



Department of Health and Mental Hygiene

Mental Hygiene Administration

***FY 2009 ANNUAL STATE
MENTAL HEALTH PLAN
IMPLEMENTATION REPORT***

A CONSUMER – ORIENTED SYSTEM

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BEHAVIORAL HEALTH AND DISABILITIES

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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 promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders, through publicly-funded services and supports.

THE VISION

There will be a comprehensive and accessible array of coordinated age-appropriate, culturally sensitive public and private services that focus on treatment, behavioral health, support, recovery, and resilience. These services will be developed in collaboration with stakeholders to help empower individuals with mental illnesses to attain the highest level of participation in community life, while striving to achieve their fullest potential.

The vision of our public mental health system is drawn from a statement of fundamental values.

The values underpinning this system are:

(1) ***BASIC PERSONAL RIGHTS***

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

(2) ***RESPONSIVE SYSTEM***

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

(3) ***EMPOWERMENT***

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

- (4) ***FAMILY AND COMMUNITY SUPPORT***
We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family supports. A goal of our system is to support care in the community and to encourage communities to manage the care of their residents.
- (5) ***LEAST RESTRICTIVE SETTING***
Services should be provided in the least restrictive, most normative, and most appropriate setting. An array of services will be available throughout the state to meet a variety of consumer needs.
- (6) ***WORKING COLLABORATIVELY***
Collaboration at the state and local level will promote a consistently acceptable level of mental health services. Collaborations with other agencies will be fostered so support to consumers is inclusive of all activities of life.
- (7) ***EFFECTIVE MANAGEMENT AND ACCOUNTABILITY***
We seek a well-managed mental health system, which provides services economically. Accountability is essential to consistently provide an acceptable level of mental health services. Essential management functions include monitoring and self-evaluation, rapidly responding to identified weaknesses in the system, adapting to changing needs, and improving technology. We must put the highest priority on measuring consumer satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.
- (8) ***LOCAL GOVERNANCE***
Local management of resources, resulting from the implementation of Core Service Agencies, will improve continuity of care, provide needed services in a timelier manner, improve the congruence of services and resources with needs, and increase economic efficiency due to the closer proximity of the service delivery level.
- (9) ***STAFF RESOURCES***
The presence of a competent and committed staff is essential for the provision of an acceptable level of mental health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.
- (10) ***COMMUNITY EDUCATION***
Early identification and prevention activities for risk groups of all ages, public education, and efforts that support families and communities must be incorporated into our service system. Increased acceptance and support for mental health services comes from increased awareness and understanding of psychiatric disorders and treatment options.

SYSTEM GOALS TABLE OF CONTENTS

These 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 will be solidified and new partnerships will be formed to further build upon the infrastructure to coordinate care and improve service systems. Mental health transformation efforts and activities will be 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.

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1A)

The Mental Hygiene Administration (MHA), in collaboration with the Department of Health and Mental Hygiene (DHMH), the Mental Health Transformation Office (MHTO), and local and national advocacy organizations, will develop trainer certification standards and a train-the-trainer process to implement Australia's Mental Health First Aid programs which provide training in basic understanding of and appropriate responses to individuals with mental health disorders.

Indicator: Mental Health First Aid manual adapted for Maryland for both adults and children and adolescents; certification standards adopted, marketing and training plans developed; additional trainers trained; target audience identified

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion, Office of Planning, Evaluation, and Training; Daryl Plevy, MHTO; DHMH; Maryland Association of Core Service Agencies (MACSA); Mental Health Association of Maryland (MHAM); Maryland Coalition of Families for Children's Mental Health; On Our Own of Maryland; other mental health advocacy groups

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

FY 2009 activities and status as of 06/30/09 (final report):

Significant progress has been made over the past year in implementing the Mental Health First Aid (MHFA) initiative in Maryland and bringing the training certification program to individuals, organizations, and communities throughout the State of Maryland. This 12-hour course teaches lay people methods of assisting someone who may be in the early stages of developing a mental health problem or in a mental health crisis situation.

Since the program's launch: the corps of certified instructors, who are regionally distributed throughout the state, has expanded to 60 individuals; 73 trainings have been held; and more than 1,183 Marylanders have been trained. Four regional coordinators, who are housed with local Mental Health Associations, carry out marketing and community outreach functions as well as provide oversight and technical assistance to the 60 certified instructors. On Our Own of Maryland, Inc.

contracted with seven nationally known consumer leaders, from seven different states, to provide feedback and input for the MHFA manual. The MHFA Manual and Instructor Teaching Notes have been adapted for Maryland and are available in print through funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and MHTO. While much of the manual is directed toward the general population, there are segments devoted to mother-infant interactions; first aid for children affected by traumatic events; and anxiety and eating disorders, suicide, and deliberate self harm among youth. More than 326 Instructor Training Kits have been produced and distributed for trainings conducted in Maryland and throughout the United States.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1B)

Continue to provide support, 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” and related outreach activities implemented, participation in health fairs, distribution of science-based information on mental health and mental illness, monthly Websites updated with links to Network of Care, provision of support for materials dissemination through the Core Service Agencies (CSAs), report from MHAM on the campaign, regional training on advanced directives, outreach training for older adults

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; appropriate MHA staff; MHAM; CSAs; community providers

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

FY 2009 activities and status as of 06/30/09 (final report):

The “Caring for Every Child’s Mental Health” campaign continued under the sponsorship of MHA and the Mental Health Association of Maryland (MHAM). MHAM promotes its Websites via literature, which is distributed in the schools. The children’s mental health Web page had 26,275 hits during the year. The www.healthynewmoms.org site focused on post partum depression and received 70,982 page views during the year.

This year, additionally, MHAM partnered with the Maryland Coalition of Families for Children’s Mental Health to create the highly successful *Children’s Mental Health Matters! Awareness Campaign*. A total of 30 public and private partner agencies, in the areas of mental health, state government, hospital and healthcare associations, education organizations, and provider and advocacy groups, contributed to the campaign. Public Service Announcements featuring First Lady Katie O’Malley and Olympic champion Michael Phelps’s mother,

Debbie Phelps, as spokespersons were aired most of the month of May (Mental Health Awareness month) with the assistance of Media Partners, Fox 45, and ABC 2. Campaign kits including awareness ribbons, bracelets, posters, brochures, and other tools were shared with the public through campaign collaborators and the CSAs. The campaign developed a new Website, www.childrensmentalhealthmatters.org which features educational and informational activities. Also, MHAM, the Coalition, and the Children's Mental Health Institute, hosted a Legislative Breakfast for members of the General Assembly and selected members of the Executive and Judicial branches to educate, inform, and create awareness of children's mental health issues and concerns.

MHA, in collaboration with MHAM's Coalition on Mental Health and Aging and other stakeholders, conducted outreach training for providers of services to older adults through its annual Conference on Aging in June 2009.

Additionally, MHA and MHAM, in collaboration with other advocacy organizations, conducted informal focus groups statewide to develop a user-friendly Advance Directive tool. The tool was updated, approved, and will appear on the MHA Website, in the administrative services organization (ASO) handbook, and as a link on the Network of Care in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(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*, to further support training and education activities and support continued implementation of NAMI's Peer-to-Peer services program.

Indicator: Advance planning completed, event promoted statewide, sign-up – participation, report on Peer-to-Peer and other NAMI training and education activities

Involved Parties: MHA Office of Administrative Management; MHA Office of Consumer Affairs; CSAs; NAMI MD

MHA Monitor: John Hammond, MHA Office of Public Relations

FY 2009 activities and status as of 06/30/09 (final report):

MHA works with NAMI MD and other stakeholders to support the NAMIWALKS, a successful kick-off event for promoting *MAY MENTAL HEALTH MONTH*. Representatives from MHA attended meetings and advance events to promote and launch the 2009 NAMIWALKS.

For the first time, the event was held on the campus of the University of Maryland, College Park. Approximately 2,000 people attended, despite the threat of rain. The walk took place in partnership with Active Minds of Maryland, the campus chapter of the student mental health advocacy organization that began in Pennsylvania and now has more than 200 affiliated campus chapters nationwide. The University of Maryland chapter president and members were paramount to the success as they promoted the walk and encouraged student participation and awareness. MHA headquarters' and Springfield and Spring Grove Hospital Centers' staff participated in the walk along with consumers, family members, advocates, students, and others.

The awareness walk 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.

Mental Health Block Grant – Criterion # 1

(1-1D) Child

Provide resources for the Maryland Coalition of Families for Children's Mental Health to hold Leadership Institutes, an Annual Conference, and Children's Mental Health Week activities.

Indicator: Annual Conference and Leadership Institute convened, training activities for families implemented, number of individuals and families enrolled, number of graduates, Children's Mental Health Week poster created, Annual Mental Health Week campaign accomplished

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

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

FY 2009 activities and status as of 06/30/09 (final report):

The Maryland Coalition of Families for Children's Mental Health's Family Leadership Institute (FLI) conducted its annual series of sessions beginning in January 2009 to train families to advocate for their children and all of Maryland's children in their communities and across the state. Eight families completed the program. In the summer of 2009, considerable planning was completed in partnership with the Montgomery Federation of Families to deliver a leadership course to Latino families in the fall of FY 2010

This year, additionally, the Coalition partnered with the MHAM to create the highly successful *Children's Mental Health Matters! Awareness Campaign*. Public Service Announcements were aired and campaign kits including awareness ribbons, bracelets, posters, brochures, and other tools were shared with the public

through campaign collaborators and the CSAs. The Children's Guild in Baltimore provided student-created artwork for the 2009 poster. The 2009 poster, fourth in an annual series to kick off the "Children's Mental Health Week", was made available to be purchased by professionals, stakeholders, families, and other interested parties throughout the state.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(1-1E)

Adult & Child

Collaborate with the Mental Health Transformation Office (MHTO) and the Maryland Disability Law Center (MDLC) to continue support for *Behind Closed Doors* and a sequel film to educate mental health providers and other stakeholders on issues impacting long-term state hospital consumers, and issues of seclusion and restraint for mental health providers in all settings.

Indicator: Project designed, resources needed to fulfill plans identified and implemented as feasible, lessons learned translated to further system transformation

Involved Parties: Daryl Plevy, MHTO; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facilities; CSAs; MDLC

Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2009 activities and status as of 06/30/09 (final report):

In 2007, the Maryland Disability Law Center (MDLC) with support provided through the SAMHSA-funded Alternatives to Seclusion and Restraint Project produced a documentary, "Behind Closed Doors," (BCD), which highlighted the impact of trauma on the lives of four women. This nationally recognized film has been distributed for training purposes to institutions such as substance abuse centers, community mental health programs, schools, social services departments, courts, adult and juvenile corrections agencies, public and private psychiatric hospitals, homelessness services organizations, and domestic violence and sexual assault recovery centers, to raise awareness of the impact of trauma and recovery. MDLC also approved a request from Gallaudet University to interpret BCD so that the information will be accessible to individuals who utilize the services of DAWN (Deaf Abused Women's Network). As a result of widespread distribution, BCD has been seen by tens of thousands of professionals from a variety of systems in all 50 states and internationally.

Based upon the success of BCD, additional Transformation funding has been provided to produce a follow-up DVD scheduled to be completed in the fall of 2009. The film will chronicle the life and recovery of one of the women featured in BCD and will highlight the need for trauma-informed care and services for those served by multiple systems.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-1F)

Maintain and update disaster mental health response plan including Core Service Agency (CSA) All-Hazards plans and communication systems; provide assistance with designing and reviewing training for volunteers; expand the Statewide Behavioral Health Professional Volunteers Corps Program for crisis/disaster response.

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

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations; Henry Westray, MHA Office of Child and Adolescent Services; Department of Health and Mental Hygiene (DHMH); CSAs; ADAA; Department of Defense - Emergency Preparedness staff; Maryland Emergency Management Administration leadership and staff; Maryland Crisis Hotline Directors; local crisis response systems; advocacy organizations; faith community leadership; federal Center for Mental Health Services (CMHS); state facilities

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA's Behavioral Health Disaster Services worked with the Executive Directors of both MHA and ADAA to ensure collaboration and consistency statewide in updating their statewide All-Hazards Plans. All Core Service Agency (CSA) offices have received an on-site visit to review or update Plans. There has also been collaboration between MHA and other DHMH administrations in the development and implementation of a General and Pandemic Continuity of Operations Plan (COOP). As a result, all staff on the MHA Incident Command System organization chart have been trained according to the Federal Emergency Management Administration (FEMA) requirements.

Additionally, MHA worked closely with Maryland Professional Volunteer Corps (MPVC) to provide database reports on CSA activities, upgrade on-line volunteer registration processes, and to provide training at MPVC conferences. MHA provided disaster behavioral health trainings to CSAs, Maryland Department of Human Resources/Department of Social Services (DHR/DSS), MPVC, and selected private hospital staff (such as Chester River Hospital). Coordination by MHA staff has led to acquisition of the National Incident Management System/Incident Command System (NIMS/ICS) certifications which include the completion of a NIMS/ICS Train-the-Trainer Certification course.

MHA participated at Towson University to conduct a disaster drill and to give input toward subsequent curricula development. MHA continues to offer support on disaster topics including disaster behavioral health aspects before, during and after an event. Additionally, the FEMA Crisis Counseling Program training under the Grants for State Mental Health Authorities was completed at Emmitsburg, Maryland during the summer of 2009.

A multi-state disaster behavioral health summit will be organized in September 2009 that will bring together public health and behavioral health representatives from Maryland and 15 eastern states to focus on integration and best practices with a primary focus on H1N1. MHA has already developed and disseminated handouts on the H1N1 Pandemic Public/Behavioral Health and on Economic Stress Management.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1, 5
(1-1G) Adult & Child

In collaboration with On Our Own of Maryland (OOOMD) and CSAs provide emergency preparedness training statewide at consumer-run wellness and recovery centers, to support disaster mental health response.

Indicators: Statewide consumer trainings, technical assistance provided to CSAs, MHA and consumer-run wellness and recovery centers

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations; Clarissa Netter, MHA Office of Consumer Affairs; DHMH; OOOMD; CSAs local crisis response systems; advocacy organizations; consumer wellness and recovery centers

MHA Monitor: Laura Copland, MHA Office of Special Needs Populations, and Clarissa Netter, MHA Office of Consumer Affairs

FY 2009 activities and status as of 06/30/09 (final report):

MHA conducted a survey among Wellness & Recovery Center Directors to share their ideas about what should be included in disaster preparedness training. The MHA Office of Consumer Affairs (OCA) and MHA's Office of Special Needs Populations held a series of meetings to discuss the results of the survey and to plan and implement a train-the-trainers course on disaster preparedness for Own Our Own Wellness & Recovery Center directors and staff. The next step is a Webinar training planned for FY 2010. Practice trainings for facilitators are in progress and the Office of Special Needs Population has developed a curriculum, based on the OCA survey results, on disaster behavioral health specific to consumers' needs. Resource materials and an agenda will also be supplied by the Office of Special Needs Populations.

Strategy Accomplishment:

This strategy was partially achieved.

Mental Health Block Grant – Criterion # 1

(1-1H)

Adult

In collaboration with DHMH, under the auspices of Senate Bill (SB) 210/ House Bill (HB) 372, implement Maryland's initiative to improve initial access and referral for veterans returning from Iraq and Afghanistan and collaborate with representatives of the U.S. Department of Veterans Affairs (USVA), the Maryland Department of Veterans Affairs, the Maryland National Guard, and the Maryland Defense Force to: 1) establish statewide resources for provider coordination; and 2) initiate gap behavioral health services available to veterans and their families.

Indicators: Program established; Resource Coordinators hired; gaps in behavioral health services identified, protocols for treatment and referral reviewed and implemented; new volunteers trained; 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; Stefani O'Dea, MHA, Office of Adult Services; Pro Bono Counseling Project; U.S. Department of Veterans Affairs; Maryland Department of Veterans Affairs; Maryland National Guard; Maryland Defense Force; Veteran's Behavioral Advisory Board; Maryland Professional Volunteer Corps; Community Behavioral Health Association of Maryland (CBH) and Advocacy Organizations

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

FY 2009 activities and status as of 06/30/09 (final report):

The Veterans Behavioral Health Advisory Board Interim Report, due December, 2009, has been drafted and includes accomplishments, recommendations, and action steps for the coming year. Scope of services has been increased to include all service members and their families in all areas of the state. Since the October 1, 2008 roll-out, calls have increased exponentially, specifically for assistance with timely access to mental health services. Regional Resource Coordinators have been successful in collaborating with the USVA to access needed services.

Two trainings, meeting USVA standards, have been developed for the Public Mental Health System (PMHS) licensed clinicians and others. These trainings have been scheduled for October 2009. Regional Resource Coordinators are receiving an increasing number of calls for information and referrals to behavioral health services, employment and housing issues, and numerous other requests. A full marketing launch is scheduled for November 2009, which is expected to further increase awareness of this initiative. A meeting is scheduled for MHA and USVA to update a report on needs and gaps, determine numbers of enrollment into the USVA, and to ensure continued timely and positive partnership between state and federal agencies.

Maryland's Commitment to Veterans continues to work closely with the Veterans Behavioral Health Advisory Board, chaired by Lieutenant Governor Brown, and the CSAs in identifying and creating solutions to closing gaps in service delivery.

Strategy Accomplishment:

This strategy was partially achieved.

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(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, and 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 2009 activities and status as of 06/30/09 (final report):

MHA and OOOMD continue to collaborate to fight stigma within the mental health system through the Anti-Stigma Project (ASP). In FY 2009, the ASP presented 51 workshops throughout the state, impacting more than 3,000 people. Workshops and trainings were presented at Wellness and Recovery Centers, psychiatric rehabilitation programs, colleges and universities, as well as local, state and national conferences. The project continued to reach an increasing spectrum of venues in order to combat stigma in areas intricately related to the mental health community, such as venues for developmental disabilities, homeless shelters, housing authorities, and medical schools. Many workshops were also tailored to address specific populations and issues, such as an intensive workshop presented to the American Medical Students Association to provide information and tools to take back to their respective medical schools to combat stigma there. In addition, ASP designed and launched a new workshop on internalized stigma titled, *An Inside Look at Stigma*, which is off to an auspicious start.

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 40 states and eight other countries. Additionally, there continue to be requests for *Stigma: Language Matters* posters. Overall, for the entire fiscal year, 97% of participants rated the workshops

“excellent” or “good”, 97% rated the facilitators “excellent” or “good”, and 93% would recommend the workshops to others. As stigma is cited as the biggest barrier to recovery, working to reduce it in the Public Mental Health System (PMHS) is a collaborative process that forms the foundation for creating transformative change.

The Anti-Stigma Project published four articles this year about stigma: 1) a highlight of the Self-Directed Care pilot program in Washington County; 2) an interview with renowned researcher Dr. Patrick Corrigan; 3) an interview with Dr. Alicia Lucksted, a clinical psychologist and assistant professor of Psychiatry, regarding the topic of internalized stigma; and 4) an intriguing look at the interplay between the current recession and its impact on the stigma of mental illness.

Additionally, with support from Maryland’s Mental Health Transformation Office (MHTO), the ASP has continued its work with an international researcher to establish quantitative measures that will augment the voluminous amount of anecdotal input showing the effectiveness of the workshops. Utilizing participatory action research, work has been completed over the last fiscal year to develop fidelity measures and protocols. The pilot is slated to begin October 30, 2009.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(1-2B)

Adult & Child

In collaboration with CSAs and advocacy organizations, convene a workgroup to promote the national Mental Health Campaign for Mental Health Recovery targeted for young adults ages 18 to 25 who have friends living with mental illnesses through the public service announcements “What a Difference a Friend Makes”.

Indicator: Workgroup convened, distribution of PSA advertisements

Involved Parties: Cynthia Petion, Office of Planning, Evaluation, and Training; Tom Merrick, MHA Office of Child and Adolescent Services; Clarissa Netter, MHA Office of Consumer Affairs; CSAs; MHAM and other advocacy organizations

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

FY 2009 activities and status as of 06/30/09 (final report):

Activities related to the “What a Difference a Friend Makes” campaign was presented to students at Coppin State University during their participation in a series of workshops of On Our Own of Maryland’s Anti-Stigma Project. The “What a Difference a Friend Makes” brochures were distributed to students along with packets about the Anti-Stigma Project and other resources to combat stigma.

The brochure, which is also available in Spanish, is designed to provide individuals with tools to help support a friend living with mental illness in the recovery process. MHA did not convene a workgroup due to other campaigns implemented through collaborative efforts of the Mental Health Association and the Maryland Coalition of Families for Children's Mental Health.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(1-2C)

Child

In collaboration with MHAM and four regional Kids on the Block (KOTB) troupes, continue to provide KOTB performances in elementary schools and daycare settings to promote awareness of behavioral health issues among children and school personnel, and help build resiliency and conflict-resolution skills among preschool and elementary school-aged children.

Indicator: 200 performances held, number of viewers reached

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; appropriate MHA staff; MHAM and regional chapters; CSAs, Maryland State Department of Education (MSDE); local school systems; providers

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

FY 2009 activities and status as of 06/30/09 (final report):

Overall, Kids on the Block, a traveling puppet show which raises the awareness of children and school staff of mental health issues, presented 374 performances this year, reaching 24,112 children and youth as audience members.

A major development was the creation of a Spanish language Kids on the Block puppet troupe which initially performed in December 2008 for a group of students at an elementary school. Their second performance was in February 2009 to several classes, also at an elementary school. Both performances were very well received. Fact sheets have been translated into Spanish so that children who see a performance can take something home to share with their parents.

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).

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-3)

Offer training for law enforcement officers, other public safety officials, and corrections regarding the management of crises involving individuals who appear to have a mental disorder and who are charged with offenses or suspected of criminal involvement.

Indicator: Correspondence, attendance at meetings, training agenda, a minimum of four trainings completed

Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; local and state police; detention center staff; sheriffs' office staff

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA, in collaboration with law enforcement agencies and local crisis response systems, offered eight police trainings. These trainings were conducted in various settings in different regions of the state. Five trainings were held at the Baltimore Police Academy in Baltimore City. Other sessions were held in Somerset County, Washington County, and Ocean Pines in Worcester County for officers and other public safety officials, clinicians, and civilians; regarding the management of crises, involving persons suspected of committing an offense who appear to have a mental illness. A total of more than 300 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 post-traumatic stress disorder (PTSD), and treatment resources for active duty personnel and veterans. During the Annual CSA Plan Reviews of February-March 2009, offers of police training sessions were extended to each CSA if they demonstrated the need in their jurisdiction. In addition, an informational session was provided at a breakout session of an annual symposium, educating the audience as to the types of training offered to community professionals.

Strategy Accomplishment:

This strategy was achieved.

Objective 1.4. MHA, and Mental Health Transformation, 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 ensure integration with public health; to coordinate both mental health and somatic health care services, and other services across the life span.

Mental Health Block Grant – Criterion # 3

(1-4A)

Child

Collaborate with the Mental Health Transformation Office (MHTO) in the creation of a project targeted to build infrastructure to integrate health and mental health for youth in the foster care system.

Indicator: Project design, 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, MHTO; Al Zachik, MHA Office of Child and Adolescent Services; Department of Human Resources staff

Monitor: Daryl Plevy, Mental Health Transformation Office and Al Zachik, MHA Office of Child and Adolescent Services

FY 2009 activities and status as of 06/30/09 (final report):

Maryland was awarded a SAMHSA/CMHS Children's Mental Health Initiative (CMHI) System of Care cooperative agreement in September 2008. The focus is on improving the mental health services and outcomes for Maryland's foster care population. In Baltimore City (where approximately 2/3 of the foster care cases originate) a Request for Proposal (RFP) has been developed and issued by the Children's Cabinet to integrate care management functions for the grant with care management for the 1915(c) waiver and services for children placed in group homes by both the child welfare and juvenile justice systems. The statewide care management entity (CME) contracts will soon be in place allowing for the availability of wraparound service delivery for youth at the residential treatment level of care in all Maryland jurisdictions.

The School Mental Health Foster Care Project funded by the MHTO is a related development that represents the first project in the nation to explicitly connect school mental health outreach and services for youth in foster care. Among this initiative's major accomplishments are the establishment of a diverse and influential advisory board of 40 systems leaders and stakeholders from more than 20 organizations; the development of 10 modules for the training curriculum for use with child welfare, education, and mental health systems staff, with strong youth and family involvement; and the establishment of a partnership with Maryland's Child Welfare Academy with the first full-day training held in December 2008. A School Mental Health and Foster Care Issue Brief was completed and disseminated broadly within Maryland and made available for national and international dissemination at <http://csmh.umaryland.edu>.

A second CMHI grant application was submitted in January 2009, by Talbot County on behalf of the nine rural counties on Maryland's Eastern Shore. Awards for this new CMHI cycle will be announced in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

(1-4B) Mental Health Block Grant – Criterion # 1
Adult & Child

Continue to interface with other agencies and administrations to support a comprehensive system of mental health, somatic health, substance abuse, 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 2009 activities and status as of 06/30/09 (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, in Maryland's Olmstead priorities, and in expanding employment opportunities through Evidence-Based Supported Employment for persons with significant mental illnesses. The Interagency Disabilities Board is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of MDOD to create a seamless, effective, and coordinated delivery system. MHA also collaborates with the MDOD in the development and implementation of cross-agency initiatives involving Money Follows the Person, transition-age youth, affordable housing under the Bridge Subsidy Pilot, and assessment of individuals with long-term hospital length of stays. Additionally, MHA and MDOD collaborate to facilitate outreach to Employed Individuals with Disabilities (EID) applicants and to identify action steps to promote affordable housing efforts throughout the state via the MDOD Housing Task Force.
- **Governor's Office for Children (GOC)**, Albert Zachik, Monitor – GOC and MHA were active partners in implementing the Wraparound initiative for Maryland. The office coordinates inter-governmental efforts for service delivery planning for children with special needs. The Children's Cabinet Interagency Plan issued at the beginning of the FY 2009. This Plan intersects with MHA's ongoing planning processes.

- **Governor’s Office of Deaf and Hard of Hearing (ODHH)**, Marian Bland, Monitor - MHA’s Director of the Office of Special Needs Populations continue to interface with ODHH by serving as DHMH’s representative on the Maryland Advisory Council for Deaf and Hard of Hearing, chairing the mental health subcommittee meetings, and collaborating to address consumer and/or system related issues.
- **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 and to discuss concerns regarding a data system finalization for early childhood services. 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. MHA is also currently represented on the State Interagency Coordinating Council (SICC); Early Childhood Mental Health Consultation Leadership Group; and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Planning Committee.
- **Division of Rehabilitation Services (DORS)**, Steve Reeder, Monitor – MHA and DORS staff meet regularly. Joint efforts included implementation of the Evidence-Based Practice model of supported employment (SE) and an innovative system integration initiative, which established, through braided funding, a single point of entry for SE services in the MHA’s and DORS’ systems, and allowed for the dissemination of 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)**, Marian Bland and Albert Zachik, Monitors - MHA’s Office of Special Needs Populations continued to interface with DHR by participating on the Maryland Collaborative to End Homelessness meetings, and the Homeless Management Information Systems State Collaborative meetings. MHA also worked with DHR to facilitate the transfer of Maryland’s Supplemental Social Security, Outreach, Access, and Recovery (SOAR) from the State Department of Human Resources to MHA through provision of leadership for the state and local SOAR planning workgroups.
- **Department of Housing and Community Development (DHCD)**, Penny Scrivens, Monitor – MHA continues to coordinate with DHCD on the Bridge Subsidy Pilot which has facilitated moves from residential rehabilitation programs (RRPs), unstable and inadequate housing arrangements, and homelessness to

appropriate affordable housing. The MHA Housing Coordinator also monitors legislation for the Affordable Housing Trust which has the capacity to develop rental subsidy programs such as the Bridge Subsidy Pilot.

- **Maryland Department on Aging (MDoA)**, Lissa Abrams and Marge Mulcare, Monitors – MHA and MDoA collaborate to facilitate efforts regarding the linkages of services for older adults and facilitate training and consultation to providers on mental health issues. Additionally, a committee comprised of local entities developed two conferences, convened in FY 2009, which addressed aging and mental health; as well as the transformation, coordination and integration of services. Representatives from MHA, MDoA, MHAM, and others participated in the planning processes.

- **Department of Public Safety and Correctional Services (DPSCS)**, Larry Fitch and Marian Bland, Monitors - MHA liaisons with DPSCS regarding individuals who require civil certification to MHA facilities and who hold the status of mandatory release, and present complex cases. The Director of MHA Office of Forensic Services (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 on numerous occasions in FY 2009 during the House Bill (HB) 281 Workgroup meetings at which participants developed recommendations to provide continuity of care for released inmates with serious mental illness (SMI). MHA's Office of Special Needs Populations met at least monthly with DPSCS and the Maryland Correctional Administrator's Association (MCAA) for MCAA's Executive Board, General Members, and the mental health/substance abuse subcommittee meetings. Additionally, MHA participates on the Female Offender Workgroup chaired by the DPSCS and collaborates with DPSCS regarding the operation of the Chrysalis House Healthy Start Program.

- **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 and works in consultation with both DJS and MSDE on initiatives involving children's mental health. Also, MHA collaborates with DJS to develop and oversee behavioral health programs. MHA is a member of the DJS Sex Offender Task Force, which meets approximately 10 times per year and hosts annual trainings and conferences. Also, MHA sits on the Facility for Children Interagency Committee, which this year drafted GOC regulations for the juvenile competency statute. MHA maintained communication with the Administrative Office of the Courts regarding juvenile court issues and advised committees/workgroups on juvenile justice issues.

- **Maryland National Guard (MNG)**, Marian Bland and Laura Copland, Monitors - MHA collaborates with representatives of the U.S. Department of Veterans Affairs, the Maryland Department of Veterans Affairs, the Maryland National Guard, and the Maryland Defense Force to establish statewide resources for provider coordination; and initiate gap behavioral health services available to veterans and their families. Maryland is the first state to launch the Network of Care for Veterans and Service Members, a Website and informational resource designed to meet the needs of the veteran community including veterans, family members, active-duty personnel, reservists, members of the National Guard, employers, service providers, and the community-at-large.
- **Maryland Department of Veterans' Affairs (MDVA)**, Marian Bland and Laura Copland, Monitors - MHA collaborates with representatives of the U.S. Department of Veterans Affairs and the Maryland Department of Veterans Affairs to establish statewide resources for provider coordination; and initiate gap behavioral health services available to veterans and their families. Maryland has launched the Network of Care for Veterans and Service Members, a Website and informational resource designed to meet the needs of veterans. MHA Regional Resource Coordinators have been successful in collaborating with the MDVA to access needed services when needed.
- **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. OFS provided training in the Baltimore City Circuit Court on mental health evaluations of competency and other competency issues. Also, OFS staff attended 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.
- **Alcohol and Drug Abuse Administration (ADAA)**, Pat Miedusiewski, Monitor - Collaborations continue under the auspices of DHMH's Behavioral Health and Disabilities. The Deputy Secretary convened a workgroup with all of the training directors of each of the Behavioral Health administrations to facilitate cross agency training. 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 - MHA participates on the Data subcommittee and the Conference Planning Committee of the Fetal alcohol Spectrum Disorder Coalition to address the accessibility of

medical assistance for children with Fetal Alcohol Syndrome Disorder. Plans for an upcoming conference are being discussed for the new fiscal year.

- **Developmental Disabilities Administration (DDA)**, Stefani O’Dea, Debra Hammen, and Lisa Hovermale, Monitors – DDA’s Secure Evaluation Therapeutic Treatment (SETT) units now have a full complement of clinical staff and are developing programming to further enhance the relationship between MHA and DDA by increasing emphasis on developing DDA providers who serve the Mental Health and Developmental Disabilities (MH-DD) populations more effectively. Collaborations continue under the auspices of DHMH’s Behavioral Health and Disabilities Deputy Secretariat. ADA, DDA, and MHA meetings have evolved into separate groups meeting on alternate Tuesdays. One group focuses on clinical problem solving and the other group focuses on the policy and leadership needed to address system gaps. The Clinical Problem Solving group addresses and reports the direct analysis of the challenging cases that reveal the system gaps. The Project, formerly known as the Center of Excellence, has evolved to be called the System of Excellence. A 20-Bed Community Habilitation Unit, known as ‘Transitions’, has been established at Potomac Center and is now clinically staffed and accepting people with the DD designation from the state hospital system. Additionally, OFS Staff communicate weekly with DDA regarding court-involved individuals who require evaluation by MHA, DDA, or jointly by both agencies.
- **Maryland Health Care Commission (MHCC)**, Brian Hepburn, Monitor – MHA collaborates with MHCC on health policy studies involving mental health services, reimbursement rates for hospitals, and on issues involving health insurance coverage and the uninsured population.
- **Health Services Cost Review Commission (HSCRC)**, Randolph Price, Monitor – MHA and HSCRC met periodically to maintain communication and consultation regarding the rate setting process for hospital rates for inpatient services.
- **Children’s Cabinet**, Al Zachik, Monitor – MHA’s Director of the Office of Child and Adolescent Services is an active member of the Children’s Cabinet, meeting regularly with senior staff from the participating child-serving agencies to plan services across agencies for children, youth, and families. A wide variety of policy issues are considered and acted upon under the broad umbrella of the Interagency State Plan.
- **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, claims processing through the Federal Financial Participation, case management reimbursement, and other relevant MA waivers such as Money Follows the Person.

- **Office of Health Care Quality (OHCQ)**, Sharon Ohlhaber, Monitor – Regular Meetings between MHA and OHCQ staff continue. Program specific issues and issues related to regulatory interpretation and compliance continue to be discussed and addressed.
- **Office of Capital Planning, Budgeting, and Engineering Services**, Cynthia Petion, Monitor – MHA, in collaboration with this DHMH Office, processes requests for the DHMH Administration-Sponsored Capital Program (Community Bond Program) for Community Mental Health, Addictions, 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 2009, MHA assisted DHMH in updating regulations and continued to prioritize the development of affordable housing for individuals with serious mental illness (SMI).
- **AIDS Administration**, Marian Bland, Monitor - MHA collaborated with the AIDS Administration to provide HIV/AIDS risk awareness and prevention strategies for TAMAR (Trauma, Addictions, Mental health, And Recovery), a program which provides treatment for incarcerated men and women who have histories of trauma and also have mental illnesses. The project is available in nine county detention centers and at Springfield Hospital Center.
- **Maryland Emergency Management Administration (MEMA)**, Marian Bland and Laura Copland, Monitors - In FY 2009 MHA continued its liaison and partnership with MEMA, DHMH's Office of Preparedness and Response, the Maryland Department of Disabilities, and has increased collaboration with the Department of Human Resources (DHR), the state agency responsible for mass care and shelter. This has been achieved through meetings, formal and informal, ongoing communications, and through trainings and presentations offered by MHA to the involved state agencies.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-4C)

In collaboration with the administrative services organization (ASO) and managed care organizations (MCOs) improve utilization of existing delivery care systems across agencies and organizations and participate in the development of a pilot integrated care management program to improve coordination of care between somatic and behavioral health.

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

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Office of Compliance; DHMH Deputy Director for Behavioral Health, ADAA, MCOs; Medical Assistance- Office of Health Services; ASO; Coordination of Care Committee

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

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA worked towards the development of a pilot integrated care management program to improve coordination of care (COC) between somatic and behavioral health. The data collection phase has begun and the research pilot will continue into FY 2010.

Additionally, to support efforts to address issues of COC, MHA and MHTO co-sponsored several trainings. The first of annual trainings in recovery was held in April 2009. More than 40 community-based and facility-based psychiatrists and physicians attended. Additionally, a recovery training session for psychiatrists was held on March 13, 2009 and 98 people attended. Themes included: “What’s the Science Behind Recovery?”, “Recovery from a Psychiatrist’s Point of View,” and “What Works Best for Consumers?”. A Community Clinical sub-committee will be formed in FY 2010 to address issues that have arisen from these gatherings. As the new ASO is installed, efforts to enhance coordination remain a priority during the ASO transition planning.

Strategy Accomplishment:

This strategy was partially achieved.

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-4D)

Sponsor collaboration with the University of Maryland to research best practices in psychiatry to address reduction of negative side effects of medication and reduction in morbidity and mortality rates for adults with mental illness.

Indicator: University of Maryland 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, MHA Office of the Clinical Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHA Office of Consumer Affairs; other representatives from MHA; the University of Maryland, Community Psychiatry Division; CSAs; Coordination of Care Committee; 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 2009 activities and status as of 06/30/09 (final report):

The CBH Taskforce on Integrated Care was formed to work on programmatic and policy issues involved with ensuring that children and adults with mental illness have access to necessary and appropriate somatic care, and that the care is integrated with mental health treatment. One of the initiatives undertaken was the development of a survey intended to assess common health problems, modifiable risk factors, medical needs and vulnerabilities, and available resources for clients with mental health issues. The survey results have been reviewed, integrated into MHA priorities, and used to develop collaborative projects. Examples include a description of best practices instituted by providers such as smoking cessation efforts, wellness education, and utilization of nurse practitioners within psychiatric rehabilitation programs (PRPs) to screen and assess individuals for somatic health care needs and communication with their primary care providers.

MHA, in conjunction with the University of Maryland and other stakeholders, participated in the MHA Annual Conference focusing on Mind, Body, and Spirit: Promoting Health and Wellness Over the Life-Span. The keynote speaker, Lisa Dixon, M.D., a professor at the University of Maryland's School of medicine, focused on connections between general health issues and mental health as she discussed some of the immediate causes of morbidity and mortality in people with SMI. Additionally, MHA's clinical director presented and highlighted strategies to further support efforts to enhance COC and a diverse selection of workshops devoted to health and wellness were convened.

Strategy Accomplishment:

This strategy was achieved.

(1-4E) Child

Sponsor collaboration with the Maryland Child and Adolescent Mental Health Institute to research best practices in psychiatry to address the reduction of negative side effects of medication and prevention of obesity and morbidity for children in the child welfare system.

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

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; appropriate MHA staff; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland, Community Psychiatry Division; MHA Office of Consumer Affairs; CSAs; Coordination of Care Committee; MSDE; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH); and other interested parties

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with MHTO, is funding an initiative to address the concern about appropriate use of psychiatric medication for children and adolescents, especially those in out-of-home placements. Past efforts to monitor this have been neither systematic nor effective. This FY 2010 project will outline steps to be taken to promote appropriate medication prescribing and monitoring as a way to address public health concerns about increased use of medication among youth in out-of-home placement.

A Memorandum of Understanding (MOU) for this project has been developed and put into effect with the expectation that the Johns Hopkins University School of Medicine will conduct the research on psychopharmacological utilization patterns of Baltimore City foster care youth. This research is currently in progress and initial results will be available during FY 2010.

Strategy Accomplishment:

This strategy was partially achieved.

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

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

Mental Health Block Grant – Criterion # 1

(2-1A)

Adult

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

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 the Deputy Director for Community Programs and Managed Care; Clarissa Netter, MHA Office of Consumer Affairs; CSAs; Paula Lafferty, 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 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA, in collaboration with the Mental Health Transformation Office (MHTO), continued implementation of the self-directed care project (SDC) in Washington County. Peer advocates helped consumers develop their own “recovery plans” which included public mental health services tailored to meet consumer wants/needs. Other non-traditional supports were purchased with flexible funds. Currently there are 51 consumers in the SDC Project. A total of 141 consumers have been referred to the program and 12 are on a waiting list. Staffing has increased to one part-time and three full-time advocates.

In FY 2009 the SDC project trained Consumer Advocates in stress reduction and health and wellness, and provided Wellness and Recovery Action Plan (WRAP) training for all. Consumer Advocates, in turn, trained consumer participants, who volunteered, in WRAP; provided internet availability for consumers of SDC; and trained consumers to utilize Network of Care.

Consumers attended conferences to broaden their education on mental health issues, cultivate opportunities to network with other consumers, and serve as plenary presenters on SDC in Maryland.

Strategy Accomplishment:

This strategy was achieved.

(2-1B)

Adult & Child

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

Indicator: WRAP training implemented; oversight activities facilitated, oversight committee meetings/minutes; coalition formed, training curriculum developed, retreat held, meetings held with providers and consumers

Involved Parties: Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHTO; Alice Hegner, MHA Office of CSA Liaison; OOOMD; CSAs, Wellness and Recovery Centers

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2009 activities and status as of 06/30/09 (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.

Over 260 participants attended an OOOMD community orientation to WRAP training on December 4, 2008. This informational session, facilitated by the Executive Director of the Copeland Center, was targeted to providers of inpatient and community-based services, family members, and consumers of mental health services throughout the state of Maryland. WRAP training for mental health providers was held February 4-6, 2009 and February 10-12, 2009. The three-day trainings were opportunities for 52 providers and consumers to take a WRAP class for educational/orientation purposes as well as to establish training for consumers in their agencies. New facilitators were recruited and trained to increase the facilitator pool for the Wellness and Recovery Centers throughout OOOMD's Network Affiliates. In March 2009, OOOMD delivered two levels of WRAP training - an introductory course for 50 persons and two sections of intensive training - for a total of 30 consumers who became certified as WRAP facilitators by the Copeland Center and The OOOMD WRAP Registry. Additionally, follow-up trainings for existing WRAP facilitators were held in September 2008 and January 2009 with 33 facilitators attending.

OOOMD features a WRAP link on its Website that includes special topics related to WRAP, and schedules of WRAP classes offered by its affiliates. OOOMD partnered with Network of Care (NOC) to produce three video segments to inform providers and consumers of special topics related to WRAP. Quarterly trainings

will be continued so facilitators will be able to increase skill levels on the special topics WRAP addresses, such as Suicide Prevention, Dual Diagnosis, Trauma-Informed WRAP, WRAP for Kids and Veterans, and Community Integration from the prison system.

Planning is underway to have WRAP facilitators in three MHA state psychiatric hospitals: Spring Grove, Eastern Shore, and Finan Hospital Centers.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5

(2-1C)

Adult & Child

In collaboration with the Mental Health Transformation Office (MHTO) and the Maryland Consumer Leadership Coalition, continue to further define “recovery-based mental health treatment” and establish guidelines for workforce development in the Public Mental Health System (PMHS); explore Medicaid reimbursement for Peer Support Counselors within PMHS.

Indicators: Retreat/meetings held, potential for consumer-operated crisis respite care investigated, potential Medicaid reimbursement explored, report developed

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHTO; CSAs; Maryland Consumer Leadership Coalition (OOOMD, NAMI, Consumer Quality Teams (CQTs), Shapiro Training and Employment Program (STEP), ASO/MAPS-MD)

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2009 activities and status as of 06/30/09 (final report):

Through the Maryland Consumer Leadership Coalition (MCLC), Maryland is supporting consumer leaders in their mission to bring the consumer voice to the forefront of effective change. In August 2008, twenty members of the MCLC held a retreat to create a vision and mission statement. MCLC continues to meet monthly to discuss priorities, map out strategies for action, and convene subcommittees to attain goals.

The MCLC identified its first priority as the advancement of Maryland’s workforce development for consumers. In October 2008, the MCLC received a grant from the Morton K. and Jane Blaustein Foundation to explore how peer workforce projects have developed in other states. The group examined various models of peer support staffing through attending the National Association of Peer Specialists annual conference and touring peer support programs in Arizona and Pennsylvania. MCLC met with staff members of the Center for Medicare/Medicaid Services (CMS) in May 2009 to discuss the parameters regarding Medicaid support for peer support specialists. Also, MCLC coordinated peer support staff development activities with Johns Hopkins

University's Sar Levitan Center, which was already under contract to the MHTO to conduct employment-related analyses.

MCLC's goals for FY 2010 will be to secure staff support for MCLC, explore funding options, develop job descriptions and duties, recruit staff, identify action steps, and develop work plans for a peer support staffing initiative. It was decided that On Our Own of Maryland (OOOMD), the statewide consumer advocacy and membership organization, would assume responsibility for administrative tasks related to funding for the Coalition. MCLC continues to seek additional funding opportunities.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(2-1D) Child
Collaborate with the Maryland Coalition of Families for Children's Mental Health to continue development and implementation of family member roles as support providers on child and family teams in the Section 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver.

Indicators: Family members serve as support providers in the demonstration waiver.

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

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

FY 2009 activities and status as of 06/30/09 (final report)

The two chapters of waiver regulations (Code of Maryland Regulations System [COMAR] 10.09.79 & 10.21.10) have been developed, published, and promulgated. These chapters describe the specifications for a number of waiver services that make provision for family members and youth to be enlisted as Medicaid providers under the waiver.

New waiver services include:

- Caregiver peer to peer support
- Youth peer to peer support
- Family Training
- Youth Training

All these services must be provided by trained family members and young adult consumers working for family support organizations. In the case of both family and youth training, services may also be provided by family and youth trainers hired by either family support organizations or other waiver service providers.

The provider enrollment process, which began in FY 2009, has resulted in the Medicaid approval of two provider organizations (the Montgomery County Federation of Families and the Coalition of Families for Children's Mental Health) to provide these services in waiver approved jurisdictions – Montgomery, St. Mary's, and Wicomico Counties and Baltimore City.

Strategy Accomplishment:

This strategy was achieved.

(2-1E)

Promote strength-based, resilience building approaches in the monitoring of MHA regulated residential programs, residential policy and licensing standards, and the out-of-state placement decisions overseen by the Children's Cabinet through the Governor's Office for Children (GOC).

Indicators: Monitoring reviews and consultation with therapeutic group home programs; policy and licensing standards for all youth-serving residential programming, numbers and types of youths placed out-of-state.

Involved: MHA Office of Child and Adolescent Services; GOC; the Children's Cabinet agencies; the State Coordinating Council; Interagency Licensing Board; MARFY; therapeutic group home providers; other residential providers

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA has established a critical incidents reporting system to monitor program quality at MHA regulated Therapeutic Group Homes (TGH). Training on this system has been provided to the TGH providers on reporting requirements and reports are now regularly submitted on incidents such as police involvement, injuries, and runaway episodes that transpire at the programs.

MHA continues its ongoing involvement in the GOC interagency processes related to the licensing of residential programs and the placement of youth in out-of-state settings. MHA reports both residential and out-of-state placements to GOC annually.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(2-1F)

Adult & Child

Collaborate with the Mental Health Transformation Office (MHTO) to implement and further develop the Recovery Initiative for consumers targeted toward: 1) training and regulatory change, 2) self-directed care, 3) Consumer Resource Interview Project, and 4) behavioral support of individuals to achieve recovery.

Indicator: Consumers interviewed in each project regarding preferences/needs for using person-centered planning, resources needed to fulfill plans identified and implemented as feasible, best practices and model programs identified, Phase II training for providers and consumers on recovery developed, lessons learned translated to further system transformation

Involved Parties: Daryl Plevy, MHTO; Lissa Abrams and Penny Scrivens, MHA Office of Adult Services; Eileen Hansen, University of Maryland Training Center; MHA Recovery Committee; CBH; OOOMD

Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2009 activities and status as of 06/30/09 (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. Targeted areas of the Adult Recovery Project Initiative include:

- **Self-Directed Care:** The SDC Program is currently serving 51 consumers. All areas of recovery are addressed from health and wellness to family relationships to social recreation reflecting the experiences, interests, and strengths of the individual participants.
- **Consumer Resource Interview project:** Peer interviewers, representing six Maryland jurisdictions, used the Community Resources Development Interview (CRDI) survey (a tool designed specifically for person centered planning) to determine individual preferences that would assist in successful community re-integration.
- **Behavioral Support of Individuals:** Training for Peer Support WRAP facilitators is an ongoing process. Quarterly trainings will continue so facilitators are able to increase skill levels.

Additionally, with support from the Transformation grant, training was provided to adult psychiatric rehabilitation programs (PRPs), outpatient mental health centers (OMHCs), psychiatrists and other individual practitioners, and consumer groups as a first step in a longer term effort to help Maryland's Public Mental Health System (PMHS) continue to incorporate practices, based on recovery, into its services.

The Recovery Implementation subcommittee of MHA's Recovery Committee is developing Recovery Centers of Excellence to produce cultural change within four community mental health programs. Each agency selected will receive formal training, consultation, technical assistance, and guidance from skilled trainers, and will make a commitment to involve its leadership, staff, and consumers in the initiative.

Strategy Accomplishment:

This strategy was achieved.

Objective 2.2 MHA will increase the number of consumers employed.

Mental Health Block Grant – Criterion # 1, 5

(2-2A)

Adult & Child

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, new EIDP Medicaid regulations promulgated, new EIDP regulations 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: 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; DORS; MDOD; CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center

MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report

In FY 2009, 565 consumers received training on the Employed Individuals with Disabilities program (EIDP), the Maryland version of the Medicaid Buy-In. MHA collaborated with OOOMD to implement 37 provider-specific and consumer-focused workshops on the EIDP. As part of a multi-agency, statewide strategic plan to inform individuals with disabilities about the Medicaid Buy-in, this program is being offered to all supported employment sites, to selected psychiatric rehabilitation programs (PRPs), to selected NAMI affiliates, and to all OOOMD affiliates. In addition, OOOMD facilitated an EID Webcast in partnership with the Work Incentives Project Director for the Maryland Department of Disabilities (MDOD), and delivered EID training at the MHA Annual Case Management Conference. During this past fiscal year, both workshops were well received, with most participants (95% and 94% respectively) rating the workshops either as "excellent" or "good."

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 were promulgated on October 1, 2008.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(2-2B)

Adult & Child

Increase the number of consumers working and the array of choices of supported employment services by utilizing Social Security Administration (SSA) incentives such as Ticket-to-Work, to implement the Employment Network (EN), a consortium of Maryland mental health supported employment providers and CSAs.

Indicator: Infrastructure to support EN established at CSAs statewide, Network activated at CSAs, new Ticket to Work regulations approved, baseline data on number of programs eligible and number of consumers using incentives established

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

MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with the Social Security Administration (SSA), Maryland State Department of Education-Division of Rehabilitation Services (MSDE-DORS), and the Harford County CSA, implemented a demonstration project, under the auspices of the new Ticket To Work regulations, which connects selected core service agencies (CSAs) - Harford and Anne Arundel Counties, and Baltimore City - and the respective supported employment programs within those jurisdictions, into a single EN consortium. The EN implemented the Ticket to Work program on March 2, 2009, as scheduled. To date, approximately thirty percent (30%) of the ticket submissions have been successfully assigned to the Maryland Mental Health Employment Network (MMHEN). Progress meetings with the network are scheduled for the six, twelve and eighteen month points in the pilot program implementation and development. The six month progress meeting was held in August 2009.

A preliminary database has been provided and is currently in use by the EN. A certified benefits counselor has been made available to provide benefits counseling to all pilot provider staff and “ticket-holders” (consumers utilizing the program) starting in the fall of 2009. Infrastructure for this program has been

developed through enhanced computer hardware and plans to integrate the unemployment insurance earnings records within the ASO's authorization and data system thus providing SSA with the necessary wage information without having to track individual ticket holders.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1, 3

(2-2C)

Adult & Child

Develop a set of recommendations based on best practices in training, education, and employment for transition-age youth (TAY) with serious emotional disorders (SED) to assist them in making the transition from high school into vocational training, work and/or higher education.

Indicator: Workgroup convened, recommendations on best practices identified

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; MSDE; CSAs; Members of the Transition Age Youth (TAY) sub-committee of the Blue Print Committee

MHA Monitor: Tom Merrick, MHA Office of Child and Adolescent Services, and Steve Reeder, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with representatives from the TAY sub-committee of the Maryland Blue Print Committee, participated in a Policy Academy sponsored by the Georgetown Technical Assistance Center in December 2008. The team developed a work plan that recommended developing programs informed by the Transition to Independence Process (TIP), an evidenced-supported practice to optimize youth and young adult life transitions. MHA developed a proposal to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) "Healthy Transitions Initiative" and was awarded a \$2.4 million five-year grant to develop a demonstration project in Washington and Frederick Counties that conforms to TIP standards and will establish a model for statewide implementation.

Additionally, an internal MHA work group has been formed to create new medical necessity guidelines for admission of transition-age youth to PRPs in order to facilitate access to training and supported employment approaches.

Strategy Accomplishment:

This strategy was achieved.

Objective 2-3 MHA will evaluate and develop resources to maximize current resources to promote affordable safe housing for individuals with serious mental illness (SMI).

Mental Health Block Grant – Criterion # 1

(2-3A)

Adult & Child

In collaboration with the Mental Health Transformation Office (MHTO) obtain an assessment of current housing programs and funding resources and recommendations for inclusion in a housing plan that will maximize funding (including DHMH's Administration-Sponsored Capital Program grant community bond) to expand housing opportunities for individuals with mental illnesses; and integrate MHA's plans with the Maryland Department of Housing and Community Development (DHCD) and the DHMH Office of Capital Planning demonstrations.

Indicator: Consultant under contract; meetings with participating organizations; existing residential program resources and incentives inventoried, documented, and analyzed; strategies identified and prioritized for implementation; recommendations presented; plan approved

Involved Parties: Lissa Abrams and Penny Scrivens, MHA Office of Adult Services; Daryl Plevy, MHTO; Marian Bland, MHA Office of Special Needs Populations; CSAs; Donna Wells, Howard County CSA; DHMH Office of Planning and Capital Financing; DHCD; MDOD; Centers for Independent Living (CILs); local housing authorities; housing developers; Consultant – Technical Assistance Collaborative, Inc. (TAC)

MHA Monitor: Lissa Abrams and Penny Scrivens, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with the Mental Health Transformation Office (MHTO) and a consultant firm, Technical Assistance Collaborative, Inc. (TAC), developed an assessment of current housing programs and funding resources, and recommendations for inclusion in a housing plan for future improvements and expansion of housing opportunities for priority consumer groups, including individuals with mental illness or with co-occurring mental illness and substance abuse disorders.

Existing residential program resources and incentives were inventoried. The consultant report on housing has been completed and is being reviewed by MHA. From this information, DHMH, DHCD and the Maryland Department of Disability (MDOD), jointly developed a strategic plan for the development of affordable independent housing for persons with disabilities, specifically those with SMI and those with a developmental disability. The plan incorporated TAC recommendations and other strategies to maximize utilization of existing resources, efforts to generate rent subsidies, and approaches to overcome barriers to development of housing.

Due to current fiscal concerns within the state, no new initiatives have yet been implemented from the TAC report. The consultant remains under contract to present recommendations and attend meetings with participating organizations and stakeholders to identify and prioritize strategies for implementation. Review of possible funding for housing resources from the Homelessness Prevention & Rapid Re-Housing (HPRP) through the Federal Stimulus Act will be ongoing through the coming year.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-3B)

Based on recommendations of the MHA/TAC Housing Plan, MHA will work with other state and local funding resources to promote and leverage DHMH's Administration-Sponsored Capital Program grant (Community Bond) funds to increase affordable, safe, and integrated housing for individuals with serious mental illness (SMI).

Indicator: Community bond housing applications approved, meetings with participating organizations held, Capital projects implemented, potential residents identified, number of individuals who moved from state hospitals and residential rehabilitation programs (RRPs) to independent housing

Involved Parties: Lissa Abrams and Penny Scrivens, MHA Office of Adult Services; Daryl Plevy, MHTO; Robin Poponne, MHA Office of Planning, Evaluation, and Training; Marian Bland, MHA Office of Special Needs Populations; CSAs; DHCD; DHMH Office of Capital Planning; MDOD; DDA; MDoA; CILs; local housing authorities; housing developers; Administration-Sponsored Capital Program; Consultant Staff, TAC
MHA Monitor: Penny Scrivens, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

Through a partnership between the Technical Assistance Collaborative (TAC), MHA, DHMH, MDOD, Department of Housing and Community Development (DHCD), and MHTO, an assessment yielded recommendations for future improvements and expansion of housing opportunities for priority consumer groups.

Since June, 2009, MHA has served on the MDOD Housing Task Force (chaired by MDOD Secretary) to review data and strategies, and identify action steps to promote affordable housing efforts throughout the state. These partners in Maryland are discussing various strategies, many based on the TAC assessment, to tap resources such as: new Department of Housing and Urban Development (HUD) funding sources currently moving through Congress focused on providing new supported housing options for people with disabilities that may be available in the coming year; new housing choice vouchers developed for use by people with disabilities; rent subsidies to become part of the HUD Section 811 program;

and housing funds targeted to people with very low incomes. Maryland is planning to participate in a new Voucher Program announced by HUD for early FY 2010. MHA will work with the Maryland Association of Housing and Redevelopment Agencies (MAHRA) and other Housing and Human Services groups around the state to apply for these 4,000 or more vouchers going to Money Follows the Person/Individual initiatives and promoting the Olmstead decision to transition patients living in institutions into the community.

Starting in June, 2009, MHA has been participating with local housing coalitions, including Prince Georges County, in applying for stimulus funding through DHCD. TAC will continue to provide technical assistance to CSAs that have the capacity to work with local Public Housing Authorities (PHA) to enhance Permanent Supportive Housing options utilizing Housing Choice Vouchers.

Some non-profit housing development entities, as well as mental health provider organizations, have developed affordable housing using community bond grants through Maryland's DHMH's Administration-Sponsored Capital Program. In FY 2009, housing is being developed for more than 35 individuals through the Community Bond Program. Also, the 2009 Maryland General Assembly approved a total of \$2,460,000 to serve individuals with mental health needs, through promoting accessibility to housing during the next fiscal year through this program. MHA continues to encourage programs that facilitate the movement of individuals from residential rehabilitation programs (RRPs) to independent housing (more than 10 in FY 2009). Coordination with support services to include case management agencies, mobile treatment, Assertive Community Treatment (ACT), community action agencies, and faith-based programs will be ongoing.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(2-3C)

Adult & Child

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 57 served by end of FY 2009, number of individuals who moved from residential rehabilitation programs (RRPs) to independent housing, meetings with participating organizations to include case management agencies

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Marian Bland, MHA Office of Special Needs Populations; CSAs; DHCD; MDOD; DDA; MDoA; CILs; local housing authorities; housing developers

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

The Bridge Subsidy Pilot Program began in January 2006 in several counties around the state including the eight Eastern Shore and two Western Maryland counties. Currently the program is providing rental assistance to more than 71 consumers with mental illnesses across disabilities in more than 16 counties, increasing access to affordable housing supports for individuals obtaining greater independence, and also creating capacity in RRP units for those who are waiting for residential services. Currently there are 2,474 RRP placements in the system. In FY 2009, the Bridge Subsidy program facilitated the move of 14 individuals from RRP to independent housing. MHA partners with DHCD, the CSAs, MDoA, DDA, Centers for Independent Living (CILs), and Public Housing Authority (PHA) representatives to oversee and monitor the program. All participants have received training from MHA's Housing Coordinator and receive ongoing support from PMHS case managers.

As of FY 2010, the program will not receive additional funding to expand or accept new applicants. Efforts to re-implement or expand the program will be reviewed if federal or state funding becomes available. The 71 tenants who received Bridge Subsidy will have the opportunity to complete their three-year eligibility span.

Strategy Accomplishment:

This strategy was achieved.

Objective 2.4. MHA will increase opportunities for consumer, youth, family and advocacy organization input in the planning, policy and decision-making processes, quality assurance, and evaluation.

Mental Health Block Grant – Criterion # 1

(2-4A)

Adult

Participate in oversight of the Consumer Quality Team (CQT) project and plan for statewide expansion targeted for 2010.

Indicator: Protocols developed for site visits to state facilities, minimum of 200 site visits to psychiatric rehabilitation programs (PRPs), and state facilities; expand site visits to a minimum of four additional counties and two facilities, minimum of nine feedback meetings held, identified issues resolved, annual report submitted

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA Office of Planning, Evaluation, and Training; state facility representatives; MHTO; CSAs; MHAM; NAMI MD; OOOMD; CBH

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2009 activities and status as of 06/30/09 (final report):

The Consumer Quality Team (CQT) initiative, launched in FY 2007 through MHAM, was continued in FY 2009. Since the implementation of the program, CQT hired one full-time and three part-time mental health consumers and family members, and conducted 170 site visits to psychiatric rehabilitation programs (PRPs) and state facilities. During FY 2009, CQT provided 180 hours of training, interviewed 850 consumers, and conducted 15 Feedback Meetings.

Also, in FY 2009, CQT initiated site visits in Harford, Cecil, Carroll, Prince George's, Montgomery, and Frederick Counties, as well as Upper Shore, Eastern Shore and Spring Grove Hospital Centers, while maintaining three to six annual site visits to: the PRPs in Howard, Anne Arundel and Baltimore Counties and Baltimore City, and Finan and Springfield Hospital Centers. CQT maintained a Director to oversee the CQT initiative who refined interview protocols. Also, CQT continued to develop training curricula and materials, provided 150 hours of staff training, refined personnel policies and procedures, refined report formats, provided staff for its Steering Committee, developed the annual budget and a proposed expansion budget, and recruited and interviewed candidates for six new interviewer positions.

Additionally, CQT continued its marketing program by attending meetings of consumer and family groups, distributed brochures, updated and maintained a Website and conducted 28 introductory meetings with provider staff. CQT worked with members of the Transition-Age Youth Committee on consumer evaluation teams and assisted the University of Maryland Systems Evaluation Center on their evaluation of the CQT program. A 2008 Annual Report was published in the summer of 2009.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1, 5

(2-4B)

Child

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, 18-20 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 2009 activities and status as of 06/30/09 (final report):

The Maryland Coalition of Families for Children’s Mental Health’s Family Leadership Institute (FLI) conducted its annual series of sessions beginning in January 2009 to train families to advocate for their children and all of Maryland's children in their communities and across the state. Since its inception in 2004, more than 100 family members have graduated from the FLI. Prominent speakers, policymakers and advocates address the classes on topics ranging from special education to skills-building. In addition to the knowledge learned, participants develop a network of friendship and support that lasts well beyond the formal Leadership Institute. In 2009, eight families completed the program.

A recent evaluation of the first four graduating classes revealed that 18 past graduates are currently serving on a total of 55 committees and boards in Maryland. A number of others are currently employed as family navigators, family support partners, support group facilitators, and presenters.

In the summer of 2009, considerable planning was completed in partnership with the Montgomery Federation of Families to deliver a leadership course to Latino families beginning in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-4C)

Continue implementation of Youth MOVE (Motivating Others through Voices of Experience), a youth peer leadership program, and, in collaboration with the Maryland Child and Adolescent Mental Health Institute with its partner, the Maryland Coalition of Families for Children’s Mental Health, explore sustainability.

Indicator: Implementation expanded, additional CSAs participating, numbers of individuals enrolled in Youth MOVE, number of graduates, report on sustainability presented

Involved Parties: MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children’s Mental Health; MHTO; the Maryland Child and Adolescent Mental Health Institute; CSAs

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services and Daryl Plevy, Mental Health Transformation Office

FY2009 activities and status as of 06/30/09 (final report):

The Mental Health Transformation Office (MHTO) will continue to assist with the statewide implementation of Youth MOVE Maryland. The Transformation grant established this program by providing funds to hire a statewide coordinator housed within the Maryland Child and Adolescent Innovations Institute. Youth

MOVE has been implemented in 14 of the state's 24 jurisdictions. To date, membership has increased to 85 participants.

The further statewide roll-out and continued efforts will be sustained through the new the Children's Mental Health Initiative (CMHI) award ("System of Care" grant) and MD CARES, awarded to MHA in September 2008. Funding from this new grant and a second CMHI grant for Maryland's Eastern Shore, RURAL CARES, will support phase-two to expand Youth MOVE Maryland statewide. Technical assistance will be provided to local jurisdictions and local leadership will be recruited to support the statewide expansion.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-4D)

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

Indicator: Retreat held; 10 consumers trained in leadership and advocacy activities; graduates' involvement in these roles in the PMHS tracked, mentoring program designed, mentors and interns selected

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs and Paula Lafferty, Mental Health Transformation Office

FY2009 activities and status as of 06/30/09 (final report):

The MHA Office of Consumer Affairs (OCA) held a Leadership, Empowerment, and Advocacy Program (LEAP) Retreat to train consumers in leadership and advocacy activities. Thirteen graduates successfully completed this training. Most applicants were affiliated with OOOMD, NAMI MD, and other organizations in the OCA network. Presenters included a Maryland delegate and staff from SAMHSA, marking the first time LEAP has focused on issues at the federal level. Plans to measure participants' level of advocacy, prior to and after the training, will continue. Follow-up will take place in November 2009, six months after the training. All participants developed goals they would accomplish within those six months based on the training workshops.

In the FY 2010 design of LEAP there will be a goal of training 12 consumers over a five-day period. In FY 2009, the mentoring program and internships were postponed because program graduates were not available for scheduled internships. LEAP graduates continue to be in high demand for advisory boards, employment and other leadership roles throughout the state. The future goals of

the LEAP internship program will be expanded to include placements at state and federal agencies.

Strategy Accomplishment:

This strategy was achieved.

Objective 2.5. MHA will protect and enhance the rights of individuals receiving services in the PMHS

Mental Health Block Grant – Criterion # 1, 5

(2-5A)

Adult & Child

Continue training for the previously Substance Abuse and Mental Health Services Administration (SAMHSA) grant-funded activities surrounding reduction 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 Systematic Training Approach for Refining Treatment (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; the MHA Facilities' Prevention and Management of Aggressive Behavior committee; Larry Fitch, MHA Office of Forensic Services; Daryl Plevy, MHTO; Maryland Youth Practice Improvement Committee (MYPIC); MHA Management Committee; University of Maryland Evidence-Based Practice Center (EBPC)

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services, and Daryl Plevy, Mental Health Transformation Office

FY 2009 activities and status as of 06/30/09 (final report):

The Seclusion and Restraint Reduction Project Coordinator continued work with administrators and staff in all of the public child/adolescent facilities, helping to sustain progress made in their implementation of the Six Core Strategies of Seclusion & Restraint Reduction & Elimination as defined by the National Association of State Mental Health Program Directors (NASMHPD). The Project Coordinator provided ongoing technical assistance to the public child/adolescent facilities' Master Trainers as they use the Systematic Training Approach for Refining Treatment (START) manual.

Ongoing consultation to the child/adolescent facilities' Seclusion/Restraint Reduction Committees and facility administrators, continues to emphasize the importance of strong leadership to achieve staff buy-in; improved use of data collection and trend analysis; attention to workforce development; improved use

of tools for assessment to capture trauma history and other pertinent information; and debriefing after a seclusion and restraint occurrence.

Springfield Hospital Center is the adult inpatient psychiatric facility selected by MHTO to design a model program. This included training staff on the skills needed to use de-escalating and prevention tools; on making the most appropriate and effective use of the peer support specialists on their teams; and on how to review progress by regularly reviewing data and current trends. The adult version of the START manual will be used to augment already existing training strategies at that facility. The Project Coordinator will continue to provide ongoing supportive activities with the state of Maryland's PMAB (Prevention and Management of Aggressive Behaviors) initiative. Additionally, she will continue to serve as the Seclusion/Restraint Reduction Expert on the Governor's Office for Children's Work Group as they review Behavioral Management Programs approved for use in Maryland counties.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(2-5B)

Adult

MHA's Office of Forensic Services, in collaboration with the Mental Health & Criminal Justice Partnership [formerly called the House Bill (HB) 281 Workgroup], will continue to provide support for services to individuals with mental illness in the criminal justice system and explore the development of an increased continuum of diversion services.

Indicator, Legislatively mandated reports monitored, results reported to CSAs, minutes of Mental Health & Criminal Justice Partnership meetings disseminated

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHA facilities; the MHTO; CSAs; Mental Health & Criminal Justice Partnership (includes: MHAM and other state agencies), DHMH Office of Forensic Services; the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA's Office of Forensic Services (OFS) staff participated in meetings with the Mental Health and Criminal Justice Partnership (MH/CJ), formerly the House Bill 281 committee/workgroup. The MH/CJ Partnership continued to monitor and provide support for services to individuals with mental illnesses in the criminal justice system. Progress was accomplished through the implementation of goals in the following areas:

- Developed and implemented a system for the Motor Vehicle Administration to provide identification cards for inmates released from prison.
- Worked with CSAs to monitor programs to provide aftercare appointments at the community mental health clinic within 30 days of release from prison.
- Facilitated the development of an increased continuum of diversion services.
- Supported legislation to require the Department of Public Safety and Correctional Services provide a 30-day supply of psychiatric medications to inmates released from prison.

The MH/CJ continues to meet to pursue implementation of the goals identified in the House Bill 281 report and explore the development of an increased continuum of diversion services.

Strategy Accomplishment:

This strategy was achieved.

(2-5C)

Provide information and technical assistance on adults and juveniles 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 as 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, Debra Hammen, and Robin Weagley, MHA Office of Forensic Services; 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 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA's OFS staff provided targeted training and technical assistance to MHA facility staff and community providers on a range of issues including diversion, services for justice-involved consumers in the community, community re-integration, and consumer concerns regarding the delivery of forensic services. OFS staff participated in the following academic trainings where clinical professionals received certificates:

- The Twelfth Annual Symposium on Mental Disability and the Law held on June 12, 2009 at the Ramada Inn, Thurgood Marshall Airport. Over 200 professionals and consumers attended.
- The University of Maryland Department of Social Work. Certificates of Capacity in Guardianship Proceedings

- The Washington County Department of Social Services, Hagerstown. Certificates of Capacity in Guardianship Proceedings.
- Presentations on juvenile forensic services at the Seventh Annual Juvenile Forensic Psychiatry Symposium, held August 28, 2008, for University of Maryland fellows and residents.

Also, the Office of Forensic Services (OFS) participated in regular meetings with four CSAs, and others as requested, as well as local criminal justice and court officials offering Mental Health Court Risk Assessment training and addressing services and evaluations for justice-involved consumers.

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.

Strategy Accomplishment:

This strategy was achieved.

(2-5D)

MHA, in collaboration with Department of Human Resources (DHR) and the Maryland Coalition of Families for Children’s Mental Health, will continue ongoing efforts to reduce custody relinquishment by planning and delivering training for staff at the local level in local Departments of Social Services (DSS), private mental health providers, and others on alternatives to forced or voluntary custody relinquishment for the purpose of obtaining health care.

Indicators: Development of training materials, numbers of staff and providers trained, evaluation of training events

Involved Parties: MHA Office of Child and Adolescent Services; DHR; Maryland Coalition of Families for Children’s Mental Health; other advocates; family members; providers; CSAs; local DSS offices; Local Management Boards (LMBs)

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

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA, in collaboration with DHR, the Maryland Coalition of Families for Children’s Mental Health, and the Maryland Disability Law Center, has been in the process of planning a summit for FY 2010. This summit on Voluntary Placement Agreements (VPAs), which may be planned on an annual basis, will explore strategies and services needed, as well as examine the current social service voluntary placement practice. An overview of the Social Services Administration (SSA) policy directive, which provides clarity about the entry of children into out-of-home placements through the VPA process, will be presented. A panel is planned consisting of representatives from MHA, DHR, MSDE, GOC, MDLC, and the Coalition to share available resources and access to services. The target audience will include agency representatives, families, local DSS staff,

local coordinating council representatives and providers of services in child welfare systems.

Strategy Accomplishment:

This strategy was partially achieved.

Mental Health Block Grant – Criterion # 1

(2-5E)

Child

Based on a 1987 Lisa L. Program class action lawsuit (which requires timely discharge from hospitals to appropriate placements) track and monitor children and youth in state custody in designated psychiatric hospitals as identified under COMAR 14.31.03.

Indicators: Hospital staff and providers trained on the on-line use of the Psychiatric Hospitalization Tracking System for Youth (PHTSY), a web-based module of the State Children, Youth, and Family Information System (SCYFIS); regional trainings conducted for agency and hospital staff on the regulations governing interagency discharge planning for children and adolescents; reports generated

Involved Parties: Musu Fofana and Marcia Andersen, MHA Office of Child and Adolescent Services; providers; MHA inpatient adolescent unit and eight private hospitals; the Multi Agency Review Team (MART)

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

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, 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; provision of resource information; and application of the regulations governing interagency discharge planning for children and adolescents. Additionally, an expanded version of the training took place in Annapolis, Maryland for in-state and out-of-state psychiatric hospital staff and case workers from the various child-serving agencies. Ongoing in-house training on the use of the automated tracking system took place for Department of Social Services Lisa L. coordinators. Bi-weekly and quarterly reports are generated through PHTSY. Lisa L. status updates are presented to the Children's Cabinet.

Strategy Accomplishment:

This strategy was achieved.

Goal III: Disparities in Mental Health Services are Eliminated.

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

Mental Health Block Grant – Criterion # 4
Adult & Child

(3-1A)

Utilize Projects for Assistance in Transition from Homelessness (PATH) funds, statewide, to provide flexible community-based services to individuals who are homeless or at “imminent risk” of becoming homeless; leverage funding to expand supports to individuals transitioning to permanent housing; provide training for providers of PATH, homeless, or housing services; provide technical assistance to CSAs and providers of services to individuals who are homeless.

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

Involved Parties: MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; other MHA Staff; CSAs; PATH service providers

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

FY 2009 activities and status as of 06/30/09 (final report):

PATH providers continue to provide flexible community based outreach and support services to persons who are homeless and have a mental illness or at imminent risk of becoming homeless. It is estimated that 2,215 persons who were homeless were served in FY 2009.

In FY 2009, PATH was funded at \$1,032,000. MHA Office of Special Needs Populations re-applied for federal PATH funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) in May 2009. MHA was awarded \$1,172,000 in federal PATH funding for FY 2010 (an increase of \$140,000).

PATH providers received training on data in November 2008. Also, in June 2009 a course to update techniques in delivering services through SOAR (Supplemental Social Security, Outreach, Access, and Recovery) was given for case managers and homeless services providers.

Local providers submitted their FY 2008 Annual Progress Reports via PATH Website by December 6, 2008. This data is currently being analyzed and an aggregate state report is in the process of being generated for submission to MHA for review and approval. MHA continues to monitor the provision of PATH services provided through quarterly reports, annual reports, and quarterly provider meetings.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1, 4

(3-1B)

Adult & Child

Continue to provide funding for rental assistance through the Shelter Plus Care grants from the Department of Housing and Urban Development (HUD); explore additional funding opportunities and apply for funding to increase case management support to link and maintain consumers in permanent supportive housing and/or Shelter Plus Care.

Indicator: Application for funding submitted; number of families/individuals housed; services provided; meeting minutes and training materials disseminated; technical assistance and trainings provided to CSAs, providers, and local continuum of care committees

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 2009 activities and status as of 06/30/09 (final report):

Currently, MHA's Shelter Plus Care Housing Program is providing rental assistance to 664 persons, which includes 149 single individuals, 166 families with 285 children and 64 other adults.

MHA's Office of Special Needs Populations continue to participate in local Continuum of Care Homeless Boards, provide technical assistance to providers, CSAs, case managers, and consumers, and meet with Shelter Plus Care monitors and providers quarterly.

MHA's Office of Special Needs Populations applied for HUD Homeless Continuum of Care funding in October 2008 to renew its one-year Shelter Plus Care Housing grants. In February 2009, the one-year Shelter Plus Care grants submitted for funding was renewed in the amount of \$3,306,900 in funding for FY 2010. Additionally, MHA submitted a request to HUD to extend the five-year grant in Cecil and Frederick Counties. These grant extensions were approved.

Strategy Accomplishments:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(3-1C)

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

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

FY 2009 activities and status as of 06/30/09 (final report):

The TBI waiver was expanded in October 2008 as a result of changes in Maryland’s Money Follows the Individual (MFI) policy including the elimination of a cap on the number of waiver slots available in the program to individuals who meet TBI waiver technical eligibility and MFI eligibility. There were 33 individuals enrolled in the program at the end of FY 2009 and 10 individuals were in the process of applying for the program. Two additional providers had begun the enrollment process at the end of FY 2009. Quarterly visits with waiver participants, annual provider audits, plans of care monitoring, and the critical incident reporting system remain the key components of the quality management program for the TBI waiver.

Strategy Accomplishments:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5
Adult & Child

(3-1D)

Implement the Trauma, Addictions, Mental Health and Recovery (TAMAR) Program in nine sites; provide technical assistance to TAMAR trauma specialists, CSAs, and other mental health providers; provide information and training opportunities on trauma-informed care to providers and other interested agencies.

Indicator: Private, local, state, and federal funding secured; reports on programs statewide; providers trained; and meeting minutes

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; MHA Staff; CSAs; ASO; local providers; ADAA; other agencies

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

FY 2009 activities and status as of 06/30/09 (final report):

TAMAR continued to provide services to adult consumers with trauma histories who were currently involved with the criminal justice system. TAMAR programs were mainly state-funded with additional county support. Providers and Core Service Agency (CSA) directors were invited to attend quarterly meetings to discuss and resolve program issues which resulted in future changes, thus returning the program to its original focus of treating consumers with trauma histories. Other consumers with mental health issues but without trauma are to be referred to the Maryland Community Criminal Justice Treatment Program (MCCJTP) program instead. Discussions also resulted in the modification of the report form to reflect a broader definition of trauma to include an experienced adverse event versus only the diagnosis of post-traumatic stress disorder.

At the end of the fiscal year, TAMAR received nearly 575 referrals from the nine participating detention facilities, which were assessed for trauma histories. More than 500 people met program criteria and received treatment. Group therapy was the most common treatment modality with 345 people participating in a group setting at least one time. Also 314 individuals received individual treatment, 283 received case management, and 143 received medication management. Several trauma specialists, in collaboration with their corresponding CSA, compiled information on community-based health and social services for distribution among participants.

MHA continues to meet quarterly with TAMAR trauma specialists for supervision. MHA is developing a task force to create a trauma treatment protocol that can be delivered in 6-8 weeks to incarcerated individuals.

MHA's Office of Special Needs Populations worked with ADA A by presenting trauma-related information in the Office of Education and Training for Addiction Services' (OETAS) summer and spring four-day workshops. The TAMAR treatment manual has been requested by several states, Canada, and Australia. Fifteen manuals have been distributed this fiscal year. Future state trainings and presentations are planned for Virginia, New York, and Missouri. Also, a Train-the-Trainer is planned for September 2009.

Strategy Accomplishment:

This strategy was achieved.

(3-1E)

Provide information and technical assistance to Kennedy Krieger Family Center regarding the implementation of the trauma-informed care grant focusing on trauma experienced by children of incarcerated parents.

Indicator: Participation in stakeholders' subcommittee meetings for the Kennedy Krieger Family Center trauma grant, recommendations and technical assistance provided, resource materials disseminated

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; MHA Office of Child and Adolescent Services; Kennedy Krieger Family Outpatient Center; CSAs; ASO; DHR; ADAA; other agencies; local providers

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

FY 2009 activities and status as of 06/30/09 (final report):

The Office of Special Needs Populations worked with the Family Center at the Kennedy Krieger Institute (KKI) as part of a stakeholder consultant group in support of the Family Center's SAMHSA grant the goal of which is to better understand available trauma services in Maryland, provide feedback on trauma-focused interventions, and identify training needs for service providers. This group serves as an advisory council strictly to advise KKI on programs and services used to better understand and treat the emotional/psychological impact on a child who has one or both parents incarcerated. The Family Center scheduled a services resource fair to be held early in FY 2010 and has received approval to recruit and research four target programs: Family Live, SafeCare, Mind/Body Interventions, and HeartMath. This has been an ongoing endeavor and MHA has agreed to extend their role for another year.

Strategy Accomplishment:

Strategy was achieved.

Mental Health Block Grant – Criterion #5
Adult & Child

(3-1F)

In collaboration with the Mental Health Transformation Office (MHTO), provide technical assistance and supports to Mid-Shore Mental Health Systems to conduct a statewide needs assessment and inventory of mental health services available to individuals who are deaf and hard of hearing, and develop a state proposal to include the recruitment and training of culturally competent mental health professionals in Maryland.

Indicator: Development of a state proposal, meeting minutes disseminated, needs assessment completed, research funding opportunities to expand services and recruit professionals, trainings provided

Involved Parties: Marian Bland, Office of Special Needs Populations; Daryl Plevy, MHTO; Iris Reeves, MHA Office of Planning, Evaluation, and Training; Marcia Andersen, Office of Child and Adolescent Services; Mid Shore CSA; CSAs; Governor's Office of Deaf and Hard of Hearing (ODHH); MHA facilities; consumers and family advocacy groups.

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

FY 2009 activities and status as of 06/30/09 (final report):

Through the Mental Health subcommittee for the Maryland Advisory Council for the Governor's Office of Deaf and Hard of Hearing (ODHH), chaired by MHA's Office of Special Needs Populations, national estimates of the number of persons who are deaf and hard of hearing have been obtained. The committee has decided to use the national data rather than conducting a statewide needs assessment.

Also this fiscal year, community needs interviews were conducted with 14 patients hospitalized on Springfield Hospital Center's deaf unit by Gallaudet students in collaboration with MHA, Mid-Shore Mental Health Systems, and the Office of Mental Health Transformation (MHTO). The data collected through these interviews are being analyzed and will be available in FY 2010 in the Community Resources Development Interview Project Report.

A draft state proposal was in the process of being developed beginning in FY 2008 and has been the focus of discussion for subcommittee meetings this fiscal year. While mental health was the main focus, there were many related issues that also needed special attention. It was decided to create an additional Behavioral Health sub-committee to the Maryland Advisory Council for the ODHH and to address issues and needs in separate manageable categories. It is expected that recommendations will be developed from each sub-committee in FY 2010.

MHA's Office of Special Needs Populations also collaborated with Mid-Shore Mental Health Systems and Gallaudet University to create a series of trainings to increase cultural awareness and sensitivity to the needs of deaf and hard of hearing population. Eight cultural competency trainings were conducted by June 30, 2009 at Gallaudet University. These trainings were provided live and also via Webcast in close captioning. These trainings are available on Gallaudet University's Website.

There is no funding for additional research projects at this time. However, there are attempts to incorporate opportunities to increase access to services within new regulations in psychiatry being promulgated in FY 2010. Additionally, some CSAs are looking into alternative ways to increase services access to individuals who are deaf or hard of hearing. For example, in the spring of 2009, Anne Arundel County designated an outpatient clinic for services specific to the deaf and hard of hearing population. Gallaudet University professionals are partnering in providing clinical staffing for this endeavor.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1

(3-1G)

Adult & Child

Continue collaboration 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 support the operation of the women's transitional program (Chrysalis House Healthy Start Program), targeted to serve pregnant and post-partum women and their babies and explore funding to provide additional services.

Indicator: Number of women and infants served, additional funding applied for, reports generated

Involved Parties: Marian Bland and Tara Agnese, MHA Office of Special Needs Populations; Chrysalis House Healthy Start Program; MHA Office of Child and Adolescent Services; ADAA; FHA; DPSCS; the Judiciary; Baltimore Mental Health Systems, Inc.; Archdiocese of Baltimore City; the University of Maryland Obstetrics/Gynecology Department; Baltimore City Healthy Start; Family Tree; and other involved agencies

Monitors: Marian Bland and Tara Agnese, MHA Office of Special Needs Populations

FY 2009 activities and status as of 06/30/09 (final report):

MHA's Office of Special Needs Populations continues to collaborate with partnering agencies for the operation and monitoring of the Chrysalis House Healthy Start Program. MHA continues to provide technical assistance and training opportunities to the program staff on Shelter Plus Care and trauma.

Quarterly reports are submitted through the Baltimore City CSA and outcomes data is being established.

As of June 30, 2009, nine women have graduated from the program. All nine women moved to permanent housing upon completion of the program and continue to receive community supports and treatment services.

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.

Mental Health Block Grant – Criterion # 4, 5

(3-2)

Adult & Child

Finalize regulations and propose financing for use of telemedicine within the PMHS for direct services, consultation, and education.

Indicator: Draft regulations developed and adopted, financing needs and opportunities identified, State Medicaid Plan amended, CSA steering committee convened, telemental health project implemented in rural jurisdictions

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Stacey Diehl, MHA Office of Governmental Relations; MHA Committee to Address Telemedicine; Medical Assistance; Mid-Shore CSA; the University of Maryland; PMHS providers

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

FY 2009 activities and status as of 06/30/09 (final report):

There were a number of meetings held with several stakeholders, and regulations were drafted. The telemedicine regulations have been signed off by the DHMH Secretary and sent to other Administrations within the Department for their comments. Comments have been received from one Administration so far and MHA will consider incorporating some of their suggestions. The document will then go to the Joint Committee on Administrative, Executive and Legislative Review (AELR) and the Division of State Documents for publication in the *Maryland Register*.

The CSA Steering Committee met quarterly during FY 2009 and established an Executive Committee, which meets monthly, to monitor the implementation of the telemedicine services. Six jurisdictions – Garrett, St. Mary’s and four Mid-Shore Counties implemented this on-line service in FY 2009. Queen Anne’s County’s participation was delayed until the opening in FY 2010 of an in-county facility with capacity for the necessary equipment.

The project coordinator and steering committee have worked with the Health Resources and Services Administration (HRSA) personnel and Grant Technical Assistance providers from the Georgia Health Policy Institute to identify alternative opportunities for sustainability of the project. This process will continue through the three-year life of the grant.

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.

Mental Health Block Grant – Criterion # 5
Adult & Child

(3-3A)

MHA, in conjunction with the Mental Health Transformation Office (MHTO), will plan and implement an assessment and cultural competence training project.

Indicator: Best and promising practices researched, data collected, pilot implemented in two Maryland counties, recommendations for system change reviewed, implementation of recommendations from legislative task force for HB 524

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

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA, MHTO, and consultants have collaborated towards increasing cultural and linguistic competence and eliminating mental health disparities. The Cultural and Linguistic Competence Training Initiative (CLCTI), which involves participants from six randomly selected psychiatric rehabilitation programs (PRPs), has been designed as a leadership academy and includes management and direct care staff representatives and two consumers from each site. Best and promising practices have been researched and incorporated within the training curriculum. The early phases of this project toward Eliminating Mental Health Disparities (EMHD), involved a five-session training with the first session taking place at the end of FY 2009. Pre-Training Assessments of the CLCTI and Consultation Project were completed by trainees.

The training focuses on organizational change within the six programs and requires the collection of data to assess the impact of the training on consumer and program staff perception of cultural competence and the process of consumer recovery. The data analysis, along with the actual training and technical assistance, will support the development of an action plan to be utilized by the participating programs to move services and treatment toward cultural

competence as recommended by the task force for HB 524 (legislation which required the convened taskforce to examine barriers to service access, cultural competency, and workforce development to increase the number of mental health professionals).

Other activities that are being provided in FY 2010 and are consistent with the training initiative include:

- Technical assistance to organizations throughout the state
- Workshops and conferences to raise awareness of cultural competence
- Utilization of an assessment tool to evaluate consumer and staff perception of cultural competence of providers/programs

Strategy Accomplishment:

This strategy was achieved.

(3-3B)

MHA, in collaboration with the Mental Health Transformation Office (MHTO) will plan and host an annual summit, with a focus on culturally and linguistically appropriate services, to reduce mental health disparities.

Indicator: Summit held; summit evaluations reviewed

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

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

FY 2009 activities and status as of 06/30/09 (final report):

Fiscal and resource constraints made it necessary to delay the convening of a summit in FY 2009. Attention has turned towards increased efforts to expand the MHA Cultural Competence Advisory Group Annual Fall Cultural Competence Conference in FY 2010 with the assistance of MHTO consultants, consumers, and advocacy groups.

Collaborative efforts will continue in FY 2010 to focus on a sustainability plan for other trainings and programmatic activities.

Strategy Accomplishment:

This strategy was partially achieved.

(3-3C)

Collaborate with the Mental Health subcommittee of the Maryland Advisory Council for the Deaf and Hard of Hearing, CSAs, advocates, and other state and local agencies to provide support and technical assistance to promote statewide access to services that are culturally competent for individuals who are deaf or hard of hearing.

Indicator: Inventory of services completed, meeting minutes and reports, training materials, recruitment and training of culturally competent mental health workforce, report on projects funded, exploration of feasibility of re-establishing a mental health advisory board for deaf and hard of hearing

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; Iris Reeves, MHA Office of Planning, Evaluation, and Training; Marcia Andersen, MHA Office of Child and Adolescent Services; Daryl Plevy, MHTO; CSAs; ODHH; consumers and family advocacy groups; local service providers

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA continued to participate as the DHMH representative on the Maryland Advisory Council for the Office of Deaf and Hard of Hearing (ODHH) and also chaired its Mental Health subcommittee. A survey was disseminated through the CSAs to determine the approximate number of persons who were deaf or hard of hearing served in each jurisdiction. This information will be incorporated into goals and recommendations made in FY 2010.

MHA has also met with Springfield Hospital Center (SHC), along with MHTO and the University of Maryland, to explore the possibility of installing equipment at SHC's unit for deaf individuals to implement telemental health services. MHA partnered with the University of Maryland's Department of Psychiatry to submit a grant application for HRSA funding in order to develop a Center for Excellence on Telemental health for special needs populations at SHC to improve access to cultural competent services for the deaf and hard of hearing populations for both inpatient and community-based circumstances.

MHA also met with SHC to explore opportunities to develop a co-occurring pilot program for individuals who are deaf or hard of hearing. At this time that project is not going forward. However, DHMH Deputy Secretary Henry and the directors of MHA, DDA, and ADAA are in contact with Deaf Studies programs in the area for feedback on potential research/pilot concepts and the possibilities of holding a symposium in the next fiscal year. The Maryland Advisory Council for ODHH created an additional Behavioral Health sub-committee to address concerns and needs regarding co-occurring issues.

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.

Mental Health Block Grant – Criterion # 3, 5

(4-1A)

Child

In collaboration with the Maryland Child and Adolescent Mental Health Institute, the Maryland Blueprint Committee, the Early Childhood Mental Health Steering Committee, and others, continue to build infrastructure to support improved quality of mental health care for young children through continued implementation of the Early Childhood Mental Health Certificate Program.

Indicator: At least 50 clinicians with Master’s degrees or above in the mental health field trained through the program, development and dissemination of hands on resources for clinicians

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services, the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; the Maryland Blueprint Committee; the Early Childhood Mental Health Steering Committee; Johns Hopkins University; the Maryland Coalition of Families for Children’s Mental Health

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

FY 2009 activities and status as of 06/30/09 (final report):

The purpose of the Early Childhood Mental Health (ECMH) Certificate Program is to offer specialized training to master level clinicians in core knowledge, skills, and attitudes necessary for practicing in the field of early childhood mental health. This certificate program is comprised of interactive, innovative, in-person, and online courses. Enrollment involves commitment to completing eight workshops, corresponding online coursework, and assigned reading. The curriculum includes courses in assessment and diagnosis; treatment of regulation trauma and relationship problems; engaging families and communities; and elements of the early childhood system of care.

The workshops were conducted at the University of Maryland Health Sciences and Human Services Library. Three groups graduated over the course of FY 2009. As of the end of FY 2009, 96 participants have completed the ECMH Certificate course and received a certificate of completion from the University of Maryland School of Medicine’s Division of Child and Adolescent Psychiatry.

Strategy Accomplishment:

This strategy was achieved.

(4-1B)

MHA will work in conjunction with Department of Human Resources (DHR) to implement the new Crisis Response and Stabilization Service Initiative, a component of the new DHR “Place Matters” campaign, to improve child welfare services.

Indicators: Jurisdictions for phase one implementation selected; materials developed; outreach activities to local DSS offices, foster parents, schools, and community; mobile crisis and stabilization services available for children, adolescents, and families in foster care or family preservation settings.

Involved Parties: MHA Office of Child and Adolescent Services; DHR; Maryland Coalition of Families for Children’s Mental Health; CSAs; local DSS offices

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

FY2009 activities and status as of 06/30/09 (final report):

Nine service provision areas covering 16 counties have been selected for the Crisis Response and Stabilization Service Initiative, which will provide community-based, 24-hour, intensive, in-home services in response to youth placed in foster/kin homes who are in crisis. These provision areas include:

- Lower Shore region
- Midshore region
- Allegany and Garrett Counties
- Washington County
- Baltimore County
- Baltimore City
- Anne Arundel County
- Harford County
- Prince George’s County

Funding has been awarded to all nine service sites under the auspices of a lead Core Service Agency. All sites have selected a vendor to provide this service outreach to local stakeholders and service provision commenced as of January 2009. Training materials have been developed to introduce and familiarize crisis services to Department of Social Services frontline staff.

Strategy Accomplishment:

This strategy was achieved.

(4-1C)

Conduct a survey of school-based mental health services available statewide and determine current distribution and gaps in services provided in local schools systems, including an analysis of financing barriers and solutions needed to advance school mental health availability for Maryland students.

Indicators: Survey results, gap analysis, fiscal recommendations

Involved Parties: MHA Office of Child and Adolescent Services; the School Mental Health sub-committee of the Blue Print Committee; MSDE; local school systems; CSAs; private providers

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in conjunction with the School Mental Health Workgroup of the Maryland Blueprint Committee, MHAM, MSDE, and other stakeholders, conducted a comprehensive school mental health survey among Directors of Student Services in each of the 24 jurisdictions in Maryland. The survey was completed in August of 2009 and included content areas such as: services offered, evidence-based programs, use of evaluation data, mental health staffing, family involvement, and funding sources. It is the goal of the Workgroup to use the data collected to: provide useful information to practitioners at the local level regarding the work of their peers throughout the state; foster additional cross-jurisdictional program sharing and collaboration; and advance uniform outcome measurement of expanded school mental health programs. The document will be available to the public by the end of 2009.

Strategy Accomplishment:

This strategy was achieved.

(4-1D)

Refine and improve oversight of Family Intervention Specialist (FIS) program funded by Interagency Memorandum of Understanding with the Department of Juvenile Services (DJS) for mental health services to youth released from DJS commitment.

Indicators: Numbers of FIS actively providing services, numbers served, dollars expended.

Involved Parties: MHA Office of Child and Adolescent Services; DJS; CSAs; provider agencies

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

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2008, approximately \$1.6 million was transferred to MHA from DJS through an interagency memorandum of understanding (MOU) to continue implementation of the mental health component for youth discharged from state juvenile correctional facilities. Mental health professionals, called Family Intervention Specialists (FIS), participated in 26 specialized DJS Intensive

Aftercare Teams to conduct assessments, make referrals for treatment, and facilitate groups. During FY 2009, more than 1,000 youth were served through this Interagency MOU. However, due to the state's fiscal challenges, DJS is re-examining the delivery of FIS program to determine if it will be revised or discontinued.

Strategy Accomplishment:

This strategy was achieved.

(4-1E)

Implement Linkages to Life: Maryland's Plan for Youth Suicide Prevention.

Indicator: Priorities for implementation identified; continuation of statewide activities, including annual Suicide Prevention Conference, for youth suicide prevention, intervention, and postvention; utilization of iCarol web software system to enhance hotline data collection; continuation of community outreach and trainings

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

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

FY 2009 activities and status as of 06/30/09 (final report):

All Youth Crisis Hotline (YCH) centers are currently using iCarol (Web software system to enhance hotline data collection) and will continue to meet with the Johns Hopkins School of Public Health to update this system to better meet the data collection needs of MHA, consumers, and hotline centers. Hotlines will continue to do outreach, training, and to answer calls from the public on the YCH statewide telephone number. Maryland's 20th Annual Suicide Prevention Conference was held in October 2008 and included 450 participants.

In October 2009, MHA received a \$1.5 million federal Garrett Lee Smith Youth Suicide Prevention Grant. A grant Oversight Board has been formed and monthly meetings are being held with all local and federal partners involved with this project. Various levels of funding are targeted to the Maryland's 24 school districts, high risk jurisdictions, and specified communities for youth suicide prevention, intervention, and postvention programs.

MHA collaborated with the Johns Hopkins School of Public Health to oversee grant evaluations and 55 QPR (Question, Persuasion, Referral) train the trainers were trained. Two staff have been hired and the grant manager is expected to be hired in September 2009.

The Maryland Committee on Youth Suicide Prevention meets monthly to implement the recommendations outlined in the new Youth Suicide Prevention Plan. The Governor will establish a Governor's Commission on Suicide Prevention. This commission will develop a plan to address suicide prevention

across the life span. Upon commencement, this Commission will also replace the Maryland Committee on Youth Suicide Prevention.

Strategy Accomplishment:

This strategy was achieved.

(4-1F)

Develop statewide activities for adult suicide prevention, intervention, and postvention across the life span.

Indicator: Committee or workgroup established on inter-agency collaboration, identification of statewide data for each age group, identification of available resources, findings and recommendations for statewide activities developed

Involved Parties: Gayle Jordan-Randolph, and Audrey Chase, MHA Office of the Clinical Director; Henry Westray, MHA Office of Child and Adolescent Services; Maryland Crisis Hotlines Network and crisis response systems; the 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 and Audrey Chase, MHA Office of the Clinical Director and James Chambers, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA convened the Suicide Prevention Committee, consisting of representatives from mental health advisory councils, advocacy organizations, CSAs, MHTO, and organizations for older adults, to develop a position paper with recommendations toward reducing the number of suicides in the state and to address, improve, and develop prevention and postvention suicide strategies.

A new Director of MHA Adult Services was appointed in FY 2009. The Director chaired the Committee and led the efforts toward the development of the final recommendations. The Committee met three times in FY 2009 and began to identify relevant data on adult suicides statewide such as numbers, rates, race, gender, age, and risk factors, as well as data for special populations such as veterans. The recommendations will address the categories of: governance and oversight; education and training; public awareness and advocacy; systems coordination, development and technology; and data collection and research. Recommendations will be submitted in December of FY 2010 to a statewide commission on suicide prevention that will be established by the Governor.

Strategy Accomplishment:

This strategy was achieved.

(4-1G)

Support development or maintenance of local interagency committees providing care plans for vulnerable older adults with mental health needs.

Indicator: Number of local committees operating, records of local committee meetings

Involved Parties: Marge Mulcare, MHA Office of Adult Services; Jim Macgill MHTO; other interested parties

MHA Monitor: Marge Mulcare, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with MHTO and the University of Maryland, held two conferences in 2009 that emphasized the importance of partnerships and service integration for older adults. A CSA policy forum, *Building the Partnership: Collaboration Between the Maryland Mental Health and Aging Network*, was the collaboration between 106 representatives from MHAM and the Aging Network. In June 2009, *Achieving Transformation Through Systems Integration and Service Coordination* brought together a cross-section of 115 representatives from mental health, aging, human resources and health departments throughout the state.

During the afternoon of the June conference, the “Vulnerable Adult Committee” model was presented with breakout groups to explore use of this model through various case discussions and examination of ways to create system and service integration. As of the end of FY 2009, four jurisdictions have Vulnerable Adult Committees – Baltimore, Howard, and the Mid-Shore Counties, and Baltimore City. Prince George’s, Montgomery, and Carroll Counties have had discussions about forming committees. Several CSAs are involved in interagency efforts, though not necessarily with formal committees.

Strategy Accomplishment:

This strategy was achieved.

Objective 4.2. MHA will collaborate with CSAs and stakeholders to promote screening for mental health disorders, improve access and quality of PMHS services for individuals with co-occurring disorders, and linkage to appropriate treatment and supports across the life span.

Mental Health Block Grant – Criterion # 5
Adult & Child

(4-2A)

MHA in collaboration with other DHMH agencies, and the new DHMH Deputy Secretary for Behavioral Health and Disabilities will address recommendations identified in HB 450, through implementation of a training initiative for outpatient mental health clinics (OMHCs) to improve services at the local level to serve individuals with co-occurring disorders.

Indicator: Implementation plan outlined, curriculum and training plan developed, jurisdiction-by-jurisdiction assessment of capacity to deliver co-occurring disorder services, technical assistance for the Comprehensive Continuous Integrated Systems of Care (CCISC) model and the Integrated Dual Diagnosis Treatment (IDDT) toolkit implementation as needed

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Pat Miedusiewski, DHMH; Deputy Secretary for Behavioral Health and Disabilities, DHMH; the University of Maryland EBPC; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Director and Medical Director, ADA and Developmental Disabilities Administration (DDA); CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

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

FY 2009 activities and status as of 06/30/09 (final report):

Mental Hygiene Administration (MHA) continues to promote activities and initiatives to address co-occurring disorders. Working with CSAs, the Alcohol and Drug Abuse Administration (ADAA), and leadership from local stakeholders, MHA is strengthening coordination and integration of services to improve access for consumers with co-occurring disorders. Under the leadership of DHMH Deputy Secretary Behavioral Health and Disabilities, the three administrations for mental health, substance abuse and developmental disabilities (MHA, ADAA, and Developmental Disabilities (DDA), will further strengthen collaborative planning and coordination of care for Marylanders with co-occurring disorders and forensic issues. Plans are underway for the development of regional forums on “Building the Behavioral Health Partnership”. This is an effort designed to bring together stakeholders on how to better integrate care for co-occurring populations they serve. The goal is to bring together providers and other stakeholders to gain an understanding of the differences and similarities of each of the three administrations function and how they can access their resources. There is also an

interagency workgroup (MHA, DDA and ADAA) to establish statewide competencies for Co-Occurring Disorders (CODs), develop a curriculum, and set up a state training/staff development process. Additionally, the DHMH Deputy Secretary of Behavioral Health and Disabilities also has convened a workgroup with all of the training directors of each of the Behavioral Health administrations to facilitate cross-training efforts with an end result focused on a better understanding of co-occurring behavioral health and disability issues.

In July 2007, to further develop MHA's vision for Dual Diagnosis Capability (DDC) throughout the Public Mental Health System (PMHS), MHA has expanded the University of Maryland's Evidence Based Practice Center's training and consultation program. The EBPC hired a COD expert as the Consultant/Trainer for this initiative. During FY 2008/2009 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 address IDDT through the current state implementation and utilization of evidence best practice service models such as Assertive Community Treatment (ACT).

Strategy Accomplishment:

This strategy was achieved

Mental Health Block Grant – Criterion # 1
Adult & Child

(4-2B)

MHA, in collaboration with DHMH and the CSAs, will improve access and services for individuals with co-occurring disorders through initiatives at the county level to implement integrated systems of care.

Indicator: Implementation of initiatives at county team level in four CSAs/jurisdictions, minutes of implementation meetings, reports on objectives accomplished, local consensus documents and action plans developed, identification of the most effective components from available systems integration models, local Action Plans completed

Involved Parties: Pat Miedusiewski, DHMH; MHA Office of CSA Liaison; MHTO; Deputy Secretary for Mental Health and Behavioral Health Services, DHMH; University of Maryland EBPC; ADAA; CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

Monitor: Pat Miedusiewski, Department of Health and Mental Hygiene

FY 2009 activities and status as of 06/30/09 (final report):

MHA has supported and encouraged the use of the Comprehensive, Continuous, Integrated Systems of Care (CCISC) model. Based on MHA orientation and technical assistance, CSAs have adopted elements of the CCISC which work best for their particular jurisdiction. Six jurisdictions - Worcester, Montgomery, Anne Arundel, Baltimore, Carroll and Frederick Counties - are currently involved in

strategic planning processes and developing local Action Plans. Discussions have begun with the Eastern Shore's nine counties to combine efforts under a CCISC initiative. Reports of local progress and most effective treatment components are sent to MHA/DHMH from the EBPC.

Strategy Accomplishment:

This strategy was achieved

Mental Health Block Grant – Criterion # 4
Adult-Older Adult

(4-2C)

As part of the *Money Follows the Person* (MFP) demonstration, implement a screening process: 1) to identify mental illness in older adults and others in nursing homes and refer to community settings when discharged; 2) to identify individuals in state hospitals to be discharged and develop resources for community services.

Indicator: Screening tools identified, nursing home locations selected, process established, recommendations reviewed, utilization of *Money Follows the Person* where appropriate

Involved Parties: Lissa Abrams, Marge Mulcare, Stefani O'Dea and Georgia Stevens, MHA Office of Adult Services; Daryl Plevy, MHTO; CSAs; MDOD; MDLC; OOOMD; CBH

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA's Office of Adult Services actively participated in the Money Follows the Person (MFP) project in FY 2009 by attending MFP stakeholders meetings and participating in the MFP behavioral health workgroup, which includes representatives from mental health, Medicaid, waiver programs, aging, and brain injury. This work group was established specifically to address the behavioral health needs of individuals with mental illness and/or traumatic brain injury transitioning from institutional setting such as nursing homes and IMDs (institutions for mental diseases). The behavioral health workgroup is responsible for identifying screening resources and community-based resources that need to be added to Maryland's long-term care system to better support the needs of these populations.

A core set of recommendations were created by the workgroup in FY 2009. The plan for FY 2010 is to research specific tools and programs that can be implemented through Maryland's public mental health system or within Medicaid waiver programs by the end of the MFP demonstration.

Strategy Accomplishment:

This strategy was partially achieved

Objective 4.3. MHA, in collaboration with the CSAs and other stakeholders, will continue to facilitate the development, implementation, and evaluation of services that address the needs of children, adolescents, transition-age youth with psychiatric disorders, and their families.

Mental Health Block Grant – Criterion # 1, 3

(4-3A)

Adult & Child

Integrate MHA's efforts with *Maryland's Ready by 21*, The Governor's Interagency Transition Council, and the transition-age youth (TAY) sub-committee of the Maryland Blueprint Committee, in collaboration with other stakeholders, to develop a plan to improve services for TAY with emotional disabilities.

Indicator: Workgroup convened, plan and strategy developed

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult 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; Maryland's Ready by 21; DHR; the University of Maryland; parents, students, advocates, and other key stakeholders

MHA Monitor: Tom Merrick, MHA Office of Child and Adolescent Services, and Steve Reeder, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

A core TAY planning group has been formed and adjustments made to the Ready by 21 work plan to include focus on life transitions of youth and young adults with emotional disorders. MHA staff have made presentations to the Governor's Transition Council and Ready by 21 leadership group on the results of the 2008 Policy Academy. Resulting recommendations include developing programs informed by the Transition to Independence Process (TIP), an evidenced-supported practice to optimize youth and young adult transitions. Initial planning has been drafted with technical assistance from Georgetown University. The plan will be formulated in FY 2010.

Strategy Accomplishment:

This strategy was partially achieved.

(4-3B)

MHA, in conjunction with Maryland State Department of Education (MSDE) and the Maryland Coalition of Families for Children's Mental Health, will conduct an extensive process of information collection culminating in a series of recommendations to improve the outcomes for students in school systems that are identified as having an educational disability resulting from a mental health condition.

Indicators: Summary of meetings, report of the workgroup

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

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in collaboration with MSDE, the Maryland Mental Health Workforce Steering Committee, the Coalition of Families for Children's Mental Health, and MHTO, has been exploring issues regarding students who are identified through the educational system as having an emotional disability. As a result of this collaboration, a White Paper was developed. Findings included facts such as: among the students between the ages of 3-21 receiving special education services, more than 8%, (more than 8,000) have been identified as having an emotional disability; and that 44-50% of youth with mental health disorders tend to drop out of school. Additionally, the paper emphasizes a great need to recruit, train, and retain qualified providers of mental health services to children with mental health needs and their families.

This same collaboration, along with the University of Maryland Center for School Mental Health, is co-sponsoring a Forum on Children with Emotional Disturbance in November of 2009. The upcoming Forum is a follow-up to three Forums held in spring 2008. Since that time, the interdisciplinary Steering Committee has been meeting to develop recommendations to improve outcomes for students in special education with emotional disturbance. The committee developed a Baseline Plus Core Competencies for mental health professionals who wish to work with children with mental health needs. This module will be introduced at the November forum.

Strategy Accomplishment:

This strategy was achieved.

(4-3C)

Monitor and review the status of youth committed by courts to MHA custody for placement in community residential settings to assure quality, resilience-based services are being delivered.

Indicators: Numbers of youth placed, results of program consultations, site visit reports

Involved parties: MHA Office of Child and Adolescent Services; CSAs; private providers; other agencies of the Children's Cabinet

Monitor: Marcia Andersen and Angelina Dickerson, MHA Office of Child and Adolescent Services

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, 111 youth were ordered by the court for admission to a MHA facility (i.e. a Regional Institute for Children and Adolescents [RICA], Hospital Center, or other designated facility) for treatment/disposition evaluations. Also 28 individuals from jurisdictions across the state, who were committed to DHMH/MHA custody for other than evaluation purposes, were discharged in FY 2009. Upon discharge, these individuals have been placed in various settings as follows:

Residential Treatment Centers (RTCs) – 8
Transition-Age Youth (TAY) programs – 3
Therapeutic Group Homes - 3
Therapeutic Foster Care – 1
Group Home – 1
Foster care – 1
Adult Psychiatric Rehabilitation Program (PRP) – 1
Return to community setting – 10

MHA, through the Maryland Blueprint Committee, established a Resilience work group consisting of CSAs, providers, MHA and ASO staff to address the day to day facilitation of resilience behaviors by providers and therapists working with youth. Meetings are ongoing and a position paper has been drafted for FY 2010 dissemination. Also, the Carroll County Local Management Board (LMB) applied for a mentoring grant to measure resiliency as a specific outcome for adolescents, including youth who are court-committed.

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.

Mental Health Block Grant – Criterion # 5

(5-1A)

Adult

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: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; Lissa Abrams, Steve Reeder, and Penny Scrivens, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; the University of Maryland Evidence-Based Practice Center (EBPC) and Systems Evaluation Center (SEC); CSAs; community mental health providers

MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA, MHTO, and the University of Maryland's EBPC and SEC have been working interactively on policy, program and system infrastructure development, program evaluation, consultation, training, and technical assistance related to evidence-based practice (EBP) service approaches. These include Supported Employment (SE), Family Psycho-education (FPE), Assertive Community Treatment (ACT), and the development of a new EBP for co-occurring substance abuse disorders and mental illness. EBP program outcome measures and data collection methods specific to each EBP are being developed and under consideration for implementation across all sites. EBP-specific regulations have been developed and are awaiting approval.

By the end of FY 2009, 30 of the 51 SE programs have either been trained or are receiving training in the EBP model. Of the 30 trained, 15 have met fidelity standards and are eligible for the EBP rates. Also, in FY 2009, 2,448 individuals received SE services. Throughout FY 2009, MHA staff continued to provide training and technical assistance to all SE programs statewide.

By the end of FY 2009, 2,100 individuals received mobile treatment (MT) services. Ten of the 24 MT programs serving adults received training. Of the ten trained MT programs, nine have met the fidelity standards for ACT and have served 722 adults. The ACT Training Resource Programs (TRPs), established under a prior SAMHSA EBP grant, continue to demonstrate their competence in providing training and technical assistance under the supervision of the EBP Center's ACT Trainer/Consultant. The Maryland Training Resource project was recently designated as a finalist for the SAMHSA Science and Service award for 2009. The peer consultation and training modality, wherein TRP staff train other agency staff at a similar hierarchical level, remains a very effective strategy.

For Family psycho-education (FPE), there are currently six programs trained on the EBP, with five of those programs conducting groups during this reporting period. One site currently offers three Multi-Family Groups for consumers and families. Of the six agencies, four have met the fidelity standards in their provision of FPE, serving a total of 39 consumers and their family members. Training has been implemented with an individual consultant using a collaborative training process.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5

(5-1B)

Child

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

Indicators: Strategies for priority EBPs implemented, EBP sub-committee of the Maryland Blueprint Committee staffed by the Institute, minutes of meetings disseminated

Involved Parties: Al Zachik and Joan Smith, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; MHTO; MSDE; the University of Maryland EBPC; University of Maryland and Johns Hopkins University Departments of Psychiatry; CSAs; CBH; 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 2009 activities and status as of 06/30/09 (final report):

The work of the EBP subcommittee of the Maryland Blueprint Committee is in the process of being reorganized due to the priority having been shifted to develop a more interdepartmental process for establishing EBPs across child-serving agencies. The Maryland Child and Adolescent Innovations Institute, through the request of the Children's Cabinet, has begun work in implementing a number of

EBPs through a larger multi-agency approach. The EBP subcommittee of the Maryland Blueprint Committee will be reconfigured in FY 2010 so that the Best Practices priorities of MHA's Office of Child & Adolescent Services will stay focused on program improvement for specific services within the PMHS.

Currently, the sub-committees - PRP for Minors and Respite - have established standards for Best Practices so that better implementation and evaluation measures can be achieved. The EBP subcommittee will continue to work with its ongoing partners in establishing Best Practices across departments, and will also begin to meet some of the new priorities identified in the recently updated Blueprint document. This remains an ongoing effort.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 4

(5-1C)

Adult-Older Adult

Develop best practices and recommendations for improving the 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: Best practices and recommendations presented; Survey analyzed, results evaluated to identify level of somatic conditions, service needs identified, Aging in Place Committee convened

Involved Parties: Lissa Abrams, Marge Mulcare, and Georgia Stevens, MHA Office of Adult Services; Jim Macgill, MHTO; CSAs; OOOMD; CBH, MHAM; Aging in Place Committee

MHA Monitor: Marge Mulcare, MHA Office of Adult Services

FY 2009 activities and status as of 06/30/09 (final report):

At the start of FY 2009, MHA, in collaboration with the Mental Health Transformation Office (MHTO), conducted a survey regarding the complexity and extent of somatic conditions facing consumers residing in residential rehabilitation programs (RRPs) within the Public Mental Health System. MHTO has convened a committee to address the extent of issues facing residents in RRP who are "aging in place". Results of the survey are incorporated to assist in the development of future training focused on workforce development in the field of geriatric mental health. Future plans call for a report identifying the extent of these issues and recommendations.

Also, work on assessment, data collection, and research on best practices has been completed. Two MHTO consultants presented their findings from the data analysis and strategies for "aging in place" at the National Association of Mental Health Program Directors (NASMHPD) Research Institute's (NRI) Annual State Mental Health Services Research Conference on April 15, 2009.

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.

Mental Health Block Grant – Criterion # 1

(5-2A)

Adult & Child

Implement and monitor crisis response systems and hospital diversion projects through support of the development and use of alternative services in Montgomery, Anne Arundel, Baltimore, and Prince George's Counties and Baltimore City CSAs and participate in the Maryland Health Care Commission Task Force's development of the Plan to Guide the Future Mental Health Service Continuum.

Indicator: Number of uninsured individuals diverted from emergency departments, state hospitals, and other inpatient services; number of alternative services provided; reduction of emergency department requests for admission to state hospitals; service continuum plan developed

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; Alice Hegner, MHA Office of CSA Liaison; Randolph Price, MHA Office of Administration and Finance; CSA Directors in involved jurisdictions; other stakeholders

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA is continuing efforts with Baltimore and Prince George's Counties to implement hospital diversion projects. However, funds are not currently available for Baltimore County. Prince George's County is still working through its contracting process and Montgomery County's project diversion rate fell to about 15% resulting in further review from MHA and changes made within the project. Baltimore City and Anne Arundel County diversion rates continue to be favorable at approximately 70% and 30% respectively.

Baltimore City, Anne Arundel and Montgomery Counties continue to divert individuals who are uninsured from emergency departments and purchase inpatient level of care when needed. Additionally, Bon Secours Hospital accepts individuals who are uninsured from Hospital Diversion Projects with MHA paying the professional fees.

Strategy Accomplishment:

This strategy was achieved.

(5-2B)

Adult

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 the Deputy Director for Community Programs and Managed Care; Daryl Plevy, MHTO; CSAs; Facilities' Chief Executive Officers; MDOD; CBH; OOOMD; NAMI MD; consumer, family, advocacy organizations

MHA Monitor: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care and Daryl Plevy, Mental Health Transformation Office

FY2009 activities and status as of 06/30/09 (final report):

Peer interviewers, representing six Maryland jurisdictions, were selected and trained to use the Community Resources Development Interview (CRDI) survey, a tool designed specifically for person-centered planning, at Springfield Hospital Center (SHC). A one page Fact Sheet was developed for a presentation to key hospital staff to assure coordination and cooperation. Face-to-face interviews conducted by OOOMD peers, in conjunction with CSA agency representatives, were helpful in making patients feel comfortable and in eliciting responses. In November 2008, 14 patients, who are deaf or hard of hearing, on the SHC Unit, were interviewed. Interviews were conducted by Gallaudet University interns (proficient in sign language), MHA, and hospital staff. In March 2009, 51 patients on other units at SHC were also interviewed for this project through surveys administered by two-person teams consisting of members of OOOMD and representatives from CSAs.

Results of the survey showed that patients felt they could: benefit from specific skill training prior to discharge, e.g., money management, completing application forms, etc; identify people who they believed would help them in the community (who should be included in the hospital discharge planning meetings); and benefit from safe affordable housing, financial assistance, and/or gainful employment in order to live successfully in the community. The survey also indicated that many patients wanted to live close to public transportation and, for some, spirituality was a very important support, which should be part of the after-care plan. Also, only three respondents had Advance Directives (two stated it was for medical care and only one said it was a Mental Health Advance Directive). Since completion of Advance Directives is most often empowering to recovering individuals and an important factor in self-determination, communication with family and friends, and the clinical milieu, it was highly recommended that this be included in the discharge planning process.

Strategy Accomplishment:

This strategy was achieved.

(5-2C)

MHA, in collaboration with the Developmental Disabilities Administration (DDA), will develop plans (including facilitating greater collaboration among leadership at MHA, DDA, DDA regional offices and CSAs) to transition/discharge individuals with developmental disabilities in state hospitals to community settings that are most appropriate to their needs.

Indicator: Clients identified for transition, transition plan for community placement implemented

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Lisa Hovermale, MHA Office of the Executive Director; DDA; CSAs; consumer, family, and advocacy organizations

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

FY2009 activities and status as of 06/30/09 (final report):

Meetings with Service Coordination, State Hospital Social Workers, Office of Special Populations coordinators and Developmental Disabilities Administration Regional Office Staff have been held. Eighty-four patients with co-occurring Developmental Disabilities and Mental Health diagnoses have been identified. Sixty-four of them have gone to community placements and twenty, who are not yet ready for the community, are in the process of moving into the new co-occurring unit ('Transitions') at Potomac Center in Hagerstown. Providers have been identified and discharge plans created. However, at the end of the fiscal year this strategy is only partially implemented and modified. Due to budget issues, staff for the Transitions Unit was not able to be hired until July 2009. So the movement of patients from the MHA facilities to Transitions did not begin until the third week of July. Approximately 20 of the 64 individuals who were to begin moving to the community have moved. The remainder was due to move during the fall of FY 2010. However, the funds for this move were cut and the moves are being delayed until January 2010 at the earliest.

Strategy Accomplishment:

This strategy was partially achieved.

(5-2D)

In collaboration with Medical Assistance, continue implementation of wraparound and community-based care pilots in connection with the implementation of a 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver to provide services to up to 150 children and youth.

Indicators: Regulations approved, information on number of counties and number of children and youth served, expansion of services to St. Mary's and Wicomico Counties, other outcomes as determined

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

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

FY2009 activities and status as of 06/30/09 (final report):

Two chapters of regulations, which govern the waiver operations, have been developed and promulgated in COMAR (Code of Maryland regulations system). An RFP to solicit Care Management Entities (that provide high fidelity Wraparound services) to provide care management has been issued and proposals have been received. A number of waiver providers have been recruited and enrolled as Medicaid providers and will provide services such as:

- High Fidelity Wraparound Care Management
- Family to Family Peer Support
- Youth to Youth Peer Support
- Family and Youth Training
- In Home Respite Care
- Out of Home Respite Care
- Crisis and Stabilization Services
- Expressive and Experiential Services (i.e. art, movement, and music therapies, and horticultural and equine assisted therapies)

As of July 1, 2009, the waiver is currently open for children and youth enrollments in three of the four waiver jurisdictions which include Baltimore City, and Montgomery, St. Mary's and Wicomico Counties. Number of youth enrolled and other data collected will be available in FY 2010.

Strategy Accomplishment:

This strategy was partially 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.

Mental Health Block Grant – Criterion # 5
Adult & Child

(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; other MHA staff as appropriate; CSAs; the University of Maryland Training Center; ASO; advocacy, family, consumer and provider groups

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

FY2009 activities and status as of 06/30/09 (final report):

MHA, CSAs, the Evidence Based Practice Center, advocacy groups and other agencies of the state participated in planning and presentations. MHA and the University of Maryland Training Center shared primary responsibility for logistical and financial support for eight conferences, nine trainings, one policy forum, and a facilities retreat. Sponsorship and logistical and financial support were provided for 14 trainings, two conferences, two meetings, one focus group, and an Office of Consumer Affairs retreat. Oversight and sponsorship were provided to four video teleconferences, NAMI MD's annual conference, two meetings, and six trainings.

Special training sessions included Motivational Interviewing, a Psychiatrists' Recovery Training, Screening and Assessment of Co-Occurring Disorders, several Supported Employment trainings, and Child and Adolescent video teleconferences. In addition to these, a variety of training modalities was utilized, including Webinars, targeted training events, and regional trainings. Financial support and oversight was provided to On Our Own of Maryland for a series of trainings in, *Motivational Vitamins*, which provided information on employment and the Employed Individuals with Disabilities Program (EIDP), Recovery workshops for both consumers and providers, and Benefits Counseling.

Strategy Accomplishment:

This strategy was achieved.

(5-3B)

Offer training and consultation to MHA staff, CSAs, and others in the PMHS on incorporating adult learning theory into training plans.

Indicator: Documented adult learning theory inclusion in trainings and conferences

Involved parties: Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Al Zachik, MHA Office of Child and Adolescent Services; other individuals responsible for training in MHA; CSAs; the University of Maryland Training Center

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

FY2009 activities and status as of 06/30/09 (final report):

Adult learning theory is now in use for most of MHA's training sessions and is beginning to be incorporated into the workshop sections of major conferences. Interactive strategies that enhance motivation and participation with active hands-on practice techniques are being well-received by students and trainers. Plans are being made to offer fee-for-service skills training, incorporating adult learning theory, to the provider community in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5
Child

(5-3C)

MHA, in collaboration with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), will foster the professional development of the early care and education workforce to build statewide capacity to increase the social and behavioral competence of young children.

Indicator: Maryland State Planning Team formed, three-day leadership training conducted, train-the-trainer event held, four demonstration programs selected to adopt and evaluate the effectiveness of the training model, child and program specific data collected and evaluation activities implemented, increased competency of early care and education providers demonstrated in promoting improved child social skills and school readiness

Involved Parties: Al Zachik and Joyce Pollard, MHA Office of Child and Adolescent Services; MSDE; the Maryland Committee for Children; CSEFEL; Vanderbilt University; the University of Maryland; the Maryland Child and Adolescent Innovations Institute; CSAs; Georgetown University National Technical Assistance Center for Children's Mental Health; Coalition of Families for Children's Mental Health; other agencies and advocates

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

FY 2009 activities and status as of 06/30/09 (final report):

MHA, in partnership with MSDE and other agencies, continues to participate on The Maryland Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Planning Team. This collaborative planning team drafted an action plan in 2008, which focused on the following areas: 1) sustainability of the Pyramid Model, a conceptual model of evidence-based practices for promoting young children's social emotional competence and preventing and addressing challenging behavior; 2) early childhood workforce development; 3) marketing and implementation of the CSEFEL Pyramid Model; 4) developing and implementing an evaluation plan for assessing the impact of the CSEFEL model in Maryland. In Maryland, CSEFEL is a three-year project designed to strengthen the capacity of Head Start and child care programs to improve the social and emotional outcomes of young children. Also, in FY 2008, training on the CSEFEL Pyramid Model was provided in two 2-day sessions to 120 individuals and four early childhood demonstration programs (classroom, center, or program) were chosen to adopt and evaluate the CSEFEL model in Maryland.

In FY 2009, monitoring and providing technical assistance to the demonstration programs were ongoing. The first CSEFEL Pyramid train-the-trainers event was held in the winter of 2008, followed by a conference on Challenging Behaviors on March 23, 2009, where representatives from the Maryland CSEFEL state planning team participated in an afternoon session for states that have CSEFEL grants. At that time the Maryland representatives presented a brief overview of Maryland's progress with the CSEFEL initiative. Additionally, in FY 2009, planning for ongoing CSEFEL leadership training and refinement of the data collection instruments began. This project in Maryland is facilitated by strong public-academic partnerships. Consultants from Georgetown and Vanderbilt Universities will begin formal evaluation of the effectiveness of the CSEFEL training model as presented in the four demonstration programs in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

(5-3D)

In collaboration with the Child and Adolescent Mental Health Workforce Committee, MHA will oversee the development of curricula appropriate for undergraduate, graduate, and in-service training of child mental health professionals based on core competencies already developed by the group.

Indicator: Production of curriculum modules

Involved parties: MHA Office of Child and Adolescent Services; MSDE; the Maryland Child and Adolescent Mental Health Institute; professional schools representing higher education; provider agencies

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

FY 2009 activities and status as of 06/30/09 (final report):

The Innovations Institute has completed the development of four training modules grounded in the Core Competencies: ‘Family as Partners’; ‘Cultural Competency’; ‘Child Development and Disorders’; and ‘Quality Improvement’. Four additional modules will be developed in FY 2010. It is planned to house the modules on the School of Nursing Website, with Cultural Competency to be posted by early FY 2010. These modules will focus on baseline knowledge and skills with each discipline adding their respective significant areas of competency. Individuals will be eligible for continuing education units and certificates will only be awarded upon completion of all modules.

The Maryland Mental Health Workforce White Paper was updated and received the approval of the State Superintendent of Schools, and the DHMH Secretary. The paper contains “recommendations and strategies regarding the recruitment, training and retention of a qualified mental health workforce”. Recent discussions have focused on methods of dissemination, such as the placement of the paper on the Websites of both MSDE and DHMH, as well as holding a forum to introduce the White Paper and/or developing a fact sheet to disseminate to local school system personnel. The Workforce Steering Committee has met monthly since its inception and will move to quarterly meetings beginning in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5
Adult & Child

(5–3E)

Facilitate the transfer of Maryland’s Supplemental Social Security, Outreach, Access, and Recovery (SOAR) from the State Department of Human Resources to MHA through 1) provision of leadership for the State and local SOAR planning workgroups and 2) coordination of SOAR trainings statewide.

Indicator: Transfer of leadership, SOAR trainers recruited, training activities reported, data and reports on the effectiveness of the SOAR in accessing expedited Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) benefits for consumers generated, meeting minutes disseminated

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; MHA Office of Adult Services; Department of Human Resources; Advocacy and Training Center; Policy Research Associates; and other state and local agencies

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

FY 2009 activities and status as of 06/30/09 (final report):

At the end of FY 2008, MHA took an active role in re-implementing the SOAR Initiative in Maryland. On June 23, 2009, MHA held a SOAR Refresher Training for case managers previously trained in Baltimore City and Prince George’s

County. The training was held at the University of Maryland School of Social Work and was held in partnership with the University of Maryland School of Social Community Outreach Services, the University of Maryland Mental Health Training Center, and Health Care for the Homeless. In collaboration with the Social Security Administration, the Maryland Disability Determination Services, and Baltimore City providers, MHA refined the SOAR application process and enhanced the infrastructure of the SOAR Initiative.

Utilizing the increase in PATH funding for FY 2010, MHA awarded Baltimore City and Prince George's County CSAs additional funding for FY 2010 to hire a SOAR Outreach Specialist. Additionally, a part-time Data and Evaluation professional is being hired to evaluate data for the two sites and assist with expanding the initiative statewide. Also, MHA worked with Anne Arundel and Baltimore Counties to develop a SOAR workgroup and a plan to implement SOAR in these jurisdictions. Several trainings are planned in Prince George's and Montgomery Counties and Baltimore City for FY 2010.

Strategy Accomplishment:

This strategy was achieved.

(5-3F)

MHA, in collaboration with the Maryland Administrative Office of the Courts will provide training and consultation to the Mental Health Courts and other problem-solving courts.

Indicator: Training agenda, number of people participating in trainings

Involved Parties: Dick Ortega, MHA Office of Forensic Services; CSAs; Public Defender; State's Attorney; the Judiciary; Maryland Mental Health Courts; Maryland Administrative Office of the Courts, DHMH Office of Forensic Services; Interagency Forensic Services – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Monitor: Dick Ortega, MHA Office of Forensic Services

FY 2009 activities and status as of 06/30/09 (final report):

MHA's Office of Forensic Services (OFS) staff, in collaboration with the Maryland Administrative Office of the Courts, provided training and consultation to the Mental Health Courts. MHA was also represented on the Police Training Subcommittee of the Prince George's Mental Health Court Advisory Committee during FY 2009 and supplied model training materials. Additionally, the OFS assisted in the planning of a day-long training for Mental Health Court personnel in October 2008 who are involved in the Mental Health Court Training Forum Sub-Committee, Office of Problems Solving Courts. The total number of participants in these trainings was 91. MHA is also represented on the Mental Health/Criminal Justice Partnership's law enforcement training subcommittee.

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.

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-4A)

Review MHA's budget and PMHS expenditures and services; implement corrective actions, as needed, to maintain operations within allocation.

Indicator: Quarterly expenditure management plans developed and reviewed, regular meetings 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 2009 activities and status as of 06/30/09 (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. This review will continue as the new ASO is installed in FY 2010.

Other efforts that continue to be 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). In FY 2009, MHA continued implementation of differential rates to support and incentivize the implementation of evidence-based supported employment, assertive community treatment, and family psycho-education. An enhanced rate is paid when the evidence-based practice is delivered within the defined fidelity thresholds. MHA has also enhanced the capacity to monitor fidelity. Additionally, 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, 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 and implemented as needed

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Tracey DeShields, MHA Office of Compliance; DHMH Office of Health Care Quality; ASO; CSAs

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

FY 2009 activities and status as of 06/30/09 (final report):

In FY 2009, MHA's Office of Compliance and the Administrative Services Organization (ASO) completed 25 outpatient program audits and five inpatient program audits. Provider services included Psychiatric Rehabilitation Programs (PRPs), Outpatient Mental Health Clinics, Residential Treatment Centers, and hospitals. In all instances, audit findings were presented in a formal audit report and, as required, corrective actions were identified and implemented through an approved Performance Improvement Plan. Additionally, retrospective reviews of hospital stays were completed through 70 chart audits. MHA's Office of Compliance continues to work with the Office of the Inspector General to prevent fraud and abuse as well as identify opportunities for recovery.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion #2
Adult & Child

(5-4C)

Continue, through the ASO, to monitor the system for growth and expenditures, identify problems (including high-cost users), and implement corrective actions as needed, maintaining an appropriate level of care for at least the same number of individuals.

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; ASO; CSAs; MHA Management Committee

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

FY 2009 activities and status as of 06/30/09 (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 ten years, the number served has grown to more than 107,000 in FY 2009. Fifty-eight percent (58%) were adults and forty-two percent (42%) of those treated were children and adolescents. Sixty-four percent (64%) of adults served were individuals with SMI. Seventy-four 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.

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-5A)

Continue to monitor the implementation of the Outcome Measurement System (OMS) and have an interactive Website with aggregate information on consumers at the time of their most recent measurement available for public, provider, and government stakeholders; and further develop analytical structures and displays which measure change over time.

Indicator: Implementation monitoring reports prepared and reviewed quarterly at a minimum, provider questionnaires completed, identified problems resolved, service utilization and expenditures monitored, services to high-cost users monitored, reporting and feedback mechanisms developed, interactive Web-based system operational, analytical structures and displays which measure change over time developed

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

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

FY 2009 activities and status as of 06/30/09(final report):

Monitoring of providers of services to individuals with high utilization rates continues (monitoring letters were sent in December to more than 30 providers; responses were received and reviewed in January 2009). Also, letters with

problem-solving information were sent to all providers that had staff who did not accept the terms of the end-users license agreement (EULA) which thus prevented access to the set of BASIS-24 symptom questions. Several expenditure analyses were completed by the ASO to ascertain if increased expenditures are related to the Outcomes Measurement System (OMS) implementation, since the authorization system is significantly different for OMS providers. The analyses revealed that OMS did not seem to contribute to increased expenditures.

The interactive OMS data mart became operational in September 2008. It displays data from the most recent interview from each individual who has completed an OMS interview. Information can be viewed for several time periods (selected segments of 2007-2009 and rolling 12 months); and can be filtered by gender, race, age, and MA eligibility. Providers and CSAs are able to access OMS data specific for their programs/jurisdictions.

Development of change-over-time analysis continues with information now available for each of the OMS domains. A power point presentation of change-over-time data was developed for MHA's budget analyst and subsequently posted on the ASO's Website. CSA-level change-over-time outcome analyses were also produced and distributed to each CSA.

Many tasks related to the transition of the OMS to the new ASO vendor were also begun (e.g., revision of OMS questionnaires, etc.).

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 5
Adult & Child

(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, public domain Website launched making PMHS demographic data available to users outside of state agencies

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

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

FY 2009 activities and status as of 06/30.09 (final report):

Enhanced utilization of the PMHS was achieved through data trainings coordinated by the SEC and technical assistance provided by the MHA in the areas of data access and analysis. All involved parties developed ad hoc data requests to fulfill specialized analysis needs. A Stakeholder's Forum was held mid-year in which data usage and analysis were key topics of discussion. Representatives from various community and state agencies reviewed the current data system. Its function and output were critiqued along with the discussion to refine the system.

On September 18, 2008, the launch of the initial phase of the MHA's Outcome Measurement System (OMS) datamart was made available in the public domain for all stakeholders to access statewide point-in-time OMS data. The OMS data provides information on the individuals aged 6-64 who are receiving services based on the most recent questionnaires. On November 10, 2008, this was expanded to include the availability of CSA and provider level data to facilitate management of their systems. Much progress has been made with change-over-time analysis in all domains of both the child and adult questionnaire. This data has been made available to state legislatures as well.

In efforts to further enhance the PMHS system and the access of data to all stakeholders, the MIS heads two monthly data-centered meetings. Representatives from MHA's MIS office and the Office of Planning and Evaluation 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. In FY 2009, the CSA Data Committee was established to create CSA-specific reports that aid the agencies to track service utilization and expenditure data. Most successfully, the committee has designed a report in which pharmacy expenditures are tracked at the client level. This has helped the CSAs to follow cost and to manage Medicaid reimbursements.

The RFP for the MHA's ASO was re-written, placing greater emphasis on the collection of data, and establishing a more robust outcomes-based data system.

Strategy Accomplished:

This strategy was achieved.

(5-5C)

Adult

Continue the annual statewide telephone survey of consumer satisfaction and outcomes of PMHS services for adults.

Indicator: Data analysis and reports completed on FY 2008 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 Ohlhaber and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Randolph Price, MHA Office of Administration and Finance; ASO

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

FY 2009 activities and status as of 06/30/09 (final report):

Analysis of the 2008 consumer perception of care survey was completed. A detailed survey report, an executive summary report, and trifold brochures were finalized and disseminated in early 2009.

Among the results are that 82% of the 549 adult survey participants indicated agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services I received”; and 77% indicated agreement or strong agreement with the statement, “I deal more effectively with daily problems” as a result of mental health services received.

Results of the consumer surveys continue to be incorporated into MHA’s Managing For Results (MFR) budget submission process. In order to continue to comply with annual federal reporting requirements, the consumer surveys were conducted again in early 2009. In preparation for the ASO transition, an analysis of the 2009 survey results was completed somewhat earlier than usual.

Strategy Accomplishment:

This strategy was achieved.

(5-5D) Child

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 2008 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 Ohlhaber and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Randolph Price, MHA Office of Administration and Finance; ASO

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

FY 2009 activities and status as of 06/30/09 (final report):

Analysis of the 2008 consumer perception of care survey was completed. A detailed survey report, an executive summary report, and trifold brochures were finalized and disseminated in early 2009.

Among the results are that 81% of the 738 caregiver survey participants indicated agreement or strong agreement with the statement, "Overall, I am satisfied with the mental health services my child received"; and 54% indicated agreement or strong agreement with the statement, "My child is better able to control his/her behavior" as a result of mental health services received.

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 early 2009. In preparation for the ASO transition, an analysis of the 2009 survey results was completed somewhat earlier than usual.

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, as Not Criminally Responsible and on pretrial status as Incompetent to Stand Trial, generating statistical information to promote system efficiency, accountability, and public awareness.

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

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/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2009 activities and status as of 06/30/09 (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 was 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.

Ongoing monitoring of over 700 consumers on pre-trial and conditional release continued in FY 2009, including reports to the State's Attorney, as appropriate. OFS staff, in collaboration with the CSAs, collected data and outcomes for approximately 1,300 adult community-based court-ordered pre-trial evaluations and 135 presentence psychiatric evaluations. These results were reported in FY 2009 to assist the CSAs and other PMHS leadership in planning efforts.

Strategy Accomplishment:

This strategy was achieved.

(5-5F)

Monitor the delivery of mental health and trauma-based services provided to individuals incarcerated in local detention centers who have a mental illness; establish uniform standards, practices and outcomes for the Maryland Community Criminal Justice Treatment Program (MCCJTP) and TAMAR Programs.

Indicator: Standards developed, technical assistance provided, monitoring implemented, meeting minutes disseminated

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; MHA Office of Forensic Services; MHA Office of CSA Liaison; other MHA Staff; CSAs

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

FY2009 activities and status as of 06/30/09 (final report):

All new Maryland Community Criminal Justice Treatment Program (MCCJTP) conditions of awards were reviewed by CSA directors and incorporated into the fiscal year 2010 budget and plan. In addition, collaborators met quarterly to discuss the success, as well as challenges of the program. These discussions resulted in modifying the report form to capture specific modes of treatments, identify individuals less than 18 years old who were sentenced as adults, and identify military personnel involved with the criminal justice system.

Over 7,000 individuals were referred to MCCJTP this fiscal year. Of those referred 6,600 received a combination of psychiatric services, psychotherapy, and/or case management. Nearly three times as many men as women were served. One hundred and sixty-eight individuals, who had served in the military, received treatment.

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)

In collaboration with CSAs, monitor the ASO's contractual obligations and performance.

Indicator: Contract requirements identified, semi-annual reporting on selected performance targets presented to MHA Management Committee and CSAs, information shared with key stakeholders

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

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

FY2009 activities and status as of 06/30/09 (final report):

MHA reviews contract requirements with the ASO every other week. The contract has been amended to include the Section 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver.

The former ASO, MAPS-MD, received a six-month extension with a 60-day termination notice due to a delayed procurement process for the new ASO. MAPS-MD continued to comply with contract requirements to manage the PMHS in Maryland.

Strategy Accomplished:

This strategy was achieved.

(5-6B)

Develop and issue a request for proposals (RFP) to provide an ASO to operate the PMHS as of July 1, 2009.

Indicator: RFP developed, approved by the Department of Budget and Management (DBM), and published

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle-Jordan Randolph, MHA Office of the Clinical Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Randolph Price, Fiona Ewan, and Siji GeorgeKutty, MHA Office of Administration and Finance; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Al Zachik, MHA Office of Child and Adolescent Services; MHA Contract Fulfillment Team; Maryland Medicaid, Office of Procurement and Support Services (OPASS); Maryland Association of Core Service Agencies (MACSA)

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

FY2009 activities and status as of 06/30/09 (final report):

The MHA and ASO Evaluation committee, including representatives from MHA, CSAs, Health Officers, Medicaid, and OOOMD convened a procurement committee including representatives from CSAs and Medicaid, who wrote the new RFP for the ASO to manage the PMHS. Modifications included the PRTF waiver, OMS, Ticket to Work, data exchange with local detention centers, and additional requirements for authorizations and data management. The RFP was written and approved by the Department of Budget Management and published on November 19, 2008. Proposals were due to MHA on January 12, 2009.

Strategy Accomplished:

This strategy was achieved.

(5-6C)

MHA will evaluate responses to the RFP and select a vendor to provide administrative services for the PMHS effective July 1, 2009.

Indicator: Vendor selected, contract awarded

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle-Jordan Randolph, MHA Office of the Clinical Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Randolph Price, Fiona Ewan, and Siji GerorgeKutty, MHA Office of Administration and Finance; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Al Zachik, MHA Office of Child and Adolescent Services; MHA Contract Fulfillment Team; Maryland Medicaid; OPASS; MACSA; representatives of key stakeholder groups

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

FY2009 activities and status as of 06/30/09 (final report):

The MHA and ASO Evaluation committee received a total of four proposals in response to the RFP for the ASO to manage the PMHS. One proposal was determined to be nonresponsive and three others were reviewed. The committee submitted its recommendation to DHMH. The chosen vendor, ValueOptions was informed. A bid protest was filed by APS Healthcare and as a result the award was delayed. DHMH presented the contract to the Board of Public Works (BPW) on June 3, 2009. The BPW awarded the contract to ValueOptions with a start date of June 4, 2009 for the transition without funding. Implementation, including the start of the contract funding, was scheduled for September 1, 2009.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 1
Adult & Child

(5-6D)

Review and approve CSA mental health plans, budget documents, annual reports, and letters of review from local mental health advisory committees (LMHAC) and CSA Advisory Boards.

Indicator: Plans submitted from each CSA, compliance with MHA Planning Guidelines for CSA Plans evaluated, letters of review and recommendation received from each LMHAC and/or CSA Board, previous fiscal year annual reports received, MHA letter of review sent

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

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

FY2009 activities and status as of 06/30/09 (final report):

The CSAs FY 2010-2011 Mental Health Plan and Budget documents were submitted to MHA and reviewed by a committee consisting of 12-15 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 2008 Annual Reports. As of FY 2008 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, the findings from which were linked to goals and strategies.

To simplify data submissions, each CSA was required to complete a standardized data template and data consultants continued to assist them as needed in completing individual county data and entering them into the template. These consultations resulted in improved and more consistent data reporting during the FY 2010-2011 plan review process.

All plans were found to be in compliance with MHA's Guidelines Regarding Fiscal Year 2010-2011 Plans/Budgets.

Strategy Accomplishment:

This strategy was achieved.

(5-6E)

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

FY2009 activities and status as of 06/30/09 (final report):

The MHA Office of CSA Liaison conducted quarterly monitoring in a combination of on-site and/or conference calls for all twenty CSAs for compliance with the MOU for FY 2009. Monitoring included, for each CSA's administration and for its subvendors, a review of the use of both state general funds and federal block grant dollars. Reports on timelines of subvendor contract execution were received from the twenty CSAs. Nineteen of the twenty CSAs had more than 90% of their subvendor contracts signed on time.

The FY 2009 monitoring consisted of:

- A questionnaire regarding certain administrative components of the MOU,
- A year-to-date expenditure report on their subvendors,
- Full review of each jurisdiction's Wellness and Recovery Center's contracts,
- A fiscal review of the year-to-date expenditures and projections,
- A review of the CSA annual audit for private non-profit CSAs and the last audit of record or Website reference for the audit, for those CSAs within the DHMH local level structure and those within county government, and
- A minimum of five subvendor contracts identified for review. (In the case of Baltimore City and Anne Arundel County a larger sample was taken due to the size and number of contracts).

A total of 19 CSAs provided satisfactory reports and were notified in individualized responses with pertinent supporting comments. Also each CSA received an individual letter (with MHA Management copied) identifying its compliance or noting any outstanding items. 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 CSAs and are available for review in the MHA Office of CSA Liaison.

The MHA Office of CSA Liaison participated in the review of proposed FY 2010 budget cuts and made recommendations that were required for the upcoming fiscal year.

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.

Mental Health Block Grant – Criterion # 5

(6-1A)

Adult & Child

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, accuracy and usefulness of current reports identified, improved compliance with federal Uniform Reporting System (URS) requirements, changes to systems implemented as appropriate

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; the University of Maryland Systems Evaluation Center (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 2009 activities and status as of 06/30/09 (final report):

The MHA Data Committee meets bi-monthly to review and approve standard reports. All data reports generated by the ASO must have established logic, including report specifications and criteria, to be reviewed, tested, and approved before the report is completed and 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.

All aspects of the Computerized Hospital Record Information System (CHRIS) were successfully reviewed and defined in FY 2008. A Request for Proposal (RFP) was released to the public via eMaryland Marketplace on June 20, 2008 to begin the process of replacing the current Hospital Management Information System with CHRIS in FY 2009. The expected enlistment of a vendor to implement the statewide hospital management system by the end of FY 2009 was

not feasible and experienced delays due to a retraction of projected state funds. However, the RFP Evaluation Committee proposed to meet with the vendors and devise a possible working solution. This may entail a longer implementation schedule until state general funds are available at the beginning of FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Mental Health Block Grant – Criterion # 4, 5

(6-1B)

Adult & Child

Collaborate with the Maryland Collaborative to End Homelessness, the Department of Human Resources (DHR), CSAs, ASO, and local homeless boards regarding the integration into a state data-base system of local Homeless Management Information System data on the number of homeless individuals with mental illness who are served by the Department of Housing and Urban Development (HUD) funded programs, i.e. Supportive Housing and Shelter Plus Care.

Indicator: Integrated system implemented, data generated, meeting minutes reported

Involved Parties: Marian Bland, MHA Office of Special Needs Population, MHA Office of Management Information Systems and Data Analysis; Penny Scrivens, MHA Office of Adult Services; CSAs; ASO; DHR; local homeless boards

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

FY 2009 activities and status as of 06/30/09 (final report):

The Maryland Collaborative to End Homelessness has not convened. Due to leadership changes at the various key administrations, the Statewide Homeless Management Information Systems (MIS) meetings have been discontinued.

MHA continues to meet with local Homeless MIS Administrators in Anne Arundel and Prince George's Counties. MHA invited Carroll County's Homeless MIS Administrator to attend the March 20, 2009 quarterly Shelter Plus Care meeting, which provided training to PATH and Shelter Plus Care providers.

Strategy Accomplishment:

This strategy was not achieved.

(6-1C)

Maintain accreditation of MHA facilities by the Joint Commission on the Accreditation of Healthcare 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 Management Committee; MHA Facility Chief Executive Officers; appropriate facility staff

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

FY 2009 activities and status as of 06/30/09 (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 on Accreditation of Healthcare Organizations (now known as the Joint Commission) during FY 2009.

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, forensic reports submitted to CSAs

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2009 activities and status as of 06/30/09 (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 or treatment. In FY 2009, 520 defendants were admitted to a MHA or DDA facility for pre-trial evaluation. In all, MHA provided 1,313 community-based pre-trial screenings and evaluations of competency to state trial or criminal responsibility for the Maryland courts. MHA also provided 137 presentence psychiatric evaluations for the Maryland courts. Reports on defendants who are committed as incompetent to Stand Trial are submitted to OFS monthly.

Additionally, MHA completed 137 Juvenile Competency Evaluations. Only 18 of these evaluations were conducted on an inpatient basis. OFS staff provided

oversight to seven community providers working with youth toward competency attainment and one provider working in a residential treatment center.

Strategy Accomplishment:

This strategy was achieved.

(6-2B)

In collaboration with the CSAs, the Mental Health & Criminal Justice Partnership (formerly called the HB 281 Workgroup), and the local detention centers, promote expansion of a data sharing initiative to foster continuity of care for individuals with SMI in the PMHS who are involved in the criminal justice system.

Indicator: Jurisdictions identified, collaboration with detention center staff and PMHS providers, data analysis completed, minutes from CSA Community Forensic Liaison Committee meetings disseminated

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHTO; CSAs; ASO; local detention centers; 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 2009 activities and status as of 06/30/09 (final report):

OFS staff participated in meetings with the Mental Health and Criminal Justice (MH/CJ) Partnership formerly known as the House Bill 281 Committee. The MH/CJ Partnership continued to monitor support for services provided to individuals with mental illness in the criminal justice system.

The MH/CJ Partnership continues to meet to pursue implementation of the goals identified in the House Bill 281 report and explore the development of an increased continuum of diversion services.

MHA and consultants will continue work with the new ASO to establish a 'DataLink' system in Baltimore City and seven other jurisdictions which utilize the Department of Public Safety and Correctional Services' (DPSCS) Automated Booking System. Once the new ASO is installed, this project is expected to move toward completion in FY 2010.

Strategy Accomplishment:

This strategy was partially 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)

Explore Web-based resources to extend and improve training opportunities.

Indicator: List of Web-based resources distributed

Involved Parties: Carole Frank, MHA Office of Planning, Evaluation, and Training; MHA staff; University of Maryland Training Center; CSAs; Advocacy organizations

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

FY 2009 activities and status as of 06/30/09 (final report):

The Recovery Committee completed a review of courses available on Essential Learning (a Web-based training service) and developed a list of Web-based resources to be shared across the state. Flyers were created with the cooperation of the University of Maryland Training Center and Essential Learning to share the list of Web-based resources. These flyers will be distributed to family and consumer advocacy groups, providers on an extensive list maintained by the University of Maryland Training Center, and to Community Behavioral Health member providers. Distribution is scheduled for early FY 2010.

Strategy Accomplishment:

This strategy was achieved

Mental Health Block Grant – Criterion # 4
Adult & Child

(6-3B)

In collaboration with Mental Health Transformation Office (MHTO) and CSAs, improve implementation and provide training of Network of Care, a Web-based platform, which provides information, resource directories, and on-line availability of personal health record information, including advance directives for consumers at the county-level.

Indicator: Web-based platform purchased and installed throughout Maryland, utilization of site tracked, improved user friendliness, mental health community informed regarding availability of Web system, consumers trained in the utilization of personal health record feature, training in use of individual advance directives

Involved Parties: MHA Office of Consumer Affairs; MHTO; Anne Arundel County CSA; MACSA; OOOMD; MHAM; NAMI MD; local providers in each jurisdiction

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

FY 2009 activities and status as of 06/30/09 (final report):

The Maryland Network of Care (NOC) for Behavioral Health has recorded 294,006 visits from its May 30, 2008 launch date through August 31, 2009.

On March 31, 2009, Maryland Lieutenant Governor Anthony Brown announced that Maryland is the first state to launch the NOC for Veterans and Service Members. The new Website builds on the state's NOC for Behavioral Health Services and is an informational resource designed to meet the needs of veterans. Staff from MHA and the Anne Arundel County Mental Health Authority have worked closely with the Department of Veterans Affairs in developing the veterans' Website and CSAs are promoting the site within their local jurisdictions. This new resource: offers a 'one-stop shop' arrangement for virtually all services, information, support, and advocacy. It brings together critical information for all components of the veteran community, including veterans, family members, active-duty personnel, reservists, members of the National Guard, employers, service providers, and the community-at-large. This site has recorded 9,544 sessions from its launch in March through August 31, 2009.

Additionally, MHA and MHAM, in collaboration with other advocacy organizations, conducted informal focus groups statewide to develop a user-friendly Advance Directive tool. The tool was updated and approved and will appear on the MHA Website, in the ASO handbook, and as a link on the NOC in FY 2010.

Strategy Accomplishment:

This strategy was achieved.

Appendix

Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CCISC	Comprehensive Continuous Integrated Systems of Care
CHRIS	Computerized Hospital Records Information Systems
CIL	Center for Independent Living
CLCTI	The Cultural and Linguistic Competence Training Initiative
CME	Care Management Entity
CMHI	Children’s Mental Health Initiative
CMHS	Center for Mental Health Services
CMS	Center for Medicare/Medicaid Services
COC	Coordination of Care
COD	Co-Occuring Disorder
COMAR	Code of Maryland regulations system
COOP	Continuity of Operations Plan
CRDI	Community Resources Development Interview
CSA	Core Service Agency
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CQT	Consumer Quality Team

DAWN	Deaf Abused Women’s Network
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
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Department of Public Safety and Correctional Services
DSS	Department of Social Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
ECMH	Early Childhood Mental Health
EIDP	Employed Individuals with Disabilities Program
EN	Employment Network
FEMA	Federal Emergency Management Administration
FHA	Family Health Administration
FIS	Family Intervention Specialist
FLI	Family Leadership Institute
FPE	Family Psychoeducation
GOC	Governor’s Office for Children
HB	House Bill
HRSA	Health Resources and Services Administration

HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
IDDT	Integrated Dual Disorders Treatment
IMD	Institutions for Mental Diseases
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KOTB	Kids on the Block
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance or Medicaid
MACSA	Maryland Association of Core Service Agencies
MAHRA	Maryland Association of Housing and Redevelopment Agencies
MARFY	Maryland Association of Resources for Families and Youth
MART	Multi-Agency Review Team
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCLC	Maryland Consumer Leadership Coalition
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFI	Money Follows the Individual
MFP	Money Follows the Person
MFR	Managing for Results

MHA	Mental Hygiene Administration
MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MH/CJ	Mental Health and Criminal Justice Partnership
MHFA	Mental Health First Aid
MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office
MIS	Management Information Systems
MNG	Maryland National Guard
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
MT	Mobile Treatment
MYPIC	Maryland Youth Practice Improvement Committee
NAMI	National Alliance for Mental Illness
NASMHPD	National Association of Mental Health Program Directors
NIMS/ICS	National Incident Management System/Incident Command System
NOC	Network of Care
OCA	Office of Consumer Affairs
ODHH	Governor's Office of the Deaf and Hard of Hearing
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.
OPASS	Office of Procurement and Support Services
PAC	Primary Adult Care
PATH	Projects for Assistance in Transition from Homelessness
PBIS	Positive Behavioral Initiative in Schools
PHA	Public Housing Authorities
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
PSA	Public Service Announcements
PTSD	Post-traumatic stress disorder
RFP	Request for Proposals
RICA	Regional Institute for Children and Adolescents
RRP	Residential Rehabilitation Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SCYFIS	State Children, Youth and Family Information System
SDC	Self-Directed Care Project
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disorders
SHC	Springfield Hospital Center

SMI	Serious Mental Illness
SOAR	Supplemental Social Security, Outreach, Access, and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
START	Systematic Training Approach for Refining Treatment
TAC	Technical Assistance Collaborative, Inc.
TAMAR	Trauma, Addiction, Mental Health, and Recovery
TAY	Transition-Age Youth
TBI	Traumatic Brain Injury
TGH	Therapeutic Group Homes
TIP	Transition to Independence Process
TRP	Training Resource Programs
URS	Uniform Reporting System
USVA	U.S. Department of Veterans Affairs
VPA	Voluntary Placement Agreements
WRAP	Wellness Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience