 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)

Participate in DHMH's Behavioral Health Integration Steering Committee and workgroups (Linkages, Evaluation and Data, State/Local/Non-Medicaid, and Chronic Health Home) to support the selection of the behavioral health financing and systems integration model.

Indicators:

- MHA represented on DHMH's Committee and workgroup meetings
- Input provided toward development of model of care
- Information disseminated to appropriate stakeholders

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; ADAA; MHA and ADAA staff as appropriate

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

(2-1C)

In collaboration with the University of Maryland's Schools of Medicine and Pharmacy, implement practice guidelines to ensure appropriate pharmacological utilization for adolescents and children with serious emotional disorders with focus on youth in Baltimore foster care system and for Medicaid recipients under age five across the state.

Indicator:

- Pharmacological practice guidelines defined and implemented
- 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 Department of Child and Adolescent Psychiatry; 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); MCF; Community Behavioral Health Association of Maryland (CBH); and other interested parties

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

(2-1D)

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 State Department of Education (MSDE), the Center for Maternal and Child Health, the Maryland Blueprint Committee, the University of Maryland, 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
- 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)

***MHBG**

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:

- Annual MHA Suicide Prevention conference conducted with inclusion of training sessions on issues/needs of special needs populations such as veterans and lesbian, gay, bi-sexual, transgender, questioning (LGBTQ)
- Education and outreach activities implemented to promote awareness and resource development
- Recommendations implemented from the Governor's Commission on Suicide Prevention final report

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Al Zachik Cyntrice Bellamy, MHA Office of Child and Adolescent Services; Cynthia Petion, MHA Office of Planning and Training; James Chambers, MHA Office of Adult Services; Maryland Department on Aging; The Maryland 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 and Cyntrice Bellamy, MHA Office of Child and Adolescent Services

***Federal Mental Health Block Grant Strategy**

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 a plan to sustain integrated home and community-based services and supports for youth and young adults in transition following the conclusion of the Healthy Transitions Initiative demonstration project in Washington and Frederick Counties.

Indicators:

- Strategic and operational plans developed
- Involved systems and services identified and eligibility criteria reviewed
- Fifty (50) youth and young adults in transition served during the fiscal year

Involved Parties: Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; MDOD; MSDE; CSAs; DHR; MCF; Governor's Interagency Transition Council for Youth with Disabilities; the University of Maryland; NAMI MD; OOOMD; 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)

***MHBG**

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:

- Continued development of a consistent model for family peer support
- Financing approach identified for populations served by CMEs
- 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
- 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

***Federal Mental Health Block Grant Strategy**

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

(2-4A)

***MHBG**

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:

- Technical assistance (TA) provided to Core Service Agencies requesting assistance in promoting DDC within their jurisdictions
- Training and consultation for agencies requesting assistance in implementing practice changes which promote agency-wide Dual Diagnosis Capability (DDC)
- Continued TA to the substance abuse specialists and team leaders on Assertive Community Treatment (ACT) teams to enhance DDC of those teams
- Ongoing training for behavioral health providers on the use of scientifically-validated screening and assessment instruments in support of screening for and assessment of co-occurring disorders
- Provision of training and TA on Person Centered Care Planning (PCCP) principles and practices, within the context of county and agency substance abuse and mental health services integration projects

Involved parties: Carole Frank and Cynthia Petion, MHA Office of Planning and Training; James Chambers, MHA Office of Adult Services; 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 and Training

(2-4B)

MHA and the University of Maryland Systems Evaluation Center (SEC) will analyze data relating to utilization of services in a behavioral health system of care 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 and Training; Susan Bradley, MHA Office of Management Information System (MIS) and Data Analysis; ValueOptions@Maryland

MHA Monitors: Cynthia Petion, MHA Office of Planning and Training and Susan Bradley, MHA Office of MIS and Data Analysis

***Federal Mental Health Block Grant Strategy**

(2-4C)

*MHBG

Plan a system of integrated behavioral health promotion, prevention, and treatment services for children, youth, and young adults who are at risk for, or have mental health and/or substance abuse disorders.

Indicator:

- Develop and submit to MHA and SAMHSA a strategic plan for child and adolescent behavioral health integration in the context of DHMH's behavioral health integration process
- Utilize the support of the SAMHSA-funded System of Care expansion grant to accomplish the planning process

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MHA Staff; ADAA; CSAs; Health Departments; providers; youth and young adults; 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 behavioral health integration and coordination of care in the delivery of services to individuals with mental illnesses.

Indicators:

- Network of providers educated about Health Care Reform, through DHMH and MHA Web sites, MHA conference, Webinars, and Community Mental Health Directors meetings
- Participation on DHMH behavioral health integration workgroups
- 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 Jordan-Randolph, MHA Office of the Clinical Director; Cynthia Petion, MHA Office of Planning and Training; Melissa Schober, MHA Medicaid Policy Analyst; CSAs, Center for Medicare/Medicaid Services (CMS); Maryland 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

***Federal Mental Health Block Grant Strategy**

(2-5B)

In collaboration with the DHMH Office of Medical Care Programs, identify specified programmatic changes needed to increase Maryland's eligibility for Medicaid's Balancing Incentive Payments Program (BIPP) to increase shifts in state Medicaid spending towards community-based care.

Indicators:

- Development of a core standardized assessment instrument for all Mental Health services
- Participation on Maryland Access Point (MAP) Advisory Board and Money Follows the Person (MFP)/BIPP workgroup meetings
- Analysis of programs, contracts, and regulations to identify conflicts in case management systems
- Addition of a statewide toll-free phone number and Web site to its MAP system of Aging and Disability Resource Centers (ADRC)

Involved Parties: Melissa Schober, MHA Medicaid Policy Analyst; MHA Office of Adult Services; DHMH Medical Care Programs (Medicaid); CSAs; MAP ADRCs; Traumatic Brain Injury (TBI) Resource Coordinators

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

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 behavioral health system of care.

(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 toward community re-entry to include diversion, housing, and case management for individuals with mental illnesses who encounter the criminal justice system.

Indicators:

- Participation in workgroup to identify and implement actions that increase access to services that facilitate successful community re-entry
- Increased capacity to exchange data between MHA and the corrections system
- Minutes of meetings (IFSC and MHCJP) provided

Involved Parties: Larry Fitch, Dick Ortega, and Debra Hammen, 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 on services, community correctional concerns, legal and liability issues, etc. 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, and Dick Ortega - MHA Office of Forensic Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Mary Sheperd, 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 behavioral 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:

- 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 (MFP) Project, 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)

Continue to support and be actively engaged in the Medicaid Money Follows the Person (MFP) Behavioral Health Workgroup.

Indicators:

- Recommendations identified for final report
- Consultation offered regarding strengthened behavioral services and supports for MFP waiver participants
- Consultation offered regarding the transition to the community process for Money Follows the Person (MFP) individuals with behavioral health needs
- Identification of elements of training needed by staff working with individuals involved in the transition process

Involved Parties: James Chambers, Marge Mulcare, Penny Scrivens, and Stefani O'Dea, MHA Office of Adult Services; DHMH Medical Care Programs (Medicaid);

MHA Monitor: James Chambers, MHA Office of Adult Services

(3-2C)

MHA's Office of Special Needs Populations, in collaboration with Alcohol and Drug Abuse Administration (ADAA), Developmental Disabilities Administration (DDA), CSAs, advocates, and other involved parties will redesign the process for providing interpreting services, data collection, and the delivery of services using integrated, statewide, and regional approaches.

Indicators:

- Identification of uniform data tool to be utilized by CSAs in local jurisdictions
 - Use of appropriate data tools by the Administrative Services Organization-ValueOptions@Maryland (ASO) to track specific services rendered to individuals who are deaf or hard of hearing
 - In collaboration with ADAA, an interpreting contract developed and utilized across populations and with individuals with co-occurring disorders
 - Resources identified to develop regional teams to manage needs/services for individuals who are deaf or hard of hearing across the life span, on the local level
- 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 and Training; Marcia Andersen, MHA Office of Child and Adolescent Services; CSAs; Governor's Office of the Deaf and Hard of Hearing (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

(3-2D)

MHA's Office of Special Needs Populations and MHA's Office of Consumer Affairs, in collaboration with MHA state facilities, will integrate trauma-specific education models and trauma-informed care principles and practices to sensitize facility clinical staff to advance effective treatment planning.

Indicators:

- Facilities staff trained on trauma-informed care principles and practices
- Senate Bill (SB) 556 Workgroup convened to identify recommendations to increase safety standards at MHA state facilities

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; Susan Kadis, MHA Office of Consumer Affairs; Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Senate Bill 556 Advisory Group; CSAs; clinicians; facility staff; Maryland Disability Law Center (MDLC)

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

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)

***MHBG**

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 and co-occurring disorders.

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; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Melissa Schober, MHA Medicaid Policy Analyst; James Chambers, MHA Office of Adult Services; MHA Facility CEOs; Larry Fitch, MHA Office of Forensic Services; MHA Office of CSA Liaison; MHA Office of Consumer Affairs; MHA Office of Administration and Finance; Maryland Medicaid; CSA directors in involved jurisdictions; other stakeholders

MHA Monitors: Brian Hepburn, MHA Office of the Executive Director and Gayle Jordan-Randolph, MHA Office of the Clinical Director

(3-3B)

***MHBG**

In collaboration with Center for Medicare/Medicaid Services (CMS) and Maryland Medicaid (MA), complete the final 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; MA; CSAs; Care Management Entities (CMEs); Maryland Coalition of Families for Children's Mental Health (MCF); 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)

***MHBG**

In collaboration with Maryland Medicaid, review and amend Maryland's State Medicaid Plan to improve the delivery of 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 supported employment, peer support, and residential and mobile crisis services refined and/or developed
- A 1915(i) state plan amendment drafted to include supported employment as a 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; MHA Office of CSA Liaison; MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(3-3D)

In collaboration with Maryland Medicaid and the Alcohol and Drug Abuse Administration, review and revise the financing mechanisms to improve the delivery of integrated behavioral health care.

Indicators:

- Regular and routine agency participation in statewide discussions
- Regular and routine collaboration with stakeholders to ensure diverse viewpoints are represented
- Review and refine state regulations to foster integrated care delivery
- Where appropriate, draft amendments to the Medicaid State Plan

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; MHA Office of CSA Liaison; MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services
MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(3-3E)

In collaboration with Maryland Medicaid and the Alcohol and Drug Abuse Administration (ADAA), respond to funding opportunities included in the Patient Protection and Affordable Care Act.

Indicators:

- Respond to the Medicaid Emergency Psychiatric Demonstration (MEPD) call for proposals (awarded March 13, 2012)
- Begin developing a health home model to serve people with serious and persistent mental illness (SPMI), substance abuse disorders, and/or co-occurring chronic somatic health conditions

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 Penny Scrivens, MHA Office of Adult Services; MHA Office of CSA Liaison; MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services
MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(3-3F)

***MHBG**

MHA's Office of Special Needs Populations will coordinate with DHMH's effort to provide more information about services and outcomes to local detention centers by utilizing ADAA's Screening, Brief Intervention, Referral, and Treatment (SBIRT) tool.

Indicators:

- Utilization of experiences questionnaire 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; 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

(3-3G)

MHA, in collaboration with the MHA facility CEOs, CSAs, and providers, will convene a workgroup to identify the needs of patients ready for discharge and community integration.

Indicators:

- Workgroup convened
- Recommendations for a service continuum plan developed

Involved Parties: Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Penny Scrivens, MHA Office of Adult Services; CSAs; facility CEOs; providers; other stakeholders

MHA Monitor: Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations

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)

***MHBG**

Continue to implement the Maryland Mental Health Employment Network (MMHEN), 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 MMHEN 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

***Federal Mental Health Block Grant**

(4-1B)

MHA, in collaboration with NAMI MD and the University of Maryland Evidence-Based Practice Center (EBPC), will continue implementation of 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
- Incorporation of supported employment 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 and Training; Maryland Department of Disabilities (MDOD); University of Maryland Evidence-Based Practice Center (EBPC); Dartmouth Psychiatric Research Center; 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 and co-occurring disorders in the behavioral health system of care.

(4-2A)

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

Indicators:

- Peers involved in disseminating person centered care planning to consumers
- PERS to be utilized throughout the state to give updated workforce development strategies to peer run groups and other stakeholders
- Behavioral Health Peer Support workgroup convened with ADAA to explore training initiatives for integrated peer support in Wellness & Recovery Centers (WRCs)
- Use of Network of Care Web site to identify workforce development issues and career opportunities

Involved parties: James Chambers, MHA Office of Adult Services; MHA Office of Consumer Affairs; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; OOOMD; CBH; WRCs; ADAA Regional Services Manager; mental health advocacy groups; peer organizations

MHA Monitor: James Chambers, MHA Office of Adult Services

(4-2B)

***MHBG**

Expand intensive skills-based training opportunities to include motivational interviewing and person centered care planning (PCCP), to increase the effectiveness of service delivery within the behavioral health system of care.

Indicators:

- Number of motivational interviewing trainings given to providers
- Number of PCCP trainings held for consumers and providers
- 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 and Training; James Chambers, MHA Office of Adult Services; ValueOptions®Maryland; CSAs; providers; consumers

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

(4-2C)

***MHBG**

MHA, in collaboration with DHMH, ADAA, and DDA, will convene a workgroup to develop an action plan for behavioral health workforce development.

Indicators:

- Workgroup progress notes of activities recorded
- Assessments conducted to determine workforce capacity
- Submission of results and recommendations regarding behavioral health workforce issues to the Governor's Taskforce on Workforce Development
- Use of data to track and evaluate key workforce issues
- Recruitment and retention issues addressed

Involved Parties: Carole Frank, MHA Office of Planning and Training; MHA Office of Child & Adolescent Services; DHMH State Program Administrator for Co-occurring Disorders; University of Maryland; ADAA; DDA; other stakeholders

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

(4-2D)

***MHBG**

The Child and Adolescent Mental Health Workforce Committee, chaired by MHA and Maryland State Department of Education (MSDE), will promote the use of developed curricula for training of staff in child mental health and education professions.

Indicators:

- Number of education and mental health professionals and providers completing training modules

Involved Parties: MHA Office of Child and Adolescent Services; MHA Office of Planning and Training; MSDE; the University of Maryland Schools of Medicine and Social Work; 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 and substance use 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, Richard Ortega, and Debra Hammen - MHA Office of Forensic Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; ADAAs; CSAs

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

***Federal Mental Health Block Grant Strategy**

(4-2F)

MHA, in collaboration with ADAA, will continue to participate in planning processes, trainings, and other activities that will enhance behavioral health integration efforts.

Indicators:

- Co-leadership of MHA and ADAA established to plan and facilitate MHA annual conference incorporating a behavioral health integration theme
- Information on trainings and cross trainings from each administration maintained on both ADAA and MHA Web sites
- Collaboration between MHA and ADAA to plan the kick-off celebration for National Recovery Month (September)
- Workgroup convened to explore the establishment of a combined behavioral health advisory council and submit recommendations to DHMH

Involved parties: Cynthia Petion and Carole Frank, MHA Office of Planning and Training; DHMH State Program Administrator for Co-occurring Disorders; ADAA Director, Office of Education and Training for Addiction Services (OETAS) and staff; ADAA Division Director, Recovery Oriented System of Care (ROSC); Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council; Maryland State Drug and Alcohol Abuse Council

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

Objective 4.3. Develop initiatives that promote the delivery of culturally competent and linguistically appropriate behavioral health services.

(4-3A)

MHA, in collaboration with key stakeholders, will refine the development and implementation of cultural competence training activities for consumers, providers, staff, and individuals in an integrated behavioral health system.

Indicators:

- Utilization of the cultural competence assessment tool to enhance further development of the Cultural Linguistic Competence Training Initiative (CLCTI) curricula
- CLCTI training modified to include behavioral health cultural and linguistic issues with additional emphasis, where appropriate, on regional and geographic differences
- Incorporation of cultural sensitivity awareness in training activities for special needs populations i.e. deaf and hard of hearing, Traumatic Brain Injury (TBI), lesbian, gay, bi-sexual, transgender, questioning (LGBTQ), individuals who are homeless, and individuals with co-occurring disorders
- Incorporation of cultural competence training efforts in state, federal, and local planning activities
- Exploration of the development of a cultural competence training project, in collaboration with ADA

Involved Parties: Iris Reeves, MHA Office of Planning and Training; Marian Bland, MHA Office of Special Needs Populations; MHA Office of Consumer Affairs; other MHA staff; CSAs; Maryland Advisory Council on Mental Hygiene/ Cultural and Linguistic Competence Advisory Committee (CCAC); consumers; family members; advocacy groups

MHA Monitor: Iris Reeves, MHA Office of Planning 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
- Pre-application meetings held to inform perspective applicants about the Community Bond Program and to encourage partnerships within the state and local areas to pursue development efforts
- 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
- Program monitored, data collected and reviewed on number of units developed and persons served through the Community Bond Program
- Documentation of annual progress and barriers in the development and completion of housing projects

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 and Training; Marian Bland, MHA Office of Special Needs Populations; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; DHCD; Maryland Department of Disabilities (MDOD); Developmental Disabilities Administration (DDA); local housing authorities; housing developers

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:

- Systems Evaluation Center (SEC) report of admissions and discharges to and from RRPs developed and reviewed
- Analysis plan developed and implemented to study information from current practices within the RRP
- 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
- Information about movement of individuals in RRPs to supported housing residents and filled vacancies with hospital individuals distributed to the CSAs, CBH, and the RRP Survey group every three months or as data is available

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 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 (MFP) Initiatives, the Non-Elderly Disabled HUD Notice of Funding Availability (NOFA), HUD 811-Project-based Rental Assistance (PRA), and collaboration with local public housing authorities (PHAs)
- HUD funding utilized to provide housing assistance for individuals with special needs or issues such as: TBI, co-occurring, deaf and hard of hearing, etc.
- 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; Maryland Department of Aging (MDoA); Centers for Independent Living (CILS); local housing authorities; housing developers

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

(5-1D)

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 care 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; MHA Office of Child and Adolescent Services, CSAs; DHCD; MDOD; DDA; MDoA; behavioral health providers, 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 the Projects for Assistance in Transition from Homelessness (PATH) funding to focus services on the delivery of outreach, case management, integrated services, and recovery for individuals who are homeless or at imminent risk of becoming homeless.

Indicators:

- Submission of application to Substance Abuse and Mental Health Services Administration (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 illness who are homeless, or were formerly homeless, using federal Department of Housing and Urban Development (HUD) funding.

Indicators:

- Partnerships developed and sources of funding researched to meet needs of women with children who are transitioning to the community
- Application for funding submitted

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 the SSI/SSDI Outreach, Access, and Recovery (SOAR) program statewide to further develop an integrated behavioral health model to improve access to services.

Indicators:

- Additional SOAR sites developed, new partners trained in SOAR, and workgroups formed
- SOAR certification expanded across all established SOAR sites
- State Planning workgroup expanded
- New partnerships established with the ADAA, the Veterans Administration, colleges and universities, prisons and jails, hospitals, and other state and local agencies
- Data collated and submitted to State Stat on a monthly basis
- Technical assistance provided to develop local planning groups, create local SOAR projects, and increase knowledge of the SOAR application process and data collection tool
- Social Work students assigned to field sites
- Funding sources, other than PATH, researched and obtained to support SOAR implementation and services

Involved Parties: Marian Bland, Caroline Bolas, and Keenan Jones – MHA Office of Special Needs Populations; Policy Research Associates; Social Security Administration – Disability Determination Services; colleges and universities; ADAA; DPSCS; DHR; Veterans Administration; 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 BEHAVIORAL HEALTH SYSTEM OF CARE 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)

***MHBG**

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; also explore pilot implementation of Integrated Illness Management and Recovery (IIMR) program.

Indicators:

- Programs evaluated annually 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
- Pilot implementation of IIMR at selected sites

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 and Training; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; ValueOptions@Maryland; Dartmouth Psychiatric Research Center; 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

***Federal Mental Health Block Grant Strategy**

(6-1B)

***MHBG**

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)

MHA's Office of Special Needs Populations, in collaboration with the Core Service Agencies, local detention centers, DHMH, 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/post-trial assessment best practices
- Engagement in partnerships to promote data sharing to assist with community re-entry
- Engagement of Wellness and Recovery Centers (WRC) in aftercare planning
- The feasibility assessed of the Maryland Community Criminal Justice Treatment Program (MCCJTP) 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; WRCs; ADAA; DDA; community behavioral health providers

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

***Federal Mental Health Block Grant Strategy**

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)

*MHBG

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 Office of CSA Liaison; Fiona Ewan, MHA Office of Fiscal Services; 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)

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

MHA Monitor: Audrey B. Chase, MHA Office of Compliance

***Federal Mental Health Block Grant Strategy**

(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 and Robin Poponne, MHA Office of Planning and Training; 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 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
- Written letter issued to each CSA regarding each periodic report, appropriate follow-up conducted as needed

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

MHA Monitor: MHA Office of CSA Liaison

(6-2E)

Review MHA's budget and behavioral health system of care 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; 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 MHA Office of Administration and Finance

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

(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
- Continued provision of technical assistance to providers and CSAs regarding use of the OMS Datamart, once it is fully operational

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Sharon Ohlhaber, 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 Ohlhaber, MHA Office of Quality Management and Community Programs

(6-3B)

MHA will continue to 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 behavioral health system of care 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 behavioral health system of care 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 behavioral health system of care demographic data available to users outside of state agencies
- Promotion of managerial and county-wide access to dashboard reports and Public Mental Health System (PMHS) data through ASO reporting system

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Cynthia Petion, MHA Office of Planning 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; Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(6-3E)

Implement an integrated approach for the collection, analysis, and use of data in a behavioral health system.

Indicators:

- Recommendations identified from the DHMH Data and Evaluation Workgroup on behavioral health integration

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; SEC; ValueOptions@Maryland; CSAs

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

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 behavioral health system of care data collection and monitoring through continued activities to develop and/or refine management information systems.

Indicators:

- Continue to refine technical aspects of management information systems; 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 behavioral health system of care data
- Continued data system integration efforts among behavioral health administrations (Mental Hygiene, Alcohol and Drug Abuse, and Developmental Disabilities)
- Continued maintenance and improvement efforts of Behavioral Health server with ADAA
- Strategies developed to identify and track users of services across administrations
- Continued participation and leadership in Behavioral Health Data Workgroup and Virtual Data Unit 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 Ohlhaber, MHA Office of Quality Management and Community Programs; Cynthia Petion, MHA Office of Planning 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; Mary Sheperd, 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: Mary Sheperd, MHA Office of the Deputy Director for Facilities Management and Administrative Operations

(6-4C)

Increase public awareness and support for improved health and wellness through use of technology.

Indicators:

- Continuation of support and promotion of the Network of Care (NOC) (www.maryland.networkofcare.org); Web-based site promotion of county-specific resources for mental and behavioral health services throughout the state
- Continued efforts regarding research and distribution of information pertaining to using interactive technologies to promote services and outcomes
- Specialized service information provided for Maryland's youth, veterans, and families; improvement of existing formatting to create ease of system navigation and use
- Partnerships continued with county agencies and mental health entities; promotion and expansion of features within the NOC site.

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; 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. Cyntice 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., Cyntice Bellamy and Larry Fitch	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 Ohlhaber	Cynthia Petion and Robin Poponne	Marian Bland	Mary Sheperd	

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.

