



# ***FY 2014 ANNUAL STATE MENTAL HEALTH PLAN***

***A CONSUMER – ORIENTED SYSTEM***

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## ACKNOWLEDGEMENTS

**A**s in the past, the FY 2014 State Mental Health Plan is the result of the hard work of many people, particularly the Mental Hygiene Administration (MHA) staff, consumers, providers, mental health advocacy groups, the Planning Committee of the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council and representatives of the Core Service Agencies. However, during the past four years the participation in the development of this annual plan was much increased through additional organizational and community stakeholders who gave their time to review and offer input into this document through all day Mental Health Plan Development Meetings held in the spring. Again this year, on April 26, 2013 the gathering included representatives of:

*Consumer, child and family advocacy organizations*

*Wellness and Recovery Centers*

*Mental health providers and provider organizations*

*Local Mental Health Advisory Committees*

*Local Drug and Alcohol Abuse Councils*

*Maryland Association of Core Service Agencies*

*Core Service Agencies' Boards of Directors*

*Protection and Advocacy Agencies*

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

*Maryland Blueprint Committee*

*Alcohol and Drug Abuse Administration (ADAA) and other Maryland Department of Health and*

*Mental Hygiene (DHMH) state agencies*

*University of Maryland's System Evaluation Center (UMD SEC), Evidence Based Practice*

*Center (UMD EBPC) and the Institute of Innovation and Implementation*

*Other interested stakeholders and citizens of Maryland*

The use of break-out groups, as well as the availability of and interaction among key MHA staff and stakeholders, allowed much to be accomplished in a limited period of time. The groups identified recommendations to support planning efforts in developing a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues. While not all suggestions/recommendations were able to be included in the final document, many of the concepts prioritized by the break-out groups are expressed, at least in part, in a number of strategies. The input of the participants, through the group discussions and interactive process, has been invaluable. We at MHA thank all of you who contributed to the development of this plan and look forward to continued collaboration as we proceed with our goals and future endeavors in a behavioral health system of care.

# **STATE OF MARYLAND MENTAL HYGIENE ADMINISTRATION**

## **MISSION**

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

## **THE VISION**

*The Vision of our behavioral health system of care is drawn from fundamental core commitments:*

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

## **VALUES**

*The values underpinning this system are:*

### **(1) SUPPORTIVE OF HUMAN RIGHTS**

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

### **(2) RESPONSIVE SYSTEM**

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

### **(3) EMPOWERMENT**

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

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

## List of Acronyms

<b>ACT</b>	Assertive Community Treatment
<b>ADAA</b>	Alcohol and Drug Abuse Administration
<b>ASO</b>	Administrative Services Organization-ValueOptions®Maryland
<b>BRSS TACS</b>	Bringing Recovery Supports to Scale Technical Assistance Strategy
<b>CBH</b>	Community Behavioral Health Association of Maryland
<b>CCAC</b>	Cultural and Linguistic Competence Advisory Committee
<b>CMS</b>	Center for Medicare/Medicaid Services
<b>CSA</b>	Core Service Agency
<b>CQT</b>	Consumer Quality Team
<b>DDA</b>	Developmental Disabilities Administration
<b>DDC</b>	Dual Diagnosis Capability
<b>DHMH</b>	Maryland Department of Health and Mental Hygiene
<b>DHR</b>	Maryland Department of Human Resources
<b>DJS</b>	Maryland Department of Juvenile Services
<b>DPSCS</b>	Department of Public Safety and Correctional Services
<b>EBP</b>	Evidence-Based Practice
<b>IFSC</b>	Interagency Forensic Services Committee
<b>IIMR</b>	Integrated Illness Management and Recovery
<b>LEAP</b>	Leadership Empowerment and Advocacy Project
<b>LMHAC</b>	Local Mental Health Advisory Committee
<b>LGBTQ</b>	Lesbian, gay, bi-sexual, transgender, questioning
<b>MA</b>	Medical Assistance or Medicaid
<b>MCCJTP</b>	Maryland Community Criminal Justice Treatment Program
<b>MCF</b>	Maryland Coalition of Families for Children's Mental Health

<b>MCO</b>	Managed Care Organization
<b>MDoA</b>	Maryland Department of Aging
<b>MDOD</b>	Maryland Department of Disabilities
<b>MFP</b>	Money Follows the Person
<b>MHA</b>	Mental Hygiene Administration
<b>MHAMD</b>	Mental Health Association of Maryland, Inc.
<b>MHBG</b>	Federal Mental Health Block Grant
<b>MMHEN</b>	Maryland Mental Health Employment Network
<b>MHFA</b>	Mental Health First Aid
<b>MIS</b>	Management Information Systems
<b>MSDE</b>	Maryland State Department of Education
<b>NAMI MD</b>	National Alliance on Mental Illness-Maryland
<b>OMS</b>	Outcome Measurement System
<b>OOOMD</b>	On Our Own of Maryland, Inc.
<b>PATH</b>	Projects for Assistance in Transition from Homelessness
<b>PCCP</b>	Person Centered Care Planning
<b>PRP</b>	Psychiatric Rehabilitation Program
<b>RRP</b>	Residential Rehabilitation Program
<b>RWC</b>	Recovery Wellness Centers
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SE</b>	Supported Employment
<b>SED</b>	Serious Emotional Disorders
<b>SMI</b>	Serious Mental Illness
<b>SOAR</b>	SSI/SSDI, Outreach, Access, and Recovery
<b>SPMI</b>	Serious and Persistent Mental Illness

<b>SSI/SSDI</b>	Supplemental Security Income/ Social Security Disability Insurance
<b>TAY</b>	Transition-Age Youth
<b>TBI</b>	Traumatic Brain Injury
<b>UMBC</b>	University of Maryland – Baltimore County
<b>UMD EBPC</b>	University of Maryland Evidence-Based Practice Center
<b>UMD SEC</b>	University of Maryland Systems Evaluation Center
<b>WRAP</b>	Wellness Recovery Action Plan
<b>WRC</b>	Wellness and Recovery Center



# SYSTEM GOALS

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Many of the Mental Hygiene Administration (MHA) goals, objectives, and strategies in this State Mental Health Plan for children, adolescents, and adults are a result of existing interagency cooperation as well as public and private partnerships. This operational plan is updated annually to address critical issues, current activities, and ongoing efforts related to the coordination of care and improvement of service systems particularly in the areas of: public education; awareness; training of consumer, families, and mental health professionals; promotion of wellness, prevention, and diversion activities; evidence-based and promising practices; cultural competency; as well as development of affordable housing options. MHA strategies continue to involve effective and efficient collaborations to support sustainability of transformation gains that promote recovery and resiliency.

To continue improvement in the delivery of prevention, treatment and recovery support services and to focus the Administration’s efforts toward promoting expansion of behavioral health, MHA has continued to organize its FY 2014 plan activities based on the Substance Abuse and Mental Health Services Administration (SAMHSA’s) Eight Strategic Initiatives (Listed in Appendix B).

In FY 2014, MHA continues to participate in the Department’s behavioral health integration to improve and impact care across behavioral health and somatic domains. In the days to come, MHA and the Alcohol and Drug Abuse Administration (ADAA), under the leadership of the Department of Health and Mental Hygiene (DHMH) Deputy Secretary of Behavioral Health and Disabilities, will work together with consumers, families, providers, advocacy organizations, professionals, and interested citizens to complete this process as MHA and ADAA move together toward a financing and integration model that will continue to promote high-quality, consumer-centered, behavioral health care.

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

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

(1-1A)

**\*MHBG**

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

Indicators:

- Continued publication, distribution, and promotion of Mental Health First Aid Participant Manual, Teaching Notes, and other materials
- Implementation of Youth Mental Health First Aid education and training program
- Continued research, development and piloting of curriculum supplements for specialized audiences
- Number of people trained
- Continued partnership with MHAMD and Core Service Agency (CSAs) to deliver additional training to local communities such as Area Offices on Aging, Department of Social Services, law enforcement, parole and probation, judges, public health, emergency medical services personnel, shelter workers, higher education, and state employees
- Program sustained through course fees and other funding sources

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

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care

**\*Federal Mental Health Block Grant Strategy**

(1-1B)

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

Indicators: Continued support for:

- Maryland Coalition of Families for Children's Mental Health's (MCF) and Mental Health Association of Maryland's (MHAMD's) Children's Mental Health Awareness Campaign – "Children's Mental Health Matters"; number of public service announcements aired, volume of literature disseminated, and other outreach activities implemented
- National Alliance on Mental Illness (NAMI MD) – NAMI WALK, Family to Family, and other education programs
- On Our Own Maryland, Inc. (OOOMD) – Anti-Stigma Project workshops
- Network of Care – promotion and usage
- MHAMD – outreach campaign for older adults
- CSA – outreach/media campaigns
- Wellness and Recovery Centers (WRC) and Recovery Wellness Centers (RWC) – outreach efforts to further integrate consumer run support services, training and programs
- The SAMHSA *Bringing Recovery Supports to Scale Technical Assistance Strategy* (BRSS TACS) Policy Academy Award (a funding source to support coordinated efforts to adopt recovery-oriented systems of care on a broad scale to develop a peer credentialing model that will be inclusive of MHA and ADAA specializations
- Two day peer conference with a focus on workforce development and collaborations.

Involved Parties: Cynthia Petion and Robin Poponne, MHA Office of Planning and Training; Al Zachik, MHA Office of Child and Adolescent Services; Marian Bland and Steve Reeder, MHA Office of Adult Services; MHA Office of Forensic Services; Carrie Freshour, MHA Office of Consumer Affairs; appropriate MHA staff; CSAs; MCF; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers (WRC); community providers

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

(1-1C)

In collaboration with the University of Maryland Systems Evaluation Center (UMD SEC), increase public awareness and support for improved health and wellness through the use of Data Shorts publications to provide concise behavioral health data, analysis, and public health information that can be used by various stakeholders.

Indicators:

- Promote public mental health awareness and improved communication among MHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, release eight Data Shorts pertaining to: public, mental and behavioral health data; information; and behavioral health efforts in the State of Maryland as well as nationwide
- Continue to build electronic distribution list serve as well as avenues of dissemination and distribution of Data Shorts

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems (MIS) and Data Analysis; UMD SEC; University of Maryland Evidence-based Practice Center (UMD EBPC)

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

(1-1D)

MHA, in collaboration with the Core Service Agencies (CSAs) will continue to facilitate an all-hazards approach to emergency preparedness and response for MHA as an Administration and for the mental health community at large.

Indicators:

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

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

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

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

(1-2A)

**\*MHBG**

MHA, in collaboration with Alcohol and Drug Abuse Administration (ADAA), On Our Own of Maryland (OOOMD), and other key staff will continue to support statewide activities to further enhance peer recovery supports, utilizing best practices within the consumer movement.

Indicators:

- Promotion of MHA and ADAA kick-off celebration for National Recovery Month (September) in concert with development of a Peer Conference through the Substance Abuse and Mental Health Services Administration (SAMHSA) *Bringing Recovery Supports to Scale Technical Assistance Center Strategy* (BRSS TACS) Policy Academy
- Increased collaboration with MHA Office of Consumer Affairs (OCA) and ADAA Recovery Managers to enhance the integration of Wellness and Recovery Centers (WRCs) and Recovery and Wellness Centers (RWCs)
- A 1-2 day retreat held to address the strengths, similarities and fears surrounding the integration of these peer run recovery centers put forth by the OCA and in collaboration with key ADAA staff members.
- Training and consultation for WRC/RWC implemented for co-occurring support groups and peer run centers.
- Increased consumer and family participation on policy and planning committees across the state, to include No Wrong Door and health home initiatives

Involved Parties: MHA Office of Consumer Affairs; Marian Bland, MHA Office of Special Needs Populations; Laura Burns-Heffner, ADAA; OOOMD; CSAs; WRCs; RWCs

MHA Monitor: Carrie Freshour, MHA Office of Consumer Affairs

**\*Federal Mental Health Block Grant Strategy**

(1-2B)

\*MHBG

MHA, in collaboration with ADAA, the MDQuit Center of the University of Maryland/Baltimore County (UMBC), consumers, providers, the CSAs, and other stakeholders, will continue to promote and implement behavioral health and wellness initiatives regarding smoking cessation and related activities toward the reduction of early mortality rates in Maryland.

Indicators:

- A report and data analysis submitted to the DHMH Deputy Secretary of Behavioral Health and Disabilities, based on the recently completed survey of Maryland Behavioral Health Clinical & Staff Providers Smoking/Tobacco Behaviors and Attitudes of Providers About Consumer/Client Smoking/Tobacco Behaviors (Fall 2012); support enlisted of DHMH leadership for the next phase of smoking cessation and wellness activities
- Development of effective interventions, tools, best and promising practices, and education strategies for clinical & staff providers to assist consumers/clients in smoking/tobacco cessation efforts
- Through consultation with staff of the Smoking Cessation Leadership Center (of the University of San Francisco) remain informed of the latest research in the field to enhance Maryland's development of an integrated behavioral health approach to smoking/tobacco use reduction that includes: outreach, public education, and consumer/client participation

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; MHA Office of Adult Services; MHA Office of Child and Adolescent Services; other MHA staff; MHA Consultants; UMD SEC; Alcohol and Drug Abuse Administration (ADAA); Don Shell, DHMH Tobacco Prevention and Control; Managed Care Organizations (MCOs); Maryland Medicaid; CSAs; UMBC MDQuit Center; Community Behavioral Health Association (CBH); On Our Own of Maryland (OOOMD); MHAMD; MCF

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care

**\*Federal Mental Health Block Grant Strategy**

(1-2C)

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

Indicators:

- Self-directed care (SDC) plans developed and approved with peer support workers assisting consumers with the process
- Continued Wellness Recovery Action Plan (WRAP) training of consumer advocates and consumer participants with an emphasis on stress reduction and wellness
- Person Centered Care Planning (PCCP) training introduced to consumer advocates and consumer participants for goal directed, person centered recovery initiatives
- Implementation of SDC explored in other jurisdictions as funding is available
- Increased Internet utilization – Network of Care and use of advance directives for mental health treatment

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

MHA Monitor: Carrie Freshour, MHA Office of Consumer Affairs

(1-2D)

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

Indicators:

- Expand collaboration with the University of Maryland for resilience-based curriculum development
- Develop criteria and strategies for promoting resilience at system, organizational, community, family, and individual levels
- Resilience Committee meetings held to develop planned outcomes
- Number of Resilience Trainings requested and provided
- Efforts of the Resilience Committee expanded to include a wellness and prevention focus across the lifespan

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

MHA Monitor(s): Albert Zachik, and Joan Smith, MHA Office of Child and Adolescent Services

(1-2E)

MHA, in collaboration with Core Service Agencies and other entities, will continue to implement activities to promote outreach and linkage to services for older adults.

Indicators:

- Continue to support the CSAs and provider system to include older adults in all health, wellness, recovery initiatives and activities
- Promote education of service providers, health care workers, older adults, caregivers and the public to inform them about the special needs and considerations of older adults
- Encourage partnerships with local Areas on Aging regarding participation in the chronic disease self-management programs

Involved Parties: MHA Office of Adult Services; MHAMD's Coalition on Mental Health and Aging; CSAs; Local Areas of Aging

MHA Monitor: Steve Reeder, MHA Office of Adult Services

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

(1-3A)

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

Indicators:

- Continued statewide implementation, covering all of Maryland's regions and outlying jurisdictions
- Psychosocial programs and inpatient facilities in Maryland visited
- Feedback meetings held, identified issues resolved, and annual report submitted
- CQT team established for Child/ Adolescent programs and to include consumer and family involvement.

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

MHA Monitor(s): Cynthia Petion, MHA Office of Planning and Training and Carrie Freshour, MHA Office of Consumer Affairs



(1-3B)

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

Indicators:

- Annual MCF Family Leadership Institute (FLI) convened, training activities for families implemented, number of graduates
- Increased youth leadership participation in state and local policy committees and public awareness events
- LEAP redefined and expanded to include increased collaboration with deaf and /or hard of hearing adult leadership and participation at statewide trainings
- Explore opportunities to enhance Transition-Age Youth (TAY) participation in leadership activities and public services opportunities through schools, social media and other outlets.
- Increased consumer and family participation in state and local policy planning for behavioral health system of care ongoing

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

MHA Monitor(s): Al Zachik, MHA Office of Child and Adolescent Services and Carrie Freshour, MHA Office of Consumer Affairs

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

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

(2-1A)

Continue to facilitate coordination of care activities throughout the behavioral health system of care and study data to determine impact of wellness activities and coordination of care in the provision of community behavioral health services.

Indicators:

- Utilization of existing interagency data to facilitate coordination of care i.e. Outcome Measurement System (OMS) data, pharmacy data (PharmaConnect), and other data, as appropriate
- Collaboration with Medicaid Pharmacy regarding prescribing practices of anti-psychotic medicine in children
- Support the provision of outreach, training, and technical assistance to providers participating in Health Home implementation to further integrate somatic and behavioral health services
- Utilization of the Coordination of Care Committee to coordinate care of complex dual diagnosis cases
- Integration of elements of coordination of care in behavioral health system of care through the Community Mental Health Medical Directors Consortium

Involved Parties: Lisa Hadley, and Jean Smith, MHA/ADAA Office of the Clinical Director; MHA-MCO Coordination of Care Committee; UMD SEC; Community Mental Health Medical Directors Consortium; Alcohol and Drug Abuse Administration (ADAA); MCOs; Medical Assistance - Office of Health Services; ValueOptions@Maryland

MHA Monitor: Lisa Hadley, MHA/ADAA Office of the Clinical Director

(2-1B)

Participate in DHMH's Behavioral Health Integration Steering Committee and workgroups to support the implementation of the behavioral health financing and systems integration model.

Indicators:

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

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

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care

(2-1C)

In collaboration with the University of Maryland's Schools of Medicine and Pharmacy, implement practice guidelines to ensure appropriate pharmacological utilization for adolescents and children with serious emotional disorders with focus on youth in Baltimore foster care system and for Medicaid recipients under age eighteen (18) across the state.

Indicator:

- Pharmacological practice guidelines implemented for ages 9-17
- Number of cases reviewed

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

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

(2-1D)

Continue to interface and maintain liaison efforts and partnerships with other agencies and administrations to support a comprehensive system of behavioral and somatic health services and community supports.

Indicators:

- Collaborations established and implemented with state entities

(See Appendix A for list of entities.)

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

(2-2A)

**\*MHBG**

In collaboration with the Maryland State Department of Education (MSDE), the Maternal and Child Health Bureau, the Maryland Early Childhood Mental Health Steering Committee, the University of Maryland, and other stakeholders continue to build infrastructure and workforce development initiatives to support the delivery of high quality mental health promotion, prevention, early intervention, and treatment services for young children and their families.

Indicators:

- Support the implementation of Maryland *Linking Actions for Unmet Needs in Children's Health* (LAUNCH) and utilize implementation data to modify and sustain strategies as well as support policy reform, workforce development initiatives, and public awareness initiatives
- Review summary of the Social and Emotional Foundations for Early Learning (SEFEL) implementation data provided by MSDE
- Review summary of Early Childhood Mental Health Consultation implementation data provided by MSDE

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MSDE; Maternal and Child Health Bureau; University of Maryland; the Maryland Early Childhood Mental Health Steering Committee

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

(2-2B)

**\*MHBG**

MHA, in collaboration with CSAs and other stakeholders, will continue efforts to address and implement suicide prevention activities for youth, adults, and older adults.

Indicators:

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Al Zachik Cyntrice Bellamy, MHA Office of Child and Adolescent Services; Cynthia Petion, MHA Office of Planning and Training; Marian Bland and Steve Reeder, MHA Office of Adult Services; Maryland Department on Aging; The Maryland Crisis Hotline Network; The Maryland Committee on Youth Suicide Prevention; WRCs; MSDE; CSAs; Johns Hopkins University; University of Maryland; local school systems; other key stakeholders

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

**\*Federal Mental Health Block Grant Strategy**

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

(2-3A)

MHA, in collaboration with Maryland Department of Disabilities (MDOD), Department of Human Resources (DHR), Maryland State Department of Education (MSDE), and other stakeholders, will develop a plan to sustain integrated home and community-based services and supports for youth and young adults in transition following the conclusion of the Healthy Transitions Initiative demonstration project in Washington and Frederick Counties.

Indicators:

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

Involved Parties: Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; MDOD; MSDE; CSAs; DHR; MCF; Governor's Interagency Transition Council for Youth with Disabilities; the University of Maryland; NAMI MD; OOOMD; local school systems; parents; students; advocates; other key stakeholders

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

(2-3B)

**\*MHBG**

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

Indicator:

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

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

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

**\*Federal Mental Health Block Grant Strategy**

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

(2-4A)

**\*MHBG**

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

Indicators:

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

Involved parties: Carole Frank and Cynthia Petion, MHA Office of Planning and Training; Marian Bland and Steve Reeder, MHA Office of Adult Services; Eileen Hansen and Tom Godwin, the University of Maryland Evidence Based Practice Center (UMD EBPC); ACT teams; mental health providers

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

(2-4B)

MHA and the University of Maryland Systems Evaluation Center (UMD SEC) will analyze data relating to utilization of services in a behavioral health system of care by individuals with co-occurring disorders to further inform system and service planning and identify areas for quality improvement activities.

Indicators:

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

Involved parties: Cynthia Petion, MHA Office of Planning and Training; Susan Bradley, MHA Office of Management Information System (MIS) and Data Analysis; UMD SEC; UMD EBPC; ValueOptions@Maryland

MHA Monitor(s): Cynthia Petion, MHA Office of Planning and Training and Susan Bradley, MHA Office of MIS and Data Analysis

**\*Federal Mental Health Block Grant Strategy**

(2-4C)

**\*MHBG**

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

Indicators:

- Summary of Maryland *Launching Individual Futures Together* (Project LIFT) implementation data
- As part of DHMH's behavioral health integration process, utilize the Maryland Behavioral Health Collaborative (MBHC) strategic plan to identify recommended strategies to support an integrated behavioral health system of care for children and adolescents
- Utilize the support of the SAMHSA-funded System of Care expansion grant to accomplish the planning process

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

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

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

(2-5A)

Improve communication and efforts that support activities that lead to implementation of behavioral health integration and coordination of care in the delivery of services to individuals with mental illnesses.

Indicators:

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

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

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and Lisa Hadley, MHA/ADAA Office of the Clinical Director

**\*Federal Mental Health Block Grant Strategy**

(2-5B)

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

Indicators:

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

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

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst



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

**Objective 3.1. The DHMH Office of Forensic Services (OFS) will provide technical assistance and training to providers of forensic services to individuals residing in the community who are court involved.**

(3-1A)

**\*MHBG**

The OFS will provide training and consultative services to providers of forensic services who work with individuals residing in the community on conditional release from the Mental Hygiene Administration (MHA) and, the Developmental Disabilities Administration (DDA) facilities. The training is designed to educate providers on psychiatric diagnoses “triggers/symptoms of relapse, departmental policies and procedures and strategies to reduce the recidivism of individuals residing in the community to MHA and/or DDA facilities.

Indicators:

- Provider linkages established
- Structured training and orientation to providers
- Assess and analyze data on the percentage of individuals returned to MHA/DDA facilities
- Schedule individual meetings with providers requiring additional technical assistance

Involved Parties: Darrell Nearon, Richard Ortega, Lori Mannino, Michelle Fleming, Tiwana Rice, DHMH/MHA Office of Forensic Services (OFS); Community Forensic Aftercare Program; Leslie McMillan, Developmental Disabilities Administration; the Interagency Forensic Services Committee (IFSC) – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Monitor(s): Darrell Nearon and Lori Mannino, DHMH Office of Forensic Services

**\*Federal Mental Health Block Grant Strategy**

**Objective 3- 2. The DHMH Office of Forensic Services in consultation with clinical staff will develop a Peer Review Program that randomly reviews court mandated evaluations prepared by Qualified Community Evaluators (QCEs).**

(3-2A)

The DHMH Office of Forensic Services will develop a Peer Review Program that randomly reviews court mandated evaluations prepared by QCEs. The Peer Review Program will assist the QCEs to identify complex clinical issues involving competency and criminal responsibility of court involved individuals.

Indicators:

- Work group formed to develop protocols
- Identification of the number of evaluations to be reviewed annually
- Presentation by work group to senior management staff

Involved Parties: Richard Ortega and Eric Roskes, DHMH/MHA Office of Forensic Services; Lisa Hovermale and Mike Rehak, DDA; the Interagency Forensic Services Committee (IFSC) – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Monitor: Richard Ortega, MHA Office of Forensic Services

(3-2B)

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

Indicators:

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

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

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

(3-2C)

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

Indicators:

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

Involved Parties: Marian Bland, MHA's Office of Special Needs Populations; DHMH's Office of Behavioral Health and Disabilities; Iris Reeves, MHA Office of Planning and Training; MHA Office of Child and Adolescent Services; CSAs; Governor's Office of the Deaf and Hard of Hearing (ODHH); ADAA, DDA, consumers and family groups; state and local agencies, colleges and universities; local service providers

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

(3-2D)

Increase sensitivity to trauma experiences and incorporate trauma-informed care principles and practices in treatment in MHA state psychiatric facilities.

Indicators:

- Risk assessments completed on each admission to the state facilities
- Trauma-informed education included in mandatory annual trainings
- Education in the areas of sexual abuse and sexual harassment provided to patients
- Trauma specific language incorporated in hospital policies
- Peer Support Specialists available as consultants to staff and patients
- Selected environmental changes made to support positive on-unit experiences

Involved Parties: Mary Sheperd, MHA Deputy Director Hospitals and Adolescent Residential Treatment; Lisa Hadley, MHA/ADAA Office of the Clinical Director; Susan Kadis, MHA Office of Consumer Affairs; Peer Support Specialists

MHA Monitor: Mary Sheperd, MHA Deputy Director Hospitals and Adolescent Residential Treatment

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

(3-3A)

**\*MHBG**

Expand crisis response systems to increase utilization of intensive services to allow individuals with mental health and substance use issues to be served in the least restrictive setting.

Indicators:

- Expansion of crisis response services throughout the state
- Implementation of Center of Excellence For Early Intervention
- Community education and outreach activities implemented i.e. Mental Health First Aid (MHFA) and Crisis Intervention Systems Management (CISM)

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Lisa Hadley, MHA/ADAA Office of the Clinical Director; Marian Bland and Steve Reeder, MHA Office of Adult Services; MHA Facility CEOs; MHA Office of Forensic Services; Karen Ancarrow-Rice, MHA Office of CSA Liaison; Maryland Medicaid; CSA directors in involved jurisdictions; UMD EBPC, Mental Health Association of Maryland (MHAMD), other stakeholders

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and Lisa Hadley, MHA/ADAA Office of the Clinical Director

(3-3B)

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

Indicators:

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; Marian Bland and Steve Reeder, MHA Office of Adult Services; MHA Office of CSA Liaison; Marion Katsereles, MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

**\*Federal Mental Health Block Grant Strategy**

(3-3C)

In collaboration with Maryland Medicaid and ADAA, respond to funding opportunities included in the Patient Protection and Affordable Care Act.

Indicators:

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; Marian Bland and Steve Reeder, MHA Office of Adult Services; MHA Office of CSA Liaison; Marion Katsereles, MHA Office of Administration and Finance; Maryland Medicaid-Office of Health Services

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst

(3-3D)

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

Indicators:

- Recommendations for a service continuum plan developed and implemented

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

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

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

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

(4-1A)

**\*MHBG**

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

Indicators:

- Data reported on number of programs participating and consumers receiving training in these programs and number of consumers receiving individual benefits counseling in the Ticket-to-Work Program
- Continue implementation of a curriculum for in-service training and continue provision of training to statewide employment specialists
- Develop a manual to document procedures, reporting data, wages trends, and outcomes

Involved Parties: Steve Reeder, MHA Office of Adult Services; Maryland Department of Disabilities (MDOD); Harford County Office on Mental Health; UMD EBPC; UMD SEC; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ValueOptions@Maryland; SSA; consumers

MHA Monitor: Steve Reeder, MHA Office of Adult Services

**\*Federal Mental Health Block Grant Strategy**

(4-1B)

MHA, in collaboration with NAMI MD and the University of Maryland Evidence-Based Practice Center (UMD EBPC), will educate consumers and family members as to the availability of benefits counseling and supported employment (SE) and their role in facilitating consumer recovery and economic self-sufficiency.

Indicators:

- Increased understanding of MHA's supported employment program by consumers, transition-age youth, and families
- Continue implementation of the Johnson & Johnson - Dartmouth Community Mental Health Program Family Advocacy Project to educate family members as to the role of supported employment in consumer recovery
- Trained SE resource person available at selected local NAMI affiliates – Metro Baltimore, Frederick, Howard, and Montgomery county organizations
- Incorporation of supported employment content for Family-to-Family classes available to selected NAMI affiliates

Involved Parties: Steve Reeder, MHA Office of Adult Services; Carrie Freshour, MHA Office of Consumer Affairs; MDOD; UMD EBPC; Dartmouth Psychiatric Research Center; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ValueOptions@Maryland

MHA Monitor: Steve Reeder, MHA Office of Adult Services

**Objective 4.2. MHA will develop and implement collaborative training initiatives involving other agencies and stakeholders serving individuals with psychiatric and co-occurring disorders in the behavioral health system of care.**

(4-2A)

**\*MHBG**

MHA, in collaboration with ADAA, will continue to enhance workforce development by expanding the involvement of Peer Support Specialists in behavioral health integration.

Indicators:

- Development of a Peer Credentialing Model in Maryland through utilization of the SAMHSA *Bringing Recovery Supports to Scale Technical Assistance* (BRSS TACS) Policy Academy Award (a funding source to support coordinated efforts to adopt recovery-oriented systems of care on a broad scale)
- Define Medicaid reimbursable services that are inclusive of areas of mental health, substance use, and co-occurring and define which Peer Specialist responsibilities are best suited for reimbursement.

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

MHA Monitor(s): Carrie Freshour and Susan Kadis, MHA Office of Consumer Affairs

**\*Federal Mental Health Block Grant Strategy**

(4-2B)

**\*MHBG**

MHA, in collaboration with ADAA and DDA, will act as the lead DHMH Behavioral Health Workforce Consortium and the central repository of workforce development training and information.

Indicators:

- Updates made to and utilization of the document for the Mapping of the DHMH Behavioral Health Workforce Development Activities
- Needs of Behavioral Workforce Consortium identified and recommendations developed and submitted to DHMH as appropriate
- Development explored of a work plan to guide workforce development efforts in the Behavioral Health Integration process

Involved Parties: Carole Frank, MHA Office of Planning and Training; MHA staff; ADAA; DDA; DHMH; CSAs; behavioral health providers; consumers; family members; mental health and substance use local entities; other stakeholders

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

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

(4-3A)

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

Indicators:

- Continuation of Behavioral Health Dialogue: “A Cultural Overview – The MHA & the ADAA” with increased administrative and programmatic leadership involvement to integrate cultural competency throughout the behavioral health system
- Increased utilization of the cultural competence assessment tool to enhance further development of the Cultural Linguistic Competence Training Initiative (CLCTI) curricula
- Incorporation of cultural competence training efforts in state, federal, and local planning activities
- Incorporation of cultural sensitivity awareness in training activities for special needs populations i.e. deaf and hard of hearing; Traumatic Brain Injury (TBI); older adults; lesbian, gay, bi-sexual, transgender, questioning (LGBTQ); individuals who are homeless; and individuals with co-occurring disorders
- Exploration of expansion of 3-hour CLCTI training to additional behavioral health providers and programs

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

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

**\*Federal Mental Health Block Grant Strategy**



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

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

(5-1A)

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

Indicators:

- Community bond housing applications approved to increase funding for supported and independent housing units
- Pre-application meetings held, as appropriate, to inform perspective applicants about the Community Bond Program and to encourage partnerships within the state and local areas to pursue development efforts
- Continued support of DHMH partnership with the Maryland Department of Housing and Community Development (DHCD), other state and local agencies, and funding entities to encourage participation in annual community bond proposal
- Program monitored, data collected and reviewed on number of units developed and persons served through the Community Bond Program
- Documentation of annual progress and barriers in the development and completion of housing projects

Involved Parties: Cynthia Petion and Robin Poponne, MHA Office of Planning and Training; Marian Bland, MHA Office of Special Needs Populations; MHA Office of Adult Services; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; DHCD; Maryland Department of Disabilities (MDOD); Developmental Disabilities Administration (DDA); local housing authorities; housing developers

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

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

(5-2A)

Enhance efforts to increase housing opportunities through utilization of available federal subsidies and grants

Indicators:

- Realign the Projects for Assistance in Transition from Homelessness (PATH) funding to focus services on the delivery of outreach, case management, integrated services, and recovery for individuals who are homeless or at imminent risk of becoming homeless.
- Maximize use of the Shelter Plus Care Housing funding and other support systems to provide rental assistance to individuals with mental illness who are homeless, or were formerly homeless, using federal Department of Housing and Urban Development (HUD) funding
- Collaborate with MDOD, Kennedy Krieger, and DHMH to access the Housing Choice Voucher Program through the new HUD grant

Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; MHA Office of Adult Services; ADAA; CSAs; MHA facilities; Continuum of Care Homeless Boards; local detention centers; HUD; Chrysalis House Healthy Start Program; local service providers; consumers; case management agencies; housing authorities; other nonprofit agencies; other MHA staff; PATH service providers

MHA Monitor(s): Marian Bland, MHA Office of Special Needs Populations and Steve Reeder, MHA Office of Adult Services

(5-2B)

**\*MHBG**

Continue to expand the Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program statewide to further develop an integrated behavioral health model to improve access to services.

Indicators:

- Additional SOAR sites developed, including the Eastern Shore, new partners trained in SOAR, and workgroups formed
- Expand the pilot certification program to include all counties currently participating in SOAR
- Work with the State Hospitals and SSA to develop a process to expedite the reinstatements of benefits to patients as a part of the discharge planning
- Data collated and submitted to State Stat on a monthly basis

Involved Parties: Marian Bland, Caroline Bolas, and Keenan Jones – MHA Office of Special Needs Populations; Susan Bradley, MHA Office of Management Information System (MIS) and Data Analysis; Policy Research Associates; Social Security Administration – Disability Determination Services; colleges and universities; ADAA; Department of Public Safety and Correctional Services (DPSCS); DHR; Veterans Administration; PATH-funded providers; other community and facility-based providers

MHA Monitor(s): Marian Bland and Caroline Bolas, MHA Office of Special Needs Populations

**\*Federal Mental Health Block Grant Strategy**

**GOAL VI. UTILIZE DATA AND HEALTH INFORMATION TECHNOLOGY TO EVALUATE, MONITOR, AND IMPROVE THE QUALITY OF BEHAVIORAL HEALTH SYSTEM OF CARE SERVICES AND OUTCOMES**

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

(6-1A)

**\*MHBG**

Continue, in collaboration with the University of Maryland, CSAs, and key stakeholders, statewide implementation of evidence-based practice (EBP) models in supported employment, assertive community treatment, and family psycho-education; also explore pilot implementation of Integrated Illness Management and Recovery (IIMR) program.

Indicators:

- Programs evaluated annually to determine eligibility for EBP reimbursement rates
- Ongoing data collection on EBPs receiving training, meeting fidelity, and providing consumer services
- Increased number of programs meeting fidelity standards for EBP programs
- Number of new programs established
- Continue to monitor IIMR pilot project through curriculum development and fidelity assessment at three sites (Frederick, Washington, and Howard counties)

Involved Parties: Steve Reeder, MHA Office of Adult Services; Brian Hepburn, MHA Office of the Executive Director; Lisa Hadley, MHA/ADAA Office of the Clinical Director; Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Carole Frank, MHA Office of Planning and Training; ValueOptions@Maryland; Dartmouth Psychiatric Research Center; UMD EBPC; UMD SEC; CSAs; community mental health providers

MHA Monitor: Steve Reeder, MHA Office of Adult Services

**\*Federal Mental Health Block Grant Strategy**

(6-1B)

**\*MHBG**

MHA, in conjunction with Baltimore Mental Health Systems, Inc. (BMHS) and the University of Maryland Systems Evaluation Center (UMD SEC), will produce preliminary outcome data reports from the administration of the Assertive Community Treatment (ACT) protocol.

Indicators:

- ACT outcome reports completed by providers and submitted to BMHS
- ACT data analyzed by SEC
- Data reports disseminated to MHA and providers
- Strategies developed, findings incorporated into future planning

Involved Parties: Steve Reeder, MHA Office of Adult Services; Sharon Ohlhaber, MHA Office of Quality Management and Community Programs; BMHS; UMD EBPC; UMD SEC

MHA Monitor: Steve Reeder, MHA Office of Adult Services

(6-1C)

**\*MHBG**

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

Indicators:

- Continue activities and supports of the second and final year of the Second Chance Grant to identify 75 individuals who have co-occurring disorders and are transitioning from prison to the community
- Assist local jurisdictions, upon request, in efforts to establish a court liaison or mental health court to divert appropriate individuals from detention centers to community programs or services
- Engagement in partnerships with Baltimore Mental Health Systems, Inc. (BMHS), state facilities, and DPSCS to promote data sharing to assist with community re-entry
- Engagement of WRCs and RWCs in aftercare planning
- Enhancement of the Maryland Community Criminal Justice Treatment Program (MCCJTP) to continue to effectively meet the aftercare needs of its participants

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; MHA Office of Forensic Services; Carrie Freshour, MHA Office of Consumer Affairs; Core Services Agencies; local detention centers; MHAMD; WRCs and RWCs; ADAA; DDA; community behavioral health providers

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

**\*Federal Mental Health Block Grant Strategy**

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

(6-2A)

**\*MHBG**

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

Indicators:

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

Involved Parties: Daryl Plevy, MHA Office of the Deputy Director for Community Services and Managed Care; Audrey B. Chase, MHA Office of Compliance; MHA Office of CSA Liaison; Fiona Ewan, MHA Office of Fiscal Services; Susan Bradley, MHA Office of Management Information System (MIS) and Data Analysis; MHA Management Committee; SEC; ValueOptions@Maryland; CSAs; representatives of key stakeholder groups

MHA Monitor: Daryl Plevy, MHA Office Deputy Director for Community Services and Managed Care

(6-2B)

In collaboration with the ASO, DHMH's Office of Health Care Quality (OHCQ), DHMH's Office of the Inspector General, and CSAs, review providers' clinical utilization, billing practices, and compliance with regulations.

Indicators:

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

Involved Parties: Daryl Plevy, MHA Office of the Deputy Director for Community Programs and Managed Care; Audrey B. Chase, MHA Office of Compliance; Steve Reeder, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; Office of Health Care Quality (OHCQ); ValueOptions@Maryland; CSAs

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

**\*Federal Mental Health Block Grant Strategy**

(6-2C)

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

Indicators:

- Provision by UMD SEC of behavioral health data templates and technical assistance as needed
- Plans submitted from each CSA
- Compliance with MHA planning guidelines for CSA Plans evaluated
- Letters of review and recommendation received from each LMHAC and CSA board
- Previous fiscal year annual reports received
- MHA letter of review sent to the CSAs

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

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

(6-2D)

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

Indicators:

- Development and update of monitoring tools and instructions for reports from each CSA, emphasizing electronic transmission
- Reports from each CSA reviewed, in response to periodic instructions issued, regarding its administrative duties and expenditures, the execution of its subvendors' contracts, year-to-date expenditures/performance measures, and any required audits
- Evaluation of compliance with the Conditions of Award for State General Funds and Federal Mental Health Block Grant funds
- Three reviews scheduled for the first, second and fourth quarters of the fiscal year
- Written letter issued to each CSA regarding each periodic report, appropriate follow-up conducted as needed

Involved Parties: Karen Ancarrow-Rice, Sandy Arndts, and Richard Blackwell, MHA Office of CSA Liaison; appropriate MHA Office Directors; MHA staff; CSAs

MHA Monitor(s): Karen Ancarrow-Rice and Richard Blackwell, MHA Office of CSA Liaison

(6-2E)

Review MHA's budget and behavioral health system of care expenditures and services; implement corrective actions, as needed, to maintain operations within allocation.

Indicators:

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; MHA Office of Administration and Finance; Lisa Hadley, MHA/ADAA Office of the Clinical Director; MHA Facility CEOs; clinical directors and financial officers

MHA Monitor(s): Brian Hepburn, MHA Office of the Executive Director and MHA Office of Administration and Finance

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

(6-3A)

Continue to monitor the implementation of the Outcomes Measurement System (OMS).

Indicators:

- Development and dissemination of training materials, including a statistical workbook, related to OMS data analysis and interpretation
- Continued collaboration with ASO regarding how OMS monitoring utilization and questionnaire completion rates can be coordinated with the ASO Quality Improvement Incentive Program (QuIP) project
- Continued collaboration with ASO regarding OMS Datamart monitoring and maintenance, including monthly data validation and quarterly OMS Datamart refreshes

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

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

(6-3B)

MHA will continue to monitor the utilization of telemental health services to the underserved populations in the rural Western and Eastern Shore counties.

Indicators:

- Number of telemental health encounters and services utilized through behavioral health system of care claims data
- Outcome Data aggregated and reviewed with designated area CSAs to inform planning
- Process compared with Medicaid system of telemedicine expansion

Involved Parties: Daryl Plevy, MHA office of the Deputy Director for Community Services and Managed Care; Melissa Schober, MHA Medicaid Policy Analyst; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; CSAs; ValueOptions®Maryland

MHA Monitor: Melissa Schober, MHA Medicaid Policy Analyst



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

(6-4A)

Enhance behavioral health data collection and utilization through continued activities to develop and/or refine management information systems and promote the use of data.

Indicators:

- Technical aspects of management information systems refined; logic of reports enhanced to reflect recovery orientation; accuracy and usefulness of current reports identified
- Continued practices to promote data integrity for behavioral health data
- Promotion of and technical assistance provided on the Web-based Outcomes Measurement System (OMS) datamart for access to point-in-time and change-over-time information as an effective tool to assist providers in management and planning efforts
- Enhance capacity for CSAs and other stakeholders to utilize behavioral health data to measure service effectiveness and outcomes to inform policy and planning
- Continue disseminating data in a manner that is accessible and meaningful to end users, including production and dissemination of Data Shorts
- Promotion of managerial and county-wide access to dashboard reports and behavioral health data through ASO reporting system
- Reports generated and posted to designated data reporting section on administrative Web site, making behavioral health demographic data available to users outside of state agencies
- Establish Web-based data collection system for reporting residential rehabilitation program (RRP) bed counts and waiting list information

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of MIS and Data Analysis; Sharon Ohlhaber, MHA Office of Quality Management and Community Programs; Cynthia Petion, MHA Office of Planning and Training; UMD SEC; CSAs; ValueOptions®Maryland

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

(6-4B)

Maintain accreditation of MHA facilities by the Joint Commission.

Indicator:

- All MHA facilities accredited

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Mary Sheperd, MHA Office of the Deputy Director for Hospitals and Adolescent Residential Treatment; Lisa Hadley, MHA/ADAA Office of the Clinical Director; MHA Management Committee; MHA Facility CEOs; appropriate facility staff

MHA Monitor: Mary Sheperd, MHA Office of the Deputy Director for Hospitals and Adolescent Residential Treatment

(6-4C)

Continue efforts to enhance communication and education through the use of social media technology.

Indicators:

- Social media outlets, such as Facebook or Twitter, utilized to promote public mental health awareness and improved communication among MHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, produce 25 micro-blogs pertaining to mental health efforts and information
- Promote @DHMH\_MHA Twitter account and increase percentage of “Followers” by 15% within the year.
- Continue exploration of appropriate social media outlets to bolster Child and Adolescent initiatives and/or to provide Peer-to-Peer support

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of MIS and Data Analysis

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

# Appendix A

## Mental Hygiene Administration Liaisons to Maryland State Government Agencies

Maryland Department of Disabilities (MDOD)	Governor's Office for Children (GOC)	Governor's Office of the Deaf and Hard of Hearing (ODHH)	Maryland State Department of Education (MSDE)	Division of Rehabilitation Services (DORS)	Department of Human Resources (DHR)	Department of Housing and Community Development (DHCD)	Maryland Department of Aging (MDoA)	Department of Public Safety and Correctional Services (DPSCS)	Department of Juvenile Services (DJS)	Department of Veterans Affairs	Judiciary of Maryland
Brian Hepburn, M.D.	Al Zachik, M.D. Tom Merrick	Marian Bland	Al Zachik, M.D. Cyntrice Bellamy	Marian Bland and Steve Reeder	Daryl Plevy, Al Zachik, M.D. and Marian Bland	Steve Reeder and Marian Bland	Marian Bland and Steve Reeder	Office of Forensic Services and Marian Bland	Al Zachik, M.D., Cyntrice Bellamy and Office of Forensic Services	Shauna Donahue, DHMH, Director, Maryland's Commitment to Veterans	Darrell Nearon, Ph.D., J.D., LCSW-C, DHMH, Office of Forensic Services

## Mental Hygiene Administration Liaisons to Maryland State Government Agencies

DHMH Alcohol and Drug Abuse Administration (ADAA)	DHMH Family Health Administration (FHA)	DHMH Developmental Disabilities Administration (DDA)	Maryland Health Care Commission (MHCC)	Health Services Cost Review Commission (HSCRC)	The Children's Cabinet	DHMH Medical Care Programs (Medicaid)	DHMH Office of Health Care Quality (OHCQ)	DHMH Office of Capital Planning, Budgeting, and Engineering Services	DHMH AIDS Administration	Maryland Emergency Management Administration (MEMA)	
Lisa Hadley, M.D., J.D., Cynthia Petion and Carole Frank	Al Zachik, M.D.	Stefani O'Dea, Lisa Hovermale, M.D., DDA, and Darrell Nearon, Ph.D., J.D., LCSW-C, DHMH Office of Forensic Services	Brian Hepburn, M.D.	Brian Hepburn, M.D.	Al Zachik, M.D.	Brian Hepburn, M.D., Daryl Plevy, Lisa Hadley, M.D., J.D., and Melissa Schober	Sharon Ohlhaber And Audrey Chase	Cynthia Petion and Robin Poponne	Marian Bland	Mary Sheperd	

# Appendix B

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## The Strategic Initiatives

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

1. **Prevention of Substance Abuse and Mental Illness**—Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.
2. **Trauma and Justice**—Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.
3. **Military Families**—Supporting America's service men and women—active duty, National Guard, Reserve, and veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.
4. **Recovery Support**—Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.
5. **Health Reform**—Increasing access to appropriate high quality prevention, treatment, and recovery services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.
6. **Health Information Technology**—Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of health information technology (HIT) and interoperable electronic health records (EHRs).
7. **Data, Outcomes, and Quality**—Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.
8. **Public Awareness and Support**—Increasing the understanding of mental and substance use disorders and the many pathways to recovery to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

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

