



Department of Health and Mental Hygiene

Mental Hygiene Administration

***FY 2008 ANNUAL STATE
MENTAL HEALTH PLAN
IMPLEMENTATION REPORT***

A CONSUMER – ORIENTED SYSTEM

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

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

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.

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These Mental Hygiene Administration (MHA) goals, objectives, and strategies are a result of the collaborative efforts related to the implementation of the federal Mental Health Transformation State Incentive grant (MHT-SIG), existing interagency cooperation, and public and private partnerships. These alliances are being solidified and new partnerships being formed to further build upon the infrastructure to coordinate care and improve service systems. Mental health transformation efforts and activities are being infused throughout the MHA State Mental Health Plan for children, adolescents, and adults.

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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)

In collaboration with the Department of Health and Mental Hygiene (DHMH) and the Mental Health Transformation Office (MHTO), adapt and implement Australia's and Scotland's Mental Health First Aid programs which provide training in basic understanding and appropriate responses to mental health disorders, with special focus on training individuals in educational settings.

Indicator: Mental Health First Aid manual adapted for Maryland; marketing and training plans developed; a minimum of four trainers trained; first target audience identified

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Jean Smith, MHA Office of Public Relations; Cynthia Petion, Stacy Rudin, Office of Planning Evaluation, and Training; Daryl Plevy, MHTO; Department of Health and Mental Hygiene (DHMH); Mental Health Association of Maryland (MHAM); other mental health advocacy groups; education providers

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with DHMH, MHTO, MHAM, and the University of Maryland, has adopted the Australian program, Mental Health First Aid (MHFA), as an educational effort to assist the general public in helping individuals with mental health problems obtain mental health assistance when needed. The first line implementation of this initiative, here in the United States, is being undertaken by Maryland in partnership with SAMHSA and the state of Missouri.

On January 3, 2008, DHMH and MHA, issued a press release announcing the Department's intention to implement MHFA trainings across the state. Following the media launch, which included local and national articles and news accounts, an initial training was held at Sheppard Pratt Hospital in Towson, Maryland, in January, 2008. Twenty-two people from diverse ethnic, cultural, and geographic backgrounds were trained through this 12-hour course designed to assist lay people in responding to mental health issues in the community. Those trained also represented core service agencies (Maryland's local mental health authorities) from across the State and chapters of the Maryland Mental Health

Association. The trainees received certificates from the originators of MHFA from the University of Brisbane, Queensland, Australia.

Additionally, the University of Maryland Systems Evaluation Center (SEC) staff assisted in the revision of the MHFA manual (originally developed for Australia). This draft training manual and related teaching notes have been developed for use in Maryland and other states.

FY 2009 plans call for additional training in at least 10 sessions in four regions of the state, targeting at least 200 individuals. The program will be presented throughout Maryland, including in schools and universities, as a public-health initiative to build healthier communities. At least half of the target population for training will be consumers, family members, and people from diverse cultural backgrounds.

Strategy Accomplishment:

This strategy was achieved.

(1-1B)

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.

Indicator: Maryland's public awareness campaign "Caring for Every Child's Mental Health" implemented, participation in 40 health fairs, distribution of 25,000 pieces on science-based mental health and mental illness, 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

Involved Parties: MHAM; Jean Smith, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services; appropriate MHA staff; community providers

MHA Monitor: Jean Smith, MHA Office of Public Relations

FY 2008 activities and status as of 06/30/08 (final report):

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 is in its 11th year.

MHAM participated in more than 30 health fairs in FY 2008 and distributed more than 25,000 pieces of literature. MHAM ran an ad campaign using the National Ad Council/SAMHSA ads in the LIVE section of the Baltimore Sun, on www.baltimoresun.com and www.metromix.com (a new site geared toward younger Marylanders), reaching about 1.6 million readers/viewers. The Baltimore Sun advertising department reported that the children's mental health ads received three times as many website hits as others running during this same

period, and a large volume of calls was received in the office from individuals who viewed the ads. Additionally, a toll-free telephone line is maintained for information and referral services. It is staff-monitored from 9am - 5pm daily.

In FY 2008, the Kids on the Block, a traveling puppet show which raises the awareness of children and school staff of mental health issues, held 259 performances for more than 21,169 people.

MHAM conducted a focus group with Montgomery County foster parents and Frederick County educators and also conducted a survey to pediatricians across the state. These focus groups and the survey were designed to gather input in planning campaign activities for the coming year and were successful in identifying common themes among providers, family members, and educators. The Steering Committee for this campaign met jointly in July with the Maryland Coalition of Families for Children's Mental Health in order to unite their public education efforts during the coming year.

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.

Strategy Accomplishment:

This strategy was achieved.

(1-1C)

Collaborate with the NAMI MD - National Alliance on Mental Illness of Maryland - to promote the annual NAMIWALKS as a kick-off event for *MAY-MENTAL HEALTH MONTH*.

Indicator: Advance planning completed, event promoted statewide, sign-up - participation

Involved Parties: Jean Smith, MHA Office of Public Relations; MHA Office of Consumer Affairs; Core Service Agencies (CSAs); NAMI MD

MHA Monitor: Jean Smith, MHA Office of Public Relations

FY 2008 activities and status as of 06/30/08 (final report):

MHA worked successfully with NAMI MD in promoting the NAMIWALKS, a successful kick-off event for promoting *MAY MENTAL HEALTH MONTH*. On May 3, 2008, NAMIWalks took place at Centennial Park in Ellicott City and was attended by thousands of individuals. The 2.4-mile awareness walk with its theme, *Stomp Out Stigma*, 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.

Strategy Accomplishment:

This strategy was achieved.

(1-1D)

Maintain and update disaster mental health 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, providing assistance with designing and reviewing training for volunteers, and expanding the Statewide Behavioral Health Professional Volunteers Corps Program for crisis/disaster response.

Indicators: Plans updated, and disseminated, database reports available, new volunteers and crisis response workers trained, ongoing trainings developed, technical assistance provided to CSAs, MHA and the Alcohol and Drug Abuse Administration (ADAA) on exercises/drills of their All-Hazards Plans

Involved Parties: Marian Bland, Laura Copland, and Thomas Franz, 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 Administration leadership and staff; Maryland Crisis Hotline Directors; local crisis response systems; advocacy organizations; consumer drop-in centers; faith community leadership; federal Center for Mental Health Services; state facilities

MHA Monitor: Laura Copland and Thomas Franz, MHA Office of Special Needs Populations

FY 2008 activities and status as of 06/30/08 (final report):

MHA and ADAA have maintained and updated their statewide All-Hazards Plans. National Incident Management System (NIMS) trainings have been conducted for MHA and ADAA Incident Command staff. Both MHA and ADAA's Plans have been drilled once, with plans to continue these drills twice per year. This partnership will continue to work through MHA and ADAA management to insure that all staff are trained in the NIMS model. Additionally, trainings continue to be presented to the Professional Volunteer Corps.

Additionally, MHA's Office of Special Needs Populations, Behavioral Health Disaster Services, reviewed each of the All – Hazards Plan and approved them or a sent a notification to the specific core service agency (CSA) with changes to be made. Database reports on CSA activities are available from the Volunteer Corps staff.

In FY 2009, the new Assistant Director of MHA's Behavioral Health Disaster Services will work with the Director to review and revise MHA's, CSAs', and ADAA's All-Hazards Disaster plans to ensure collaboration and consistency statewide. The Director and Assistant Director will provide CSAs with a template to design and conduct drills of their All-Hazards Plans. Arrangements are being

made to present informational training sessions on behavioral health emergency preparedness to consumers at the Wellness and Recovery Centers around the state.

Strategy Accomplishment:

This strategy was achieved.

(1-1E)

Collaborate with the Maryland National Guard and the Pro Bono Counseling Project to develop, maintain, and update behavioral health programs for military personnel, family members, and community to include: 1) continued development of Maryland National Guard Outreach (MNGO) pilot program; 2) trainings and conferences specific to military and combat issues; and 3) provision of pro bono individual, couples, and family treatment to military personnel and family members.

Indicators: Data collected and surveys conducted on MNGO pilot project; new volunteers trained and ongoing trainings developed specific to combat trauma issues for military personnel, family members, community, and CSA directors.

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations; Barbara Anderson, Pro Bono Counseling Project; Maryland State Department of Veteran's Affairs; Maryland National Guard; Maryland Defense Force; Maryland Professional Volunteer Corps

MHA Monitor: Laura Copland, MHA Office of Special Needs Populations

FY 2008 activities and status as of 06/30/08 (final report):

In 2008, based on Maryland's Veterans Behavioral Health Initiative, established by Senate Bill (SB) 210 (Maryland Veterans Behavioral Health), DHMH, and MHA in partnership with the US Department of Veteran Affairs, the Maryland Department of Veteran Affairs, the Maryland National Guard, and the Maryland Defense Force, , implemented a three-year, state-funded national model pilot program. This program offers resources and services to veterans returning from Iraq and Afghanistan, who have not been able to obtain timely access to mental health, psychiatric and/or substance abuse services through the Veterans Administration (VA) system.

Four Regional Resource Coordinators were hired to work with veterans. As a part of this effort, DHMH/MHA trained these Resource Coordinators to assist veterans and family members in accessing: crisis and emergency services; substance abuse services; individual, family, and group therapy area resources and referrals; and VA services either through the VA system or with a private provider until services can be obtained.

With the return of the majority of National Guard troops from Iraq, Afghanistan and Kosovo, the Maryland National Guard Outreach Program (MNGO) was

disbanded at this time. However, due to activities around the return of the majority of veterans, gap services remain the main focus. MHA's Office of Special Needs Populations has gathered data which shows that of the 484,000 Iraq/Afghanistan veterans residing in Maryland, only an estimated one-third seek VA services. Additionally, a 2008 RAND study shows that one in five Iraq/Afghanistan veterans suffer from post-traumatic stress disorder (PTSD) and major depression. CSAs will provide referral services; resource information for housing; transportation and other needs; report identified gaps or challenges in accessing services; and provide outreach and education to communities statewide.

The Pro Bono Counseling Project continues to provide training annually to providers interested in giving clinical time to work with veterans and their families. Additionally, MHA's Director of Behavioral Health Disaster Services in the Office of Special Needs Population took a leading role in identifying and obtaining volunteer professional staff to provide reintegration training to the returning Operation Iraqi Freedom and Operation Enduring Freedom (Afghanistan) veterans and their families and was awarded the State of Maryland Meritorious Civilian Service Medal for exceptional service in the development and implementation of the Maryland National Guard Reintegration Program.

Strategy Accomplishment:

This strategy was achieved.

(1-1F)

Support the DHMH Center for Maternal and Child Health in increasing public awareness of fetal alcohol spectrum disorders (FASD) 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, participate in the funding planning and implementation of first annual Maryland FASD Conference scheduled to be held September 20, 2007

Involved Parties: DHMH Center for Maternal and Child Health; Kennedy Krieger Institute; other state agencies; CSAs; advocacy groups

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with DHMH Center for Maternal and Child Health; Kennedy Krieger Institute; and other state agencies participated in a statewide committee to promote Fetal Alcohol Spectrum Disorder (FASD) awareness. During FY 2008, informational brochures were developed and distributed among providers, health departments and consumers throughout Maryland. Additionally, several events such as an annual conference, a dinner and lecture forum, and an art contest were identified and subcommittees were formed to plan for the development and implementation of these activities.

On September 20, 2007, the first annual Maryland FASD Conference entitled, *Fetal Alcohol Spectrum Disorders in Children & Adults: Issues & Interventions*, was held at the University of Maryland and attended by 150 individuals. The keynote provided an overview of FASD. Other topics included diagnosis and treatment strategies, resources, FASD in the Justice System, and empowering women toward long-term recovery. Also, the committee developed a consumer FASD toolkit, distributed at the conference, which included fact sheets, information on recognizing FASD, and referral resources.

Strategy Accomplishment:

This strategy was achieved.

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

(1-2A)

Collaborate with On Our Own of Maryland, Inc. (OOOMD) to continue implementation of the statewide anti-stigma campaign 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, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (final report):

MHA and OOOMD continue to collaborate to fight stigma within the mental health system through the Anti-Stigma Project (ASP). In FY 2008, the ASP presented 50 workshops throughout the state with over 3,000 people participating. Workshops and trainings were presented at Wellness and Recovery Centers and in other educational settings, as well as several local, state and national conferences. One of the goals this year was to continue to branch out into different venues, and bring the issue of stigma to light on related topics, such as stigma as a barrier to housing, the relationship between stigma and eliminating the use of seclusion and restraint, and reducing environmental stigma. Many workshops were also tailored to address specific populations and issues related to cultural competency, co-occurring disorders, and housing.

Maryland's Anti-Stigma Project also contributes to national efforts to combat stigma. OOOMD continues to receive requests for the teaching videotape, *Stigma...In Our Work, In Our Lives*, which has gained national and international attention and is now being used in more than 39 states and four other countries. Additionally, there are several requests for *Stigma: Language Matters* posters.

ASP workshops and trainings were presented at both state and national conferences, as well as many of Maryland's college/educational settings.

Strategy Accomplishment:

This strategy was achieved.

(1-2B)

Continue to support NAMI MD's implementation of public education and training efforts.

Indicator: Presentation of education programs about mental illness: i.e.; In Our Own Voices

Involved Parties: NAMI MD, Carole Frank, MHA Office of Planning, Evaluation and Training

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

FY 2008 activities and status as of 06/30/08 final report:

MHA continues to support NAMI MD's public education and training programs that further enhance recovery for individuals with mental illness and their families. Training and outreach programs include:

- Family to Family - a twelve week course for relatives and caregivers of individuals with mental illnesses. Twenty-four family members received training and these newly trained individuals then taught a total of 25 courses over the year to 200 family members;
- NAMI Family Support Groups, which are tailored towards the needs of relatives, caregivers, and others involved with the individual with mental illness;
- Peer to Peer - NAMI's Recovery Curriculum is a free nine week course taught by a team of trained mentors, who are experienced at living well with mental illness;
- In Our Own Voice - an informational outreach program on recovery. Ten new presenters were trained and provided 70 outreach presentations about personal experiences on the road towards recovery, to an audience of 820 individuals; and
- Living with Schizophrenia - Ten trained consumers conducted 26 presentations.

NAMI MD continues to provide a toll-free statewide information number which received approximately 5,200 calls during FY 2008. Additionally, 8,950 copies of NAMI MD's quarterly newsletter were distributed.

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 (PMHS).

(1-3)

Offer training for law enforcement officers, other public safety officials, and agencies regarding, (1) Post-Traumatic Stress Disorder (PTSD), (2) treatment resources for military personnel and veterans, and (3) 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, distribution of training DVD/Videos that describe PTSD and other combat-related problems, a minimum of four trainings completed

Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council; local and state police; detention center staff; sheriff’s offices’ staff

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA, in collaboration with law enforcement agencies and local crisis response systems, offered five trainings in Baltimore County, Charles County, and Baltimore City for officers and other public safety officials regarding the management of crises, involving persons suspected of committing an offense who appear to have a mental illness. More than 200 professionals and other stakeholders were trained.

These trainings addressed the use of emergency petitions, approaching persons with mental illnesses, the field interview of a person with a mental illness, dealing with the suicidal individual, individuals with PTSD, and treatment resources for active duty personnel and veterans. As part of the trainings, the Defense Department DVD/video, *Battle Mind*, was shown, which describes PTSD and other combat-related problems. These presentations, in plain, non-technical language, concentrated on the practical decisions that police officers have to make in the field.

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 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 2008 activities and status as of 06/30/08 (final report):

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

- **Maryland Department of Disabilities (MDOD)**, Brian Hepburn, Monitor – MDOD continues to be 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. MHA continues to collaborate with the MDOD in the development and implementation of cross-agency initiatives involving transition-age youth, affordable housing under the Bridge Subsidy Pilot, and assessment of individuals with long-term hospital stays.
- **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 inter-governmental 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. Also, monthly meetings are held with MSDE to discuss start-up and concerns regarding a data system finalization for early childhood services. MSDE and other stakeholders have supported MHA’s Mental Health Certificate Program to assist clinicians who wish to increase skills and attitudes necessary to practice in the field of early childhood mental health. Collaborative efforts continue regarding 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 SE services in the MHA and DORS systems eliminating duplicative administrative processes, presumed DORS eligibility for SE, and shared data and outcomes. MHA and DORS Executive Leadership teams have met frequently over the course of the last year to explore interim and long-term strategies for reconciling a severe gap in vocational rehabilitation funding in an effort to preserve the viability of SE services within the PMHS and to sustain the gains in cross-systems integration.
- **Department of Human Resources (DHR)**, Albert Zachik and Marian Bland, Monitors – MHA’s Office of Special Needs Populations continued to interface with DHR by participating on the Maryland Collaborative to End Homelessness meetings, the Homeless Management Information Systems State Collaborative meetings, and the State’s SSI/SSDI, Access, Outreach, and Recovery (SOAR) Planning Workgroup meetings. MHA also worked with DHR to facilitate the transfer of the leadership of the State’s SOAR Initiative from DHR to MHA’s Office of Special Needs Populations.
- **Department of Housing and Community Development (DHCD)**, Penny Scrivens, Monitor – MHA staff communicate regularly with DHCD, local public housing authorities, housing coalitions, and mental health providers. The Bridge Subsidy Pilot, which began in 2006, is coordinated across disabilities through DHCD. DHCD monitors the funding, which provides rental assistance for three years to consumers prior to receiving a voucher from their local participating housing authority. MHA’s Office of Special Needs Populations provided assistance and information on housing and homelessness to DHCD in order for DHCD to complete its HUD CAPER Report. MHA collaborated with DHCD to obtain certification for consistency with the Consolidate Plan for the Shelter Plus Care.
- **Maryland Department on Aging (MDoA)**, Lissa Abrams and Marge Mulcare, Monitors – MHA and MDoA work collaborative on issues affecting needs of older adults. In addition, MHA and MDoA staff, and other stakeholders participate in the Mental Health Association of Maryland (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. MHA's Office of Special Needs Populations collaborated with DPSCS regarding the implementation of the Chrysalis House Health Start Program, targeted for pregnant women and their babies. 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). The OFS Director interfaced with the DPSCS Acting Director of Mental Health on numerous occasions in FY 2008 including during the House Bill (HB) 281 – (Incarcerated Individuals with Mental Illness). Workgroup meetings at which participants developed recommendations to provide continuity of care for released inmates with serious mental illness (SMI).

- **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 continues to work in consultation with both DJS and MSDE on initiatives involving children's mental health. The Office of Child and Adolescent Services is represented on the Positive Behavioral Interventions and Supports program (PBIS) State Leadership Team and attends various workgroups and committees. Also, MHA works in collaboration with DJS to develop and oversee behavioral health programs. The OFS maintains contact with the Administrative Office of the Courts with regard to juvenile competency issues, assisting in the development of model court orders, and providing technical assistance and other services. OFS is also represented on the DJS Sexual Offender Task Force.

- **Judiciary of Maryland**, Larry Fitch, Monitor – In addition to co-chairing quarterly meetings of the Interagency Forensic Services Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council, OFS has ongoing contact (meetings, phone, e-mail) with the judges of the Baltimore City District Court, the Prince George's County Mental Health Court, and other courts throughout the state on a variety of issues including the establishment of community-based mental health alternatives to incarceration for individuals evaluated at MHA facilities. Also, 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. Finally, 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, other

agencies, and various providers in mental health and addictions in initiating the development of competencies, curricula, and cross-training processes to enhance training and services statewide.

- **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 such as those for fetal alcohol spectrum disorders, joint participation in the Maryland Early Childhood Initiative, the Maternal Depression Task Force, disparity reduction for populations based on gender or cultural backgrounds, and ongoing consultation on complex cases.
- **Developmental Disabilities Administration (DDA)**, Stefani O’Dea and Lisa Hovermale, Monitors – MHA continues to collaborate with DDA regarding the needs of individuals with co-occurring mental illness and development disabilities (MI/DD). The Executive Directors of MHA and DDA meet weekly to identify gaps in services for this population and to strategize to improve community services and supports. The administrations are working collaboratively to reduce institutional services for individuals with MI/DD and to strengthen community based alternatives. A psychiatric elective in Developmental Disabilities and State Government Systems involving University of Maryland fourth-year Psychiatry Residents remains active. Multiple educational events related to the issues of individuals with Mental Illness and Intellectual Disabilities have occurred, this year especially focusing on trauma informed care. An active ongoing relationship with Sheppard Pratt Hospital (SEPH) and Johns Hopkins Hospital (JHU) at Bayview occurs in the context of the continued development of the adult neurobehavioral unit at SEPH and the addition of several young psychiatrists in the Special Needs Clinic at JHU Bayview Medical Center. Additionally, MHA and DDA co-staff a special populations committee that tracks and reports on individuals with MI/DD in state psychiatric hospitals. The administrations continue to work together on discharge planning options for this population.
- **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. The Budget Committee Joint Chairmen’s Report for the 2007 session of the Maryland General Assembly directed the MHCC, in collaboration with MHA and MHTO, to develop a plan to guide the future of the mental health service continuum. The MHCC convened a taskforce of stakeholders to guide the planning effort.
- **Health Services Cost Review Commission (HSCRC)**, Randolph Price, Monitor – MHA and HSCRC met periodically to hold discussions with HSCRC staff personnel about hospital rates for inpatient services.

- **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 Lissa Abrams, Monitors - MHA participates in the Maryland Medicaid (MA) 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 program, the National Provider Identifier, Federal Financial Participation, and other relevant MA waivers.
- **Office of Health Care Quality (OHCQ)**, Sharon Ohlhaber, Monitor - MHA staff continue to have regular meetings in which OHCQ participates. Issues related to regulatory interpretation continue to be a focus of discussion, especially related to the promulgation of several new chapters of community program regulations. Additionally, MHA’s Executive Director and Deputy Director have met with OHCQ to discuss ongoing issues of collaboration.
- **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 Program (Community Bond Program) for Community Mental Health, Addictions, and Developmental Disabilities Facilities and for Federally Qualified Health Centers. The Community Bond program provides capital grant funds for community-based services that are high priorities for the department. In FY 2008, MHA continued to prioritize the development of affordable housing for individuals with serious mental illness (SMI).
- **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)

In collaboration with the administrative services organization (ASO) and managed care organizations (MCOs) improve utilization of existing systems of care delivery across agencies and organizations to improve coordination of care between somatic and mental health care.

Indicator: Level/extent of information shared identified, record of medications will be accessible on CareConnection®, mechanisms identified through which to share information, coordination monitored through compliance activities, providers trained on shared information system, mental health providers integrate mental health and total wellness plan

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, MHA Office of the Clinical Director

FY 2008 activities and status as of 06/30/08 (final report):

Several mechanisms were in place in FY 2008 to facilitate coordination of care between somatic and mental health care. Regular meetings were convened among Medicaid, MHA, DHMH, ADAA, DDA, MCO Medical Directors, and MAPS-MD (the ASO) Medical Directors to promote coordination, to share eligibility and current status information, to share reports on service utilization and pharmacy utilization data, and to review complex/complicated cases and barriers to access to services.

Care managers, assigned by MAPS-MD, assist the MCOs, as well as providers, in coordinating care for PMHS high-end users of medical and 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 a five-county pilot project to identify and better serve consumers in the Public Mental Health System (PMHS) who have a history of frequent or lengthy hospitalizations.

In addition, information on pharmacy utilization is shared across systems. Medicaid (MA) receives real-time information on MCO and fee-for-service pharmacy claims in order to prevent drug contraindications at the point of sale. On a monthly basis, MA sends reports to each MCO of their enrollees' fee-for-service mental health drug use, so MCOs and Primary Care Providers (PCPs) have information on the mental health drugs their enrollees are taking. In a new initiative, MHA, MA, and the ASO have worked together to include pharmacy data within the ASO's web-based authorization system.

In April 2007, the Community Behavioral Health Association of Maryland (CBH) Task Force on Integrated Care conducted a survey among member provider agencies regarding current issues in and/or barriers to good care coordination and integration for consumers served. In FY 2008, the MHA Coordination of Care

Committee considered recommendations, including future trainings, resulting from the survey's findings with special focus on morbidity and mortality issues.

As a result, MHA is collaborating with the University of Maryland, School of Medicine, Department of Psychiatry, to research best practices in psychiatry to better address the interplay of physical and psychiatric care on the total health of the individual, negative side effects of medication, and reduction of morbidity and mortality for adults with mental illness. Also, in FY 2009, MHA will work towards the development of a pilot integrated care management program to improve coordination of care between somatic and behavioral health.

Strategy Accomplishment:

This strategy was achieved.

(1-4C)

Sponsor collaboration with University of Maryland to research best practices in psychiatry of both mental health care and somatic health care to address issue of negative side effects of medication and prevention of morbidity and mortality for adults with mental illness.

Indicator: University Memorandum Of Understanding (MOU) extended to collect and study data on issues of morbidity within a selected group of individuals in Baltimore City, sharing of survey results from Public Mental Health System (PMHS) providers

Involved Parties: Gayle Jordan-Randolph, Lissa Abrams, MHA Office of Adult Services; University of Maryland, Community Psychiatry Division; MHA Office of Consumer Affairs; CSAs; Coordination of Care Committee; other representatives from MHA; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director

FY 2008 activities and status as of 06/30/08 (final report):

MHA and the University of Maryland School of Medicine, Department of Psychiatry, have developed a Memorandum of Understanding to research best practices in psychiatry to better address the interplay of physical and psychiatric care on the total health of the individual, negative side effects of medication and reduction of morbidity and mortality for adults with mental illness. A study is being developed to be conducted in FY 2009 to collect data on issues of morbidity within a selected group of individuals in Baltimore City, through the sharing of survey results from the CBH Taskforce on Integrated Care.

Strategy Accomplishment:

This strategy was achieved.

(1-4D)

Support the CSAs and Local Management Boards (LMBs) in their ongoing collaborations to implement Local Access Plans to assist children, youth, and their families obtain needed services.

Indicators: CSAs will partner with LMBs to continue implementation of local access plans and monitor existing plans

Involved Parties: Governor's Office for Children (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, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

The CSAs have partnered with the Local Management Boards (LMBs) to develop local access plans in each jurisdiction. Mechanisms are in place to assist families that approach the local agencies for assistance. Most of the jurisdictions have created "No wrong door" approaches to handling access. These access mechanisms have been funded by the Governor's Office for Children (GOC) through the LMBs and a number of these mechanisms feature the use of Family Navigators, or peer support as a component of their approach. The GOC routinely monitors the implementation of these plans.

The state continues to support this initiative with \$2.3 million in the FY 2008 budget with the expectation that each jurisdiction will have a plan using the single point of access and family navigation philosophy tailored to the locale's needs and resources. Local agencies, including the CSAs, are partnering with families and youth at both the case plan and policy levels.

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)

Continue to implement the Self-Directed Care project in Washington County and develop an evaluation protocol for the project.

Indicator: Outcome measures and evaluation criteria developed and protocol initiated, 30 consumers per year developing approved self-directed care plans, two peer support workers assisting consumers with the process

Involved Parties: Lissa Abrams, MHA Office of Adult Services; MHA Office of Consumer Affairs; CSAs; Mental Health Transformation Office (MHTO); other representatives from MHA; NAMI MD; OOOMD; Washington County CSA and providers; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2008 activities and status as of 06/30/08 final report:

In FY 2008, MHA, in collaboration with the Mental Health Transformation Office (MHTO), continued implementation of the self-directed care project in Washington County. Peer advocates helped consumers develop their own “recovery plans” which include public mental health services tailored to meet consumer wants/needs. Other non-traditional supports were purchased with flexible funds. The Self-Directed Care program currently has 46 active cases. MHA and MHTO staff continue to provide technical assistance and consultation in the areas of outreach, recovery, and systems development.

MHA will explore the use of Medicaid (MA) reimbursement for systemic long-term financing. Future activities will include additional training providers in Maryland on the basic uniform standards of the Self-Directed Care project and the importance of following fidelity guidelines when working with consumers toward recovery.

Strategy Accomplishment:

This strategy was achieved.

(2-1B)

MHA, in collaboration with the Mental Health Transformation Office (MHTO) and On Our Own of Maryland (OOOMD), will provide Wellness and Recovery Action Plan (WRAP) training in consumer-operated programs, as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement.

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with MHTO and OOOMD, has implemented the Wellness Recovery Action Plan (WRAP) trainings and incorporated it into all Wellness and Recovery Centers (previously known as drop-in centers) as a model for peer support. These trainings are provided by the Copeland Center and the national Program Director for WRAP. The training includes the core concepts of recovery: Hope, Personal Responsibility, Education, Self-advocacy, and Support. To date, 58 people, including Wellness and Recovery Centers' staff and volunteers, have participated in the Introductory WRAP training and have completed a personal Wellness Recovery Action Plan. Additionally, two five-day sessions were held and 36 of those individuals were trained as certified WRAP facilitators. A WRAP Coordinator was hired by OOOMD to oversee the state WRAP facilitators.

Strategy Accomplishment:

This strategy was achieved.

(2-1C)

Continue to provide training to Public Mental Health System (PMHS) stakeholders in accordance with available resources, on access to the Employed Individuals with Disabilities Program (EIDP), which assists individuals with Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) to buy into the Medical Assistance (MA) program.

Indicator: Number of trainings provided, number of consumers trained, information on EIDP integrated into all MHA sponsored trainings on adult services, numbers of consumers in psychiatric rehabilitation programs (PRPs) and supported employment (SE) programs trained on access to EIDP

Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; DHMH Office of Planning and Finance, State Medicaid Authority; CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center

MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, a total of 455 consumers received training on the Employed Individuals with Disabilities program (EIDP). MHA continues to collaborate with OOOMD to implement provider-specific and consumer-focused workshops on the EIDP, the Maryland version of the Medicaid Buy-In. This program is supported through funds appropriated by the Medical Infrastructure grant and is offered to all supported employment sites, to selected psychiatric rehabilitation programs (PRPs), to selected NAMI affiliates, and to all On Our Own affiliates. This is part of a multi-agency statewide strategic plan to inform individuals with disabilities about the Medicaid Buy-in.

MHA staff individually and in conjunction with a diverse stakeholder committee formed by DHMH, continues to meet at least bi-monthly with the Medical Assistance Office of Planning and Finance to coordinate activities designed to increase program enrollment through expanded outreach and promotion of the Medicaid Buy-in option for Social Security beneficiaries who choose to return to employment. MHA provided input to draft Medicaid regulations to extend eligibility for the EIDP, pursuant to a state disability determination process, to employed individuals with disabilities who, except for the consideration of countable earned income, otherwise meet the definition of disability as established by the Social Security Act, or who currently receive benefits through an approved Medicaid waiver. Regulations are expected to be promulgated by November 2008.

Strategy Accomplishment:

This strategy was achieved.

(2-1D)

In collaboration with the Maryland Health Care Commission (MHCC), promote efforts to delineate the roles of general hospital adult inpatient psychiatric units and state hospitals in the provision of acute and long-term care.

Indicators: Specific Joint Chairmen Report completed, report developed and submitted to legislature describing continuum of care (from diversion to inpatient), recommendations regarding roles included in the report, obstacles identified, reports developed in conjunction with MHTO

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Office of the Deputy Director for Facilities and Administrative Operations; Daryl Plevy, MHTO; MHCC; Health Services Cost Review Commission; CSAs; OOOMD; NAMI MD; Mental Health Association of Maryland (MHAM)

Monitor: Brian Hepburn, MHA Office of the Executive Director

FY 2008 activities and status as of 06/30/08 (final report):

The Joint Budget Committee Chairmen's Report of the 2007 session of the Maryland General Assembly directed MHCC, in collaboration with DHMH and MHTO, to develop a plan to guide the future of the mental health service continuum needed in Maryland. This directive resulted from the concerns raised to the legislature by hospitals and other stakeholders that there might be a shortage of inpatient psychiatric beds in Maryland, leading to overcrowding and extended stays in emergency rooms for people who have mental health needs. The report recommended that MHCC develop projections for future bed needs for acute inpatient psychiatric services and community-based services and programs needed to prevent or divert patients from requiring inpatient mental health services, including services provided in hospital emergency departments.

With financial support from the Mental Health State Incentive Grant (MHT-SIG), MHCC contracted with the Systems Evaluation Center (SEC) at the University of Maryland School of Medicine to coordinate the activities required for the development of the Plan as mandated by the legislature. MHCC has convened a broadly representative Taskforce of stakeholders to guide the planning effort. The Taskforce has met several times and white papers have been produced or are in draft, which include a framework for planning inpatient services, state and private hospital roles in providing inpatient psychiatric treatment, crisis response and diversion strategies, data gaps, and quality improvement. Work is on track to meet the December 31, 2008 deadline of submitting the plan to the Legislature.

Strategy Accomplishment:

This strategy was achieved.

(2-1E)

Promote the integration of strength-based approaches into child and adolescent assessment, planning, service delivery, training, 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 strengths documentation; dissemination, in collaboration with the Maryland Child and Adolescent Mental Health Institute, of best practices/ evidence-based practices (EBPs) that support resiliency; implementation of Wraparound in three jurisdictions; support Youth MOVE (Motivating Others through Voices of Experience) conference in Spring 2008

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; MHTO staff

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA and MHTO supported the Children's Cabinet's selection of a universal screening tool to be used by all group care providers, the Child and Adolescent Needs and Strengths (CANS) Comprehensive. Similarly, the CANS will be used for all youth served through Wraparound. This will enhance Maryland's ability to analyze cross system data and outcomes. The CANS also incorporates cultural and linguistic competency.

Additionally, the Maryland Child and Adolescent Mental Health Institute has focused on evidence-based and promising practices that also have a strength-based component:

- Evidence-based Practices (EBPs) - The Maryland Child and Adolescent Mental Health Institute has also disseminated information with regard to EBPs in child and adolescent practice throughout Maryland. A report was issued in partnership with the EBP Subcommittee of the Maryland Blueprint Committee that set forth recommendations for EBP development in the areas of trauma-informed care, Treatment Foster Care, Multi-Systemic Therapy, Functional Family Therapy, respite care, child psychiatric rehabilitation programs, and further work with school-based mental health and early childhood mental health communities on promising practice approaches.
- Wraparound - In FY 2008, the Wraparound projects have been expanded to four county sites and a rigorous program of fidelity monitoring for assuring the quality of implementation of the approach has been continued by the Maryland Child and Adolescent Mental Health Institute.

- Youth Move - The Institute held a series of trainings in consultation with national Youth MOVE for interested youth. There are a total of 18 youth involved in this initiative with an additional 9 youth currently being identified as youth leaders. Thirteen counties are participating in implementing Youth MOVE programs with support of mini-grants from the MHT-SIG. Although there was no spring conference associated with this initiative, each jurisdiction held a county-level kick-off event in May to celebrate Mental Health Awareness Month.

Ongoing technical consultation, with existing providers through MHA site visits, continue to focus on strength and resilience-based approaches.

Strategy Accomplishment:

This strategy was achieved.

(2-1F)

Provide training to consumers in development of advance directives and encourage the use of electronic personal health records when available.

Indicator: Training provided within the consumer community on advance directives and on use of personal health records

Involved Parties; Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of Adult Services; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; MHA Office of the Deputy Director for Community Programs and Managed Care; On Our Own of Maryland, Inc. (OOOMD); CSAs, NAMI MD; MHAM

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2008 activities and status as of 06/30/08 (final report):

MHA and MHTO supported an enhanced implementation of Network of Care (NOC) a web-based technology that contains a listing of services, relevant research, legislative reports, as well as contact information for support and advocacy organizations and links to their websites. Instructions on how to navigate the website were piloted in early 2008 and adjustments were made prior to the official implementation in June 2008. Technical assistance and training was made available to each wellness and recovery center and a committee has been formed to develop strategies that relate to advance directives such as promotion of recovery, enhanced communication, and protection from harmful treatment. The site also allows an individual to store information on a secure, encrypted site, develop a self-directed care plan, and engage in an individual wellness recovery plan and file on-line advanced directives.

Strategy Accomplishment:

This strategy was achieved.

(2-1G)

Collaborate with the Mental Health Transformation Office (MHTO) in the creation of a Recovery Project targeted to: (1) consumers in supported employment and residential rehabilitation to help them move to their defined next level of recovery, and (2) long – term state hospital consumers.

Indicator: Project designed, 30 consumers interviewed in each project regarding preferences/needs using person-centered planning, resources needed to fulfill plans identified and implemented as feasible, lessons learned translated to further system transformation

Involved Parties: Daryl Plevy and Tom Merrick, MHTO; Lissa Abrams, Penny Scrivens, and Steve Reeder, MHA Office of Adult Services; Department of Human Resources staff

Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2008 activities and status as of 06/30/08 (final report):

MHTO launched an adult recovery project, working with consumers to determine what they need to move to the next level of recovery. OOOMD assisted in holding individual meetings and open panel discussions with consumers to identify common definitions/components of recovery. From those individual interviews and discussions, lessons learned have been synthesized and needed system changes have been identified resulting in the drafting of new community mental health program regulations to emphasize a recovery orientation. Additionally, person-centered plans known as Wellness Recovery Action Plans (WRAP) which include the core concepts of recovery: Hope, Personal Responsibility, Education, Self-advocacy, and Support, were formulated and trainings are being conducted across the state to facilitate statewide movement toward the next level of recovery.

MHTO is also examining the relationship between Supported Employment (SE) and housing services in promoting income independence and residential stability. Achieving this goal involves a three-part strategy. First, a qualitative study of SE programs in Maryland is being conducted by the Johns Hopkins University Policy Institute. (The Hopkins Policy Institute conducted 27 focus group meetings in which 72 consumers participated.) Second, the Technical Assistance Collaborative is assessing current residential services programs across the state. Third, an Employment Network has been formed to foster coordination of employment, vocation rehabilitation, and other support services to eligible mental health consumers in designated geographic areas.

In addition, MHTO contracted with OOOMD to provide statewide training to adult psychiatric rehabilitation programs (PRPs), outpatient mental health clinics (OMHCs), and consumer groups as a first step in a longer term effort to assist these groups to incorporate practices based on recovery into their operations and services. A total of 605 people attended sessions across the state in February 2008, including consumers, CSA staff, and staff from providers of mental health services. The training sessions featured a presentation on the recovery paradigm,

recovery stories from a panel of consumers, and smaller group discussions with providers and consumers from the same geographic area. In the afternoon, training was focused on the changes in DHMH/MHA regulations intended to promote recovery and resilience.

After the half-day training sessions, follow-up meetings, sponsored by CSAs, were held to support the movement of local mental health programs toward the recovery approach.

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 oversight of the implementation of the Consumer Quality Team (CQT) pilot project and plan for further expansion, as feasible.

Indicator: Minimum of 125 site visits to psychiatric rehabilitation programs, protocols developed for site visits to state facilities, specific issues/obstacles for child and adolescent site visits identified and resolved, minimum of nine feedback meetings held, identified issues resolved, FY 2007 annual report submitted

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA Office of Planning, Evaluation, and Training; MHTO; CSAs; MHAM; NAMI MD; Maryland Coalition of Families for Children's Mental Health; OOOMD; CBH; MARFY; state facility representatives

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2008 activities and status as of 06/30/08 (final report):

The Consumer Quality Team (CQT) initiative, launched in FY 2007 through MHAM, was continued in FY 2008. In FY 2007-8, CQT hired 1 full time and three part time mental health consumers and family members, provided 180 hours of training, conducted 96 site visits to psychiatric rehabilitation programs (PRPs) and state facilities. Prior to the commencement of the program, it was estimated that over 125 visits would be completed during the fiscal year. However, the actual recruitment and training of the interviewers took longer than anticipated, resulting in fewer site visits than anticipated.

Five hundred and twenty-six consumers were interviewed to identify and address specific concerns. At the conclusion of all interviews within a program, the team held a brief meeting with program staff where many issues were immediately resolved and then monthly feedback meetings were conducted with representatives from the appropriate local CSA, provider organization, and MHA,

ensuring that all issues were addressed. MHA further participated in oversight of this project through quarterly feedback meetings where visits to state facilities were discussed and issues addressed. An Annual Report of the first year of operation (2007), which includes discussion of these results, was submitted to MHA.

The CQT program currently consists of a full-time Director, a full-time Program Manager, a full-time Program Assistant and five 21-hour Interviewers. During the second half of FY 2008, the CQT also began expansion into three additional jurisdictions and visited two of the state-operated facilities. Each site in the pilot jurisdictions was visited a minimum four times. Activities for FY 2009 will include continuing steady expansion of the project into additional jurisdictions and other state-operated facilities. At this time there is not yet a specific plan for child and adolescent facilities during the next fiscal year.

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 Institute for parents of children with emotional disorders.

Indicator: Annual Leadership Academy convened, training activities for families implemented, numbers of individuals and families enrolled, 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, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

The Family Leadership Institute (FLI) had another successful year with a total of 54 family members trained statewide with a detailed curriculum about navigating child and adolescent service systems in Maryland. FLI training focuses on both how to navigate these systems and how family members can best advocate for themselves and others at all levels of the service system. The statewide FLI curriculum involves a major commitment from family members for participation in six full-day sessions held on a series of Saturdays. In addition, this year, two less intensive two-day regional FLI training sessions were held in more geographically removed locations in the state (St. Mary's and Washington counties) in order to increase family member knowledge base in outlying areas.

Strategy Accomplishment:

This strategy was achieved.

(2-2C)

Provide support for the Maryland Child and Adolescent Mental Health Institute with its partner, the Maryland Coalition of Families for Children's Mental Health, to assist in the implementation of Youth MOVE (Motivating Others through Voices of Experience), a youth peer support program, in conjunction with the National Youth MOVE.

Indicator: Activities implemented, numbers of individuals enrolled in Youth MOVE, number of graduates

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

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

FY 2008 activities and status as of 06/30/08 (final report):

Maryland established the first state chapter of Youth MOVE at the beginning of this reporting period and it has completed its first year of operations with a number of key accomplishments. There are a total of 18 youth involved in this initiative with an additional nine youth currently being identified as youth leaders. A series of trainings were held by the Maryland Child and Adolescent Mental Health Institute in consultation with national Youth MOVE and with several youth. Thirteen counties are participating in implementing Youth MOVE programs with support of mini-grants from the MHT-SIG. The pilot sites include: St. Mary's, Wicomico, Washington, Carroll, Prince Georges, Charles, Montgomery, Calvert, and the Mid-Shore Counties. Each jurisdiction held a county-level kick-off event in May to celebrate Mental Health Awareness Month. The kick-off activities were designed by youth, according to their interests, in each jurisdiction with some activities including information stations or donation of funds to local organizations.

Strategy Accomplishment:

This strategy was achieved.

(2-2D)

Revise the Leadership Empowerment and Advocacy Project (LEAP) which prepares consumers to take on leadership and advocacy roles in the PMHS.

Indicator: Train at least 15 consumers who have not previously been involved in leadership roles in the consumer movement, survey of LEAP graduates' activities, track graduates' involvement in these roles in the PMHS, mentoring program designed, mentors and interns selected

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, the Office of Consumer Affairs (OCA) established mentorships and internships for eligible LEAP graduates, allowing them to receive hands on experience with MHA and the PMHS, as well as opportunities to educate legislative representatives on mental health issues as a continuation of their training. One LEAP participant worked as an intern in MHA's Office of Consumer Affairs during FY 2008. Current MHA plans include negotiating with Wellness and Recovery Centers to offer LEAP graduates experience as volunteers for some of the centers.

In FY 2009, OCA will expand its internship program to include a national placement and additional state placements. Also, an opportunity will be provided for past graduates and current leaders to receive supplementary training as part of the LEAP program. Additionally, efforts to facilitate the training of new participants will be ongoing.

Strategy Accomplishment:

This strategy was partially achieved.

(2-2E)

Increase the number of individuals with mental illness who obtain affordable and safe housing through the Bridge Subsidy Pilot Program, and provide outreach and training for providers, CSAs, and new tenants in order for individuals to maintain housing.

Indicator: Number of people obtaining bridge subsidy for independent housing, a total of at least 30 served by end of FY 2008, number of individuals who moved from residential rehabilitation programs (RRPs) to independent housing, meetings with participating organizations

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

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

Maryland continued the Bridge Subsidy Pilot Program that began in 2006, which provides rental assistance. The success of this pilot has allowed for further expansion from 10 counties to five additional counties. Currently the Bridge Subsidy program is serving 57 consumers with mental illness.

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 representatives to oversee and monitor the program.

By end of FY 2009, at least 12 individuals are expected to move from residential rehabilitation programs (RRPs) to independent housing.

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-three 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: 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, workgroup adaptation of START Manual for seclusion and restraint prevention for use in adult facilities

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Al Zachik, MHA Office of Child and Adolescent Services; Facilities' CEOs; MHA Office of the Deputy Director for Community Programs and Managed Care; Larry Fitch, MHA Office of Forensic Services; Paula Lafferty, MHTO; 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: Brian Hepburn, MHA Office of the Executive Director, and Al Zachik, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA strategies to reduce seclusion and restraint, with support from a SAMHSA funded grant, continued in FY 2008. Training was delivered to 285 participants, including both public and private providers, in three separate trainings during the year that focused on special issues in the prevention of seclusion and restraint in the child and adolescent system. Topics included working with difficult adolescents, working with youth involved in gangs, and improving trends in adolescent seclusion and restraint. The University Evidence-Based Practices Center (EBPC) is now involved in the review of training protocols for approval to use for training staff at Therapeutic Group Homes.

The project has moved its focus beyond the initial emphasis on state-operated child and adolescent facilities and now includes the private psychiatric residential treatment facility sector for children and adolescents. Seclusion and Restraint data is being collected and reviewed by each facility on a regular basis.

The START (Systematic Training Approach for Refining Treatment) manual was presented to administrators at a meeting of the Maryland Residential Treatment Center (RTC) Coalition, and, in conjunction with the Governor's Office on Children. Adaptation of the Start Training manual for the adult system has not yet been completed, although a committee has been actively working on the task most of the past year. This aspect of the plan strategy has been continued into the next fiscal period with plans, when the manual is completed, to pilot the program at a state hospital for adults.

The Alternatives to Seclusion and Restraint activity, supported by SAMHSA through this grant program, will be sustained and continued at the end of federal grant support next year.

Strategy Accomplishment:

This strategy was achieved.

(2-3B)

Participate in a committee, when convened, to review or update statutory rights of patients in state facilities.

Indicator: Committee established, recommendations identified

Involved Parties: MHA Office of Governmental Affairs; MHA Office of Consumer Affairs; OOOMD; Maryland Disability Law Center (MDLC), Carolyn Bell, DHMH; stakeholders and advocacy organizations

MHA Monitor: Stacey Diehl, MHA Office of Governmental Affairs

FY 2008 activities and status as of 06/30/08 (final report):

MHA participated in a committee consisting of DHMH Governmental Affairs, OOOMD, and the Maryland Disability Law Center (MDLC), which met bi-monthly in FY 2008 to review statutory rights issues within state facilities. After

much discussion of issues and potential barriers, a recommendation was made to submit a bill during the 2008 Legislative issue. HB 726/SB 815 (Individuals with Mental Disorders – Rights) would have provided a number of new rights aimed at improving the institutional environment. However, the bill was passed by the Maryland Senate but died in House committee. There are plans to revise the bill and resubmit it during the 2009 Legislative session.

Strategy Accomplishment:

This strategy was achieved.

(2-3C)

Provide information and technical assistance for MHA facility staff, CSAs, and community providers regarding the discharge and community reintegration of individuals who are court-ordered, committed as Incompetent to Stand Trial, Not Criminally Responsible, or otherwise under limitations of rights required by law.

Indicator: Symposium held to include presentations to at least 200 MHA facility staff and community providers, meetings held with CSAs, MHA facility staff, and DDA staff, discharge planning expedited

Involved Parties: Larry Fitch, Jo Anne Dudeck, and Debra Hammen, MHA Office of Forensic Services (OFS); MHA facilities; Attorney General's Office; CSAs; community providers; University of Maryland Training Center; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA's OFS staff provided targeted training and technical assistance to MHA facility staff and community providers on a range of issues including diversion, community re-integration, and consumer concerns regarding the delivery of forensic services. The *Annual Conference on Mental Disability and the Law*, held in June 2008, featured presentations by consumers and a relative of the famed individual, dubbed by the media as the 'Unabomber' who carried out several bombing campaigns, as well as workshops, which addressed community forensic services and issues regarding the right of patients to refuse medications. The conference was attended by approximately 200 individuals, including MHA facility staff and administrators, community providers, and members of the judiciary.

Additionally, OFS staff met routinely throughout the year with Maryland facilities staff and community providers to disseminate information regarding juvenile competency and other forensic issues. OFS staff organized training in Hagerstown on forensic services issues for individuals with co-occurring mental illness and developmental disabilities in September, 2007.

Strategy Accomplishment:

This strategy was achieved.

(2-3D)

Conduct a survey of individuals found Not Criminally Responsible who are committed to MHA facilities; and in collaboration with CSAs, examine current resources, make possible adaptations within those resources to meet the needs of those individuals, and identify new program and services needed.

Indicator: Survey completed by MHA clinical staff, results reported to CSAs, current resources examined, recommendations for new services and resources made

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHA facilities; CSAs; community providers; DDA

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA's Office of Forensic Services (OFS), in consultation with the CSAs, developed a comprehensive survey to gather information on those individuals committed for a year or longer at MHA facilities. The purpose of the survey is to examine the clinical needs of patients and the availability of resources in the community with the expectation that CSAs will use this information to plan accordingly to support orderly discharges. The survey was sent out during the summer of 2008 and results will be reported in FY 2009 to assist the CSAs and other PMHS leadership in planning efforts.

Strategy Accomplishment:

This strategy was partially 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), homeless, incarcerated, substance abuse, developmental disabilities, and victims of trauma.

(3-1A)

Utilize Projects for Assistance in Transition from Homelessness (PATH) funds to continue services or leverage funding for additional services that support state transformation goals; continue to apply for federal support to enhance services; provide technical assistance to CSAs and providers of homeless services to support statewide provision of services for homeless individuals

Indicator: Data on services provision for homeless individuals, funding approved, technical assistance provided, quarterly meetings, and trainings

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, MHA Office of Special Needs Populations

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA awarded PATH funding to the CSAs in Baltimore City and 22 counties (all except Anne Arundel County). PATH funds are used for outreach, case management, supportive services in residential settings, screening and diagnostic services, supportive residential services, housing assistance, technical assistance in applying for housing, training, and referral to primary health, job training and educational services. During the fiscal year, 2,183 individuals were served. MHA continued to have quarterly meetings with CSAs and PATH providers and collected data on the number of PATH consumers served and services rendered from providers through submission of providers' quarterly reports. Technical assistance was provided to the CSAs and providers for the completion of their quarterly and annual reports, plans denoting intended use, budgets, and other programmatic issues.

In FY 2008, the PATH funding level was decreased to \$1,052,000 due to federal cuts in the PATH Program. The \$13,000 reduction in funding did not affect direct services to PATH eligible consumers. The \$13,000 shortfall in FY 2008 was taken from Baltimore City's PATH award, which in previous years were used to provide statewide training and scholarships for consumers and/or PATH providers to attend national, state, and local conferences to enhance skills. MHA's Office of Special Needs Populations applied for continued PATH funding on April 30,

2008 and was approved for \$1,032, 000 in federal funding from SAMHSA for Fiscal Year 2009.

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 the Department of Housing and Urban Development (HUD) funded Supportive Housing Program and Shelter Plus Care Housing.

Indicator: Meeting minutes and reports, training materials, report on projects funded

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; ADAA; CSAs; MHA facilities; local service providers; consumers

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

FY 2008 activities and status as of 06/30/08 (final report):

In September 2007, MHA's Office of Special Needs Populations provided a two-day HUD Housing Quality Standards Training in Baltimore. Forty one (41) participants attended the Housing Quality Standards Training sponsored by the Mental Hygiene Administration, the National Association of Housing and Redevelopment Officials, and the Mental Health Authority of St. Mary's County. On June 5, 2008, MHA's Office of Special Needs Populations held a Shelter Plus Care 101 training for new PATH, Shelter Plus Care, and housing providers and CSA Shelter Plus Care Contract and Fiscal Monitors on how to apply for Shelter Plus Care rental assistance for consumers who are homeless and have a serious mental illness; and on understanding Shelter Plus Care Policies and Procedures. Evaluations from participants were reviewed and summarized by MHA staff and indicated that the trainings were beneficial to staff serving the needs of consumers who are in need of housing. MHA's Office of Special Needs Populations continued to meet quarterly with Shelter Plus Care providers, to provide technical assistance and up-to-date information on Shelter Plus Care.

Strategy Accomplishment:

This strategy was achieved.

(3-1C)

MHA, in conjunction with the Mental Health Transformation Office (MHTO), will plan and implement a major project on reducing disparities among people with mental illnesses.

Indicator: Best and promising practices researched, data collected, pilot implemented in two Maryland counties, recommendations for system change reviewed

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHTO; Iris Reeves, MHA Office of Planning, Evaluation, and Training; CSAs; consumer and family advocacy groups

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2008 activities and status as of 06/30/08 (final report):

Over the past year, most of MHTO's work related to reduction of disparities focused on assuring the cultural competence of the services and providers in the PMHS, pursuant to the mandate of HB 524 (Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals), enacted in 2007. These efforts have been based on a belief that improving cultural competence is a crucial part of enhancing access to mental health services for all Marylanders, regardless of race, ethnicity, gender, age, or other demographic factors.

In accordance with HB 524, MHA convened a workgroup composed of representatives of major stakeholders, which developed a report that was submitted to the Maryland General Assembly in January 2008. The report's recommendations, now being implemented, serve as an action plan to reduce and ultimately eliminate disparities in mental health care. Under the Transformation grant, MHA is working collaboratively with CSAs and State-level partners to implement nationally recognized best and promising practices in reducing health disparities to address the ongoing needs of consumers, families, and service providers.

In lieu of a two-county pilot, the MHA Cultural Competence Initiative, through the support of MHTO, is moving forward in completion of the development of an outreach campaign to engage local mental health authorities, and their provider networks, in cultural competency training in several Maryland political subdivisions. Another ongoing activity is the establishment of consensus on a cultural competency organizational assessment tool.

Strategy Accomplishment:

This strategy was achieved.

(3-1D)

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

Indicator: Additional providers enrolled, additional eligible individuals in MHA facilities identified for community placement, placements made, 30 eligible consumers receiving waiver services, plans of care developed and monitored

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, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA continues to monitor the community placements for the 30 individuals that are being served through the TBI waiver program by conducting quarterly site visits with waiver participants, participating in annual plan of care meetings, and following up on critical incidents involving waiver participants.

The waiver for Adults with Traumatic Brain Injury reached capacity and accepted no new applicants in June 2007. A registry of persons interested in waiver services has been created by the administration. As of June 2008, 45 individuals are on the TBI Waiver registry.

MHA intends to expand the TBI waiver program in FY 2009 by two to five waiver slots. Additionally, at least 20 individuals are expected to enroll in the TBI waiver in FY 2009 via Medicaid’s Money Follows the Person Demonstration project. This project allows Medicaid to fund community-based alternatives for individuals in Medicaid funded institutional placements such as nursing facilities and long-term care hospitals.

Strategy Accomplishment:

This strategy was achieved.

(3-1E)

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 and Darren McGregor, MHA Office of Special Needs Populations; MHA Staff; CSAs; ASO; Detention Facilities; local providers; ADAA; other agencies

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA continued to provide support for the Maryland Community Criminal Justice Treatment Program (MCCJTP) with funding greater than 1.8 million dollars. The Maryland Association of Core Service Agencies (MACSA) conducted an independent study to survey what further resources were being secured through CSAs and local detention centers to leverage the state funding and increase the services provided. From the reports received it was noted that additional funding was secured through the Governor's Office of Crime Control and Prevention (GOCCP), local government, and detention centers totaling more than 2.5 million dollars. MCCJTP served nearly 9,000 individuals in FY 2008, which represents a 75% increase over Fiscal Year 2007.

More than 700 individuals received services through Maryland's Trauma, Addictions, Mental Health and Recovery (TAMAR) Program. This program is supported with funding from MHA and is currently offered in eight jurisdictions and at Springfield State Hospital Center. MHA was also selected and awarded the Healing Ourselves through Promises of Empowerment (HOPE) award by SAMHSA's National Center for Trauma Informed Care (NCTIC) for Maryland's leadership and commitment to providing trauma-informed care and the TAMAR Program.

Training on trauma informed care and post-traumatic stress disorder was facilitated in several regions of the State through the NCTIC. In addition, MHA provided an increase in technical assistance and consultation to other organizations within the state and nationwide. Currently, MHA is collaborating with Kennedy Krieger's Trauma Informed Grant workgroup to offer consultation to programs developed to assess and treat the traumatic impact on children whose primary caregiver is incarcerated.

Strategy Accomplishment:

This strategy was achieved.

(3-1F)

Collaborate with the Department of Public Safety and Correctional Services (DPSCS), Alcohol and Drug Abuse Administration (ADAA), Family Health Administration (FHA), the Judiciary, and the Archdiocese of Baltimore to implement the new women's transitional program (Chrysalis House Healthy Start Program), which is targeted to serve pregnant and post-partum women and their babies.

Indicator: Site visits to ADAA funded residential treatment programs, survey of attachment based models utilized by residential programs, joint meetings with ADAA and other involved agencies, meeting minutes, reports, etc.

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; ADAA; ADAA-funded Residential Substance Abuse Programs; FHA; DPSCS; the Judiciary; Baltimore Mental Health Systems, Inc.; Archdiocese of Baltimore City

Monitors: Marian Bland, MHA Office of Special Needs Populations

FY 2008 activities and status as of 06/30/08 (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. Based on this research, technical assistance was provided to the staff of the five ADAA-funded residential programs on available assessment tools. Consequently, DHMH decided to support the establishment of a women's transitional program, based on the trauma treatment as established by the Tamar's Children model.

MHA collaborated with DPSCS to obtain funding for the operation of the Chrysalis House Healthy Heart Start Program (CHHS) for services, health care, and other operational costs associated with the program, which began serving pregnant women in a 16-bed transitional facility in Baltimore in the summer of 2007. As of June, 2008, eleven women and 10 babies were being served by the CHHS program. 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.

(3-2)

Develop guidelines and explore potential financing for use of telemedicine within the PMHS for direct services, consultation, and education.

Indicator: Guidelines developed; financing needs and opportunities identified, financing requested.

Involved Parties: MHA/Maryland Association of Core Service Agencies (MACSA) Committee to Address Telemedicine; University of Maryland; PMHS providers; Sheppard Pratt Hospital Systems

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with MACSA, applied for grants from the Health Resources and Services Administration (HRSA) for the purchase of telemental health equipment in rural areas. In May, 2008 HRSA approved the grant for three years with a two-year renewal possibility. The steering committee with St. Mary's, Garrett, and Mid Shore Core Service Agencies was convened to oversee implementation of the grant. The University of Maryland, Department of Psychiatry, has 90 psychiatrists, many board certified, who will implement the telemental health project with Medical Assistance (MA) patients from these rural areas. MHA is providing funding for the psychiatrists services, which will eventually be reimbursed by MA.

MHA, in collaboration with CSAs, is now working to develop parameters for telemedicine, including its use to address access issues for remote locations, specialty services, and special needs groups. A committee has been developed and is working towards development of infrastructure and fiscal policy change in Maryland to support TeleMental Health Services in the community. This committee met jointly at multiple locations utilizing the proposed technology connection as a demonstration of how broad band audio-video connections can be used to support service delivery for remote rural locations with professional work force shortages or for special populations, such as deaf and hard of hearing consumers, who rely on American Sign Language (ASL) for communication. The committee has drafted a proposed chapter of regulations that would govern psychiatric consultation in designated rural areas and set forth the technical requirements for bandwidth, monitoring, resolution, and security.

Correctional Mental Health Services continues to provide telepsychiatry services at the St. Mary's, Charles, and Wicomico County Detention Centers. It also provides both live and telepsychiatry services at sites where Correctional Mental Health Services are established.

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.

(3-3A)

MHA, in collaboration with CSAs and advocacy organizations, will initiate and promote activities that enhance the continued integration of cultural awareness and cultural competence throughout the PMHS.

Indicator: Presentations and information disseminated at conferences and workshops, consumer and provider council meetings, ASO town hall meetings, educational outreach, review of CSA annual mental health plans for inclusion of culturally competent activities

Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and Training; MHA Cultural Competence Advisory Group (CCAG); MHTO; MHA Office of Consumer Affairs; CSAs; MHAM Cultural Competence and Mental Health Committee; OOOMD, MAPS-MD; providers; consumers; family members; advocates

MHA Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA's Multicultural Coordinator collaborated with the CSAs, 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.

As a participant on MHA's CSA Plan Review Committee, the Multicultural Coordinator offered assistance, upon request, to CSAs and local jurisdictions, based on plans reviewed. For example, an offer of support was given to Montgomery County Consumer Affairs Office, which requested assistance for an all-day Cultural Competence seminar in May, 2008. MHA's participation on the HB 524 (Workgroup on Cultural Competency and Workforce Development for Mental Health Professional) Workgroup led to a report, which serves as an action plan to reduce and ultimately eliminate disparities in mental health care.

During the preparation for MHA's Annual Conference, the Multicultural Coordinator planned and coordinated the inclusion of two workshops related to cultural competence and linguistic competence. MHA continues to participate as a member, in MHAM's Cultural Competence and Mental Health Committee with the overall goal of developing strategies to guide ways to integrate cultural competence into all aspects of PMHS service delivery and state, federal, and local planning efforts.

In FY 2009, the MHA/MHTO Cultural Competence Initiative will move forward in completion of the development of an outreach campaign to engage local mental health authorities and their provider networks in 8-10 Maryland political subdivisions, in cultural competency training. Also, MHA and the MHTO consultants will work to establish a consensus on a cultural competency organizational assessment tool. Under the Transformation grant, MHA will continue to work collaboratively with CSAs and state-level partners to implement nationally recognized best and promising practices in reducing health disparities to address the ongoing needs of consumers, families, and service providers.

Strategy Accomplishment:

This strategy was achieved.

(3-3B)

MHA will collaborate with the Mental Health Transformation Office (MHTO), the Mental Health Association (MHAM), and the DHMH Office of Minority Health and Health Disparities to convene a Workgroup on Cultural Competency and Workforce Development to examine barriers to access to appropriate mental health services provided by health care professionals who are culturally competent to address the needs of Maryland's diverse population.

Indicator: Identification of barriers, recommendations made regarding the development of specific training and programs to enhance the cultural competency of all mental health professionals, options identified to facilitate the eligibility of foreign-born and foreign-trained mental health professionals as appropriate, and examination of current licensing and certification requirements; preliminary report delivered November 1, 2007 per HB 524 (Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals)

Involved Parties: Representatives of the Legislature; representatives of relevant professional licensing boards; DHMH Office of Minority Health and Health Disparities; Iris Reeves, MHA Office of Planning, Evaluation, and Training; MHTO; MHAM; providers; advocacy groups; and other interested stakeholders;

Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2008 activities and status as of 06/30/08 (final report):

HB 524, signed into law by the Governor on May 8, 2007, required MHA in collaboration with the Transformation Work Group and the Office of Minority Health and Health Disparities in DHMH, to convene a Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals. The MHTO retained a consultant to work on a response to this legislative mandate.

To date, the following tasks have been accomplished:

- MHTO established a 26-member ethnically and culturally diverse Workgroup, which included consumers, families, representatives of advocacy organizations and higher education, legislators, providers, and representatives from mental health professional occupations.
- The Workgroup held three public work sessions regarding cultural competency training needs of mental health providers and issues affecting the recruitment and retention of a culturally and diverse mental health workforce on September 27, October 11, and October 25, 2007.
- The Workgroup also prepared a final report with fourteen recommendations, which was presented to the Maryland General Assembly Health and Government Operations Health Disparities Subcommittee. These recommendations were reviewed and accepted by the General Assembly at a special hearing.

The Cultural Competence Initiative is moving forward to attain the goals of developing an outreach campaign to engage local mental health authorities and their provider networks in 8-10 of the 24 Maryland political subdivisions in cultural competency training; establishing a consensus on a cultural competency organizational assessment tool; and conducting an evaluation of the organizational cultural competency trainings.

MHA continued to provide funds, in FY 2008, for the Maxie Collier Scholars Program through Coppin State University to establish and maintain a program for undergraduates indicating a career interest in mental health. A minimum of seven scholars participate in this program each year. Each scholar completes an internship in the Public Mental Health System prior to graduation.

Baltimore Mental Health Systems, the CSA for Baltimore City, provides training on an annual basis for its providers in cultural competence for minority outreach through the Black Mental Health Alliance.

Two consultants under contract with MHTO, in collaboration with MHA's Multicultural Coordinator and the University of Maryland, have designed an interactive and experiential technical assistance series which will, in FY 2009, train at least 150 adult consumers in new skills to assist them in developing effective strategies for improving cultural competence at the state, regional, and provider levels.

Strategy Accomplishment:

This strategy was 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, 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 all local jurisdictions including local training, collaborate with Maryland State Department of Education (MSDE) in the use of \$2.6 million in FY 2008 state budget for early childhood mental health consultation

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

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA and MSDE continued to meet monthly during the year to jointly plan for the early childhood mental health consultation project and formed an Advisory Committee to provide oversight and general direction to the project.

Approximately \$1.8 million, of the \$2.6 million originally approved for this project, was awarded through grants issued out of MSDE to the eleven Child Care Regional Resource Centers for statewide implementation of the mental health consultation project. Monthly Early Childhood Mental Health Consultation Project 'Leadership' meetings are held with appropriate project management/clinical staff to discuss issues of implementation and general technical assistance. This 'Leadership' meeting is jointly chaired by the Director of MHA's Office of Child and Adolescent Services and MSDE's Assistant Superintendent of the Division of Early Childhood Development.

Additionally, Maryland has been selected by the Center on the Social Emotional Foundations for Early Learning (CSEFEL) to participate in a training and technical assistance project to foster the professional development of the early care and education workforce. The Committee, under the aegis of MHA and

MSDE has undertaken sponsorship of the CSEFEL project. Training on the CSEFEL Pyramid Model was provided in two 2-day sessions. The first 2-day session was held January 17-18, 2008 and the second 2-day session was held February 28-29, 2008. Approximately 120 individuals completed this first training series.

Strategy Accomplishment:

This strategy was achieved.

(4-1B)

Continue statewide activities for youth suicide prevention, intervention, and postvention.

Indicator: 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, continuation of community outreach and trainings, update the state youth suicide prevention plan

Involved Parties: Henry Westray, MHA Office of Child and Adolescent Services; Maryland Youth Crisis Hotline Network; Maryland Committee on Youth Suicide Prevention

MHA Monitor: Henry Westray, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

Youth suicide prevention activities at MHA have resulted in a number of successful outcomes during the past year. The Annual Suicide Prevention Conference was attended by approximately 420 people in October 2007 with excellent overall evaluations from participants. The Maryland Youth Crisis Hotline Network installed and rolled out a new multi-site information management system with support from the Maryland Mental Health Transformation grant. This system is called iCAROL, a state-of-the-art software application for management of hotline operations and generation of data on their various critical program functions in suicide prevention work. The Youth Crisis Hotline Network met on a regular monthly basis during the year to coordinate these systemic developments and other program activities. In addition, MHA updated Maryland's Youth Suicide Prevention Plan, *Linkages to Life*, during this past year in order to more effectively continue statewide activities for youth suicide prevention. As a part of the process of plan development, MHA conducted an analysis of youth suicide trends by jurisdiction. Implementation of *Linkages to Life* will focus on suicide prevention activities targeting higher risk counties.

Additionally, MHA, in collaboration with MHTO, MSDE, Johns Hopkins University Medical School, and others, submitted a grant proposal to SAMHSA to address youth suicide in Maryland. This grant of \$1.5 million would provide an array of prevention, intervention, and postvention services with particular focus on at-risk populations.

Strategy Accomplishment:

This strategy was achieved.

(4-1C)

Explore enhancement of statewide activities for suicide prevention, intervention, and postvention to serve adults.

Indicator: Review of literature, committee or workgroup to be established focused on inter-agency collaboration, identification of statewide data for each age group, identification of available resources, report of findings and recommendations

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; Lissa Abrams, MHA Office of Adult Services; Henry Westray, MHA Office of Child and Adolescent Services; Maryland crisis hotlines and crisis response systems; University of Maryland Training Center; Office of Aging; MCOs; DHR; Office of the Medical Examiner; Office of Vital Statistics; CSAs; NAMI MD; MHAM; other stakeholders

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director and Audrey Chase, MHA Office of Compliance

FY 2008 activities and status as of 06/30/08 (final report):

In 2008, MHA developed an adult suicide prevention workgroup, consisting of representatives from mental health advisory councils, advocacy organizations, CSAs, and organizations for older adults. The group worked to identify relevant data on adult suicides statewide, such as numbers, rates, race, gender, age and risk factors, as well as special populations such as veterans. The Workgroup initiated the process of developing comprehensive strategies to be implemented with the goal of identifying at-risk consumers and reducing risk through an integrated model of care. These strategies and recommendations will become integrated within the youth suicide plan, *Linkages To Life*, to become one unified plan in FY 2009.

Strategy Accomplishment:

This strategy was 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)

MHA, through participation in the Maryland Policy Academy for Co-Occurring Mental Health and Substance Abuse Disorders, will promote the implementation of prioritized strategies outlined in the Leadership Team State Action Plan, submitted to SAMHSA's Co-Occurring Center of Excellence, in the areas of data collection, workforce development, screening and assessment.

Indicator: Implementation plan outlined

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Pat Miedusiewski, DHMH; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Director and Medical Director, ADAA; Department of Public Safety and Correctional Services; DHR; Maryland Policy Academy members (including representatives of mental health providers, substance abuse providers, and other stakeholders)

Monitor: Pat Miedusiewski, Department of Health and Mental Hygiene

FY 2008 activities and status as of 06/30/08 (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 leadership of the Maryland House of Representatives, DHMH, MHA, Maryland Medicaid, ADAA, DPSCS, DJS, MHAM, and a County Health Officer. A state action plan has been created as a result of this participation. In FY 2008 MHA continued to work on a priority within that action plan (screening and assessment) to support county initiatives and assure that policy and regulatory changes are reflected in state and local plans.

MHA has recently adopted new requirements for outpatient mental health clinics (OMHCs) which call for screening/assessment for co-occurring disorders, followed by an appropriate plan to refer or provide needed substance abuse services in the individual's treatment plan. The Evidence-Based Practice Center (EBPC) developed a list of 'scientifically validated screening and assessment instruments,' and this information has been incorporated in the MHA regional trainings on the new regulatory changes, held over six days in February 2008, with approximately 600 in attendance. A Universal screening and assessment tool for adolescents and adults in the forensic/criminal justice system has been developed and will be implemented for use in FY 2009.

Also, a State Charter, reflecting the state's ongoing development toward service integration across systems has been developed and will be a further focus for the newly established DHMH Office of the Deputy Secretary for Behavioral Health and Disabilities which will include responsibilities for developing a system of services for individuals with co-occurring disorders, to address systems change and to identify and implement specified treatment and supports.

Strategy Accomplishment:

This strategy was 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, adolescents, transition-age youth with psychiatric disorders, and their families.

(4-3A)

Create an interagency project to better serve mental health needs of children in the child welfare system.

Indicator: Project design completed, needs assessment completed

Involved Parties: Daryl Plevy, MHTO; Al Zachik, MHA Office of Child and Adolescent Services; DHR staff; other stakeholders

Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2008 activities and status as of 06/30/08 (final report):

Over the past year, a number of milestones were attained in coordinating mental health services to foster care children:

Maryland successfully submitted an application to participate in the Community-Based Alternatives to Psychiatric Residential Treatment Facility (PRTF) Demonstration Project, which will initially enhance Maryland's efforts to respond to the issue of Custody Relinquishment by expanding an array of MA services for youth with Serious Emotional Disturbance (SED) who meet the diagnostic criteria for PRTF level of care, including children who would otherwise only be eligible for Medicaid-funded services in a PRTF as a "family of one". and expanding the array of services covered by Medicaid. The Section 1915(c) Medicaid Waiver needed for the PRTF Demonstration Project was submitted to the Centers for Medicare and Medicaid Services (CMS) in July 2007 and was approved in February 2008.

Maryland's signature child welfare initiative, *Place Matters*, was launched in summer 2007. *Place Matters* promotes safety, family strengthening, permanency, and community-based services for children and families in the child welfare system in the least restrictive settings. Additionally, a data and fiscal analysis group has been formed to examine current funding mechanisms for youth in the child welfare system and merge data sets from both the child welfare and PMHS management information systems. Also, during the spring of 2007, the Governor established the L.J. Health Care Advisory Group (named for the L.J. v. Massinga lawsuit, which resulted in a 19 year consent decree about services to Baltimore children in the foster care system), co-chaired by the Secretaries of DHR and DHMH, and charged it to develop an adequate continuum of appropriate services that links somatic and mental health care services for the foster care population in Baltimore City.

MHA submitted a statewide application to SAMHSA/ Center for Mental Health Services (CMHS) for the Children's Mental Health Initiative in January 2008 to improve outcomes for children, youth, and families served by, or at risk of

entering foster care. This grant, known as the Maryland Crisis and At Risk for Escalation Diversion Services for Children (MD CARES) was awarded, and in FY 2009, will blend family-driven, evidence-based practices within mental health and child welfare to better serve this high risk population. The grant will focus on Baltimore City neighborhoods where the majority of youth and families in foster care reside.

To support the shift from a crisis-oriented to a prevention-oriented system of care, DHR and MHA developed a Crisis Response and Stabilization model, following completion of a project design and needs assessment. The model is supported by a two-phased state budget proposal that includes new state general funds, reconfiguration of existing PMHS resources, and Medicaid. As a match for this grant, the Governor allocated \$1.15 million for Phase One, which covers Baltimore City, in the FY 2009 budget. Phase Two is projected to be funded in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

(4-3B)

Develop a plan, in collaboration with stakeholders, to improve services for transition-age youth (TAY) with disabilities.

Indicator: Work group convened; plan and strategy developed

Involved Parties: Lissa Abrams, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; Maryland Department of Disabilities (MDOD); MSDE; CSAs; Maryland Coalition of Families for Children's Mental Health; Governor's Interagency Transition Council for Youth with Disabilities; key stakeholders including parents, students, and advocates

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

FY 2008 activities and status as of 06/30/08 (final report):

As a result of the Maryland Coalition of Families for Children's Mental Health Report, *Listening and Learning from Transition Age Youth and Their Families*, MHA established and convened a subcommittee of the Children's Mental Health Blueprint Committee to focus on the unique needs of Transition-Age Youth with mental health needs. Input from FY 2008 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), was also a factor in the subcommittee proceedings. During the fiscal year, the Subcommittee focused on effectively integrating the work of *Ready by 21, A Five Year Action Agenda for Maryland* launched by the Maryland's Children's Cabinet and the Governor' Interagency Transition Council for Youth with Disabilities (ITC)

toward developing a strategic plan to improve services for TAY with emotional disabilities.

The plan, presently in development by MHA/Blueprint Committee, is expected to be completed in FY 2009. Additionally, a policy forum under the auspices of the Georgetown Mental Health Policy Academy is planned for December 2008 to build consensus, to integrate the plan with components of *Ready by 21*, and to begin dissemination of the strategic plan to interested stakeholders.

Strategy Accomplishment:

This strategy was achieved.

(4-3C)

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: Brian Hepburn, MHA Office of the Executive Director; Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; DJS; other appropriate MHA Staff; CSAs; provider organizations

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA engages in routine meetings to ensure proper services are in place for youth; receives reports from various jurisdictions where MHA funds positions within the juvenile facilities; and continues to consult with DJS on all issues relating to mental health behavioral health services for youth within their system. MHA also works in collaboration with each jurisdiction to offer consultation for aftercare services in the DJS system. Additionally, MHA provides consultation for behavioral health staffing considerations and participates in the development of training for mental health clinicians on the behavioral health staff, as needed. Trainings are provided, also as needed, by MHA staff certified through the Maryland Correctional Training program.

MHA continues to provide oversight for Family Intervention Specialists, who are clinicians working in collaboration with DJS teams, to provider mental health consultation and linkages to services for identified youth. In FY 2009, DJS decided to discontinue their Intensive Aftercare Teams and will introduce a new

Violence Prevention Initiative which will facilitate monitoring of the highest risk youth through individualized strategies. This will change the role of the FIS clinicians. However, mental health services will still be provided to youth in the system.

Strategy Accomplishment:

This strategy was achieved.

(4-3D)

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), participation in MSDE integration grant, if awarded, to link school, mental health and crisis intervention, active participation in School Mental Health Subcommittee of the Blueprint Committee

Involved Parties: MHA Office of Child and Adolescent Services; MSDE; GOC; MHAM; CSAs; Maryland Coalition of Families for Children's Mental Health; advocates; family members; local school systems

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA continues to participate in the efforts of MSDE, in partnership with Sheppard Pratt Health System and Johns Hopkins University, Bloomberg School of Public Health, to oversee and support the statewide implementation of Positive Behavioral Interventions and Supports (PBIS), an alternative behavioral modification program to reduce suspensions in schools. MHA sits on the Statewide PBIS Leadership Team. The program has been successful in decreasing the number of suspensions and expulsions, as well as behavioral referrals to special education. An increasing number of schools are choosing to use this program because of its success in improving school climate.

Each summer, the Maryland PBIS hosts a Training Institute for new teams and local school systems host a number of local/regional Training Institutes for their implementing schools. As of 2008, a total of 648 schools are trained in PBIS and 568 schools are actively implementing PBIS in Maryland.

In FY 2009, MHA will work through the School Mental Health Subcommittee of the Maryland Blueprint Committee to hold a School Mental Health Conference.

Strategy Accomplishment:

This strategy was 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, and evaluate programs annually to determine eligibility for EBP rates.

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;

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (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 evidence-based Practice (EBP). MHA hired two evaluators to review programs' compliance with the EBP model to determine eligibility for the EBP rate.

By the end of FY 2008, 30 of the 44 SE programs have either been trained or are receiving training in the EBP model. Of the 30 trained, 14 have met the fidelity standards and are eligible for the EBP rates. Also, in FY 2008, 2,241 individuals received SE services. MHA estimates that of that number, 1,264 adults received evidence-based SE services. Throughout FY 2008, MHA staff continued to provide technical assistance to SEPs statewide. Supported employment outcome measures and data collection methods are being developed for implementation across all sites.

In implementing ACT, MHA received an EBP Training and Evaluation grant from the 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 Training Resource Programs (TRPs). In FY 2008, 1,874 individuals received mobile treatment (MT) services. Eight of the 24 (MT) programs serving adults received training. Of the eight trained MT programs, seven have met the fidelity standards for ACT and served 685 adults.

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, four have met the fidelity standards in their provision of FPE, serving a total of 47 consumers and 54 family members. Training has been implemented with an individual consultant using a collaborative training process.

Strategy Accomplishment:

This strategy was achieved.

(5-1B)

In collaboration with the University of Maryland, the Johns Hopkins University, and the Maryland Coalition of Families for Children's Mental Health, implement the *Maryland Child and Adolescent Mental Health Institute* to research and develop child and adolescent focused evidence-based practices in mental health and to assist in the planning and implementation of EBPs.

Indicators: *Maryland Child and Adolescent Mental Health Institute* established, the EBP Subcommittee of the Blueprint Committee staffed by the Institute, minutes of meetings, target EBPs identified and prioritized, strategies for priority EBPs developed, collaboration with the Institute and DHR in the implementation of the Center for the Study and Facilitation of Effective Treatment for Traumatized Youth – Child Welfare, if awarded.

Involved Parties: Al Zachik and Joan Smith, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; MHTO; University of Maryland EBPC; University of Maryland and Johns Hopkins University Departments of Psychiatry; CSAs; Maryland Coalition of Families for Children's Mental Health; MARFY; MHAM; other advocates; providers

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

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with MHTO, the University of Maryland, Johns Hopkins University, and the Maryland Blueprint Committee helped to launch the Maryland Child and Adolescent Mental Health Institute. The Institute completed its first year of operation in FY 2008 with a number of key accomplishments. In partnership with the EBP Subcommittee of the Blueprint Committee, the Institute

completed the process of reviewing the selection of priorities for EBP development in Maryland that was spearheaded and approved by MHA's Child and Adolescent Advisory Committee (a.k.a. the Blueprint Committee). A report was issued by the EBP Subcommittee of the Blueprint Committee, which set forth recommendations for EBP development that include the following: 1) development of an trauma-informed system of care; 2) ongoing efforts to implement effective Treatment Foster Care (TFC); 3) support of local efforts for evidenced-based family therapy, (e.g. Multi-Systemic Therapy and Functional Family Therapy); 4) improvement of best practices in respite care and child psychiatric rehabilitation practice; and 5) further work with school-based mental health and early childhood mental health communities on promising practice approaches.

Additional workgroups on respite care, psychiatric rehabilitation, and transition-age youth have been created under the auspices of the Maryland Blueprint Committee, managed by Institute staff, to refine the work on EBP development and implementation. The TFC Roundtable will oversee implementation of TFC, while the implementation of the promising practice of high fidelity Wraparound will continue in existing local sites and through implementation of the residential treatment center (RTC) waiver.

Strategy Accomplishment:

This strategy was achieved.

(5-1C)

MHA, in collaboration with Maryland Department of Health and Mental Hygiene (DHMH) and CSAs, will continue to support initiatives at the county level to implement integrated systems of care for consumers with co-occurring mental health and substance use disorders.

Indicator: Implementation of initiatives at county team level in eight

CSAs/jurisdictions, minutes of implementation meetings, reports on objectives accomplished, local consensus documents and action plans developed, identification of most effective components from available systems integration models

Involved Parties: Tom Godwin, University of Maryland EBPC; Pat

Miedusiewski, DHMH; MHA Office of CSA Liaison; MHTO; the Alcohol and Drug Abuse Administration (ADAA); CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

Monitor: Tom Godwin, Evidence-based Practice Center and Pat Miedusiewski, Department of Health and Mental Hygiene

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008 MHA continued multiple collaborations with DHMH to promote integrated treatment for consumers with co-occurring disorders at the local level.

Representatives from MHA and DHMH met regularly with county leaders to provide assistance and support for regional initiatives. MHA has also supported and encouraged the use of the *Comprehensive, Continuous, Integrated Systems of Care* (CCISC) model as developed by Minkoff and Cline. Based on MHA orientation and technical assistance, CSAs have adopted elements of the CCISC which work best for their particular jurisdiction. Five jurisdictions - Anne Arundel, Baltimore, Kent and Washington Counties, and Baltimore City - have developed county-wide consensus documents and are currently involved in strategic planning processes. Other jurisdictions such as Calvert, Mid-Shore, Cecil, and Frederick Counties, and Baltimore City have adapted ideas from the CCISC model to conduct program-level initiatives. Prince George's County has strengthened its local Drug and Alcohol Council by combining the CCISC process with its operations. Reports of local progress and most effective treatment components are sent to MHA/DHMH from the EBPC.

Strategy Accomplishment:

This strategy was achieved.

(5-1D)

MHA, in collaboration with CSAs and stakeholders, will develop a plan to implement a nationally recognized evidence-based practice for individuals with co-occurring disorders.

Indicator: pilot project designed, including definition of eligible providers, eligible consumers, financing; pilot sites selected; training and consultation provided at sites; begin identification of issues for statewide implementation

Involved Parties: Stacy Rudin, MHA Office of Planning, Evaluation, and Training; University of Maryland; CSAs; providers; Gayle Jordan-Randolph and Tom Godwin, MHA Office of the Clinical Director; Pat Miedusiewski, DHMH

MHA Monitors: Lissa Abrams, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008 MHA held several meetings with stakeholders to discuss the implementation of the Evidence-Based Practice of Integrated Dual Disorders Treatment (IDDT). As a result, the MHA has decided to roll out a three-stage plan, to expand the capacity for Co-Occurring Disorders (COD) services systemwide. A Consultant/Trainer was hired, and began working on these three stages related to COD:

- Stage I: The provision of continued technical assistance for jurisdictions that are implementing the Comprehensive, Continuous, Integrated System of Care (CCISC - Minkoff and Cline) model, and upon request, technical assistance for a limited number of additional regions based upon application, and an evaluation of a given region's readiness to implement this model.

- Stage II: To support the development of a Dual Diagnosis Capable (DDC) provider network, the University of Maryland over the next six months will develop a COD curriculum and training plan targeted for outpatient mental health clinics (OMHC) staff. This training will be based on the requirements of the new regulatory changes for COD services in OMHCs.
- Stage III: Provide consultation on the IDDT Toolkit to those jurisdictions which have demonstrated a planned effort toward the development of DDC on a countywide basis.

Through this process, each jurisdiction will ultimately be able to inventory its progress in the delivery of services for the highly prevalent population of individuals with COD, and to subsequently gain technical assistance to further the development of appropriate services.

Additionally, a series of regional trainings was held in June, 2008 to provide didactic and practice training on a select number of these tools. These trainings, held regionally around the state, were attended by approximately 210 providers. Continued assistance will be available to providers as they work to become proficient in screening and assessing for CODs.

Strategy Accomplishment:

This strategy was achieved.

(5-1E)

Develop best practices for improving integration of somatic and psychiatric treatment and service needs for individuals in residential rehabilitation programs (RRPs) with complex medical needs or who are older adults.

Indicator: Develop survey and gather data to identify level of somatic conditions, receipt of completed surveys, survey analysis, and development of staffing needs.

Involved Parties: Lissa Abrams, Marge Mulcare, and Georgia Stevens, MHA Office of Adult Services; CSAs; OOOMD; CBH

MHA Monitor: Lissa Abrams and Marge Mulcare, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA, at the end of FY 2008, conducted a survey regarding the complexity and extent of somatic conditions facing consumers residing in RRP within the Public Mental Health System. Results are being compiled and analysis will be conducted in FY 2009. A review of identified staffing needs will be discussed based on the analysis of consumer physical and somatic programming and results from the surveys will assist in the development of training focused on workforce development in the field of geriatric mental health.

Strategy Accomplishment:

This strategy was partially achieved.

(5-1F)

Identify recommendations from the Annapolis Coalition on the Behavioral Health Workforce as potential opportunities to address issues in Maryland's workforce development.

Indicator: Review summaries of the Coalition recommendations, identify opportunities for Maryland implementation

Involved Parties: Carole Frank, Cynthia Petion, and Iris Reeves, MHA Office of Planning, Evaluation, and Training; Lissa Abrams, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; MARFY; CBH; providers

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

FY 2008 activities and status as of 06/30/08 (final report):

The Annapolis Coalition's Action Plan for Behavioral Health Workforce Development is a SAMHSA-funded project, which was charged with developing a comprehensive plan to address the nation's growing crisis surrounding efforts to recruit, retain, and effectively train a prevention and treatment workforce in the mental health and addiction sectors of this field.

To facilitate progress toward this goal, MHA, through its Transformation Grant, and in collaboration with OOOMD, provided six regional trainings to adult psychiatric rehabilitation programs (PRPs) and OMHCs as a first step in a longer term effort to assist in the incorporation of practices based on recovery. The Annapolis Coalition report states that every training should formally engage persons in recovery in substantive roles as educators for other members of the workforce. This was incorporated into the Recovery Training. The training included:

- an overview of recovery;
- a consumer panel, with consumers discussing what was most helpful to their own recovery;
- a discussion period where providers, consumers, family members, and CSA representatives met to discuss the implications of this new direction; and
- a review and Q/A of the new Code of Maryland (COMAR) regulations.

CSAs are holding follow-up meetings, region by region, and a MHA Recovery Committee, consisting of MHA representatives, consumers, providers, and advocates, is looking into next steps.

Strategy Accomplishment:

This strategy was achieved.

(5-1G)

Develop curricula for child and adolescent mental health providers, in collaboration with the Maryland State Department of Education (MSDE), the Department of Human Resources (DHR), the Department of Juvenile Services (DJS), and the Mental Health Workforce Development Steering Committee, based on the established core competencies.

Indicator: Meeting minutes, action steps implemented, curricula developed, 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; MHTO; MSDE; Mental Health Workforce Development Steering Committee; DJS; DHR; 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, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with MHTO, MSDE, DHR, DJS, and others, developed plans and funding mechanisms, during FY 2008, to continue to support the work of curricula development overseen by the Work Force Development Steering committee. MSDE has contributed training funds available under the Individuals with Disabilities Education Act (IDEA) to support this strategy and these funds have been braided with funds from the MHT-SIG. Additionally, \$80,000 was identified and packaged from two sources during the reporting year to carry this work forward into the next fiscal year.

A contract with the Maryland Child and Adolescent Mental Health Institute to complete the curricula in FY 2009 has been finalized. The envisioned training modules will be multi-disciplinary in scope and will include both pre- and in-service recipients. The modules will be disseminated in a variety of formats (on-line, face-to-face, web based, etc.).

Strategy Accomplishment:

This strategy was partially 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)

Enhance crisis response systems and support the development and use of alternative services in Montgomery, Anne Arundel, and Prince George's Counties, and Baltimore City CSAs, to reduce the need for inpatient treatment and divert adults, children and adolescents from emergency departments (EDs) and inpatient psychiatric services.

Indicator: Number of uninsured individuals diverted from inpatient services; number of alternative services provided; reduction of emergency department (ED) requests for admission to state hospitals.

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 in involved jurisdictions; other stakeholders

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA continued its collaboration with Montgomery County, Anne Arundel County, and Baltimore City CSAs to enhance crisis response systems and support the development and use of alternative services to reduce the need for inpatient treatment and divert adults, children and adolescents from emergency departments and inpatient psychiatric services. The hospital diversion projects developed in all three jurisdictions are showing reductions in admissions of uninsured individuals to state hospitals and presenting creative, successful use of community-based alternatives. The Montgomery County Department of Health and Human Services (MCDHHS) crisis system developed evaluation and triage teams that evaluate individuals in the ED who are uninsured and for whom hospitalization is being requested. To date this project has diverted 30% of individuals seen by the MCDHHS diversion team. Anne Arundel is diverting, and referring and accessing care through the mental health and addictions system. This program has diverted an average of 37% of individuals in EDs. In addition to the expansion of the mobile crisis teams, Baltimore Mental Health Systems (BMHS), through Baltimore Crisis Response System, Inc (BCRI) has expanded the number of residential crisis beds from 12 to 21. This program, thus far, has diverted an average of 81% of individuals. In FY 2008, diversion projects in Prince George's and Baltimore Counties joined those initiated in FY 2007, for a total of five jurisdictions.

Additionally, MHA has altered the previous centralized admission and referral process for EDs to use in locating and accessing state hospital beds. The process now relies heavily on using local systems of care. Through changing the locus of

the admission system to the state hospitals to the region where the service is located, better coordination of care has developed between the community mental health system, the CSAs, local hospitals, and the state hospitals. The collaboration better promotes the use of alternative services to hospital levels of care and facilitates the discharge of long-stay state hospital patients. The PMHS offers several services that can prevent an inpatient psychiatric admission or provide an alternative to psychiatric inpatient admissions. These services include Mobile Treatment Services (MTS) and Assertive Community Treatment (ACT).

Strategy Accomplishment:

This strategy was achieved.

(5-2B)

Assess preferences, needs, and desires of individuals hospitalized longer than 12 months in state hospitals, using the Discharge Readiness Assessment Tool.

Indicator: Interview team convened, number of patients interviewed; recommendations identified

Involved Parties: MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of Adult Services; MHTO; CSAs; Facilities' Chief Executive Officers; MDOD; consumer, family, advocacy organizations; CBH; OOOMD; NAMI MD

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2007, a committee of stakeholders including MHA, MHTO, CSAs, state hospitals, and others, 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 state hospitals. Ten CSA representatives and seven consumer representatives received eight hours of training for the Consumer Resource Development Interview Project using the Discharge Assessment curriculum which included; Interviewing Skills, Confidentiality, and Use of the Assessment Tool. In FY 2008, 19 consumers at the Eastern Shore Hospital Center were interviewed by the team of consumers and CSA representatives. The interviews were intended for individuals who have been in the state hospital for a year or more. Each interview lasted approximately 30 minutes or more depending on how the interviewed consumer responded to the questions.

The results are in the process of being analyzed and revisions will be made in December 2008. The current assessment tool is a revised standard discharge assessment modeled on the one used by the Eastern Shore Hospital Center. The committee revised the standard form and incorporated the policy of planning for person-centered care. The data, and what has been learned from the initial pilot, will be analyzed in preparation for statewide roll out in spring 2009. MHA and MHTO intend to conduct interviews across all state hospitals. After completion

of the entire project, the benefits and effectiveness of the project will be analyzed. Thereafter, the merits of using the assessment tool on an ongoing basis will be considered.

Strategy Accomplishment:

This strategy was achieved.

(5-2C)

Continue implementation of wraparound and community-based care pilots in, Baltimore City, and Montgomery, St. Mary's and Wicomico counties for youth who meet residential treatment center (RTC) level of care.

Indicators: Pilot projects continue, minutes of meetings, reports on status of 1915(c) waiver submission, identification of most effective outcome measure from the pilot projects

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Medical Assistance; Baltimore City, St. Mary's and Montgomery Counties 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 Services

FY 2008 activities and status as of 06/30/08 (final report):

Maryland's Section 1915(c) waiver was approved by CMS in December 2007. The services made available through Wraparound to divert or reduce the lengths of stay of youth meeting the RTC medical necessity criteria, are funded through a combination of Medicaid and state funds administered by the GOC. This program provides accountable care coordination for children with the most intensive multi-system needs through designated care management units or entities. In FY 2008, the Wraparound projects continued in the two county sites and have been implemented in two additional jurisdictions in St. Mary's and Wicomico Counties. A rigorous program of fidelity monitoring for assuring the quality of implementation of the approach has been continued by the Maryland Child and Adolescent Mental Health Institute. Service utilization data on the delivery of services using the Wraparound approach shows that in FY 2008, a total of 312 youth and families were served in these four target counties.

Fidelity monitoring will be conducted at least three times per year. In addition to fidelity monitoring, increased focus on child and family outcomes monitoring to identify effective outcome measure from the pilot projects will take place in FY 2009.

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 (SB) 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 SB 748

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

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

FY 2008 activities and status as of 06/30/08 (final report):

Maryland's Section 1915(c) waiver was approved by CMS in December 2007 as a legal authority for State and federal financing of the CMS Psychiatric Residential Treatment Center Demonstration project. Regulations to govern the operations of the waiver have been drafted and are currently under final legal review prior to promulgation. Extensive planning for provider recruitment and credentialing has been completed and will be implemented during the upcoming year as a necessary step prior to the time youth may be enrolled and served in the waiver.

Strategy Accomplishment:

This strategy was achieved.

(5-2E)

Collaborate, with the Department of Public Safety and Correctional Services (DPSCS), Department of Human Resources (DHR), Motor Vehicle Administration (MVA) and other stakeholders to fulfill requirement of House Bill (HB) 281 – (Incarcerated Individuals with Mental Illness).

Indicator: Inmates leaving prison receive medication, case management service assessments for specified inmates, plans developed for the state to divert individuals with serious mental illness who come in contact with the criminal justice system to alternate services as appropriate, data link project implemented

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; Marian Bland, MHA Office of Special Needs Populations; CSAs; DPSCS; DHR, MHAM; ASO

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

The HB 281 Committee met eight times in FY 2008 to address three major issues:

- Establishment of procedures to provide inmates leaving correctional facilities with, at least, a 30-day supply of medication.

- Development of a mechanism between DPSCS and the CSAs for continuity of care through appointments with community providers.
- Development of new procedures with MVA to provide an official identification for inmates upon discharge.

The Committee submitted a report to the Chairs of the Senate Finance and the Health & Government Operations Committees. The goals of the HB 281 Committee have officially been met with the submission of the report. However, the Committee has decided to continue to meet under the new name of Mental Health and Criminal Justice Partnership to pursue implementation of the goals identified in the report.

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)

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, evaluations, support for CSA training,

Involved Parties: Carole Frank and Cynthia Petion, 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 2008 activities and status as of 06/30/08 (final report):

The Mental Health Services Training Center within the Mental Health Systems Improvement Collaborative participated in about 60 events in FY 2008. These events included conferences and trainings, often in collaboration with other departments, agencies, and advocacy groups. A variety of training modalities was utilized, including annual conferences, targeted training events, motivational interviewing, and regional trainings to support the implementation of several initiatives such as the concept of recovery and focus on hope and optimism in services, programs, and consumer activities. Other focused areas included evidence-based practices, trauma, and resiliency.

MHA also teamed with advocacy groups to present training. MHA and the MHAM presented the first Maryland training on Mental Health First Aid, soon to

become a statewide initiative. OOOMD presented trainings on Employment and Recovery.

Strategy Accomplishment:

This strategy was achieved.

(5-3B)

Explore existing training materials available on cultural competency and identify curricula (face-to-face or web-based) to recommend for statewide dissemination.

Indicator: Curricula identified, dissemination plan developed

Involved Parties: Carole Frank and Iris Reeves, MHA Office of Planning, Evaluation, and Training; MHA Cultural Competence Advisory Group (CCAG); MHAM Cultural Competence and Mental Health Committee; CSAs; other interested parties

MHA Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (final report):

MHA identified several approaches and materials to facilitate training on cultural competency statewide. MHA reviewed a series of training materials from the National Center for Technical Assistance at Georgetown University. Also, a resource listing/bibliography on cultural competence was compiled and provided to the CSAs, along with a listing of user-friendly cultural competence curricula and websites.

MHA and MHTO have initiated the Cultural and Linguistic Competence (CLC) Project to develop curricula that will engage administrative level, direct care staff, and consumer representatives of provider programs across the state in cultural competence awareness issues. The CLC project was in the initial stages during FY 2008. Ongoing dissemination and technical assistance to providers from MHA and MHTO consultants will take place in FY 2009.

Strategy Accomplishment:

This strategy was achieved.

(5-3C)

In collaboration with other agencies, provide training for the Projects for Assistance in Transition from Homelessness (PATH) homeless services providers to increase current knowledge of emerging best practices including Social Security Disability Insurance (SSDI)/Supplemental Security Income (SSI) Outreach, Access, and Recovery (SOAR) to facilitate consumer access to benefits and services.

Indicator: Meeting minutes and reports, use of DHR/SAMHSA grant toward funding of training materials, lists of individuals trained, report on funded projects, consumer self reports on SSDI/SSI applications expedited

Involved Parties: MHA Office of Special Needs Populations; DHR; SAMHSA; Social Security Disability and Supplemental Security Income Administrations; ADAA; CSAs; MHA facilities; local service providers; consumers

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

FY 2008 activities and status as of 06/30/08 (final report):

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 met with PATH providers and other key agencies to disseminate information about the SOAR Initiative.

DHR held three SOAR trainings in the fall of 2007, which included participation of PATH providers from Baltimore City, Baltimore, Frederick and Prince George's counties. Ninety-two (92) providers from the Department of Social Services, emergency and transitional shelters, faith-based organizations, and other homeless service agencies were in attendance. Providers were trained on how to apply for SSI and SSDI benefits for consumers and how to document medical evidence and disability. Participants of the SOAR training were provided a step-by-step explanation of SSI application and disability determination process.

In addition to the trainings provided in the fall of 2007, several PATH providers participated in a SOAR training held on the Eastern Shore in April 2008. Twenty six (26) providers participated in this training.

MHA also facilitated the transfer of leadership of the SOAR initiative from DHR to MHA's Office of Special Needs Populations. The Office of Special Needs Populations chaired two planning workgroup meetings (State and Baltimore City SOAR Planning Workgroup) on June 25, 2008. The purpose of the planning workgroup meetings were to discuss the change in leadership, changes in SOAR implementation plan, and develop strategies to address SOAR training needs.

Strategy Accomplishment:

This strategy was 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)

Routinely monitor for system growth and expenditures, identify problems, and implement corrective actions as needed.

Indicator: Monthly and quarterly reports by ASO, analysis of reports by involved parties, including analysis of new rate structure, new utilization management practices

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: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care

FY 2008 activities and status as of 06/30/08 (final report):

MHA and the ASO review weekly and quarterly expenditure and utilization reports to ascertain trends in service delivery and/or spending. This information is used to develop strategies for managing the budget, amending current MHA policies as needed, and correcting any problems that may be identified. Additionally, the CSAs routinely review various Crystal Reports detailing claims and utilization for consumers and providers within their respective counties.

Other efforts that are monitored in the PMHS include the review of individuals who are uninsured to determine if applicable entitlement benefits have been received. This includes the Primary Adult Care (PAC) program. Uninsured individuals enrolled in the PAC now have medical assistance (MA) coverage for most mental health care (excluding hospital emergency room service, inpatient, and outpatient hospital-based services). Additionally, in FY 2008, MHA continued implementation of differential rates to support and incentivize the implementation of evidence-based supported employment, assertive community treatment, and family psychoeducation. An enhanced rate is paid when the evidence-based practice is delivered within the defined fidelity thresholds. MHA has also developed the capacity to monitor fidelity. The results of this will be evaluated in FY 2009. Also, MHA is working with Medicaid Administration to assure all federal funds are claimed for MA-reimbursable services.

Strategy Accomplishment:

This strategy was 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: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; MHA Facility Chief Executive Officers, Clinical Directors, and Financial Officers; Gayle Jordan-Randolph, MHA Office of the Clinical Director

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

FY 2008 activities and status as of 06/30/08 (final report):

Quarterly expenditure management plans were developed and reviewed. MHA facility chief executive officers, clinical directors, and financial officers met regularly to review expenditures as needed.

The state is projecting a structural deficit, with expenditures projected to outpace revenues by FY 2009. In response, there were initial budget reductions that occurred in FY 2008, which began to address the problem. MHA's budget was reduced by \$13 million, which was taken from the facilities. Two major facilities, Springfield and Spring Grove Hospital Centers, will each take one unit off line. Community-based services will be called upon to further meet needs. Initiatives to reduce emergency department pressure (designed prior to the announcement of the budget reduction) will further assist with the decrease in available beds and are described below. One of the two adolescent units, which has been operating under capacity, will be converted to an adult unit. A major development during the past year has been the closure of one of the three state-operated Regional Institutes for Children and Adolescents (RICAs). As a result of the state's fiscal situation and under-utilization of the program in southern Maryland, the legislature acted to close the RICA by June 30, 2008. The two remaining RICAs will be reduced by eight beds. It is anticipated that excess capacity in the private RTC sector, the 1915(B) waiver, and the dollars for wraparound in the state budget will be sufficient to absorb the need. MHA, in collaboration with CSAs, will work to strengthen and support community-based services including diversion initiatives.

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: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care, Audrey Chase, MHA, Office of Compliance

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA's Office of Compliance and the ASO completed more than 80 audits of community providers. Most of the audits consisted of PRPs, OHMCs, RTCs, and other clinical services. The CSAs participated in most of the reviews. Overall, audits showed most providers in compliance with most of the regulations. Corrective plans were required of those agencies not in compliance or who did not document the provision of service. MHA continues to work with the Office of the Inspector General to prevent fraud and abuse.

Strategy Accomplishment:

This strategy was achieved

(5-4D)

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 service utilization by priority population over time

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; Stacy Rudin, MHA Office of Planning, Evaluation, and Training; other appropriate MHA staff; CSAs; ASO; provider groups

MHA Monitor: Stacy Rudin, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (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 99,000 in FY 2008. Fifty-seven percent (57%) being adults and forty-three percent (43%) of those treated being children and adolescents. Sixty-five percent (65%) of adults served were individuals with SMI. Seventy-five percent of the children and adolescents served were individuals with SED.

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)

Monitor implementation of the Outcome Measurement System (OMS) (including provider completion of questionnaires, service utilization and expenditures and resolution of identified issues) and complete design of initial set of data reporting/dissemination mechanisms for public, provider, and government stakeholders.

Indicator: Implementation monitoring reports prepared and reviewed at a minimum of one time per month; identified problems resolved; initial set of data reporting/dissemination mechanisms designed.

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Stacy Rudin and Sharon Ohlhaber, MHA Office of Planning, Evaluation and Training; MHA Office of Child and Adolescent Services; and other MHA staff; University of Maryland Systems Evaluation Center (SEC); CSAs; ASO; Community Behavioral Health (CBH)

MHA Monitor: Sharon Ohlhaber and Stacy Rudin, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (final report):

Following full-scale implementation of an Outcomes Measurement System (OMS) in FY 2007, MHA, in collaboration with SEC and MAPS-MD, concentrated on developing a structure for outcomes reporting during FY 2008. In February 2008, OMS data were available for 28,809 adults (unduplicated, ages 18-64) who had completed the adult OMS questionnaire and 28,358 children/adolescents (unduplicated, ages-6-17) who had completed the child questionnaire. Additionally, analyses were begun on data for individuals, both adults and children/adolescents, who had completed the OMS questionnaire two or more times. An OMS update, including the above analyses, was posted on the MAPS-MD web site in May 2008. Programs that were achieving at least a 98% questionnaire completion rate were also publicly recognized in the OMS update. Implementation monitoring reports, including utilization patterns and questionnaire completion rates, were prepared monthly by MAPS-MD and reviewed by MHA and the OMS Implementation Committee. Monitoring letters were sent to several programs and responses were received and reviewed.

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

FY 2008 activities and status as of 06/30/08 (final report):

Enhanced utilization of the PMHS data system was achieved through data trainings coordinated by the SEC and technical assistance provided by MHA. 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. A special one-time project was designed to provide all CSAs with detailed services utilization data and analysis. Each CSA was given service system data specific to their county. They also received one to one analysis of data to use for annual plan and strategy development.

In efforts to further the use of the PMHS data system and the access of data to all stakeholders, the Management Information Systems (MIS) heads two monthly data centered meetings. Representatives from MHA 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 meetings 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 2007 survey, percentage of adult consumers who report that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree) 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 2008 activities and status as of 06/30/08 (final report):

Analysis of the FY 2007 consumer survey results was completed. A detailed survey report, an executive summary report, and tri-fold brochures were finalized and disseminated to a broad array of organizations, including OOOMD, Advocacy groups, CSAs, and providers.

Among the results is that 81% of the 743 adults participating in the survey indicated that 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 third and fourth quarters of FY 2008. 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 2007 survey, percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree) 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 2008 activities and status as of 06/30/08 (final report):

Analysis of the FY 2007 consumer survey results was completed. A detailed survey report, an executive summary report, and tri-fold brochures were finalized

and disseminated to a broad array of organization, including On Our Own of MD, advocacy groups, CSAs, and providers.

Among the results is that 52% of the 935 parent/caregivers participating in the survey indicated 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 third and fourth quarters of FY 2008. 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, 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; MHA facilities; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA implemented a system to monitor individuals who are court-committed to state facilities as incompetent to stand trial and to report on the results of this monitoring to the courts. Also, the Office of Forensic Services provided peer review of pre-trial evaluation reports prepared by MHA facilities. Feedback was provided to the facility evaluators using a formatted e-mail that identified specific issues for improvement.

The Community Forensic Aftercare Program (CFAP), responsible for monitoring individuals placed on conditional release by the Maryland courts, interacted with hospital staff, community agencies, and court personnel a minimum of three times a week. CFAP received progress and compliance reports from providers on at least a quarterly basis and notified the court when individuals were non-compliant with conditional release orders.

In FY 2008, CFAP received 168 new conditional release orders for a total of 724 individuals on conditional release. Eighty-four of this group returned to psychiatric hospitals voluntarily and 73 were returned on hospital warrants. Of all

724 individuals on conditional release, only 19 were reported to have been arrested in FY 2008.

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: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHA Management Committee; CSAs; representatives of key stakeholder groups; ASO

MHA Monitor: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care

FY 2008 activities and status as of 06/30/08 (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: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Alice Hegner, MHA Office of CSA Liaison; MHA Office of Administration and Finance; MHA Review Committee (includes representatives of all major MHA offices); CSAs; LMHACs; CSA Advisory Boards
MHA Monitor: Cynthia Petion, MHA Office of Planning, Evaluation, and Training.

The CSAs FY 2009-2010 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 formats of either 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 assessments and findings.

This year, in response to issues identified by a MHA/CSA data workgroup, an additional resource for CSAs was available to simplify data submissions. Each CSA was required to complete a standardized data template and data consultants assisted them in completing individual county data and putting them into the template. These consultations resulted in improved and more consistent data reporting during the FY 2009-2010 plan review process.

All plans were found to be in compliance with MHA's Guidelines Regarding Fiscal Year 2009-2010 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, MHA Office of CSA Liaison

FY2008 activities and status as of 06/30/08 (final report):

The MHA Office of CSA Liaison conducted three separate monitoring for all twenty CSAs to assess the implementation of the MOU for administration and to monitor the CSAs sub vendor agreements. Most CSAs were reviewed on site, with conference calls scheduled for the more distant ones. 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 2008 were presented in two questionnaires, and in a review of a minimum of four selected contracts from the CSAs' sub vendors. A sample of the CSAs' activities, which were monitored in FY 2008, is included below:

- Appropriateness of standard contract form
- A quarterly review of the CSA's Report on Expenditures and Projections for administration and for state general fund and federal block grant services
- Full review of all new case management contracts
- Compliance with administrative elements in the MOU
- A sample of four CSA sub vendor contracts (if possible) for full review
- Review of hospital diversion funding if applicable
- Review of Peer Support/Wellness and Recovery funding for all CSA sub vendors in all jurisdictions

Letters were sent to each CSA identifying any follow-up items to be provided as part of future monitorings in the fiscal year. Copies sent to the MHA Management Committee were supplemented by a phone call to any MHA Program area where an immediate issue seemed to need attention. A summary report for each quarter was provided to MHA's Deputy Director for Community Programs and Managed Care, noting particular issues. Both hard copy and electronic files are maintained of the letters and standard instructions sent to the CSA and are available for review in the MHA Office of CSA Liaison.

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 new state hospital information systems – Computerized Hospital Records Information Systems (CHRIS).

Indicator: Technical aspects of management information systems refined, logic of reports enhanced, review accuracy and usefulness of current reports identified, improved compliance with federal Uniform Reporting System (URS) requirements, and changes to systems implemented as appropriate

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Susan Bradley, MHA Office of Management Information Systems (MIS) and Data Analysis; University of Maryland SEC; DHMH's Information Resource Management Administration; MA; CSAs; ASO; providers

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

FY 2008 activities and status as of 06/30/08 (final report):

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. All aspects of the Computerized Hospital Record Information System (CHRIS) were successfully reviewed and defined in FY 2008. The Request for Proposal (RFP) was released to the public via eMaryland Marketplace on June 20, 2008. The HMIS will be replaced by CHRIS in FY 2009.

Additionally, the MHA Data Committee meets bi-weekly 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.

Strategy Accomplishment:

This strategy was achieved.

(6-1B)

Through the Data Infrastructure Grant (DIG) project, develop additional resources to provide support to CSAs and others in the use of PMHS data reports and information.

Indicator: Contracts awarded for data consultation, technical assistance provided for improved data presentation

Involved Parties: MHA Office of Management Information Systems and Data Analysis staff; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; University of Maryland SEC; CSAs; ASO

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

FY 2008 activities and status as of 06/30/08 (final report):

Through the DIG project, contracts were awarded to provide data consultation to all 20 CSAs. A special one-time project was designed to supply all CSAs with detailed Medicaid penetration, service utilization and expenditure data. Technical assistance was provided to CSAs in the areas of data access and analysis. Each CSA was given service system data specific to its county as well as receiving one to one analysis of the data to use for annual plan and strategy development. Consultants were also responsible for developing a system to log and track outcome measurements at the county level.

Strategy Accomplishment:

This strategy was achieved.

(6-1C)

Collaborate with the Department of Human Resources (DHR), CSAs, ASO, and local homeless boards regarding the integration of local Homeless Management Information System data on the number of homeless individuals with mental illnesses who are served by Housing and Urban Development (HUD) funded programs into a state data base system.

Indicator: Explore mechanisms to determine the number of individuals who are homeless and who are also served through the PMHS; meeting minutes, Homeless Management Information System developed, data generated on homeless persons of all ages at the county level, PMHS and Homeless Management Information System data explored and barriers and potential solutions identified

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

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

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, MHA continued to participate on the State's Homeless Management Information Systems (MIS) Collaborative Planning Group lead by DHR to further implement the Homeless MIS. All of the Maryland counties have established their systems. Most counties have trained shelter and provider staff on utilizing the MIS.

Efforts were underway to develop a statewide data warehouse so that local homeless data may be accessed at the State level. However, in April 2008, DHR's Office of Transitional Services was eliminated. Therefore, the development of a Statewide Homeless MIS data base is uncertain at this time.

Strategy Accomplishment:

This strategy was achieved.

(6-1D)

Maintain accreditation of MHA facilities by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

Indicator: All MHA facilities accredited

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility Chief Executive Officers; MHA Management Committee; appropriate facility staff

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director

FY 2008 activities and status as of 06/30/08 (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 2008.

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)

Monitor the status of all individuals – adults and juveniles - who are court-committed to DHMH for evaluation or treatment.

Indicator: Approximately 1600 individuals monitored, data-base reports available on current status of all court-committed individuals monitored

Involved Parties: Larry Fitch, Debra Hammen, and Jo Anne Dudeck, MHA Office of Forensic Services; DHMH staff

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2008 activities and status as of 06/30/08 (final report):

MHA's Office of Forensic Services (OFS) staff collected statistical information and monitored the status of all individuals who were court-committed to DHMH for evaluation and/or treatment. MHA provided 1,605 community-based pre-trial evaluations of competency to state trial or criminal responsibility to the Maryland courts. Additionally, MHA facilities completed 976 evaluations. MHA responded to the needs of the Prince George's County Mental Health Court by providing a pre-trial evaluator to the court, once a week, for outpatient pre-trial and pre-sentence evaluations. This program will continue in FY 2009.

Also, OFS opened 105 juvenile competency cases during FY 2008 and coordinated 150 juvenile 'competency to proceed' evaluations. Only four of these evaluations were conducted on an inpatient basis. Competency attainment services were ordered for 35 children adjudicated as incompetent to proceed. Only nine children of the 35 were admitted to a facility. The rest were served in the community.

Strategy Accomplishment:

This strategy was achieved.

(6-2B)

Continue to monitor the dissemination of data through ASO CareConnection® system to enhance communication among system providers, managed care organizations (MCOs), and primary care physicians.

Indicator: System adjustments made as needed, increased access to medication and somatic information on CareConnection® to mental health providers and physicians through the integrated pharmacy module

Involved Parties: Gayle Jordan-Randolph, Office of the Clinical Director; Lissa Abrams, MHA Office of Adult Services; ASO; Coordination of Care Committee; MCOs; Medical Assistance; other stakeholders

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director

FY 2008 activities and status as of 06/30/08 (final report):

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. Additionally, in FY 2008, a significant new development is the availability of information on MA-reimbursed medications filled by individuals in the PMHS. Through the ASO's web-based registration and authorization system, known as CareConnection®, a month to month history of filled prescriptions is accessible to authorized professionals thereby allowing mental health and somatic health providers to better monitor medication deliverance and side effects profiles in an effort to improve coordination of care.

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 and Marcia Andersen, MHA Office of Child and Adolescent Services; providers; two MHA inpatient adolescent units and eight private hospitals; Multi Agency Review Team

MHA Monitor: Marcia Andersen and Musu Fofana, MHA Office of Child and Adolescent Services

FY 2008 activities and status as of 06/30/08 (final report):

In FY 2008, newly hired staff (discharge coordinators, social workers, etc.) at 10 psychiatric hospitals (private and state-operated) were trained on the use of the Psychiatric Hospitalization Tracking System for Youth (PHTSY), the automated tracking system and provision of resource information. The trainings also 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). Additionally, trainings were conducted for state agencies and provider staff on the

regulations governing interagency discharge planning for children and adolescents.

Data are entered weekly into PHTSY by providers and Lisa L. program staff. Weekly case reports, quarterly hospital reports and annual Lisa L. reports, including ad hoc reports generated from automated tracking system, are provided to members of the Multi-Agency Review Team and Unit Managers at the 10 hospitals. The reports are 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.

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, MHA Office of Planning, Evaluation, and Training

FY 2008 activities and status as of 06/30/08 (final report):

MHA, in collaboration with MHTO and CSAs, has developed Web-based resources for consumers, family members, providers, and all interested parties on the new, extensive Network of Care system (NOC) that enables consumers, family, and youth to more quickly identify resources they need and consolidate their personal health information in one place. The NOC will empower consumers to make informed decisions about their own treatment. Separate NOC websites are being established for each of 11 regions within Maryland. Eleven county mental health authorities have been chosen to administer NOC for these regions. NOC websites went 'live' in Worcester and Anne Arundel Counties earlier in FY 2008.

In lieu of video conferences, the Mental Health Services Training Center within the University of Maryland Mental Health Systems Improvement Collaborative began looking into other learning methods such as 'Webinar' programs, which have the potential to increase interactive training throughout the state.

Strategy Accomplishment:

This strategy was achieved.

(6-3C)

Support, in collaboration with Mental Health Transformation Office (MHTO) and CSAs, the implementation of a web-based platform which provides information, resource directories, and on-line availability of personal health record information for consumers at the county-level.

Indicator: Web-based platform purchased and installed in at least 10 CSAs, utilization of site tracked, expansion into additional CSAs explored, mental health community informed regarding availability of web system, consumers trained in the utilization of personal health record feature

Involved Parties: MHTO; MHA Office of Public Relations; MHA Office of Consumer Affairs; CSAs; OOOMD; MHAM; NAMI MD; local providers in each jurisdiction

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2008 activities and status as of 06/30/08 (final report):

On May 30, 2008, MHA and MHTO completed statewide implementation of Network of Care (NOC), an important new resource for those seeking information about mental health services in Maryland. A Web-based tool, the NOC website includes directories of provider organizations, articles and links to sources of information on mental health issues, status reports on recent legislative developments at the State and Federal levels related to behavioral health, access to resources for developing Wellness Recovery Action Plans (WRAP), and personal folders available to family and others designated by individual consumers, offering a secure place to keep important information about consumers' health care, community support services, and advanced directives. The goal of NOC is to provide simple and fast access to information and local resources for persons with mental illness, family members, caregivers, and service providers.

The website was first piloted in Worcester and Anne Arundel Counties. A potential barrier to the success of NOC was identified by a representative group of consumers who tested the prototype system in Anne Arundel County and found the website somewhat difficult to navigate for end-users (individuals with minimal technical expertise). A steering committee met and will continue to meet and make recommendations as needed. Technical assistance and training was then made available to each Wellness and Recovery Center. The official statewide launch was held at the annual summer conference of On Our Own Maryland, Inc. in June 2008.

Strategy Accomplishment:

This strategy was achieved.

Appendix

Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization
ASP	Anti-Stigma Project
CANS	Child and Adolescent Needs and Strengths Comprehensive
CBH	Community Behavioral Health Association of Maryland
CCAG	Cultural Competence Advisory Group
CCISC	Comprehensive, Continuous, Integrated Systems of Care
CFAP	Community Forensic Aftercare Program
CHHS	Chrysalis House Healthy Heart Start Program
CHRIS	Computerized Hospital Records Information Systems
CILS	Centers for Independent Living
CLC	Cultural and Linguistic Competence
CMHS	Center for Mental Health Services
CMS	Center for Medicare/Medicaid Services
COD	Co-Occurring Disorders
COMAR	Code of Maryland
CSA	Core Service Agency
CQT	Consumer Quality Team
DDA	Developmental Disabilities Administration

DDC	Dual Diagnosis Capable
DHCD	Maryland Department of Housing and Community Development
DHMH	Maryland Department of Health and Mental Hygiene
DHR	Maryland Department of Human Resources
DIG	Data Infrastructure Grant
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Department of Public Safety and Correctional Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
ED	Emergency Department
EIDP	Employed Individuals with Disabilities Program
EOC	Emergency Operations Center
FASD	Fetal Alcohol Spectrum Disorders
FHA	Family Health Administration
FLI	Family Leadership Institute
FPE	Family Psychoeducation
GOC	Governor's Office for Children
HB	House Bill
HMIS	Hospital Management Information System
HRSA	Health Resources and Services Administration
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development

IDDT	Integrated Dual Disorders Treatment
JHU	Johns Hopkins University
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	MHA's Administrative Services Organization
MARFY	Maryland Association of Resources for Families and Youth
MCAA	Maryland Correctional Administrator's Association
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
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
MHFA	Mental Health First Aid
MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office

MIS	Management Information Systems
MNGO	Maryland National Guard Outreach
MOU	Memorandum Of Understanding
MSDE	Maryland State Department of Education
MTS	Mobile Treatment Services
MVA	Motor Vehicle Administration
NAMI	National Alliance on Mental Illness
NCTIC	National Center for Trauma Informed Care
NIMS	National Incident Management System
NOC	Network of Care
OCA	Office of Consumer Affairs
OFS	Office of Forensic Services
OHCQ	Office of Health Care Quality
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PAC	Primary Adult Care program
PATH	Projects for Assistance in Transition from Homelessness
PBIS	Positive Behavioral Interventions and Supports program
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 Proposal
RICA	Regional Institutes for Children and Adolescents
RRP	Residential Rehabilitation Program
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disturbance
SEPH	Sheppard Pratt Hospital
SMI	Serious Mental Illness
SOAR	Social Security Disability Insurance /Supplemental Security Income Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
START	Systematic Training Approach for Refining Treatment
TAMAR	Trauma, Addictions, Mental Health and Recovery Program
TAY	Transition Age Youth
TBI	Traumatic Brain Injury
TFC	Treatment Foster Care
TRP	Training Resource Program
URS	Uniform Reporting System

VA	Veterans Administration
WRAP	Wellness and Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience