Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2007 ANNUAL STATE MENTAL HEALTH PLAN IMPLEMENTATION REPORT

A CONSUMER – ORIENTED SYSTEM

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"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."

MISSION

The mission of the Mental Hygiene Administration is to create and manage a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders and, in conjunction with stakeholders, provide treatment, support, and rehabilitation in order to promote resiliency, health, and recovery.

The Vision

There will be a comprehensive accessible array of public and private services. These services will help individuals empower themselves to achieve the highest level of participation in community life while striving to achieve his or her full potential.

The vision of our public mental health system is drawn from a statement of fundamental 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**
Mental health 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 and the system must be linked to allow for continuity of care. The hospital is one part of the community-based mental health system. The mental health system must collaborate with other public and private human health service systems in order to facilitate support with all activities of life.

(3) **EMPOWERMENT**
Consumers and families will be involved in decision-making processes, individually at the treatment level and collectively in the planning and operation 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. Programs and services relevant to and recognizing varying cultural, ethnic, and racial needs are imperative.

(4)   *FAMILY AND COMMUNITY SUPPORT*
We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family supports. A goal of our system is to support care in the community and to encourage communities to manage the care of their residents.

(5)   *LEAST RESTRICTIVE SETTING*
Services should be provided in the least restrictive, most normative, and most appropriate setting. An array of services will be available throughout the state to meet a variety of consumer needs.

(6)   *WORKING COLLABORATIVELY*
Collaboration at the state and local level will promote a consistently acceptable level of mental health services. Collaborations with other agencies will be fostered so support to consumers is inclusive of all activities of life.

(7)   *EFFECTIVE MANAGEMENT AND ACCOUNTABILITY*
We seek a well-managed mental health system, which provides services economically. Accountability is essential to consistently provide an acceptable level of mental health services. Essential management functions include monitoring and self-evaluation, rapidly responding to identified weaknesses in the system, adapting to changing needs, and improving technology. We must put the highest priority on measuring consumer satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

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

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

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

SYSTEM GOALS
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Goal I: Americans Understand that Mental Health is Essential to Overall Health.

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

> (1-1A)
> Continue to provide direction, funding, and ongoing consultation to the Mental Health Association of Maryland (MHAM) in implementing a series of public education and training activities.
> <u>Indicator</u>: Maryland's public awareness campaign "Caring for Every Child's Mental Health" implemented, participation in 40 health fairs, distribution of 25,000 science-based mental health and mental illness informational pamphlets, monthly Web sites updates, annual report on toll-free information line, report from MHAM on the campaign, media coverage targeted to 1.5 million individuals, 200 Kids on the Block performances held
> <u>Involved Parties</u>: MHAM; Jean Smith, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services; appropriate MHA staff; community providers
> <u>MHA Monitor</u>: Jean Smith, Office of Public Relations

<u>FY 2007 activities and status as of 06/30/07 (final report):</u>
MHA continued to collaborate and/or coordinate with the Mental Health Association of Maryland (MHAM) to increase mental health awareness across the state. *The Caring for Every Child's Mental Health* campaign webpage was utilized in FY 2007 to evaluate utilization of the Maryland Youth Crisis Hotline, including referral source and type of information on assistance needed. This information will determine next steps to best reach targeted audiences and to further improve hotline utilization through these efforts. A report will be issued in FY 2008. During the fiscal year, the webpage received over 34,000 page views. Additionally, a toll-free telephone line is maintained for information and referral services. It is staff-monitored from 9am - 5pm daily.

MHAM participated in 38 health fairs in FY 2007 and distributed more than 32,900 pieces of literature. MHAM conducted a statewide media promotion to reach a minimum of 1.5 million individuals, giving warning signs of mental health problems in children and first steps to receiving treatment. The viewership count for the FY 2007 campaign is 1,182,682 households.

In FY 2007, the Kids on the Block, a traveling puppet show which raises the awareness of children and school staff of mental health issues, held 309 performances for over 18,000 people.

MHA continues to attend MHAM's Advisory Board meetings to provide oversight to the *Caring for Every Child's Mental Health* campaign. Reports are generated and reviewed quarterly.

<u>Strategy Accomplishment</u>:
This strategy was achieved.

> (1-1B)
> Collaborate with the National Alliance on Mental Illness-Maryland (NAMI MD) to promote the annual NAMI Walk as a kick-off event for *MAY-MENTAL HEALTH MONTH*.
> <u>Indicator</u>: Advance planning completed, event promoted statewide, sign-up - participation
> <u>Involved Parties</u>: Jean Smith, MHA Office of Public Relations; MHA Office of Consumer Affairs; CSAs; NAMI MD
> <u>MHA Monitor</u>: Jean Smith, Office of Public Relations

<u>FY 2007 activities and status as of 06/30/07 (final report)</u>:
MHA worked successfully with NAMI MD in promoting the NAMIWALKS, a successful kick-off event for promoting *MAY MENTAL HEALTH MONTH*.
On Sunday, April 29, 2007, the NAMI Walk took place at Centennial Park in Ellicott City and was attended by approximately 2,000 individuals. The 2.4-mile awareness walk kicked off the annual May celebration of National Mental Health Month, which is designed to highlight the importance of education, advocacy, and support for persons diagnosed with a serious mental illness and their families.

<u>Strategy Accomplishment</u>:
This strategy was achieved.

(1-1C)
Continue to support the National Alliance for Mental Illness' (NAMI MD's) public education and training efforts.

Indicator: Presentation of education programs, i.e. four 12-week courses on Family to Family, nine half-day workshops on In Our Own Voices, and 52 workshops on Living with Schizophrenia

Involved Parties: NAMI MD; Carole Frank, Office of Planning, Evaluation, and Training; Jean Smith, Office of Public Relations; MHA Office of Adult Services

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

FY 2007 activities and status as of 06/30/07 (final report):
NAMI Maryland, with the continued support of the CSAs, conducted several educational outreach presentations in FY 2007. These efforts included:

- Twenty-four family members received training, over the course of two weekends, on how to team-teach the *Family-to-Family* course to family caregivers of individuals with mental illnesses. These newly trained individuals then taught a total of 25 courses over the year to 200 family members.

- A statewide educational conference on *System Reform*, held on October 26, 2006 at Sheppard Pratt Conference Center, was attended by 181 family members, consumers, and professionals.

- Over the course of the year 10 new *In Our Own Voice* presenters were trained. They provided 70 outreach presentations, on personal experiences on the road towards recovery, to an audience of 820 individuals.

- Ten trained consumers conducted 26 presentations on *Living with Schizophrenia*.

NAMI MD continues to provide a toll-free information number which received approximately 5,200 calls during FY 2007. NAMI MD distributed 8,950 copies of its quarterly newsletter.

Strategy Accomplishment:
This strategy was achieved.

(1-1D)
Continue to develop a crisis response plan that includes: the development of statewide and local infrastructures [including Core Service Agency (CSA) All-Hazards plans], communication systems, interagency coordination, enhanced crisis response capacity in the areas of clinical services/supports through maintaining a centralized database, an updated behavioral health network for returning soldiers, and expansion of the Statewide Behavioral Health Professional Volunteers Corps Program for crisis/disaster response.

Indicators: Plans developed, updated, and disseminated, database reports, recruit and train new volunteers and maintain 90% of previously trained volunteers, train crisis response workers

Involved Parties: Jenny Howes and Laura Copland, MHA Office of Special Needs Populations; Henry Westray, MHA Office of Child and Adolescent Services; Department of Health and Mental Hygiene (DHMH); CSAs; Alcohol and Drug Abuse Administration (ADAA); Maryland Emergency Management leadership and staff; Board of Social Work Examiners; Board of Examiners of Psychologists; Board of Licensed and Professional Counselors; local mental health advisory committees (LMHAC); Maryland State Department of Education (MSDE); Maryland Crisis Hotline Directors; local crisis response systems; advocacy organizations; consumer drop-in centers; Veteran's Administration and National Guard representatives; faith community leadership; federal Center for Mental Health Services; state facilities

MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
MHA's Behavioral Health Disaster services staff has reviewed MHA and ADAA's All-Hazards Disaster plans, which have been revised to ensure collaboration and consistency. All-Hazards Plans that include the development of state and local infrastructure, communications systems, interagency coordination, and enhanced crisis response, are also being compiled, reviewed, and revised for all Core Service Agencies (CSAs) in the state. MHA is providing CSAs with a template to design and conduct drills of their All-Hazards Plans. Both MHA and ADAA's Plans have been drilled once, with expectations of continuing these drills twice per year. Also, MHA continued to utilize an automated tracking system, called the Hotline Online Tracking System (HOTS), which allowed for the collection of data to track trends in calls.

MHA continues to work closely with DHMH's Professional Volunteer Corps Coordinator to recruit and train licensed behavioral health professionals for a Statewide Behavioral Health Volunteer Corps. More than 1,500 volunteers have been trained. In FY 2007, MHA provided four trainings on stress management for disaster workers, and worked closely with volunteer corps staff on increasing enrollment, ongoing workshops and trainings and activation protocols. Also, volunteer corps staff received specialized training and worked with Family Readiness Groups across the state to provide psychoeducational presentations and age-appropriate activities on relevant topics,

facilitate discussions, and provided support at National Guard-sponsored events, such as deployment send-off and welcome home.

Additionally, MHA Behavioral Health Disaster services staff surveyed all 20 CSA Directors regarding needs for information pertinent to military personnel and their families for mental health issues based on the type of phone inquiries received. A September 25, 2007 conference was planned entitled *Lessons Learned Since Vietnam*. This conference provided vital information and current issues on Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) from blast injuries as well as information on Veteran's Administration availability, services, and other resources needed to fully care for the citizen-soldiers of Maryland and their families. The conference was a vehicle for providing CSAs with clinical information and a better understanding of insurance issues and resources.

Strategy Accomplishment:
This strategy was achieved.

> (1-1E)
> Collaborate with the Mental Health Association of Maryland (MHAM) and the Department of Health and Mental Hygiene's (DHMH's) Center for Maternal and Child Health's Maternal and Perinatal Health Program to increase awareness of perinatal depression as a mental health problem and the need for and access to treatment.
> Indicators: Focus group guide developed, contract to conduct focus groups
>   awarded, three focus groups held with new mothers, analysis of findings,
>   report of findings to the mental health community
> Involved Parties: MHAM; DHMH Center for Maternal and Child Health,
>   Maternal and Perinatal Health Program; Joyce Pollard, MHA Office of
>   Child and Adolescent Services; CSAs
> MHA Monitor: Joyce Pollard, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA, in collaboration with MHAM and the Center for Maternal and Child Health's Maternal and Perinatal Health Program, conducted three regional focus groups in FY 2007 to determine how women with perinatal depression learned about the signs and symptoms and what were the effective means to get treatment for perinatal depression. The Healthy New Moms Perinatal Depression Advisory Board participated in the planning stages and assisted in identifying focus group participants. Thirty-six attendees, who identified themselves as having perinatal depression in the past, participated in the focus groups. The group discussed the resources which these women with perinatal depression found useful and how they obtained this information. A report detailing a synopsis of the findings from the focus groups was developed and submitted to the Perinatal Depression Advisory Board.

Additionally, 15,000 provider education packets with information on the signs and symptoms of depression, screening tools, a brochure, a waiting room poster and local and national resource information were distributed to physicians and other health professionals. Eighty thousand brochures describing the signs and symptoms of perinatal depression, forms of treatment and information on medication management were produced and advertisements targeting the general population were placed in television, radio, and print media. MHAM established a website: www.healthynewmoms.org.

Strategy Accomplishment:
This strategy was achieved.

> (1-1F)
> Support the DHMH Center for Maternal and Child Health in increasing public awareness of fetal alcohol syndrome and its effects on both mothers and children.
> Indicators: Participate in subcommittee activities, participate in developing informational brochures for providers, health departments, and consumers, distribute brochures via CSAs to community
> Involved Parties: DHMH Center for Maternal and Child Health; Kennedy Krieger Institute; other state agencies; CSAs; advocacy groups
> MHA Monitor: Joyce Pollard, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA supported the Center for Maternal and Child Health through its membership on the Fetal Alcohol Spectrum Disorder (FASD) Coalition, established by DHMH in 2005 to facilitate public education regarding FASD and other effects of prenatal alcohol exposure. Members include state agencies serving children and families, private sector representation, parents, and other interested stakeholders. During FY 2007, efforts of the Coalition were directed toward the establishment of key committees which included: logo development, website development, professional brochure, consumers pamphlet development, conducting FASD Awareness Week in August 2006, and planning for the FASD conference, which will address diagnoses, management, long-term effects, and related women's issues, to be held in the fall, FY 2008.

As a result, a website: www.FASDMD.org. was established and brochures and pamphlets were developed, printed, and distributed to professionals, educators, and related child – serving committees and workgroups.

Strategy Accomplishment:
This strategy was achieved.

Objective 1.2. MHA will develop mechanisms to continue to reduce the stigma of psychiatric disorders.

> (1-2)
> Collaborate with On Our Own of Maryland, Inc. (OOOMD) to explore opportunities to broaden the training on stigma through the Anti-Stigma Project.
> Indicator: List of notifications of trainings/workshops, report on attendance, training provided
> Involved Parties: OOOMD; Anti-Stigma Project Advisory Group (consumers, family members, mental health professionals, advocacy groups)
> MHA Monitor: Cynthia Petion, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
MHA and OOOMD continue to collaborate to fight stigma within the mental health system through the Anti-Stigma Project (ASP).   In FY 2007, the ASP presented 50 workshops throughout the state with over 3,000 people reached. Workshops and trainings were presented in many educational settings, as well as several local, state, and national conferences. Many workshops were also tailored to address specific populations and issues related to cultural competency, co-occurring disorders and housing.

Strategy Accomplishment:
This strategy was achieved.

Objective 1.3. MHA in collaboration with CSAs, will continue to provide relevant information to individuals in the judicial and public safety systems regarding the Public Mental Health System.

> (1-3)
> Offer training for law enforcement officers, other public safety officials, and agencies regarding the management of crises involving individuals who appear to have a mental disorder and who are charged with offenses or suspected of criminal involvement.
> Indicator: Correspondence, attendance at meetings, training agenda, a minimum of four trainings completed, reports from CSAs
> Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; Interagency Forensic Services Committee; county police; state police; detention center staff; sheriff's offices staff
> MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, MHA, in collaboration with law enforcement agencies, offered four trainings for officers, other public safety officials, and community providers regarding the management of crises involving persons who appear to have a mental disorder and who may or may not have committed an offense. More than 300 police officers and 86

clinicians and other stakeholders were trained in FY 2007. Training was provided through the MHA Office of Forensic Services, as well as by the local crisis response systems.

The trainings covered various jurisdictions of the state – Baltimore County, Anne Arundel County, Cecil County, and Saint Mary's County. Two of the trainings were co-sponsored by the CSA or the local health department. Presentations included use of emergency petitions, approaching persons with mental disorders, the field interview of the person with a mental disorder, dealing with the suicidal individual, coverage of post traumatic stress disorder (PTSD), and treatment resources for active duty personnel and veterans. These presentations concentrated on the practical decisions that police officers have to make in the field and were in plain, non-technical language.

Strategy Accomplishment:
This strategy was achieved.

Objective 1.4. MHA in collaboration with CSAs, the administrative services organization (ASO), Managed Care Organizations (MCOs), other health care providers, and other administrations and agencies, will continue to develop mechanisms to coordinate both mental health and somatic health care services, and other services and supports across the life span.

> (1-4A)
> Continue to interface with other agencies and administrations to support a comprehensive system of mental health, somatic health, and other services and supports. The following is a listing of the agencies with which a liaison is maintained and the responsible MHA monitor.
> Indicator: Maintain liaison with other agencies, participate on joint projects as specified

FY 2007 activities and status as of 06/30/07 (final report):

Examples of interface with other agencies include, but are not limited to, the following:

- **Maryland Department of Disabilities (MDOD)**, Brian Hepburn, Monitor - MHA and MDOD have collaborated on several initiatives this year including the Consumer Quality Team development, the consumer self-directed care initiative, and evaluations of long – term hospital stays. MDOD has also been a partner in the Mental Health Transformation State Incentive Grant. Several of Maryland's Olmstead plan priorities are addressed through collaborative strategies between MHA and MDOD. MHA and MDOD have collaborated on efforts regarding outreach to consumers for the Employed Individuals with Disabilities program and other work incentives.

- **Governor's Office for Children (GOC),** Albert Zachik, Monitor – GOC and MHA were active partners in developing the wraparound initiative for Maryland. The office coordinates intergovernmental efforts for service delivery planning for children with special needs.

- **Maryland State Department of Education (MSDE)**, Albert Zachik, Monitor – MHA meets monthly with the Assistant Superintendent for Special Education at MSDE to collaborate on mutual concerns involving the mental health needs of children in school and early childhood settings. Collaborative efforts have included the Maryland Mental Health Workforce Initiative which covers the development of a set of mental health core competencies. MHA continues to collaborate with MSDE to develop and enhance behavioral health programs for students in need of services throughout the state.

- **Division of Rehabilitation Services (DORS),** Steve Reeder, Monitor - MHA staff meets regularly with DORS staff. Joint efforts have included implementation of the Evidence-Based Practice model of supported employment (SE) and an innovative system integration initiative which addressed systemic barriers to SE implementation through braided funding, a single point of entry for supported employment services in the MHA and DORS systems, presumed DORS eligibility for SE, and shared data and outcomes. The system integration initiative with DORS has expedited SE service delivery across respective systems, eliminating duplicative administrative processes.

- **Department of Human Resources (DHR)**, Albert Zachik and Marian Bland, Monitors – MHA meets regularly with the Deputy Secretary of DHR to coordinate mental health services for children, particularly those in foster care. MHA's Office of Special Needs Populations works closely with DHR to secure entitlements for individuals in the Trauma, Addiction, Mental Health, and Recovery (TAMAR) program. MHA's, Office of Special Needs Populations participated on the State's Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), Outreach, Access, and Recovery (SOAR) State Technical Assistance Initiative. MHA participated on the State's Homeless MIS Policy Collaborative Committee and the Homeless MIS System Administrator's Committee. DHR and MHA Offices of Adult Services communicate over systemic issues, as well as case specific issues.

- **Department of Housing and Community Development (DHCD)**, Penny Scrivens, Monitor – MHA staff communicate regularly with DHCD and local public housing authorities and participate with DHCD in the Bridge Subsidy Pilot Program, which provides rental assistance to consumers with mental illness and across disabilities. MHA staff participated in the Governor's Commission on Housing Policy. The Office of Special Needs Populations staff works closely with DHCD on the federal Housing and Urban Development (HUD) agency grants for Projects for Assistance in Transition from Homelessness (PATH) Programs and /or Shelter Plus housing in all jurisdictions.

- **Maryland Department on Aging (MDoA),** Lissa Abrams and Marge Mulcare, Monitors – MHA and MDoA work collaboratively on issues affecting needs of older

adults. In addition, MHA, MDoA staff, and other stakeholders participate in the Mental Health Association of Maryland's (MHAM's) Coalition on Mental Health and Aging, which meets on a bi-monthly basis.

- **Department of Public Safety and Correctional Services (DPSCS),** Larry Fitch and Marian Bland, Monitors – Office of Forensic Services (OFS) Director and Director of Special Populations met periodically with Maryland Correctional Administrators regarding jail-based mental health services. This collaboration included MHA participation on DPSCS Female Offender Workgroup, the Maryland Correctional Administrator's Association (MCAA) Executive Board, and co-chairmanship of MCAA's Mental Health and Substance Abuse Committee. The Director of MHA OFS also co-chairs the quarterly meetings of the Interagency Forensic Services Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council, with members representing the courts, DPSCS, Alcohol and Drug Abuse Administration (ADAA), and Developmental Disabilities Administration (DDA).

- **Department of Juvenile Services (DJS)**, Albert Zachik and Larry Fitch, Monitors – MHA's Office of Child and Adolescent Services meets regularly with the Behavioral Health Director of DJS to plan mental health services for youth in the juvenile justice system. MHA's Office of Forensic Services (OFS) works with DJS officials and staff to develop community services plans for individuals aging out of the juvenile justice system. MHA's Office of Child and Adolescent Services also works closely with DJS regarding the Family Intervention Specialists (FIS) program and quality review of mental health services delivered in DJS facilities.

- **Judiciary of Maryland**, Larry Fitch, Monitor – In addition to quarterly meetings of the Interagency Forensic Services Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council, ongoing contacts (meetings, phone, e-mail) take place between the judges of the Baltimore City District Court and OFS regarding aftercare planning to establish alternatives to incarceration for individuals evaluated at MHA facilities. Also, MHA/OFS staff attend meetings of the Baltimore City Mental Health Court Workgroup, the Baltimore County Forensic/Mental Health Workgroup, and the Montgomery County Criminal Justice Behavioral Health Initiative. Staff have regular contact with judges throughout Maryland to problem-solve specific cases and court orders.

- **Alcohol and Drug Abuse Administration (ADAA),** Tom Godwin, Monitor – During the past year MHA has participated with ADAA and other agencies and various providers in mental health and addictions in the Maryland Legislative "Task Force on the Needs of Persons with Co-Occurring Mental Health and Substance Use Disorders". MHA chaired the "Quality and Outcome Measurements Workgroup" under this task force as required by Maryland's House Bill 1273.

- **Family Health Administration (FHA)**, Al Zachik, Monitor – Staff from MHA's Office of Child and Adolescent Services collaborate with specific offices within the FHA. This includes joint participation on the Maryland Caregiver Support Coordination

Council, information sharing on respite care, collaboration on training activities, joint participation in the Maryland Early Childhood Initiative, the Maternal Depression Task Force, and ongoing consultation on complex cases.

- **Developmental Disabilities Administration (DDA),** Stefani O'Dea and Lisa Hovermale, Monitors – Weekly meetings between the directors of MHA and DDA continue and address issues as they occur. Representatives from MHA and DDA, including the Executive Directors of the administrations, meet periodically to discuss issues related to individuals with co-occurring (mental illness and developmental disability) and continue to consult on cases involving individuals with co-occurring mental illness and mental retardation in state hospitals, community placements supported by DDA, and in forensic settings.

- **Maryland Health Care Commission (MHCC)**, Brian Hepburn, Monitor – MHA collaborates with MHCC on health policy studies involving mental health services and on issues involving health insurance coverage and the uninsured population.

- **Health Services Cost Review Commission (HSCRC)**, Randolph Price, Monitor – MHA and HSCRC met periodically to monitor the change from the HSCRC rate for hospital outpatient clinics to community-based fee-for-service. In FY 2007, MHA and the Maryland Insurance Commissioner collaborated to review hospital finances.

- **Children's Cabinet Results Team,** Al Zachik, Monitor – MHA's Director of the Office of Child and Adolescent Services is an active member of the Children's Cabinet Results Team, meeting regularly with senior staff from the participating child-serving agencies to plan services across agencies for children, youth, and families.

- **Office of Health Services & Office of Operations and Eligibility (Medical Assistance),** Brian Hepburn, Gayle Jordan-Randolph, and Susan Steinberg, Monitors - MHA participates in the Maryland Medicaid Advisory Committee and the DHMH Roundtable. Ongoing participation in the Medical Care Organizations' (MCOs) monthly medical directors meeting continues. MHA has continued to work with the Offices within Maryland's Medical Assistance Program on such issues as the Primary Adult Care (PAC) program, the National Provider Identifier (NPI), and Federal Financial Participation (FFP). During the period of July 1, 2006 - April 1, 2007, one of MHA's Deputy Directors served as the Acting Chief Operating Officer for Medical Assistance. MHA also participated with Medical Assistance on the application for various Medicaid waivers.

- **Office of Health Care Quality (OHCQ),** Sharon Ohlhaver, Monitor - Monthly meetings continue despite challenges with staffing issues at OHCQ. Program specific issues and questions related to regulatory interpretation continue to be discussed. Additionally, MHA's Executive Director has initiated bi-monthly/quarterly meetings with the OHCQ Director and other appropriate MHA and OHCQ staff to address ongoing issues of collaboration, including prioritization of program review and staff resource utilization.

- **Office of Planning and Capital Financing,** Cynthia Petion, Monitor – MHA, in collaboration with Office of Planning and Capital Financing, processes requests for the DHMH Administration-Sponsored Capital Programs (Community Bond Program) for Community Mental Health, Addictions, Developmental Disabilities, Facilities, and Federally Qualified Health Centers. The Community Bond program provides capital grant funds for community-based services that are high priorities for the department.

- **AIDS Administration,** Marian Bland, Monitor – For most of FY 2007, MHA's Office of Special Needs Populations worked with the AIDS Administration to oversee the four TAMAR Programs funded by the AIDS Administration. This includes the TAMAR Programs in Baltimore, Dorchester, Frederick, and Prince George's Counties. MHA's Office of Special Needs Populations also provided technical assistance on trauma to the TAMAR Community Project also funded by the AIDS Administration.

- **Maryland Emergency Management Administration (MEMA),** Laura Copland, Monitor – MHA collaborates with MEMA by attending trainings on National Incident Management System (NIMS) updates and revisions, working with a variety of MEMA personnel on activation protocols, developing peer support groups for post-incident events, taking part in training on Web Emergency Operations Center (EOC), and handling the DHMH Liaison desk located in the MEMA state EOC during drills and/or actual events.

Strategy Accomplishment:
This strategy was achieved.

> (1-4B)
> Develop mechanisms, in collaboration with the Administrative Services Organization (ASO) and managed care organizations (MCOs), to enhance coordination of care between somatic and mental health care.
> Indicator: Level/extent of information to be shared identified, mechanisms identified through which to share information, coordination monitored through compliance activities
> Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Office of Compliance; MCOs; Medical Assistance; ASO; Coordination of Care Committee
> MHA Monitor: Gayle Jordan-Randolph, Office of the Clinical Director

FY 2007 activities and status as of 06/30/07 (final report):
Several mechanisms were in place in FY 2007 to facilitate coordination of care between somatic and mental health care. Regular meetings were convened among Medicaid, MHA, DHMH, MCO medical directors, and MAPS-MD (the ASO) medical directors to promote coordination, to share eligibility and current status information, and to share reports on service utilization and pharmacy utilization data.

Care managers are assigned by MAPS-MD to each MCO to coordinate care for PMHS high – end users of medical and mental health services. MAPS-MD also employs care managers, who collaborate with the providers, for high – end users of mental health services. Additionally, under the auspices of the High Inpatient Utilization Project, two MAPS-MD intensive care managers maintain close collaboration with the MCOs and the CSAs in five counties in a pilot project to identify and better serve consumers in the Public Mental Health System (PMHS) who have a history of either frequent hospitalizations or lengthy hospitalizations.

A multitude of reports including consumer characteristics, service utilization, and expenditures can be generated through MAPS-MD. As MAPS-MD improves mechanisms to provide data to MCOs and mental health providers, its universal release of information form will reduce the barriers of communication and information sharing. In FY 2008, information from the Medicaid Management Information System (MMIS) on prescriptions filled by consumers in the PMHS will be incorporated into the MAPS-MD database and mental health providers will be able to access, directly for themselves, MAPS-MD information on prescriptions filled by consumers for psychotropic drugs and medications paid for through the MCOs. Future efforts will include developing similar access to the information for primary care providers for the MCOs later in the fiscal year.

In April 2007, the Community Behavioral Health Association of Maryland (CBH) Task Force on Integrated Care conducted a survey among member agencies regarding current issues in and/or barriers to good care coordination and integration for consumers served. The survey results further emphasized the need for facilitation of communication between the MCOs and the providers. Coordination of care between somatic and psychiatric sectors remains critical and has been pressed by the publication of new reports on the morbidity and mortality of individuals with serious mental illnesses. In FY 2008, the MHA Coordination of Care Committee will work to consider recommendations resulting from the survey's findings with special focus on morbidity and mortality issues.

<u>Strategy Accomplishment</u>:
This strategy was achieved.

> (1-4C)
> Promote enrollment of the public mental health system (PMHS) service recipients into Medical Assistance Primary Care Waiver.
> <u>Indicator</u>: Information on waiver distributed to CSAs, providers, and advocacy groups, number of people enrolled
> <u>Involved Parties</u>: CSAs; ASO; MHA Office of Deputy Director for Community Programs and Managed Care; Community Behavioral Health, Inc. (CBH); providers; OOOMD; NAMI MD; MHAM
> <u>MHA Monitor</u>: Susan Steinberg, Office of Deputy Director for Community Programs and Managed Care

FY 2007 activities and status as of 06/30/07 (final report):
The Primary Adult Care (PAC) program provides a limited benefit package of primary
care, pharmacy, and outpatient mental health services to low-income adults who were
previously not eligible for Medicare or full Medicaid benefits. Individuals in PAC
receive their mental health services through the PMHS. The PMHS has been
instrumental in promoting this benefit by providing a toll-free phone number and website
to request applications. Additionally, DHMH has a contract with PSI, an enrollment
broker, to send out the PAC MCO enrollment packets, educate the applicants, and assist
them with the enrollment process. Also, local health departments and local Departments
of Social Services may assist individuals in filling out the PAC application. Total PAC
enrollment is expected to be approximately 30,000.

In the fall of FY 2008, MHA will submit a report to the Joint Chairmen's Committee of
the Legislature on the specific eligibility criteria for services delivered in the fee-for-
service system to the Medicaid-ineligible and possible barriers to enrolling this
population in the PAC program.

Strategy Accomplishment:
This strategy was achieved.

(1-4D)
Support the CSAs and Local Management Boards (LMBs) in their collaborations
to develop and implement Local Access Plans to help children, youth, and their
families obtain needed services.
Indicators: CSAs and LMBs partner to respond to the Governor's Office for
Children's (GOC's) Invitation to Negotiate (mechanism to get funding for
Local Access Plans), negotiation sessions held with MHA input, Local
Access Plans implemented in jurisdictions who receive funding
Involved Parties: GOC; MHA Office of Child and Adolescent Services; CSAs;
LMBs; the Maryland Coalition of Families for Children's Mental Health;
Maryland Association of Resources for Families and Youth (MARFY)
MHA Monitor: Al Zachik and Marcia Andersen, Office of Child and Adolescent
Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA and the CSAs have been active participants in the *Local Access Mechanism* project
spearheaded by the GOC. This project facilitates the development of a local
infrastructure that helps families access and coordinate available services and supports,
both public and private, to address the full range of needs encountered by families with
children. Local Access Plans are developed in each jurisdiction through the LMBs in
collaboration with the CSAs with the expectation that each jurisdiction will implement a
plan using the single point of access and family navigation philosophy tailored to the
locale's needs and resources.

Strategy Accomplishment:
This strategy was achieved.

Goal II: Mental Health Care is Consumer and Family Driven.

Objective 2.1. MHA will promote efforts that facilitate recovery and build resiliency.

> (2-1A)
> Sponsor the Committee on Consumer Self Direction, co-chaired by On Our Own of Maryland (OOOMD) leadership, to review and develop recommendations for implementing a pilot project for consumer self-directed care.
> Indicator: Committee reconvened, recommendations developed, proposal developed for self-directed care pilot project utilizing state general funds, pilot implemented in FY 2007
> Involved Parties: Lissa Abrams, MHA Office of Adult Services; MHA Office of Consumer Affairs; CSAs; MDOD; other representatives from MHA; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH); and other interested parties
> MHA Monitor: Lissa Abrams, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report)
In FY 2007, MHA reconvened the Committee on Consumer Self – Direction, co-chaired by OOOMD leadership. In response to previous work of a Task Force and the Committee recommendations, MHA funded Washington County CSA to implement a Consumer Self – Direction project. The project director and staff were hired and operations commenced in FY 2007. The project will promote recovery, independence, wellness, and overall improved quality of life for consumers who have a serious mental illness. Peer advocates will help consumers develop their own "recovery plans" that will include public mental health services tailored to meet consumer wants as well as other non-traditional supports that may be purchased with flexible funds. MHA and the Mental Health Transformation Office staff are providing technical assistance and consultation in the areas of outreach, recovery, and systems development. The Consumer Self – Direction project is currently working with nine individuals and expects to serve up to 30 in FY 2008.

Strategy Accomplishment:
This strategy was achieved.

(2-1B)
Collaborate with and support On Our Own of Maryland (OOOMD) initiative to transform its consumer network toward a wellness and recovery orientation, including enhanced peer support activities and use of best practices within the consumer movement.

Indicator: Training curriculum developed, training provided to drop-in center staff, plan for phase-in of increased resources finalized and initiated

Involved Parties: OOOMD; Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of Adult Services; Alice Hegner, MHA Office of CSA Liaison; CSAs

MHA Monitor: Clarissa Netter, Office of Consumer Affairs

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, the number of wellness and recovery centers (formerly known as drop-in centers) increased from 19 to 22 with the addition of centers in Baltimore County, Harford County, and a second site in Montgomery County. Twenty of those centers are affiliates of OOOMD. In FY 2007 over 4,856 consumers attended wellness and recovery centers located throughout Maryland.

In January 2007 MHA hired a Director for the Office of Consumer Affairs (OCA) to lead the transformation of its consumer network towards a wellness and recovery orientation. In March a meeting was held with staff from wellness and recovery centers from around the state. An implementation committee was established to develop the plan to implement the Wellness Recovery Action Plan (WRAP) model into all centers as a model for peer support. This model supports OOOMD's initiative to achieve a statewide wellness and recovery orientation through enhanced peer support activities such as family support groups, consumer-run businesses, and protection and advocacy services as well as the use of best practices within the community. This committee is collaborating with the Copeland Center on a plan to utilize training and additional resources to move the WRAP model into the wellness and recovery centers throughout Maryland. A training curriculum package has been developed and will begin in January 2008.

Strategy Accomplishment:
This strategy was achieved.

(2-1C)
Provide training to PMHS stakeholders on access to the Employed Individuals with Disabilities Program (EID), which assists individuals with Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) to buy into the Medical Assistance (MA) program.

<u>Indicator</u>: Training plan developed, at least six trainings provided, information on EID integrated into all MHA sponsored trainings on adult services

<u>Involved Parties</u>: Lissa Abrams and Steve Reeder, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center

<u>MHA Monitor</u>: Steve Reeder, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
The state FY 2007 budget contained funds to fully implement Maryland's version of the Medicaid Buy-In program for individuals with Social Security Disability Insurance (SSDI) known as the Employed Individuals with Disabilities (EID) Program. MHA collaborated with On Own of Maryland to provide training to PMHS stakeholders on accessing the EID Program. In FY 2007, a total of 754 consumers received training on the EID. This training is offered to all supported employment sites in Maryland, as well as On Our Own affiliates and other stakeholders. This is part of a statewide plan to inform individuals with disabilities about the Medicaid Buy-in as an opportunity for Marylanders with disabilities to work and access important health benefits. Additionally, MHA contracted with consultants to examine the current reimbursement system and administrative procedures for supported employment. The consultants conducted focus groups with providers and consumers and met with other stakeholders prior to developing a set of recommendations. MHA will continue to work with the consultants and the committee to monitor the implementation and outcomes of Maryland's Medicaid Buy-In.

A committee formed by DHMH, in collaboration with the Coalition for Work Incentives Improvement and other stakeholders, continues to meet monthly with the Medical Assistance Office of Planning and Finance to coordinate activities to expand enrollment as well as promote the Medicaid Buy-in option for other Medicaid beneficiaries who choose to return to gainful employment.

Strategy Accomplishment:
This strategy was achieved.

(2-1D)
Promote efforts to delineate the roles of general hospital inpatient psychiatric units and state hospitals in the provision of acute and long term care.
Indicators: Report developed and submitted to legislature describing continuum of care (from diversion to inpatient), recommendations regarding roles included in the report, obstacles identified
Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Maryland Health Care Commission; Health Services Cost Review Commission; CSAs; OOOMD; NAMI MD; MHAM
Monitor: Brian Hepburn, Office of the Executive Director

FY 2007 activities and status as of 06/30/07 (final report):
There continues to be long waits in emergency rooms (ERs) for beds whether in private, general hospital psychiatric units, or state hospitals. In the 2007 session of the Maryland General Assembly, budget language was enacted that required MHA to submit a report to the Joint Chairmen on the development of a plan, in conjunction with the Maryland Health Care Commission (MHCC), to include a statewide mental health needs assessment of the demand for inpatient hospital services and community-based services and programs needed to prevent or divert patients from requiring inpatient mental health services, including services provided in hospital ERs. The Legislature directed MHCC to convene a taskforce of interested stakeholders to develop a plan to guide the future development of mental health services continuum for Maryland.

In response to ongoing pressure for admissions in hospital ERs, MHA reprogrammed purchase of care funds to begin hospital diversion projects in several jurisdictions in Maryland – Montgomery and Anne Arundel Counties and Baltimore City. These projects build upon existing crisis response systems to provide on-site evaluation and triage for individuals who are uninsured in emergency rooms, as well as an enhanced array of community services to provide urgent care and treatment for those individuals who do not need inpatient psychiatric care. The hospital diversion projects developed in all three jurisdictions are already showing reductions in admissions of uninsured individuals to state hospitals and creative, successful use of community-based alternatives. In FY 2008, diversion projects in Prince George's and Baltimore Counties will join those initiated in FY 2007, for a total of five jurisdictions.

Strategy Accomplishment:
This strategy was partially achieved.

(2-1E)
Promote the integration of strength-based approaches into child and adolescent assessment, planning, service delivery, and evaluation to develop resiliency in children, youth and families receiving mental health services.

Indicators: Strength-based approaches discussion incorporated into monitoring site visits (case management, treatment foster care) with positive feedback provided for its documentation; Child and Adolescent Coordinators systematically disseminate information from the May 25, 2006 conference *Nurturing Resiliency in Youth* in their jurisdictions

Involved Parties: MHA Office of Child and Adolescent Staff; CSAs; providers; Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY); MHA Office of Consumer Affairs; MSDE

Monitor: Marcia Andersen and Al Zachik, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):

MHA is promoting the integration of strength-based approaches into child and adolescent assessment, planning, service delivery, and evaluation to develop resiliency in children, youth and families receiving mental health services. CSA Child and Adolescent Coordinators have disseminated information in their jurisdictions from the May 2006 conference *Nurturing Resiliency in Youth*. Using this conference as a jumping off point, MHA, in conjunction with the University of Maryland, Baltimore and the Maryland Coalition of Families for Children's Mental Health, sponsored an additional two-day workshop on evidence-based practices in child and adolescent mental health. This event was targeted to CSA staff, community and hospital-based providers, teachers, parents, and interested others. There was a concurrent and interwoven track for youth to initiate, in Maryland, Youth Motivating Others through Voices of Experience (Youth MOVE), a program that unites the voices and causes of youth and helps youth become more involved in the politics and legislation of mental health policies. This forum was also used to formally introduce the *Maryland Child and Adolescent Mental Health Institute* to the community. Additional youth leadership forums have been planned for FY 2008.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.2. MHA will increase opportunities for consumer, family and advocacy organization input in the planning, policy and decision-making processes, quality assurance, and evaluation.

> (2-2A)
> Participate, in collaboration with Maryland Department of Disabilities (MDOD), Mental Health Association of Maryland (MHAM), and the Consumer Quality Team (CQT) Committee, in the implementation of a three-county pilot CQT project for select community programs; plan pilot for state facilities and begin implementation, if feasible.
> Indicator: Staffing model defined and staff hired, policies and procedures developed, approved, and implemented for community program visits, site visits to community programs initiated, model for facility implementation developed
> Involved Parties: MHA Office of Consumer Affairs; Stacy Rudin and Sharon Ohlhaver, MHA Office of Planning, Evaluation, and Training; CQT Committee; MDOD; MHAM; NAMI MD; OOOMD; CSAs; CBH; MARFY; Maryland Coalition of Families for Children's Mental Health; state facility representatives
> MHA Monitor: Sharon Ohlhaver, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
MHA continued to participate in the multi-stakeholder workgroup to plan for implementation of a Consumer Quality Team (CQT) that was piloted in psychiatric rehabilitation programs (PRPs) in three jurisdictions (Anne Arundel County, Baltimore City, and Howard County). The Executive Director, hired in June 2006, was instrumental in moving this project forward. Activities for FY 2007 included finalizing decisions regarding target programs in the three pilot jurisdictions, developing interview protocols (e.g., questions and format of consumer interviews), developing a staffing model, hiring a full-time assistant and consumer/family member interviewers, developing and implementing staff training, conducting initial announced visits to all target community-based programs, and developing and implementing a monthly feedback loop for the information that is gathered during the interviews. Additionally, two smaller workgroups were developed to begin to work on the process, etc. that will be needed to operationalize the project in PRPs serving the child and adolescent population and for individuals in hospital/residential treatment center (RTC) settings.

Strategy Accomplishment:
This strategy was achieved.

(2-2B)
Provide resources for the Maryland Coalition of Families for Children's Mental Health to hold a Leadership Academy for parents of children with emotional disorders.

Indicator: Leadership Academy functioning, activities implemented, number of graduates

Involved Parties: MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children's Mental Health

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

FY 2007 activities and status as of 06/30/07 (final report):
The Maryland Coalition of Families for Children's Mental Health continues to strengthen its advocacy role in planning, policy, and decision-making. The Coalition held its fourth Family Leadership Institute and also graduated members representing nine families who participated in its third class of trained family advocates. Also, in FY 2007, the Wicomico County CSA invited the Coalition to present a Leadership Institute to 25 families.

Additionally, the Coalition co-sponsored the third Youth Leadership Weekend for 17 youth (ages 14 to 21 years) who have a mental health diagnosis and who have been involved with one or more state programs such as special education, juvenile services or foster care. The goal of the program is to empower youth by teaching them self-awareness and self-advocacy within their communities. The addition of the Youth MOVE initiative in FY 2008 will further expand the number of youth who are empowered to speak about their care to state policy makers.

Strategy Accomplishment:
This strategy was achieved.

(2-2C)
Explore, in conjunction with the Maryland Coalition of Families for Children's Mental Health, models and financing strategies for Family to Family support groups, particularly through the Medicaid (MA) 1115 waiver submitted to the Center for Medicare and Medicaid Services (CMS).

Indicator: Response from CMS regarding the 1115 waiver submitted in spring 2006, use of capitated funds from 1115 waiver for family-to-family support groups allowed, number of family support groups and models identified, additional financing strategies identified

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children's Mental Health; Maryland Medical Assistance Administration

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

FY 2007 activities and status as of 06/30/07 (final report):
MHA applied to CMS for a 1915-C Home and Community Based Psychiatric Residential Treatment Program Demonstration Waiver to divert or reduce the lengths of stay of youth meeting the residential treatment center (RTC) medical necessity criteria. The Waiver has been submitted with provisions to cover cost of parent to parent support groups and administrative cost of family partners with care management entities. Originally an 1115 waiver, using a capitated rate for a wraparound model of home and community-based care for youth with Medicaid who meet the RTC level of care, was submitted. However MHA has decided that the 1915-C Waiver will now be administered within the fee-for-service system instead. The state is initially matching the cost of services with $3 million dollars. It is hoped that partnerships formed with Maryland Department of Juvenile Services (DJS), Maryland Department of Human Resources (DHR), and other agencies as a result of this project will lead to additional funding in the future. Fifty to seventy-five youths and their families will be served initially in FY 2008.

Strategy Accomplishment:
This strategy was achieved.

> (2-2D)
> Continue to implement the Leadership Empowerment and Advocacy Project (LEAP) which prepares consumers to take on leadership and advocacy roles in the PMHS and track graduates' involvement in these roles in the PMHS.
> Indicator: Update LEAP training manual and LEAP training agendas, training of 10 consumers who have not previously been involved in leadership roles in the consumer movement, survey of LEAP graduates' activities
> Involved Parties: Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; OOOMD
> MHA Monitor: Clarissa Netter, Office of Consumer Affairs

FY 2007 activities and status as of 06/30/07 (final report):
In July 2006 a six-month follow up survey was distributed to participants of the FY 2005 LEAP training to assess their success in attainment of personal goals set during the training. This helped to shape future trainings. In FY 2007, the MHA Consumer Affairs Liaison collaborated with On Our Own of Maryland (OOOMD) to train 15 LEAP participants in a four-day retreat setting rather than weekly classes. This year's program included presentations by a medical practitioner from Johns Hopkins University on achieving wellness and by a state senator on consumer involvement in public policy. Training topics also included communication and leadership skills as well as assertiveness and conflict resolution skills. The retreat setting offered participants the opportunity for networking and continued working relationships.

In FY 2008, the Office of Consumer Affairs is planning mentorships and internships for LEAP graduates allowing them to receive hands on experience with MHA, the PMHS, and opportunities to educate legislative representatives on mental health issues as a continuation of their training. Current MHA plans include negotiating with wellness and

recovery centers to offer LEAP graduates experience as volunteers for some of the centers. The LEAP graduates' involvement in leadership and advisory roles in the PMHS will continue with graduates of the LEAP being encouraged to participate in the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council and their local mental health advisory committees.

Strategy Accomplishment:
This strategy was achieved.

> (2-2E)
> Participate in the interagency effort to implement the Bridge Subsidy Pilot Program, which will provide three-year rental subsidies to consumers with mental illnesses through participating housing authorities in Maryland.
> Indicator: Meetings with participating organizations, Memorandum of Understanding (MOU) signed, minimum of 34 people, over three years, with mental illnesses participating in the Bridge Subsidy Program and living in independent housing, Bridge Subsidy participants receiving permanent housing vouchers from local housing authority
> Involved Parties: Lissa Abrams and Penny Scrivens, MHA Office of Adult Services; Marian Bland, MHA Office of Special Needs Populations; CSAs; Department of Housing and Community Development (DHCD); MDOD; DDA; Maryland Department of Aging (MDoA); Centers for Independent Living (CILS); local housing authorities; housing developers
> MHA Monitor: Penny Scrivens, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
The Bridge Subsidy Pilot Program, which provides rental assistance, began in January, 2006 in the Eastern Shore counties and Carroll, Harford, Howard, St. Mary's, Garrett, Allegany, and Frederick Counties. The success of this pilot has allowed for further expansion in those counties and in Worcester, Wicomico, and Somerset Counties in FY 2007. Currently, the Bridge Subsidy program is serving 22 consumers with mental illness in fifteen counties.

All participants have received training from MHA's Housing Coordinator and receive ongoing support from PMHS case managers. Additionally, MHA participates with DHCD, the CSAs, MDoA, DDA, CILS and Public Housing Authority (PHA) representatives to oversee and monitor the program.

Recently, the county government of Washington County signed a MOU to participate in the program beginning in FY 2008.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.3. MHA will protect, and enhance the rights of individuals receiving services in the PMHS

> (2-3A)
> Implement year two activities under the Substance Abuse and Mental Health Services Administration (SAMHSA) Seclusion and Restraint grant which will lead to the reduction, with the intent of elimination, of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.
> Indicator: Curriculum developed and training delivered to participating facilities and providers, ongoing consultation and technical assistance provided on-site, data on the use of seclusion and restraint analyzed and reported by facilities
> Involved Parties: Brian Hepburn, Office of the Executive Director; Al Zachik, MHA Office of Child and Adolescent Services; Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Susan Steinberg, MHA Office of the Deputy Director for Community Programs and Managed Care; Larry Fitch, MHA Office of Forensic Services; Maryland Youth Practice Improvement Committee (MYPIC); the MHA Facilities' Prevention and Management of Aggressive Behavior (PMAB) committee; MHA Management Committee; University of Maryland Evidence-Based Practice Center
> MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services and Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

FY 2007 activities and status as of 06/30/07 (final report):
MHA continues implementation of a number of activities related to the SAMHSA Seclusion and Restraint Reduction/Elimination Grant. Regular meetings are held with relevant stakeholders to help guide the progress of the grant. Stakeholders have reviewed the curriculum for facility staff on reducing seclusion and restraint. The child and adolescent facility curriculum has been developed and is being implemented.

Staff trainers have completed their own training in START (Systematic Training Approach for Refining Treatment) and are now training others in all of the Regional Institutes for Children and Adolescents (RICAs) and on the adolescent and adult units at Spring Grove Hospital Center. Additional START trainings for adult facilities are expected to begin in FY 2008 after the curriculum has been furthered revised to reflect the needs of an adult patient population.

In order to offer patients alternatives to seclusion, a number of the MHA facilities have also established comfort rooms that facilitate a calm environment and anxiety reduction. Finally, the SAMHSA Seclusion and Restraint Reduction/Elimination Grant Project Coordinator continues to work closely with the MHA facilities and with some of the therapeutic group homes around seclusion and restraint use. Seclusion and Restraint data

is being reviewed by each facility on a regular basis. The Grant Advisory Committee also is reviewing the data.

Strategy Accomplishment:
This strategy was achieved.

> (2-3B)
> In compliance with legislation effective January 1, 2006, concerning the competency of children and adolescents to proceed to adjudication on delinquency charges in juvenile court, MHA will recruit or train existing psychiatrists and/or clinical psychologists to perform *competency to proceed* evaluations and provide them with training to serve as *qualified experts* for the courts.
> Indicator: Existing staff trained, staff recruited as appropriate, training agenda, attendance at meetings, 10-20 staff trained
> Involved Parties: Larry Fitch, Kathi Perkins, Jay Lebow and Dick Ortega, MHA Office of Forensic Services
> MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
In response to state legislation concerning the competency of children and adolescents, MHA's Office of Forensic Services (OFS) participated in the recruitment of ten child and adolescent mental health providers trained to evaluate the competency of children and adolescents to proceed to adjudication on delinquency charges in juvenile court. These child and adolescent providers are under contract to conduct evaluations statewide.

In addition to the recruitment, OFS provided four regional trainings for existing psychiatrists and/or clinical psychologists to perform *competency to proceed* evaluations and provided them with training to serve as *qualified experts* for the courts. The specific trainings were one-day programs for the staff at the Regional Institutes for Children and Adolescents (RICAs), Spring Grove Hospital Center (SGHC), Thomas B. Finan Center (TBFC), and Developmental Disabilities Administration (DDA).

Strategy Accomplishment:
This strategy was achieved.

(2-3C)
Develop and implement a system for providing *competency attainment* services for juveniles found *incompetent to proceed* to improve, as required, their understanding of the proceedings and ability to assist in their own defense.
Indicator: Training agenda, data collection, number of youth restored to
        competency status tracked, 6-10 staff contracted
Involved Parties: Larry Fitch, Kathi Perkins, and Jay Lebow, MHA Office of
        Forensic Services; Gayle Jordan-Randolph, MHA Office of the Clinical
        Director
MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA's Office of Forensic Services (OFS) and other key MHA staff collaborated with the Department of Health and Mental Hygiene (DHMH), CSAs, child serving facilities, and juvenile judges to develop and implement a system for providing "competency attainment" services designed to improve a juvenile individual's understanding of the proceedings and ability to assist in his or her own defense. As part of developing a statewide system, MHA hired six providers (on contract with DHMH) to provide competency attainment services upon court order.

To implement this mandated initiative, MHA organized and provided training on eight occasions for key providers and stakeholders including CSAs, RICAs and other juvenile facility staff, public defenders, juvenile judges, and county attorneys. Additionally, OFS gave technical assistance to these providers during implementation and monitored their delivery of service. From October 1, 2006, when the law took effect, through June 30, 2007, 12 youth received competency attainment services.

Strategy Accomplishment:
This strategy was achieved.

(2-3D)
Collaborate with the Department of Juvenile Services (DJS) to recruit, select and train providers to conduct mental health evaluations for the juvenile courts.
Indicators: Request for Proposals (RFP) issued, recruitment conducted, evaluators
        selected, evaluators trained, juvenile evaluations conducted in a timely
        fashion, juvenile evaluations conducted according to standards
Involved Parties: DJS; Al Zachik and Cyntrice Bellamy, MHA Office of Child
        and Adolescent Services; providers; juvenile courts
MHA Monitor: Cyntrice Bellamy and Al Zachik, Office of Child and Adolescent
        Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA consulted with DJS to observe presentations and review provider proposals to deliver evaluation services to youth coming into contact with the juvenile justice system. After a series of meetings and reviews, DJS decided that none of the RFPs submitted met the needs of the youth being served. Therefore, DJS decided to request proposals a second time, due in FY 2008, to receive a larger and more specific pool of vendors to meet their current needs. Once providers are selected, MHA's OFS has offered to collaborate with DJS to provide training.

Strategy Accomplishment:
This strategy was partially achieved.

> (2-3E)
> Provide information and technical assistance for MHA facility staff and community providers regarding the discharge and community reintegration of individuals on court-order, limitations of rights required by law, discharge planning for patients committed as Not Criminally Responsible (NCR), and collaboration with courts and community providers.
> Indicator: Symposium agenda, presentations to at least 200 MHA facility staff and community providers
> Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHA facilities; Attorney General's Office; CSAs; community providers; University of Maryland Training Center
> MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/06 (final report):
In FY 2007, the staff of MHA's Office of Forensic Services provided targeted training and technical assistance to MHA facility staff and community providers regarding the discharge and community reintegration of court-involved individuals. This training was provided through the Annual Conference on *Mental Disability and the Law* held on November 3, 2006 which focused on diversion and community reintegration. The conference was attended by 243 individuals, including MHA facility staff and administrators, community providers, and members of the bench and bar.

Additionally, the Office of Forensics Services staff met routinely throughout the year with Maryland facilities staff and community providers to provide information on juvenile dispositional services and forensic matters.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.4. MHA will participate and facilitate the efforts under the Mental Health Transformation State Incentive Grant (MHT-SIG) to develop a State Comprehensive Mental Health Plan.

> (2-4)
> Participate in and facilitate efforts under the Mental Health Transformation State Incentive Grant (MHT-SIG) to begin implementation of priorities identified in the comprehensive Plan and coordinate such activities with ongoing operations.
> Indicator: Plan developed with priorities identified; MHA work plans address priorities
> Involved Parties: Brian Hepburn, MHA Office of the Director; Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Transformation Project Director; Transformation Working Group; other state agencies; other appropriate MHA staff; CSAs; ASO
> MHA Monitor: Stacy Rudin, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
MHA has worked with the Mental Health Transformation Office (MHTO) as priorities have been identified and work plans developed. The overall transformation strategies include linking to existing efforts, building upon system strengths, and ensuring sustainability. Strategic direction includes: 1) infusing hope and recovery through - projects implementing the Wellness Recovery Action Plan (WRAP), self-directed care, recovery training and orientation, improving the nexus of mental health and foster care; 2) meaningful involvement-through implementation of Youth MOVE, consumer quality teams, person-centered planning for select populations, outreach, support, training , and stipends for consumer/family participants in systems change; 3) demanding excellence-with projects in school – based mental health focusing on children in the foster care system, early childhood workforce knowledge development, trauma treatment for youth in foster care; and 4) access, prevention, and early treatment – with projects focused on individuals in the criminal justice system, cultural competence, implementation of Networks of Care, Mental Health First Aid (modeled after programs in Australia and Scotland), and telemedicine. MHA is actively involved with the MHTO in the development of all the initiatives and will continue lending its expertise to the processes leading to change.

Strategy Accomplishment:
This strategy was achieved.

> ## Goal III: Disparities in Mental Health Services are Eliminated.

Objective 3.1. MHA will continue to work collaboratively with appropriate agencies to improve access to mental health services for individuals of all ages with psychiatric disorders and co-existing conditions including but not limited to: court involved, deaf and hard of hearing, traumatic brain injury (TBI), homelessness, incarcerated, substance abuse, developmental disabilities, and victims of trauma.

> (3-1A)
> Utilize Projects for Assistance in Transition from Homelessness (PATH) funds to develop innovative services that support state transformation goals; continue to apply for federal support to enhance services; provide technical assistance to CSAs to support statewide provision of services for homeless individuals.
> Indicator: Data on housing and services provision for homeless individuals, funding approved, technical assistance provided
> Involved Parties: MHA Office of Special Needs Populations; MHA Office of Adult Services; MHA Office of CSA Liaison; other MHA Staff; CSAs; PATH service providers
> MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
MHA's Office of Special Needs Populations continued to secure funding from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) to fund the PATH Program, which provides services to individuals in Baltimore City and twenty-two counties who are homeless or at imminent risk of becoming homeless. In FY 2007, local PATH-supported agencies identified 2,932 homeless individuals with mental illnesses. Of these, 1,943 actually enrolled in PATH services. MHA collected quarterly reporting data from CSAs and providers, conducted site visits, and convened quarterly meetings. Technical assistance was provided to encourage interaction at the local level to facilitate effective service provision for homeless individuals of all ages with psychiatric disorders. Additionally, MHA received a site visit from SAMHSA-CMHS on July 24, 2006. MHA was commended for its management and oversight of PATH programs and the use of evidence-based or emerging best practices as a part of its program.

MHA applied for $1,053,000 in funding from SAMHSA (approval pending) to renew its existing PATH Program. Additionally, MHA utilized the PATH and Shelter Plus Care Programs as leverage to apply for a new grant from SAMHSA to expand supportive services to individuals who are "chronically" homeless and families who are residing in or moving into permanent supportive housing.

Strategy Accomplishment:
This strategy was achieved.

(3-1B)
Provide formal training and technical assistance for case managers and other mental health professionals who refer homeless consumers to Housing and Urban Development (HUD) funded Supportive Housing Programs, i.e. Shelter Plus Care Housing.

Indicator: Meeting minutes and reports, training materials, three trainings with approximately 125 attending, report on projects funded

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; Alcohol and Drug Abuse Administration (ADAA); CSAs; MHA facilities; local service providers; consumers

MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
MHA's Office of Special Needs Populations collaborated with MHA's Office of Adult Services and conducted two conferences. A Case Management Conference was held on December 1, 2006 to explore strength-based assessment and treatment. Two hundred and seventy-nine people attended. A homeless/housing conference *From Homelessness to Housing: The Heart of the Matter* took place on March 29, 2007. The content included practical strategies for outreach to individuals who are homeless. This conference was attended by 100 people.

Planning has begun for a third training in FY 2008 on housing quality standards, funded through MHA's HUD Shelter Plus Care grants, and Shelter Plus Care basics for providers.

MHA's Office of Special Needs Populations continues to meet quarterly with providers to provide technical assistance as needed, and annual reports are submitted on activities under the auspices of the Shelter Plus Care grants.

Strategy Accomplishment:
This strategy was achieved.

(3-1C)
Monitor community placements, other services, and plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver.

Indicator: Five year renewal application approved, additional providers enrolled, additional eligible individuals in MHA facilities identified for community placement, placements made, 30 eligible consumers receiving waiver services

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

MHA Monitor: Stefani O'Dea, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
The Medicaid Waiver for Adults with Traumatic Brain Injury was renewed for an
additional five years starting July 2006. A new waiver service called Individual
Supported Services was added at that time and technical eligibility criteria for the
program was amended. The Waiver program closed to new applicants in June 2006
when it reached enrollment capacity (30 individuals). A waiver registry list has been
initiated and applications are mailed out to individuals on the registry as slots become
available. There are currently five approved providers for TBI waiver services. Potential
new providers have been identified but no new providers applied or were enrolled during
FY 2007.

The Maryland TBI Advisory Board, composed of 38% state agency representatives, 31%
individuals with brain injury or family or caregivers, and 30% professionals working with
individuals with brain injury or representatives from advocacy organizations, continues to
meet regularly to monitor the needs of individuals with brain injury and make
recommendations for needed services and supports.

Strategy Accomplishment:
This strategy was achieved.

> (3-1D)
> Within existing state and local jail diversion programs, secure private, local, state,
> and federal funding to provide increased services for both women and men with
> co-occurring disorders and histories of trauma, including training providers to
> identify trauma and understand best practices for treatment of trauma.
> Indicator: Private, local, state, and federal funding secured, reports on programs
>   statewide, providers trained
> Involved Parties: Marian Bland, MHA Office of Special Needs Populations;
>   MHA Staff; CSAs; ASO; local providers; ADAA; other agencies
> MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
The Office of Special Needs Populations held a Trauma and Resiliency training on June
8, 2007. Eighty participants, including providers and other stakeholders, attended.
Additionally, providers were referred to a training on May 3, 2007, sponsored by the
National Council on Alcoholism and Drug Dependency of Maryland and the University
of Maryland Medical Center on Women's Trauma and Addictions.

The Office of Special Needs Populations has revised the existing Maryland Community
Criminal Justice Treatment Program (MCCJTP) monthly report to better address the data
request needs of interested parties and to increase the reliability and validity of the
quantifiable data that are collected. The MCCJTP sites will be asked to provide feedback
on drafts of the new forms at the next quarterly meeting and, pending suggested

revisions, will begin using the new forms shortly thereafter. The possibility of electronic submittal of these forms is also being considered.

The Office applied for federal funds from the Bureau of Justice Assistance to expand upon the MCCJTP in Harford, Fredrick, and Prince George's Counties. Notification of approval/non-approval is expected in the fall of 2007.

Strategy Accomplishment:
This strategy was achieved.

> (3-1E)
> Explore ways, in collaboration with the Alcohol and Drug Abuse Administration (ADAA), to integrate evidence-based models of attachment and trauma treatment into residential substance abuse programs serving pregnant women and women who have children and have co-occurring disorders.
> Indicator: A minimum of three models of attachment will be explored,
>   coordination of one statewide or five local trainings for the five residential
>   substance abuse treatment programs on trauma
> Involved Parties: Marian Bland and Jenny Howes, MHA Office of Special Needs
>   Populations; ADAA; ADAA-funded Residential Substance Abuse
>   Programs.
> Monitors: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, efforts were made to determine a consistent model that could be used to guide the provision of trauma treatment. MHA's Office of Special Needs Populations, in collaboration with ADAA, participated in three site visits to ADAA-funded residential programs that served pregnant and post-partum women. These site visits increased awareness, both for the programs and the administrators, of the importance of trauma-based treatment for this population. ADAA, MHA, and the ADAA residential providers met to discuss the findings of the site visits and, as a result, further researched available trauma assessment tools and provided technical assistance to the staff of the five residential programs in this area. Consequently, DHMH decided to support the establishment of a women's transitional program, based on Tamar's Children model.

MHA continued this partnership with ADAA as well as with the Department of Public Safety and Correctional Services, Family Health Administration (FHA), the Judiciary, the Archdiocese of Baltimore, and others in its efforts to continue the trauma treatment model as established by Tamar's Children. A RFP was awarded to Chrysalis House, Inc. to develop, in partnership with Baltimore City Healthy Start, Inc., a new women's transitional program named *Chrysalis House Healthy Start Program*, which began serving pregnant and post-partum women in a 16-bed transitional facility in Baltimore in the summer of 2007. The participants are women who are incarcerated in a local detention center in Maryland or are charged with misdemeanor offenses and are facing jail sentences. The goal of the program is to prevent the participants from recidivism to

multiple high-cost service systems. The program provides a comprehensive assessment of the women's needs, access to appropriate treatment resources, and the provision of services and support services designed to meet the needs of the women and their babies.

Strategy Accomplishment:
This strategy was achieved.

Objective 3.2. MHA, in collaboration with the CSAs and other appropriate stakeholders will promote the development of mental health care in rural and geographically remote areas.

> (3-2A)
> Develop parameters for use of telemedicine, considering access issues for remote locations, specialty services, and special needs groups; plan and initiate implementation of a state funded pilot project in Worcester County.
> Indicator: Committee meetings, report developed, pilot project planned and
>   initiated
> Involved Parties: MHA/Maryland Association of Core Service Agencies
>   (MACSA) Committee to Address Telemedicine (CSA/MHA); Terezie S.
>   Bohrer & Associates, MACSA consultant; Worcester County CSA;
>   Sheppard Pratt Health System
> MHA Monitor: Stacey Diehl, Office of Governmental Affairs and Lissa Abrams,
>   Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
In recent years MHA and the CSAs, in collaboration with mental health providers, have been involved in different telemental health initiatives to improve access in rural areas. MHA and members of MACSA have been meeting to explore opportunities to develop parameters for telemental health, including its use to address access issues for remote locations, specialty services, and special needs groups. MHA also meets with the former clinical director of telebehavioral services at Sheppard Pratt, who is now at the University of Maryland.

Sheppard Pratt was awarded a grant in 2006 by the Health Resources Services Agency (HRSA) to purchase equipment, train providers, and establish a telepsychiatry network at several general hospitals and community mental health clinics in Maryland. With funding from MHA, Worcester County Health Department CSA, contracted with Sheppard Pratt to provide telepsychiatry services to clients who were homeless, with mental illnesses and substance abuse problems. In FY 2007, the Worcester County CSA expanded on these services by funding mental health treatment to children and adolescents. Also, a population of pregnant and post-partum women at the Center for Clean Start in Salisbury are served under Sheppard Pratt's United States Department of Agriculture (USDA) grant.

Additionally, Correctional Mental Health Services began utilizing telepsychiatry in 2004 at the St. Mary's County Detention Center as part of a comprehensive program to provide

mental health services to incarcerated individuals. As of FY 2007, Correctional Mental Health Services provides telepsychiatry services at the St. Mary's, Charles, and Wicomico County Detention Centers. It also provides both live and telepsychiatry services in all sites at which Correctional Mental Health Services utilizes telepsychiatry.

Strategy Accomplishment:
This strategy was achieved.

> (3-2B)
> Develop application for federal grant for equipment to support implementation of telemedicine activities.
> Indicator: Application developed and submitted to United States Department of
> Agriculture (USDA), implementation initiated, if grant awarded
> Involved Parties: MHA/MACSA Committee to Address Telemedicine
> (CSA/MHA); Terezie S. Bohrer & Associates, MACSA consultant
> MHA Monitor: Stacey Diehl, Office of Governmental Affairs and Lissa Abrams,
> Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA and the Maryland Association of Core Service Agencies (MACSA) have been meeting to explore opportunities to advance telemental health in the PMHS. This group, with the assistance of a consultant, developed and submitted an application for a federal grant for equipment to support implementation of telemental health activities.

MACSA has applied for grants (USDA and HRSA) to obtain funding for the purchase of equipment and has partnered in this effort with MHA and the University of Maryland Department of Psychiatry. Approval is pending for FY 2008.

Strategy Accomplishment:
This strategy was achieved.

Objective 3.3. MHA will develop initiatives that promote the delivery of culturally competent and ethnically appropriate services throughout the PMHS.

> (3-3)
> Develop recommendations, in collaboration with the Cultural Competence Advisory Group (CCAG) and mental health advocacy groups, for the continued integration of cultural competence throughout the PMHS, including cultural issues based on age, race, ethnicity, and geographical considerations.
> Indicator: Culturally competent and ethnically appropriate services defined,
> recommendations completed
> Involved Parties: MHA Cultural Competence Advisory Group; Iris Reeves,
> MHA Office of Planning, Evaluation, and Training; MHA Office of
> Consumer Affairs; NAMI MD; MHAM; CSAs; providers; consumers;
> family members; advocates; OOOMD; ASO
> MHA Monitor: Iris Reeves, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
In August, 2006 an initial draft of nine recommendations to integrate cultural competence into the Public Mental Health System (PMHS) was developed in collaboration with the CCAG. In April, 2007 the draft recommendations were revised, based on discussions with Office of Planning, Evaluation and Training staff and with CCAG members. On June 21, the MHA CCAG held a retreat and further refined the recommendations. The overall goal will be to develop recommendations to guide ways to integrate cultural competence into all aspects of PMHS service delivery and state, federal, and local planning efforts.

In FY 2008, MHA's Multicultural Coordinator will collaborate with CSAs, CCAG, consumers, family, advocacy organizations, and other stakeholders to further define recommendations to guide activities which promote cultural competency, training, and examination of best and promising practices.

Strategy Accomplishment:
This strategy was achieved.

Objective 3.4. By FY 2007, MHA will maintain access to public mental health services for 13% of the adults in Maryland who have serious mental illness.

> (3-4A)
> Continue to serve identified priority populations, maintaining an appropriate level of care for at least the same number of individuals in the populations who have historically utilized the PMHS.
> Indicator: Analyze reports on application of medical necessity criteria, review
> comparison studies to numbers of individuals who utilized services prior to or in early years of the MA 1115 waiver
> Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director;
> other appropriate MHA staff; CSAs; ASO; provider groups
> MHA Monitor: Stacy Rudin, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
MHA has continued to serve those with serious mental illness (SMI) and serious emotional disturbance (SED), even as it has assumed fiscal and administrative responsibility for mental health care for the total Medicaid population under the MA 1115 waiver. In FY 1999 (first year of available data), over 68,000 individuals were served. Sixty-three percent were adults and 37% were children and adolescents. Fifty-two percent met the diagnostic criteria for SMI and 72% met the criteria for SED. Over the next nine years, the number served has grown to more than 94,000 in FY 2007. Fifty-five percent were adults and 45% were children and adolescents. Sixty-five percent of the adults were individuals with SMI and 74% of children and adolescents served were those with SED.

Strategy Accomplishment:
This strategy was achieved.

(3-4B)
Implement new provider reimbursement rates designed to encourage service availability of adult outpatient services and evidence-based practices.

Indicator: New rates adopted, reports from CSAs regarding effects of new rates on access issues, provider interest increased in serving adult population and providing evidence-based services

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Lissa Abrams, MHA Office of Adult Services; other appropriate MHA staff; ASO; CSAs; Community Behavioral Health Association of Maryland (CBH); provider groups

MHA Monitor: Brian Hepburn, Office of the Executive Director

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, MHA has developed incentives within its rate structure to promote the use of the evidence-based practice (EBP) models of supported employment (SE), Asssertive Community Treatment (ACT), and Family Psychoeducation (FPE). Programs currently implementing the practices, which have been trained through one of the various training options and which have achieved adherence to the practice as evidenced by meeting or exceeding certain MHA defined criteria on fidelity assessments, are paid a higher rate for these enhanced services than those programs who have not met such criteria. As a result of these incentives, provider interest in offering evidence-based services has increased.

MHA relies on the data from MAPS-MD to monitor effects of new rates on access issues. Data will be used for the development/implementation of new services, and the correction of any problems that may be identified. In addition, the information is used to track the number of services and expenditures and to set rates in subsequent years. CSAs report trends in service utilization in CSA Plans and annual reports.

Strategy Accomplishment:
This strategy was achieved.

Objective 3.5. By FY 2007, MHA will maintain access to public mental health services for 20% the children in Maryland who have serious emotional disturbance.

> (3-5A)
> Review, in collaboration with the Maryland Caregivers Support Coordinating Council and the University of Maryland-Baltimore County (UMBC), the completed feasibility study on options for expansion of child and adolescent respite care and explore what can be done based on the report's findings.
> Indicators: Quarterly meetings with respite providers, caregivers and CSAs, model for Life Span Respite developed by Caregiver Council, documentation of options for program expansion
> Involved Parties: Joan Smith, MHA Office of Child and Adolescent Services; Maryland Caregivers Support Coordinating Council; respite providers; family advocates; CSAs; UMBC
> MHA Monitor: Al Zachik and Joan Smith, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
The UMBC feasibility study that was completed in August 2006 was reviewed and accepted by the Maryland Caregivers Support Coordinating Council, which continues to meet monthly to increase awareness of the needs of caregivers across the life span. The study is included in their annual report, but there is no funding currently available for a demonstration project to implement the recommendations of the study. MHA continues to hold quarterly meetings with respite providers and advocates to promote the need for caregivers of youth with mental illness. Efforts are now underway to define respite as a promising practice including looking at standards, staffing qualifications, and rates.

Strategy Accomplishment:
This strategy was achieved.

> (3-5B)
> Promote, in collaboration with Medical Assistance (MA), Developmental Disabilities Administration (DDA), and the ASO, provider recruitment and utilization of in-home therapeutic behavioral aides for children and adolescents with intensive needs and provide trainings, as mandated by MA regulations, to assist families/caregivers in supporting children in their homes.
> Indicator: Service utilization monitored, additional providers recruited as needed, parent/caregiver trainings implemented
> Involved Parties: Al Zachik and Marcia Andersen, MHA Office of Child and Adolescent Services; MA; DDA; ASO; Maryland State Department of Education (MSDE); CSAs
> MHA Monitor: Marcia Andersen, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA, in collaboration with Medical Assistance, DDA, and the ASO, continues to promote utilization of In-home Therapeutic Behavioral Aides for children and adolescents who are at risk for a higher level of care, such as hospitalization, without such intervention. In FY 2007, 447 consumers in the PMHS received Therapeutic Behavioral Services. These services include assessment, the development of a behavior plan, and an ongoing, individual one-to-one aide who trains parents and caregivers in appropriate methods to enhance positive behaviors while reducing maladaptive behaviors. MHA, through MAPS-MD, through claims, assessment, and reauthorization information, tracks this service, which assists families/caregivers in supporting their children with intensive needs in their own homes. Also, MAPS-MD registers new providers for this service who meet the Medicaid eligibility criteria.

Strategy Accomplishment:
This strategy was achieved.

> (3-5C)
> Study, in collaboration with MA, providers and the Community Services Reimbursement Rate Commission, the appropriateness of rates for child psychiatric rehabilitation program (PRP) services.
> Indicators: Work group formed, study designed, data collected, data analyzed, report written and submitted to the Legislature
> Involved Parties: Joan Smith, MHA Office of Child and Adolescent Services; Community Services Reimbursement Rate Commission; providers; families; MARFY; CBH; Maryland Coalition of Families for Children's Mental Health
> MHA Monitor: Al Zachik and Joan Smith, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
As a result of recommendations of the Evidenced – Based Practices subcommittee of MHA's Maryland's Blueprint for Children's Mental Health Committee, a workgroup has been convened to look at developing child and adolescent PRP services as a promising practice. The purpose of this workgroup is to better define the scope of service, staff qualifications, and program outcomes. The workgroup will continue into FY 2008 also looking at implementation, data, and rates based on fidelity to program design.

Strategy Accomplishment:
This strategy was partially achieved.

> ### Goal IV: Early Mental Health Screening, Assessment and Referral to Services Are Common Practice.

Objective 4.1. MHA will work with the CSAs and other stakeholders to identify, develop, implement, and evaluate prevention and early intervention services for individuals across the life span with psychiatric disorders or individuals who are at risk for psychiatric disorders.

(4-1A)

Continue efforts, through the activities of the Maryland State Early Childhood Mental Health Steering Committee (an interagency workgroup under the Children's Cabinet), to promote and support early childhood mental health services and to integrate mental health services within all settings where all young children and families grow and learn.

Indicator: Minutes of the committee, consumer/family input and participation in activities, continue to provide technical assistance to four to six local jurisdictions including local training, collaborate with and provide expertise to MSDE in the use of $1.8 million in FY 2007 state budget for early childhood mental health consultation

Involved Parties: Al Zachik and Joyce Pollard, MHA Office of Child and Adolescent Services; Carol Ann Baglin, MSDE; State Early Childhood Mental Health Steering Committee; CSAs; University of Maryland Training Center; MSDE Child Care Administration; other child-serving agencies at state and local levels

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

FY 2007 activities and status as of 06/30/07 (final report):
The Maryland State Early Childhood Mental Health Steering Committee meets monthly. In FY 2007, the Committee collaborated with MSDE under the auspices of a state grant it received to further early childhood mental health screening, prevention, and intervention services for preschool children at risk of developing emotional and mental health disorders. Through this collaboration, the Committee members participated in the RFP review process to select programs to provide mental health consultation to child care programs statewide and also monitored the progress of new early childhood programs.

Additionally, the Committee has been asked to work with Georgetown University's National Technical Assistance Center for Children's Mental Health and other universities to participate in a train-the-trainers program to promote early childhood social and emotional development. The training tool has been developed by the Center for the Social and Emotional Foundations of Early Learning (CSEFEL). Ultimately the training will be available for all early childhood professionals in Maryland including the mental health consultants.

<u>Strategy Accomplishment:</u>
This strategy was achieved.

> (4-1B)
> Continue statewide activities for youth suicide prevention, hotline assessment, and resource retrieval and referral services.
> <u>Indicator</u>: Participation in the Maryland Youth Crisis Hotline Network, fiscal support of the Maryland Youth Crisis Hotlines, utilization of hotline data from monthly reports, annual Suicide Prevention Conference held, conference evaluations, six Applied Suicide Intervention Skills Training (ASIST) 2-day trainings conducted in Maryland
> <u>Involved Parties</u>: Henry Westray, MHA Office of Child and Adolescent Services; Maryland Youth Crisis Hotline Network (Prince George's County Hotline, Frederick County Hotline, Life Crisis Center Hotline, Grassroots Hotline, Montgomery County Hotline, Walden/Sierra Hotline, and Baltimore Crisis Response System); University of Maryland Training Center
> <u>MHA Monitor</u>: Henry Westray, Office of Child and Adolescent Services

<u>FY 2007 activities and status as of 06/30/07 (final report):</u>
In FY 2007, MHA continued statewide activities for suicide prevention, and hot-line services through the Maryland Youth Crisis Hotline Network. The system managed 9,047 calls in Calendar Year (CY) 2006. The Maryland Youth Crisis Hotline Network met monthly with MHA to review operations status and to coordinate activities such as numerous Applied Suicide Intervention Skills Trainings (ASIST) conducted for the community throughout the year. As part of monitoring the statewide program, MHA also reviewed monthly data reports from the Maryland Youth Crisis Hotline Network. Additionally, an annual youth suicide data report has been completed for CY 2006 and e-mailed to the hotlines.

Through MHA funding, the hotlines' statewide telephone network was updated and a new vendor hired to ensure the appropriate transfer of calls to the proper hotlines. Also, to increase efficiency and decrease ongoing problems, the hotline network began the process, in FY 2007, of moving to a new caller demographic data base information and referral system called iCarol, to replace the electronic data system Hotline Online Tracking Systems (HOTS), previously utilized by the hotlines. The majority of hotline networks will have this new system in place by FY 2008.

Maryland's 18th Annual Suicide Prevention Conference was held in October 2006 with more than 400 people in attendance.

Strategy Accomplishment:
This strategy was achieved.

> (4-1C)
> Update the state youth suicide prevention plan in collaboration with the MSDE, other appropriate agencies, families, and providers.
> Indicators: Plan developed, approved, and circulated
> Involved Parties: MHA Office of Child and Adolescent Services; MSDE; other
>   state agencies; family, youth, and advocacy organizations
> MHA Monitor: Henry Westray, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA, in collaboration with other state agencies, advocacy organizations, and interested stakeholders, has formed a committee, which meets monthly, to update Maryland's 1987 Governor's Task Force Report on Youth Suicide Prevention. The committee has also organized five workgroups under its auspices to update Maryland's Suicide Prevention Plan. The workgroups include Prevention, Intervention, Post-vention, Plan Coordination, and Cultural Competence. Completion of the Plan is targeted for February of 2008.

Strategy Accomplishment:
This strategy was partially achieved.

Objective 4.2. MHA will collaborate with other agencies, CSAs and stakeholders to promote screening for mental health disorders, including co-occurring disorders, and linkage to appropriate treatment and supports across the life span.

> (4-2)
> Participate in the Maryland Policy Academy for Co-Occurring Mental Health and Substance Abuse Disorders, through SAMHSA's Co-Occurring Center of Excellence, to complete and implement a State Action Plan to further the systems integration of services for individuals with co-occurring mental health and substance use disorders.
> Indicator: Maryland Policy Academy Team minutes, completed State Action Plan
>   which includes development of a statewide screening tool, development of
>   an implementation entity to support county initiatives, policy and
>   regulatory changes reflected in state and local level plans
> Involved Parties: Pat Miedusiewski, DHMH; Brian Hepburn, MHA Office of the
>   Director; Tom Godwin, MHA Office of the Clinical Director; ADAA;
>   Department of Public Safety and Correctional Services (DPSCS); DJS;
>   Maryland Department of Social Services (DSS); DHR; MSDE; Maryland
>   Policy Academy members (including representatives of mental health
>   providers, substance abuse providers, and other stakeholders)
> Monitor: Tom Godwin, Office of the Clinical Director

FY 2007 activities and status as of 06/30/07 (final report):
Maryland was selected by SAMHSA to attend the National Policy Academy on
Co-Occurring Disorders in 2005. This policy academy was attended by the Director of
MHA, the Director of ADAA, the Medical Director of ADAA, the DHMH Program
Administrator for Co-Occurring Disorders, a state delegate from the Maryland House of
Representatives, the Health Officer from Worcester County, along with representatives
from the Department of Public Safety and Correctional Services, Department of Juvenile
Services, Maryland Medicaid, and the Maryland Mental Health Association. A state
action plan has been created as a result of this participation. In FY 2008, MHA will
continue to work on items within that action plan (including data collection, workforce
development, screening and assessment) to support county initiatives and assure that
policy and regulatory changes are reflected in state and local plans.

Strategy Accomplishment:
This strategy was partially achieved.

**Objective 4.3. 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 and adolescents, and transition-age youth with
psychiatric disorders, and their families.**

> (4-3A)
> Implement, in collaboration with the Maryland Department of Disabilities
> (MDOD) and the Governor's Interagency Transition Council for Youth with
> Disabilities, the resource mapping initiative for transition-age youth (TAY) with
> disabilities.
> Indicator: Update of Interagency Plan, interagency conference co-sponsored with
> Governor's Council, TAY resources, programs and services mapped, gaps
> in services identified
> Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult
> Services; Al Zachik, MHA Office of Child and Adolescent Services;
> MDOD; MSDE; CSAs; Governor's Interagency Transition Council for
> Youth with Disabilities; key stakeholders including parents, students, and
> advocates
> MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA completed, in collaboration with MDOD and the Interagency Transition Council
for Youth with Disabilities (ITC), the statewide resource mapping process, which
identifies gaps in services and enhances coordination and collaboration among
stakeholders with relevant services. This process identified existing and needed services
and resources to improve post-school outcomes for Maryland youth with disabilities, ages
16-25. MHA continues to meet monthly and collaborate with MDOD and the ITC in the
development of a cross-agency, multi-year strategic plan based on this recently
completed resource mapping. The goal is to: 1) to align and coordinate existing TAY

services across state agencies and to identify new services to develop, enhance, and sustain TAY outcomes; 2) to enhance coordination and collaboration among stakeholders with relevant services; and 3) to develop new policies and legislation to better meet goals and objectives.

In November 2006, MHA jointly sponsored an annual statewide conference on TAY with the ITC, entitled, *Navigating the Road from School to Careers for All Youth with Disabilities*. This training was in response to the ITC's recommendation to blend the resources of designated state agencies to coordinate cross-training for major stakeholders. Participants numbered more than 400, including staff from MHA, Department of Juvenile Services (DJS), DDA, MSDE, students, parents, educators, vocational evaluators, employers, community providers, and other interested professionals and individuals.

Strategy Accomplishment:
This strategy was achieved.

> (4-3B)
> Support the efforts of the Department of Juvenile Services (DJS) to provide mental health clinical care in all DJS detention centers and residential facilities statewide and for children and adolescents receiving informal community-based supervision from DJS.
> Indicator: Support provided to mental health clinicians in DJS facilities and DJS aftercare teams, CSAs involved in conjunction with DJS in hiring behavioral health staff for some child and adolescent facilities, minutes of meetings, MHA participation as consultant to DJS on overall mental health services in DJS, documented reports of activities to MHA and DJS, regular training in behavioral health issues by MHA for DJS personnel
> Involved Parties: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; Brian Hepburn, MHA Office of the Executive Director; other appropriate MHA Staff; CSAs; provider organizations; DJS
> MHA Monitor: Al Zachik and Cyntrice Bellamy, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA continues to consult with DJS on all issues relating to mental and behavioral health services for youth within their system. In addition to receiving reports from various jurisdictions where MHA funds positions within the juvenile facilities, MHA staff engage in routine meetings to ensure optimal services are provided to youth. The CSAs continue to utilize the services of DJS Family Intervention Specialists in each jurisdiction. MHA also works in collaboration with each jurisdiction to offer consultation for its aftercare services and to provide technical assistance and training to DJS personnel on behavioral health issues upon request.

Strategy Accomplishment:
This strategy was achieved.

(4-3C)
Collaborate with Maryland State Department of Education (MSDE) to advance
and monitor school-based mental health services through advocacy for expanding
existing services and increasing the number of participating schools.
Indicators: Expansion of number of schools in which services are available,
        reports from schools/providers monitoring the utilization and efficacy of
        services, number of schools involved in MSDE Positive Behavioral
        Interventions and Supports program (PBIS)
Involved Parties: MHA Office of Child and Adolescent Services; MSDE;
        Governor's Office for Children; Mental Health Association of Maryland;
        Maryland Coalition of Families for Children's Mental Health; advocates;
        family members; local school systems; CSAs
MHA Monitor: Al Zachik and Cyntrice Bellamy, Office of Child and Adolescent
        Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA continues to work in concert with MSDE to enhance school-based mental health
services. A MHA liaison participates in both the MSDE Positive Behavioral
Interventions and Supports program (PBIS) State Leadership Team and the Management
Board. MHA also assists in the planning of annual conferences and forums around
school-based mental health. In addition, MHA serves on the MSDE School-Based
Health Center Policy Advisory Council. The PBIS program continues to flourish. This
year over two hundred new schools have adapted the PBIS program bringing the total
number of schools who have implemented the PBIS to 494.

Strategy Accomplishment:
This strategy was achieved.

(4-3D)
Utilize input from focus groups conducted by the Maryland Coalition of Families
for Children's Mental Health to identify best practices in the delivery of services
for transition-age youth (TAY) and begin dissemination activities.
Indicator: At least four focus groups conducted, Maryland Coalition of Families
        for Children's Mental Health report to MHA, workgroup formed, best
        practices identified, conference held to begin dissemination
Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult Services;
        Al Zachik, MHA Office of Child and Adolescent Services; MDOD;
        Maryland Coalition of Families for Children's Mental Health; CSAs;
        Governor's Interagency Transition Council for Youth with Disabilities;
        key stakeholders including parents, students and advocates
MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, six focus groups with parents and transition-age youth were conducted by the Coalition of Families for Children's Mental Health and a report, identifying recommendations for best practices, was provided to MHA. MHA utilized input from the focus groups to identify best practices in the delivery of services for transition-age youth (TAY) and began to plan dissemination activities. A subcommittee of the Maryland's Blueprint for Children's Mental Health Committee will be formed to address issues facing TAY. A policy forum will be planned for FY 2008 to disseminate TAY best practices information to interested stakeholders.

Strategy Accomplishment:
This strategy was partially achieved.

Goal V: Excellent Mental Health Care is Delivered and Research is Accelerated While Maintaining Efficient Services and System Accountability.

Objective 5.1. 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.

> (5-1A)
> Continue, in collaboration with the University of Maryland, CSAs and key stakeholders, statewide implementation of evidence-based practice (EBP) models in supported employment, assertive community treatment, and family psycho-education.
> Indicator: Number of programs meeting MHA defined standards for EBP programs, training provided, new programs established, ongoing data collection on consumers receiving EBPs, adherence to fidelity standards monitored by MHA designated monitors
> Involved Parties: Lissa Abrams, Steve Reeder, and Penny Scrivens, MHA Office of Adult Services; Stacy Rudin and Carole Frank, MHA Office of Planning, Evaluation, and Training; Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; University of Maryland Evidence-Based Practice Center (EBPC) and Systems Evaluation Center (SEC); CSAs; EBP Advisory Committee
> MHA Monitor: Lissa Abrams, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, MHA implemented enhanced rates for Supported Employment Program (SE), Assertive Community Treatment (ACT), and Family Psychoeducation (FPE) for programs meeting fidelity standards for the specific EBP. MHA hired two evaluators to review programs' compliance with the EBP model to determine eligibility for the EBP rate.

MHA has used distinct training modalities for SE: one with a Consultant and Trainer at the University of Maryland Evidence-Based Practice Center (EBPC), one through identified Training Resource Programs (TRPs) - Centers of Excellence, and the third through the Collaborative Learning Implementation Project. By the end of FY 2007, 30 of the 44 SE programs have either been trained or are receiving training. Of the 30 trained, 13 have met the fidelity standards and are eligible for the EBP rates. MHA estimates that 1,164 adults received evidence-based supported employment services in FY 2007.

In implementing ACT, MHA received an EBP Training and Evaluation grant from Center for Mental Health Services (CMHS). The grant provided training through two models: one provided by the University of Maryland consultant and another through the TRPs. In FY 2007, eight of the 19 mobile treatment (MT) programs serving adults received training. Of the eight trained MT programs, five have met the fidelity standards for ACT and served 644 adults. Additional teams will be trained in FY 2008.

The EBP - Family Psychoeducation (EBP-FPE) groups have been implemented throughout Maryland. Initially the program started in two Outpatient Mental Health Centers. The training has now expanded to include seven agencies. Of the seven agencies, three have met the fidelity standards in their provision of FPE, serving a total of 26 consumers and 32 family members. Training has been implemented with an individual consultant using a collaborative training process.

Strategy Accomplishment:
This strategy was achieved.

> (5-1B)
> Review, in collaboration with the University of Maryland, the survey of treatment foster care providers to identify the level of adherence to fidelity standards for the practice.
> Indicator: Adherence to standards identified, further grant possibilities on treatment foster care identified, grant applications submitted
> Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; University of Maryland Division of Mental Health Services Research; DHR; Maryland Coalition of Families for Children's Mental Health; MARFY; NAMI MD
> MHA Monitor: Al Zachik, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
A Treatment Foster Care Roundtable was convened in June 2007 to discuss approaches to promote the implementation of the evidence-based practice (EBP) of treatment foster care in Maryland. Almost 50 participants, representing a broad variety of stakeholders, explored issues and are currently developing a white paper with recommendations to the MHA EBP Workgroup to move Treatment Foster Care toward the evidence-based practice model. Several jurisdictions are implementing EBPs including Multisystemic Therapy, Treatment Foster Care, and Functional Family Therapy. However, currently these efforts are limited to only a few programs/providers.

Strategy Accomplishment:
This strategy was partially achieved.

(5-1C)
Support county initiatives to implement the Comprehensive Continuous
Integrated System of Care (CCISC) for the implementation of evidence-based
practices for individuals with co-occurring mental health and substance use
disorders.
Indicator: Orientation to systems development model provided to 21 jurisdictions,
up to eight jurisdictions trained in or implementing the CCISC, up to eight
jurisdictions initiate or complete consensus documents and local action
plans
Involved Parties: Tom Godwin, MHA Office of the Clinical Director; Pat
Miedusiewski, DHMH; Terri Saff, DHMH Training Services Division;
ADAA; DHR; DSS; DJS; local Health Officers; CSAs; mental health and
substance abuse providers; consumers; family members; and other
stakeholders
MHA Monitor: Tom Godwin, Office of the Clinical Director

FY 2007 activities and status as of 06/30/07 (final report):
In November 2006 an orientation to the CCISC Model was sponsored by the Maryland
Association of Core Service Agency (MACSA) Directors. On this occasion there was
representation from twelve of the 20 invited jurisdictions and included leaders from both
the mental health and substance abuse systems. Separately, MHA has provided local
technical assistance for implementation of the CCISC Model in Baltimore City, St.
Mary's, Montgomery, Anne Arundel, Harford, Howard, Frederick, Carroll, Washington,
Prince George's, Garrett, Baltimore, and Mid-Shore Counties. At this point six counties,
Anne Arundel, Montgomery, St. Mary's, Prince George's, Worcester, and Baltimore
Counties have identifiable steering committees and have developed consensus documents
and action plans as a part of implementation.

Strategy Accomplishment:
This strategy was achieved.

(5-1D)
Develop and initiate implementation of a plan for child and adolescent focused
evidence-based practices in mental health.
Indicators: Child and adolescent EBP work group established, minutes of
meetings indicating progress toward goal, targeted EBPs identified, plan
developed
Involved Parties: Joan Smith and Susan Russell Walters, MHA Office of Child
and Adolescent Services; University of Maryland Division of Mental
Health Services Research; Maryland Coalition of Families for Children's
Mental Health; MARFY; NAMI MD; other advocates; providers; Stacy
Rudin and Carole Frank, MHA Office of Planning, Evaluation, and
Training; CSAs
MHA Monitor: Al Zachik, Joan Smith, and Susan Russell Walters, Office of
Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
The Evidence-Based Practices subcommittee of the Maryland's Blueprint for Children's Mental Health Committee continues to meet on a regular basis. The subcommittee has reviewed a number of child and adolescent EBPs, and has prioritized a number of them for implementation. The overall approach to all services delivery will be based on trauma-focused care. Additionally, collaborations with the University of Maryland, Johns Hopkins University, and the Maryland Coalition of Families led to the development of the Maryland Child and Adolescent Mental Health Institute with the purposes of improving quality of services, research, and outcomes for children and youth and focusing on child and adolescent evidence-based practices in mental health. The goal of the subcommittee in FY 2008 will be to set up a timeline for how to best implement youth EBPs in the state. Issues such as workforce development, training, consultation, organizational buy in, and fidelity to models are being reviewed.

Strategy Accomplishment:
This strategy was achieved.

> (5-1E)
> Investigate evidence-based practices (EBPs) in geriatric mental health services and develop recommendations for future implementation.
> Indicator: EBPs researched, review of national effort underway led by SAMHSA to develop a tool-kit on geriatric mental health, begin to identify EBPs for use in Maryland, statewide conference convened involving key stakeholders in PMHS to disseminate information regarding EBP efforts for older adults in Maryland
> Involved Parties: Lissa Abrams and Marge Mulcare, MHA Office of Adult Services; Georgia Stevens; CSAs; MDoA; MHAM's Maryland Coalition on Mental Health and Aging; OOOMD; CBH; NAMI MD
> MHA Monitor: Lissa Abrams and Marge Mulcare, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA, through its representation on the Older Persons Division of the National Association of State Mental Health Program Directors (NASMHPD), participated in that group's efforts to identify national Best and Promising Practices in geriatrics. This information will be disseminated in FY 2008 to all the mental health commissioners nationally through a formal NASMHPD report. A SAMHSA consultant from the New Hampshire-Dartmouth Psychiatric Rehabilitation Center, who is currently in the process of developing the first and only "tool-kit" pertaining to geriatric mental health, was the keynote speaker for MHA's Annual Conference on *Aging and Mental Health* which was video conferenced from four locations around the state on April 30, 2007. This conference was co-sponsored by the MDoA, the Mental Health Association-sponsored Coalition of Aging and Mental Health, CBH, MACSA, and others. The video conference was viewed by 80 people statewide which included consumers, family members, providers, advocates, hospital staff, and local Area Agencies on Aging, among others.

Strategy Accomplishment:
This strategy was achieved.

(5-1F)
Assess the impact of the implementation of evidence-based practices (EBPs) on retention of employees in the PMHS.
Indicator: Information collected on staff turnover pre and post implementation of EBP participating programs
Involved Parties: Carole Frank and Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Lissa Abrams, MHA Office of Adult Services; University of Maryland EBPC and SEC; CBH; providers
MHA Monitor: Carole Frank, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
A survey was administered in March 2007 to staff and CEOs at 14 agencies that had implemented evidence-based supported employment (SE) programs across the state. Forty-six SE program staff completed the survey. The response rate for this survey was 47% (i.e., 46 surveys completed / 98 surveys mailed). Most SE program staff reported that job satisfaction, relationships among coworkers, relationships between staff and supervisors, staff morale, and quality of services provided were positively affected by the implementation of the EBP in supported employment although it was also reported that workload was negatively affected by the implementation.

Responses to the open-ended question "What aspects related to the implementation of the Evidence-Based Practice in Supported Employment in Maryland have you found particularly helpful with respect to workforce issues?" addressed several themes including improved quality of services and increased clinical communication. Responses to the open-ended question "How can implementation of the Evidence-Based Practice in Supported Employment in Maryland be improved to better address workforce issues?" included several themes such as increased compensation and decreased workload. Most staff reported no differences in staff retention, compensation, job security, and opportunities for advancement due to the implementation of the EBP in Supported Employment.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.2. 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 facility and community services.

> (5-2A)
> Develop, in collaboration with CSAs, new initiatives statewide to increase consumer tenure in the community, reduce the need for inpatient/residential treatment, and divert adult, children and adolescents from inpatient/restrictive environments.
> Indicator: Forensic Assertive Community Treatment Team developed, Montgomery County Independent Housing Project implemented, utilization and effectiveness of these new initiatives assessed, other successful practices/methods used in previous hospital diversion efforts and EBP implementations identified for application to/planning of other new initiatives
> Involved Parties: Lissa Abrams, MHA Office of Adult Services; Alice Hegner, MHA Office of CSA Liaison; Al Zachik, MHA Office of Child and Adolescent Services; Hyman Sugar, MHA Office of Administration and Finance; CSA Directors; other stakeholders
> MHA Monitor: Lissa Abrams, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, MHA implemented hospital diversion projects with local Core Service Agencies in jurisdictions with the greatest use of state hospitals and purchase of private inpatient psychiatric care. In response to ongoing pressure for admissions in hospital emergency rooms (ERs), MHA reprogrammed purchase of care funds to begin hospital diversion projects in several jurisdictions in Maryland – Montgomery and Anne Arundel Counties and Baltimore City. These projects build upon existing crisis response systems to provide on-site evaluation and triage for individuals who are uninsured in ERs as well as an enhanced array of community services to provide urgent care and treatment for those individuals who do not need inpatient psychiatric care.

The Montgomery County Department of Health and Human Services (MCDHHS) crisis system developed evaluation and triage teams to evaluate the individuals and developed an array of community services to provide urgent care and treatment for those individuals who do not need inpatient psychiatric care. This includes residential crisis services, residential addictions services, and outpatient mental health and addictions treatment. The MCDHHS program includes referrals, when appropriate, to the Montgomery County Independent Housing Project for individuals transitioning from inpatient/restrictive environments to the community. The Anne Arundel Mental Health Authority (AAMHA) hospital diversion project has worked with the local health department to access addictions treatment through a co-occurring initiative aimed at improving access for both systems of care. Baltimore Mental Health Systems (BMHS), Baltimore City's CSA, funds Baltimore Crisis Response System, Inc (BCRI) for mental health crisis services. BCRI also operates substance abuse detoxification beds funded through the Baltimore

City Substance Abuse Services, Inc.; therefore, individuals also have access to substance abuse services designed as alternatives to hospital level of care. Also, referrals are made, as appropriate, to the City's Forensic Assertive Community Treatment Team.

The hospital diversion projects developed in all three jurisdictions are already showing reductions in admissions of uninsured individuals to state hospitals and creative, successful use of community-based alternatives. In FY 2008, diversion projects in Prince George's and Baltimore Counties will join those initiated in FY 2007, for a total of five jurisdictions.

Strategy Accomplishment:
This strategy was achieved.

> (5-2B)
> Finalize and implement Discharge Readiness Assessment tool for use in MHA facilities to facilitate discharge for individuals hospitalized longer than 12 months.
> Indicator: Draft tool reviewed by MHA, CSAs, consumer/family/advocacy/ provider groups, tool finalized, tool in use by facility social work and utilization review staff
> Involved Parties: MHA Office of Consumer Affairs; Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations; Lissa Abrams, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; CSAs; Maryland Department of Disabilities (MDOD); consumer, family, advocacy organizations; CBH
> MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, a committee of stakeholders was convened to review and revise the previously developed Discharge Readiness Assessment Tool to include consumer preferences and to further identify their needs related to discharge from MHA hospitals. Additionally, MHA is developing a plan for data collection; training interviewers and coordinating interview schedules. In FY 2008, the tool will be piloted at two MHA hospitals administered by an interview committee that will include a CSA and a consumer representative. Full implementation is expected by June 2008.

Strategy Accomplishment:
This strategy was partially achieved.

(5-2C)
Continue implementation of wraparound and community-based care pilots in Montgomery County and in Baltimore City for youth who meet residential treatment center (RTC) level of care, with the goal of serving up to 750 children statewide if the Medicaid (MA) 1115 waiver amendment is approved.

Indicators: Pilot projects continue, minutes of meetings, reports on status of 1115 waiver amendment submission, identification of most effective outcome measure from the pilot projects, reports to Center for Medicare/ Medicaid Services (CMS) on grants which are funding the pilot projects

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Medical Assistance; Baltimore City and Montgomery County CSAs; Maryland Coalition of Families for Children's Mental Health; MARFY; Children's Cabinet Results Team; Governor's Office for Children (GOC); DHR; DJS; MSDE; Local Management Boards (LMBs)

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

FY 2007 activities and status as of 06/30/07 (final report):
In February 2006, Maryland Medical Assistance in collaboration with MHA submitted a request for an amendment to its 1115 waiver to expand wraparound services initially to up to 400 children and youth who meet the medical necessity criteria for residential treatment. On the advice of CMS, this waiver was withdrawn with the expectation that these children can be served in a manner similar to those children in the Psychiatric Residential Treatment Facility (PRTF) Waiver [1915 (c)] Demonstration Project, although with MA funding outside the waiver grant mechanism. Maryland is one of 10 states who are participating in this demonstration of the use of a 1915(c) waiver as a mechanism to divert youth from psychiatric residential treatment and provide them with community-based services using the Maryland Wraparound Process (MD-Wrap). The two pilot sites, Baltimore City and Montgomery County, will continue as initial waiver sites with the addition of St. Mary's and Wicomico Counties.

Strategy Accomplishment:
This strategy was achieved.

(5-2D)
Apply, in collaboration with Medical Assistance, for a 1915(c) psychiatric residential treatment demonstration waiver to provide services to up to 150 children and youth as mandated in Senate Bill 748 (2006 Legislative Session) - *Psychiatric Residential Treatment Demonstration Waiver Application.*

Indicators: Waiver filed with the federal Center for Medicare and Medicaid Services (CMS) in accordance with Federal guidance materials, reports to the Legislature submitted every six months per Senate Bill 748

Involved Parties: MHA Office of Child and Adolescent Services; MA; CSAs; Maryland Coalition of Families for Children's Mental Health; MARFY; GOC; DHR; DJS; MSDE; LMBs

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

FY 2007 activities and status as of 06/30/07 (final report):
Maryland is one of 10 states who are participating in this demonstration of the use of a 1915(c) waiver as a mechanism to serve children who meet criteria for PRTF care in their community using the Maryland Wraparound Process (MD-Wrap) – high fidelity wraparound services provided through a Care Management Entity. Maryland submitted the 1915(c) waiver on June 30, 2007 to the Center for Medicare and Medicaid Services. There will be up to 450 children enrolled by the end of the project in 2011. The two pilot sites, Baltimore City and Montgomery County, will continue as initial waiver sites with the addition of St. Mary's and Wicomico Counties. Additional jurisdictions will be phased in as they develop the capacity to meet MD-Wrap service criteria. Fidelity monitoring will be conducted at least three times per year. Children may remain in the waiver for up to 24 months with annual review.

Strategy Accomplishment:
This strategy was achieved.

> (5-2E)
> Collaborate, as directed by House Bill 1594/Senate Bill 960 – *Benefits and Services for Individuals Who are Incarcerated or Institutionalized*, with the Department of Public Safety and Correctional Services (DPSCS), Department of Human Resources (DHR), and other stakeholders to assess mental health services in Maryland's jails and prisons and make recommendations to break the cycle of rearrest and reincarceration for individuals with mental illnesses who become involved with the criminal justice system.
> Indicator: Work group established, meeting minutes, report submitted to legislature
> Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; Marian Bland, MHA Office of Special Needs Populations; CSAs; DPSCS; DHR
> MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA convened a workgroup in response to House Bill (HB) 990/Senate Bill (SB) 960 which met 23 times. The workgroup worked with representatives from corrections, mental health, substance abuse, consumer and advocacy groups, and other key stakeholders to develop a survey to gather data on the number of individuals with mental illness incarcerated, services currently available for individuals involved in the criminal justice system, services needed, cost of the services needed, and recommendations to improve access, quality, and the scope of services. The survey was distributed to state and local correctional facilities in Maryland. MHA collaborated with the Maryland Correctional Administrators' Association (MCAA) who coordinated the gathering of the data and completion of the survey.

In FY 2007, the workgroup produced a 34 page Joint Chairmen's Report (JCR), which was submitted on January 22, 2007. This JCR includes recommendations based on the

survey findings. MHA will continue to work with state leaders to address issues identified in the report in future years.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.3. MHA will develop and implement collaborative training initiatives involving other agencies and stakeholders serving individuals with psychiatric disorders in the PMHS.

> (5-3A)
> Update, in collaboration with the Maryland State Department of Education (MSDE), the Department of Juvenile Services (DJS), and the Mental Health Workforce Steering Committee, the action plan to foster the recruitment and retention of qualified professionals to provide mental health services for children and youth.
> Indicator: Meeting minutes, action plan updated, action steps implemented, training for providers across systems
> Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; MSDE; Mental Health Workforce Steering Committee; DJS; Georgetown University National Technical Assistance Center for Children's Mental Health; institutions of higher education; professional associations; public and private schools; Maryland Coalition of Families for Children's Mental Health; MHAM
> MHA Monitor: Al Zachik, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA continues to co-chair the Maryland Mental Health Workforce Steering Committee with MSDE to develop strategies to increase the number and develop the competencies of the child and adolescent mental health workforce. A plan for pre-service curricula based on competencies was developed with the intention of contracting with University of Maryland to develop the curricula. That set of curricula could then be used by Maryland's universities in the training of graduate child and adolescent mental health professionals. Additionally, a national survey is being conducted with the National Association of State Mental Health Program Directors (NASMHPD) to collate curricula from around the country on core competencies for child and adolescent mental health. Once this information is available from NASMHPD, it will be used in Maryland's curricula development.

A white paper supporting the need for child mental health workforce development has been drafted. Training on working with young children ages birth through five years, leading to a Certificate in Early Childhood Mental Health from the University of Maryland, has been developed and funded for masters level and above trained mental

health professionals. This program will receive its first group of students in the fall of 2007.

Strategy Accomplishment:
This strategy was achieved.

> (5-3B)
> Generate, in collaboration with the Maryland State Department of Education (MSDE) and the Mental Health Workforce Steering Committee, strategies to increase the number and develop the competencies of the child and adolescent mental health workforce.
> Indicator: List of core competencies for child and adolescent mental health professionals developed, pre-service curricula based on competencies developed, curricula shared with colleges and universities in Maryland, white paper on the importance of child and adolescent mental health workforce development developed
> Involved Parties: Al Zachik, Joyce Pollard, and Marcia Andersen, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; Carol Ann Baglin, MSDE; Mental Health Workforce Steering Committee; Georgetown University National Technical Assistance Center for Children's Mental Health; institutions of higher education; professional associations; MARFY; Maryland Coalition of Families for Children's Mental Health; MHAM
> MHA Monitor: Al Zachik, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA continues to co-chair the Maryland Mental Health Workforce Steering Committee with MSDE. In FY 2007 core competencies for child and adolescent mental health professionals were produced and a plan for pre-service curricula based on the competencies was developed with the intention of contracting with University of Maryland to develop curricula. That set of curricula could then be used by Maryland's universities in the training of graduate child and adolescent mental health professionals. Also, a national survey is being conducted with NASMHPD to collate curriculum from around the country on core competencies for child and adolescent mental health. Once this information is available from NASMHPD, it will be used in Maryland's curriculum development.

A white paper supporting the need for child mental health workforce development is in draft. Training leading to a Certificate in early Childhood Mental Health from University of Maryland has been developed and funded for masters level and above trained mental health professionals on working with young children ages birth through 5 years. This program will begin in the fall of 2007.

Strategy Accomplishment:
This strategy was achieved.

(5-3C)
Provide training designed for specific providers, consumers, family members, and other stakeholders, to increase the effectiveness of service delivery within the PMHS.

Indicator: Training agendas, minimum of 10 conferences and 20 training events, minimum of 4,000 attendees, evaluations, support for CSA training

Involved Parties: Carole Frank and Stacy Rudin, MHA Office of Planning, Evaluation, and Training; CSAs; University of Maryland Training Center; ASO; advocacy, family, consumer and provider groups; other MHA staff as appropriate

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

FY 2007 activities and status as of 06/30/07 (final report):
The Mental Health Services Training Center within the Mental Health Systems Improvement Collaborative sponsored and/or facilitated targeted trainings through a collaborative partnership between MHA and the University of Maryland, School of Medicine, Department of Psychiatry. These trainings served more than 3,000 public mental health stakeholders in FY 2007. A variety of training modalities was utilized, including annual conferences, and interactive video conferences:

- Annual conferences addressed a broad range of service types and populations, including but not limited to: case management, suicide prevention, forensics, homeless services, co-occurring disorders, employment, older adults, children and adolescent issues, trauma, cultural competence, and supported employment.
- Interactive video conferencing has made it possible to link staff from facilities around the state, for in-depth presentations and discussion on such issues as case management and trauma themes as well as one-day conferences.

Additionally, the Training Center provided support to On Our Own of Maryland, a statewide consumer advocacy and training organization to provide training to consumers, family members and providers on recovery and employment issues.

Strategy Accomplishment:
This strategy was achieved.

(5-3D)
Provide training for the Projects for Assistance in Transition from Homelessness (PATH) homeless services providers to increase current knowledge of emerging best practices, including Supplemental Security Income (SSI) outreach.

Indicator: Meeting minutes and reports, training materials, lists of individuals trained, report on funded projects

Involved Parties: MHA Office of Special Needs Populations; ADAA; CSAs; MHA facilities; local service providers; consumers

MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
The Substance Abuse and Mental Health Services Administration (SAMHSA) increased
funding to counties, which proposed to use PATH funding for activities consistent with
SAMHSA Mental Health Transformations goals. Through the increased funding a
consumer advocate was hired as a part of the Assertive Community Treatment Team in
Harford County and a Medbank Program was added to Frederick County's PATH
Program, which assists consumers with obtaining free medications through the Patient
Assistance Programs operated by pharmaceutical manufacturing companies.
Additionally, a PATH Outreach Worker/Case Manager was hired as a part of the
TAMAR Community Project, a newly developed program, in collaboration with the
AIDS Administration which provides psychosocial support services to HIV positive,
female prostitutes involved in the criminal justice system in Baltimore City. Also in
Baltimore City, an SSI Outreach Specialist was partially funded and housed at Health
Care for the Homeless to assist consumers with applying for SSI/SSDI presumptive
eligibility. In St. Mary's County, the additional funding has contributed to the purchase
of two dedicated two-hour blocks of telepsychiatry per week in a mental health clinic to
serve homeless persons who have serious mental illnesses and who are transitioning out
of the detention center.

MHA continued to partner with the Department of Human Resources (DHR) on the
State's SSI/SSDI, Outreach, Access, and Recovery (SOAR) State Technical Initiative
Planning Workgroup. MHA's Office of Special Needs Populations provided information
regarding this evidence-based practice, to the local PATH providers at MHA's quarterly
providers meetings. MHA's Housing and Homeless Conference took place on March 29,
2007 where new initiatives, such as the Bridge Subsidy Pilot Project and other current
practices were shared with PATH, housing, and other providers serving individuals who
are homeless and have a serious mental illness. MHA is working with DHR to include
PATH, Shelter Plus Care, Trauma and Jail Program providers in an upcoming SOAR
Training in the fall of 2007.

Strategy Accomplishment:
This strategy was partially achieved.

Objective 5.4. MHA, in collaboration with CSAs and the Administrative Services Organization (ASO) and key stakeholders, will review PMHS operations to provide services within allocated budgets.

> (5-4A)
> Revise service authorization process (in conjunction with implementation of an outcomes measurement system) for outpatient mental health centers, federally qualified health centers, and hospital-based outpatient mental health clinics and monitor the effect of the revised processes on expenditures and service utilization.
> Indicator: New authorization processes in place, weekly expenditure and quarterly service utilization reports generated and reviewed, significant changes in utilization or expenditure patterns reviewed with providers, corrective actions implemented as necessary.
> Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; MHA Office of the Deputy Director for Community Programs and Managed Care; ASO; CSAs; and other MHA staff
> MHA Monitor: Brian Hepburn, Office of the Executive Director

FY 2007 activities and status as of 06/30/07 (final report):
This year MHA instituted full-scale implementation of an Outcomes Measurement System (OMS) for individuals ages six to sixty-five who are receiving outpatient mental health services in Outpatient Mental Health Clinics (OMHCs), Federally Qualified Health Centers (FQHCs), and hospital-based outpatient mental health clinics statewide. In conjunction with this, MHA revised authorization processes for these programs in its ongoing efforts to move towards the next generation of managed care. MHA is now focusing on utilization management at the program level, rather than at the individual consumer level. Initial information on the population utilizing these outpatient services is now available. MHA, with the ASO, the University of Maryland Systems Evaluation Center, and provider representatives, is beginning to process the data to develop a structure for outcomes reporting.

Strategy Accomplishment:
This strategy was partially achieved.

(5-4B)
Review facility budgets and implement corrective actions, as needed to maintain operations within allocation.

Indicator: Quarterly expenditure management plans developed and reviewed, regular meeting with MHA facility chief executive officers, clinical directors, and financial officers to review expenditures and needs

Involved Parties: Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; MHA Facility Chief Executive Officers, Clinical Directors, and Financial Officers; Gayle Jordan-Randolph, MHA Office of the Clinical Director

MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations.

FY 2007 activities and status as of 06/30/07 (final report):
Facility budgets are reviewed quarterly by facility CEOs, clinical directors, and CFOs. As a result of fiscal constraints experienced by DHMH, a hiring freeze was implemented in spring 2007 for non-clinical positions. However, DHMH retention bonuses to eligible nursing staff went forward as promised.

Strategy Accomplishment:
This strategy was achieved.

(5-4C)
Review, in collaboration with the ASO and CSAs, providers' clinical utilization, billing practices, and compliance with regulations.

Indicator: Number of audits, audit reports and compliance activities reviewed, corrective actions identified as needed, and implemented

Involved Parties: MHA Office of Compliance; ASO; MHA; CSAs

MHA Monitor: Susan Steinberg, Office of the Deputy Director for Community Programs and Managed Care

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, MHA Office of Compliance and the ASO completed more than 80 audits of community providers. Most of the providers consisted of PRPs and OHMCs with RTCs, pilot projects, and other therapeutic services included. The CSAs participated in most of the reviews. Less than 4% were found to have evidence of possible fraudulent conduct and almost all required some corrective actions. Overall, audits showed most providers in compliance with most of the regulations.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.5. MHA, in collaboration with CSAs, state facilities, consumer and family organizations, advocacy and provider groups and the Administrative Services Organization (ASO), will through a variety of approaches evaluate and improve the appropriateness, quality, and outcomes of mental health services.

> (5-5A)
> Implement an Outcome Measurement System (OMS) in outpatient mental health centers, federally qualified health centers, and hospital-based outpatient mental health clinics for clients age six and older.
> Indicator: Finalize preparations for full-scale implementation (e.g. web-based access to OMS tools and protocols, training provided for providers on OMS and CareConnections changes), OMS implemented statewide, OMS report framework designed, implementation issues identified and resolved
> Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Stacy Rudin and Sharon Ohlhaver, MHA Office of Planning, Evaluation and Training; University of Maryland Systems Evaluation Center (SEC); CSAs; ASO; CBH; Susan Russell Walters, MHA Office of Child and Adolescent Services; and other MHA staff
> MHA Monitor: Sharon Ohlhaver and Stacy Rudin, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
MHA, in collaboration with the University of Maryland's Systems Evaluation Center (SEC) and MAPS-MD, instituted the OMS statewide for individuals ages six to sixty-five who are receiving outpatient mental health services in Outpatient Mental Health Clinics (OMHCs), Federally Qualified Health Centers (FQHC's), and hospital-based outpatient mental health clinics. The five outcome domains that are being implemented for adults are psychiatric signs and symptoms and symptom distress; functioning, including employment; living situation; criminal justice system/legal involvement; and alcohol and substance use. The six outcome domains that are being implemented for children, adolescents, and their caregivers are psychiatric signs and symptoms and symptom distress; functioning, including school performance and employment; living situation; social connectedness of the caregiver; juvenile justice system/legal involvement; and alcohol and substance use.

Prior to implementation, five regional trainings on the OMS and authorization changes were held for providers. A section specific to OMS was constructed on the MAPS-MD website. The MAPS-MD internet-based communication systems were used to quickly answer provider questions during implementation. An implementation oversight committee of providers, MHA, SEC, and MAPS-MD met one to two times per month to problem-solve and find solutions for issues that were identified. Reports were developed for use in monitoring changes in provision of services (consequent to changes in authorization) and provider completion of OMS questionnaires. Since initial OMS data are available, MHA, MAPS-MD, and SEC will begin examining data and developing a structure for outcomes reporting.

Strategy Accomplishment:
This strategy was achieved.

> (5-5B)
> Enhance capacity for stakeholders to utilize PMHS data to measure service effectiveness and outcomes.
> Indicator: Increased access to data to develop standard and ad hoc reports, input gathered from stakeholders on the practicality and efficacy of reports, technical assistance and regional trainings held as necessary, reports generated
> Involved Parties: Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Robin Jacobs, MHA Office of Management Information Systems; MHA Management Committee; ASO; University of Maryland SEC; CSAs; provider, consumer, family, and advocacy groups
> MHA Monitor: Robin Jacobs, Office of Management Information Systems

FY 2007 activities and status as of 06/30/07 (final report):
Enhanced utilization of the PMHS was achieved through data trainings coordinated by the SEC, technical assistance provided by the MHA, and all involved parties developed ad hoc data requests to fulfill specialized analysis needs. Technical assistance was provided to CSAs in the areas of data access and analysis.

In the fall of 2006, the Management Information Systems (MIS) unit reviewed standing CSA guidelines for the submission of the county specific Annual Mental Health Plan. To simplify the process of presenting, reporting, and analyzing PMHS data, MIS developed and implemented a standardized data template. The template is used to extract and organize data from a series of core data reports. It also provides a stepping stone to conduct further analyses and to measure overall system efficacy.

In efforts to further the PMHS system and the access of data to all stakeholders, MIS heads two monthly data centered meetings. Representatives from MHA's MIS office and the Office of Planning, Evaluation, and Training are present, as well as ASO, SEC and CSA members. The monthly meetings are used as a vehicle to filter data specific information to all interested stakeholders, review and approve standard reports, and allow

committee members the opportunity to make suggestions for the overall enhancement of the PMHS data system. Also, the MIS office is represented at the monthly meeting of the Maryland Association of Core Service Agencies (MACSA) to update committee members on current and future projects affecting the PMHS data system.

Strategy Accomplishment:
This strategy was achieved.

> (5-5C)
> Continue the annual statewide telephone survey of consumer satisfaction and outcomes of PMHS services for adults.
> Indicator: Data analysis and reports completed on FY 2006 survey, 71% of adult consumers report that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree), objective included in MHA's Managing for Results (MFR) submission
> Involved Parties: Sharon Ohlhaver, Stacy Rudin and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Randolph Price, MHA Office of Administration and Finance; ASO
> MHA Monitor: Sharon Ohlhaver, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
Analysis of the FY 2006 consumer survey results was completed. A detailed survey report, an executive summary report, and trifold brochures were finalized and disseminated to a broad array of organizations, including On Our Own, advocacy groups, CSAs, and providers.

Among the results is that 76% of the 764 adults participating in the survey indicated that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree). Results of the consumer surveys continue to be incorporated into MHA's MFR budget submission process.

In order to continue to comply with annual federal reporting requirements, the consumer surveys were conducted again in the fourth quarter of FY 2007. The results are in the process of being analyzed.

Strategy Accomplishment:
This strategy was achieved.

(5-5D)
Continue the annual statewide telephone survey of parents/caretakers' satisfaction and outcomes of PMHS services for children and youth.

Indicator: Data analysis and reports completed on FY 2006 survey, 56% of parents/caretakers report that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree), objective included in MHA's Managing for Results (MFR) submission

Involved Parties: Sharon Ohlhaver, Stacy Rudin, and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Randolph Price, MHA Office of Administration and Finance; ASO

MHA Monitor: Sharon Ohlhaver, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
Analysis of the FY 2006 consumer survey results was completed. A detailed survey report, an executive summary report, and trifold brochures were finalized and disseminated to a broad array of organizations, including On Our Own, advocacy groups, CSAs, and providers.

Among the results is that 53% of the 759 parents/caretakers participating in the survey reported that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree). Results of the consumer surveys continue to be incorporated into MHA's MFR budget submission process.

In order to continue to comply with annual federal reporting requirements, the consumer surveys were conducted again in the fourth quarter of FY 2007. The results are in the process of being analyzed.

Strategy Accomplishment:
This strategy was achieved.

(5-5E)
Monitor the delivery of forensic services in DHMH facilities and in the community for consumers on conditional release, generating statistical information to promote system efficiency and accountability and public awareness.

Indicator: Annual legal status report to judges, facilities, and MHA Management Committee, use of results to improve quality of forensic services

Involved Parties: Debra Hammen, Dick Ortega, and Jo Anne Dudeck, MHA Office of Forensic Services (OFS); MHA facilities

MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
OFS staff collected statistical information on 679 individuals on conditional release in the PMHS. Data indicated that 172 were re-hospitalized during the course of the year. Of these 172 individuals, 57 were rehospitalized on court-issued "hospital warrants," while the remaining 115 were voluntarily rehospitalized. This information has been shared with judges, facilities, and MHA administrative staff. This ongoing monitoring will assist MHA in future years in efforts to promote system efficiency, accountability, and public awareness.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.6. MHA will monitor and evaluate the performance of its key contractors, the Administrative Service Organization (ASO) and the Core Service Agencies (CSAs), requiring improvements, as needed.

> (5-6A)
> Monitor the ASO's contractual obligations and performance.
> Indicator: Identified contract requirements, semi-annual reporting on selected
>   performance targets presented to MHA Management Committee and
>   CSAs, shared with key stakeholders
> Involved Parties: Susan Steinberg, MHA Office of the Deputy Director for
>   Community Programs and Managed Care; MHA Management Committee;
>   CSAs; representatives of key stakeholder groups; ASO
> MHA Monitor: Susan Steinberg, Office of the Deputy Director for Community
>   Programs and Managed Care

FY 2007 activities and status as of 06/30/07 (final report):
MHA contracts with MAPS-MD of APS Healthcare to provide various administrative services. The major responsibilities of MAPS-MD include: access to services, utilization management, data collection and management information services, claims processing and payment, evaluation services, and stakeholder feedback**.** In addition, MHA, through its contract with the ASO, continues to conduct annual consumer surveys.

The ASO continues to meet contractual obligations and performances, based upon monthly reports from ASO and through MHA's continual review of their performance.

Strategy Accomplishment:
This strategy was achieved.

(5-6B)
Review and approve CSA mental health plans, budget documents, annual reports, and letters of review from local mental health advisory committees (LMHAC) and CSA advisory boards.

Indicator: 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

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

MHA Monitor: Cynthia Petion, Office of Planning, Evaluation, and Training

FY 2007 activities and status as of 06/30/07 (final report):
The Core Service Agencies' (CSAs) FY 2008-2009 Mental Health Plan and Budget documents were submitted to MHA and reviewed by a committee consisting of fifteen MHA staff. Documents were submitted in the following formats: two-year plans or one-year plan updates. Each plan included, as required, a letter of review with recommendations from the local mental health advisory committee of that jurisdiction or documentation of review from the CSA Board of Directors. CSAs were also required to submit their fiscal year 2007 Annual Reports. This year the CSAs submitted the annual report documents electronically. The plans and annual reports included discussions of the CSAs' achievements, interagency collaborations and partnerships, local and statewide initiatives, and financial plans linked to mental health services. Two-year plans included needs assessment and findings. This year, to simplify the data reporting requirements, each CSA was required to complete a standardized template that elicited specific information/questions about the data.

All plans were found to be in compliance with MHA's Guidelines Regarding Fiscal Year 2008-2009 Plans/Budgets.

Strategy Accomplishment:
This strategy was achieved.

(5-6C)
Monitor and collect documentation on each CSA's performance of activities as outlined in the Memorandum of Understanding (MOU), on risk-based assessment of the CSA and specific MOU elements, and notify the appropriate MHA program director of exceptions that may require corrective action or additional technical assistance.

Indicator: Monitoring tools utilized, self-reports from CSAs, review of CSA
    program improvement plans, on-site assessment of CSAs, summary of
    monitoring reports

Involved Parties: Alice Hegner, MHA Office of CSA Liaison; CSAs; appropriate
    MHA staff

MHA Monitor: Alice Hegner, Office of CSA Liaison

FY 2007 activities and status as of 06/30/07 (final report):
Throughout FY 2007 all 20 CSAs were monitored either by an on-site visit or through conference calls done on a quarterly basis regarding their performance of selected responsibilities detailed in the annual MHA/CSA MOU. Periodic summary reports were compiled and provided to MHA Management.

The Office of CSA Liaison's selection of items from the MOU for review during FY 2007 were presented in two questionnaires, and in a review of a minimum of five selected contracts from the CSAs' subvendors. A sample of the CSAs' activities which were monitored in FY 2007 is included below:

- timeliness of CSA's vendor contract finalization;
- collection and assessment of financial audits of the vendors;
- review and validation of CSA vendor contract performance;
- review of periodic audits conducted;
- review of vendor program reports;
- inclusion of outreach/educational topics for the mental health community on topics such as the Primary Adult Care Waiver (PAC);
- sufficient interface with providers, consumers, advocates and support agencies;
- monitor service utilization;
- attention to consumers with special needs and;
- appropriation management of a flexible Client Support fund.

The CSAs, with a few exceptions for timeliness of contracts, are performing their responsibilities and meeting targets according to the MOU.

Strategy Accomplishment:
This strategy was achieved.

(5-6D)
Routinely monitor for system growth and expenditures, identify problems, and implement corrective actions as needed.

Indicator: Ongoing preparation of reports by ASO, analysis of reports by involved parties, including analysis of new rate structure, new utilization management practices, and the Primary Care Waiver on utilization and expenditures

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; ASO; CSAs; MHA Management Committee

MHA Monitor: Susan Steinberg, Office of the Deputy Director for Community Programs and Managed Care

FY 2007 activities and status as of 06/30/07 (final report):
MHA and the ASO review weekly and quarterly expenditure and utilization reports to ascertain trends and determine where corrective action or policy change needs to be implemented. Additionally, the CSAs routinely review various Crystal Reports detailing claims and utilization for consumers and providers within their respective county.
MHA has been reviewing the impact of the Primary Adult Care Waiver and whether it has translated into former "gray zone" consumers receiving mental health services as much as consumers receiving Medicaid benefits. MHA has found that "gray zone" consumers are not moving into Medicaid at as high a rate as initially anticipated.
In FY 2007, MHA implemented enhanced rates to support and incentivize the implementation of evidence-based supported employment, assertive community treatment, and family psychoeducation. The results of this will be evaluated in FY 2008.

Strategy Accomplishment:
This strategy was achieved.

Goal VI: Technology is Used to Access Mental Health Care and Information.

Objective 6.1. MHA, in collaboration with CSAs, ASO, and state facilities will analyze reports on consumer demographics, service utilization, expenditures, and other appropriate cost data to improve the efficiency and effectiveness of the operations of the mental health system.

> (6-1A)
> Continue activities to develop and/or refine management information systems, including the state hospital and ASO management information systems.
> Indicator: Technical aspects of management information systems refined, logic of reports enhanced, caveats to determine efficacy of current reports identified, improved compliance with federal Uniform Reporting System (URS) requirements, and changes to systems implemented as appropriate
> Involved Parties: Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Robin Jacobs, MHA Office of Management Information Systems (MIS); MHA MIS staff; University of Maryland SEC; Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; DHMH's Information Resource Management Administration; MA; CSAs; ASO; providers
> MHA Monitor: Robin Jacobs, Office of Management Information Systems

FY 2007 activities and status as of 06/30/07 (final report):
The MHA Data Committee meets bi-monthly to review and approve standard reports. All data reports generated by the ASO must have established logic, including report specifications and criteria, to be reviewed, tested, and approved before the finalized report is published for public distribution.

The same process is followed for the completion of the federal Uniform Reporting System (URS) tables. A subgroup of the standard MHA Data Committee meets with SEC/ASO personnel, beginning in late summer, to establish the logic needed to successfully complete each individual URS table.

Also, in an effort to improve state psychiatric inpatient hospital data, the current Hospital Management Information System (HMIS) is in process of being replaced. The current system has been in use for over two decades and no longer meets the needs of the PMHS, which is evolving towards a system based on "coordination of care" and the electronic health record model. The HMIS will be replaced by the Computerized Hospital Record Information System (CHRIS) in FY 2008.

Strategy Accomplishment:
This strategy was achieved.

(6-1B)
Collaborate with the Department of Human Resources (DHR), CSAs, ASO, and local homeless boards on implementation of the Homeless Management Information System to collect and analyze data on homeless individuals with mental illnesses who are served by Housing and Urban Development (HUD) funded programs, including exploring mechanisms to determine the number of these individuals who are also served through the PMHS.

Indicator: Meeting minutes, Homeless Management Information System developed, data generated, barriers and potential solutions to matching PMHS and Homeless Management Information System data identified

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; Robin Jacobs and Connie Mesfin, MHA Office of Management Information Systems; CSAs; ASO; DHR; local homeless boards

MHA Monitor: Marian Bland, Office of Special Needs Populations

FY 2007 activities and status as of 06/30/07 (final report):
During FY 2007 MHA participated in the efforts of the Maryland Department of Human Resources (DHR) and local communities to implement the Homeless Management Information System. All of the Maryland counties have established their systems. Most of the counties have trained shelters and providers on utilizing the Homeless Management Information System. Efforts are also underway to develop a statewide data warehouse so that local homeless data may be accessed at the State level.

Additionally, MHA attended meetings with representatives of the agency responsible for South Carolina's statewide data collection system of information on individuals who are homeless. These meetings provided MHA with good information concerning the barriers and the opportunities of inclusion of all agencies into one system such as issues regarding safeguards to maintain client confidentiality.

Strategy Accomplishment:
This strategy was partially achieved.

(6-1C)
Maintain accreditation of MHA facilities by the Joint Commission on the
Accreditation of Health Care Organizations (JCAHO).
Indicator: All MHA facilities accredited
Involved Parties: Sheilah Davenport, MHA Office of the Deputy Director for
      Facilities and Administrative Operations; Gayle Jordan-Randolph, MHA
      Office of the Clinical Director; MHA Facility Chief Executive Officers;
      MHA Management Committee; appropriate facility staff
MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities

FY 2007 activities and status as of 06/30/07 (final report):
The state psychiatric facilities are significant participants, along with the acute general
hospitals and the private psychiatric hospitals, in the provision of psychiatric inpatient
care in Maryland. All MHA Facilities maintained accreditation from the Joint
Commission Accreditation of Hospitals Organization during FY 2007.

Strategy Accomplishment:
This strategy was achieved.

**Objective 6.2. MHA, in collaboration with CSAs and key stakeholders, will explore
application of technology to improve service delivery for consumers.**

(6-2A)
Implement a tracking system to monitor approximately twelve hundred
individuals who are court-committed to MHA or Developmental Disabilities
Administration (DDA) facilities that will allow oversight of a patient's progress in
evaluation, treatment, and release planning.
Indicator: System specifications identified, data-base developed, system
      functioning, number of individuals monitored, follow-up action as needed
Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic
      Services (OFS); DHMH staff; Consult Services Research Inc.
MHA Monitor: Larry Fitch, Office of Forensic Services

FY 2007 activities and status as of 06/30/07 (final report):
During FY 2007, MHA implemented a Microsoft Access data collection system that
tracks defendants from the time a court order is written through involvement in the
DHMH forensic service delivery system to release/return to the community. This Access
program links information from all points in the forensic system such as pretrial
screening, hospital-based evaluation, and conditional release. This system has the
capacity to track and monitor the more than 1,200 individuals who are court-committed
to MHA or DDA facilities. The number of individuals being monitored will be reported
to MHA facilities allowing oversight of a patient's progress in evaluation, treatment, and
release planning and follow-up action on individual cases as needed. The system is
functioning. However, OFS staff had identified operational issues and limitations which

are being resolved. Trainings on the use of the system and the features of the database will be conducted in the fall of 2007.

Strategy Accomplishment:
This strategy was achieved.

>   (6-2B)
>   Expand, in collaboration with Sheppard Pratt Health System (SPHS), the existing federal grant-funded Telemental Health Project (which provides clinical consultation and training for Thomas B. Finan Hospital Center and Way Station) to the John L. Gildner Regional Institute for Children and Adolescents and other sites as feasible.
>   Indicators: Clinical consultations provided by SPHS, clinical trainings provided, federal grant program expanded to other sites as feasible
>   Involved parties: Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Thomas B. Finan Hospital Center staff; SPHS; Way Station; John L. Gildner Regional Institute for Children and Adolescents
>   MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

FY 2007 activities and status as of 06/30/07 (final report):
The Sheppard Pratt Telemental Health Project has provided a twice-monthly mental health grand rounds professional education program, via interactive videoconferencing, to a number of hospitals and mental health clinics in Maryland. The Thomas B. Finan Center (TBFC) has been accessing clinical training in a variety of subjects from Sheppard Pratt and has been utilizing the system to take part in the activities of the Maryland Youth Practice Improvement Committee for Mental Health (MYPIC).

In FY 2007, the Telemental Health Project expanded to include staff at the Maryland Regional Institutes for Children and Adolescents (RICAs), Baltimore City, Rockville, and Southern Maryland. Although existing services continued, expansion to other sites, did not occur.

Strategy Accomplishment:
This strategy was achieved.

(6-2C)
Facilitate consumer access to supported employment by reducing duplicative administrative processes for funding.

Indicator: MHA and Division of Rehabilitation Services (DORS) processes/protocols/documentation requirements merged, ASO web-based authorization system modified to include new merged requirements, system tested, providers/DORS staff trained in new system, consumer wait time for eligibility and funding approval reduced

Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult Services; DORS; ASO; CSAs; Supported Employment Advisory Committee

MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult Services

FY 2007 activities and status as of 06/30/07 (final report):
MHA staff meets regularly with the Division of Rehabilitation Services (DORS) staff to promote collaborative relationships at both the system level and the individual level toward the evolution of a more cohesive and integrated system of services for individuals with serious mental illnesses who desire successful employment experiences. There is a Memorandum of Understanding between them to promote employment for individuals with mental illnesses through training and increased collaboration.

In FY 2007, a new unified supported employment referral, application, authorization, and eligibility determination protocol was implemented. The ASO web-based authorization system, CareConnections® was modified to include the new merged requirements and DORS staff was trained in the new protocol. As a result, individuals who are eligible for PMHS services, and meet eligibility criteria for supported employment, will be automatically presumed eligible for DORS services and prioritized for DORS funding. Vocational rehabilitation plan development, job development, and placement will follow immediately; thereby, expediting supported employment service provision across the two systems and reducing the paperwork burden for DORS counselors and providers.

Strategy Accomplishment:
This strategy was achieved.

Objective 6.3. MHA, in collaboration with CSAs, the ASO and key stakeholders, will promote the use of web-based technology as a tool to improve information sharing, data collection, training, evaluation, and performance and outcome measurement.

> (6-3A)
> Track and monitor the children and youth in the Lisa L. Program, based on a 1987 class action lawsuit which requires timely discharge from hospital to community placements, using Psychiatric Hospitalization Tracking System for Youth (PHTSY), a web-based program of the State Children, Youth and Family Information System (SCYFIS).
> Indicators: Providers trained in using PHTSY, PHTSY used by providers and Lisa L. Program staff, reports generated using PHTSY
> Involved Parties: Musu Fofana, Leslie Wilson, and Marcia Andersen, MHA Office of Child and Adolescent Services; providers; two MHA inpatient adolescent units and eight private hospitals; Multi-Agency Review Team (MART)
> MHA Monitor: Marcia Andersen and Musu Fofana, Office of Child and Adolescent Services

FY 2007 activities and status as of 06/30/07 (final report):
In FY 2007, resource information and on-site training were provided to discharge coordinators, unit managers, hospital social workers, and each new staff in the children and adolescent psychiatric inpatient units of 11 hospitals (private and state operated) located in various regions across the state, who would be involved in discharge planning for children and adolescents in state custody admitted to their units. The training focused on the regulations governing interagency discharge planning for children and adolescents (COMAR 14.31.03 - which require the timely discharge of children in state custody from designated psychiatric hospitals to appropriate placements); use of the Psychiatric Hospitalization Tracking System for Youth (PHTSY), the automated tracking system; and provision of resource information.

In FY 2007, over 500 cases were tracked using PHTSY. Bi-weekly and Quarterly reports were generated using PHTSY and provided to members of the Multi-Agency Review Team and Unit Managers at the 11 hospitals. The reports were utilized for discharge planning, ongoing quality assurance of the data entered in the system, and assuring confidentiality of records through deactivation of appropriate user accounts. Additionally, in June of 2007, MHA presented its annual Lisa L Report to the Children's Cabinet based on the data in the automated tracking system.

Strategy Accomplishment:
This strategy was achieved.

(6-3B)
Explore alternative learning methods, including use of technology, to extend and improve training resources.

Indicator: Minimum of at least one video conference, list of distribution of web-based resources

Involved Parties: Carole Frank, MHA Office of Planning, Evaluation, and Training; University of Maryland Training Center; ASO; advocacy, family, consumer, and provider groups; CBH

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

FY 2007 activities and status as of 06/30/07 (final report):

Two video conferences were presented in FY 2007, each linking three remote sites with the central broadcasting facility located in Baltimore, Maryland. The first one, a child and adolescent case management conference was held in September, 2006. In April, 2007, a second video conference was presented, featuring a presentation by an expert on older adult research issues.

MHA has encouraged the use of several free web-based trainings available to the public from Maryland Workforce Promise, a federally-funded provider-based disability workforce information exchange. Three courses, two recovery trainings and a course on Motivational Interviewing, specifically relate to issues in the PMHS. Additionally, MHA is exploring the possibility of using e-learning services beyond those courses already available from DHMH's Training Services Division.

Finally, CSAs in Worcester and Anne Arundel Counties have implemented the Network of Care web-based system that enables consumers, family, and youth to more quickly identify resources they need and consolidate their personal health information in one place. A future goal is to make this project accessible statewide.

Strategy Accomplishment:

This strategy was achieved.

Appendix

<u>Acronyms</u>

ACT   Assertive Community Treatment

ADAA   Alcohol and Drug Abuse Administration

ASIST   Applied Suicide Intervention Skills Training

ASO   Administrative Services Organization

ASP   Anti-Stigma Project

BCRI   Baltimore Crisis Response System, Inc

CBH   Community Behavioral Health Association of Maryland

CCAG   Cultural Competence Advisory Group

CCISC   Comprehensive Continuous Integrated System of Care

CHRIS   Computerized Hospital Record Information System

CILS   Centers for Independent Living

CMHS   Center for Mental Health Services

CMS   Center for Medicare/Medicaid Services

CSA   Core Service Agency

CQT   Consumer Quality Team

CY   Calendar Year

DDA   Developmental Disabilities Administration

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
EID	Employed Individuals with Disabilities Program
EOC	Emergency Operations Center
ER	Emergency Room
FASD	Fetal Alcohol Spectrum Disorder
FFP	Federal Financial Participation
FHA	Family Health Administration
FIS	Family Intervention Specialist
FPE	Family Psycho-education
FQHC	Federally Qualified Health Centers
GOC	Governor's Office for Children
HB	House Bill
HMIS	Hospital Management Information System
HOTS	Hotline Online Tracking System
HRSA	Health Resources and Services Administration
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
ITC	Interagency Transition Council for Youth with Disabilities
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

JCR	Joint Chairmen's Report
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance
MACSA	Maryland Association of Core Service Agencies
MAPS-MD	The administrative services organization for MHA
MARFY	Maryland Association of Resources for Families and Youth
MART	Multi-Agency Review Team
MCAA	Maryland Correctional Administrator's Association
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCO	Managed Care Organization
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MEMA	Maryland Emergency Management Administration
MFR	Managing for Results
MHA	Mental Hygiene Administration
MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHTO	Mental Health Transformation Office
MHT-SIG	Mental Health Transformation State Incentive Grant
MIS	Management Information Systems
MMIS	Medicaid Management Information System

MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
MYPIC	Maryland Youth Practice Improvement Committee
NAMI	National Alliance for Mental Illness
NASMHPD	National Association of State Mental Health Program Directors
NCR	Not Criminally Responsible
NIMS	National Incident Management System
NPI	National Provider Identifier
OCA	Office of Consumer Affairs
OFS	Office of Forensic Services
OHCQ	Office of Health Care Quality
OMS	Outcome Management System
OOOMD	On Our Own of Maryland, Inc.
PAC	Primary Adult Care Program
PATH	Projects for Assistance in Transition from Homelessness
PBIS	Positive Behavioral Initiative in Schools
PHA	Public Housing Authority
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMAB	Prevention and Management of Aggressive Behavior
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
PTSD	Post-Traumatic Stress Disorder

RFP	Request for Proposals
RICA	Regional Institute for Children and Adolescents
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SCYFIS	State Children, Youth and Family Information System
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SOAR	Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery
SPHS	Sheppard Pratt Health System
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
START	Systematic Training Approach for Refining Treatment
TAMAR	Trauma, Addiction, Mental Health, and Recovery
TAY	Transition-Age Youth
TBI	Traumatic Brain Injury
TRP	Training Resource Program
UMBC	University of Maryland-Baltimore County
URS	Uniform Reporting System
USDA	United States Department of Agriculture

WRAP　　　　　　Wellness Recovery Action Plan

Youth MOVE　　　Youth Motivating Others through Voices of Experience