Department of Health and Mental Hygiene

FY 2015 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

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ACKNOWLEDGEMENTS

The FY 2015 State Plan is the result of the hard work of many people, particularly the Behavioral Health Administration (BHA) staff, consumers, providers, behavioral 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. On April 25, 2014, as in the past five years, we welcomed the input of additional organizational and community stakeholders who gave their time to review this document through an all-day Plan Development Meeting. This year, the participants included representatives of:

Consumer, child and family advocacy organizations

Wellness and Recovery Centers, Recovery and Wellness Centers, and Recovery Community Centers

Mental health providers and provider organizations

Local Mental Health Advisory Committees

Representatives of the State Drug and Alcohol Abuse Council

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

Maryland Department of Health and Mental Hygiene (DHMH) state agencies

University of Maryland 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 staff and stakeholders, has been invaluable, allowing 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 use 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 at least partly expressed in a number of strategies. We thank everyone for their contributions 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 BEHAVIORAL HEALTH ADMINISTRATION

MISSION

The Department of Health and Mental Hygiene's Office of Behavioral Health 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. The Behavioral Health Administration will, through publicly-funded services and supports, promote recovery, resiliency, health, and wellness for individuals who have emotional, substance use, and/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 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 and/or substance use disorders 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 behavioral 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 behavioral health system of care. 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 behavioral 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

Wellness is promoted and enhanced 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 behavioral health services come from increased awareness and understanding of psychiatric and substance use 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 in all activities of life. This will promote a consistently appropriate level of behavioral health services.

(8) EFFECTIVE MANAGEMENT AND ACCOUNTABILITY

Accountability is essential to consistently provide an adequate level of behavioral 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 behavioral health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.

List of Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ADRC	Aging and Disability Resource Center
ASO	Administrative Services Organization
BHA	Behavioral Health Administration
B-HIPP	Behavioral Health Integration in Pediatric Primary care
BI	Brain Injury
BRSS TACS	Bringing Recovery Supports to Scale Technical Assistance Strategy
CBH	Community Behavioral Health Association of Maryland
CCAC	Cultural and Linguistic Competence Advisory Committee
CMS	Center for Medicare/Medicaid Services
COC	Continuum of Care (formerly Shelter Plus Care)
CSA	Core Service Agency
CPRS	Certified Peer Recovery Specialist
CQT	Consumer Quality Team
DDA	Developmental Disabilities Administration
DDC	Dual Diagnosis Capability
DHCD	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
EBP	Evidence-Based Practice

FLI	Family Leadership Institute
FPE	Family Psycho-Education
HTI	Healthy Transitions Initiative
IDDT	Integrated Dual Disorder Treatment
IFSC	Interagency Forensic Services Committee
IIMR	Integrated Illness Management and Recovery
LAUNCH	Maryland Linking Actions for Unmet Needs in Children's Health
LEAP	Leadership Empowerment and Advocacy Project
LIFT	Maryland Launching Individual Futures Together
LMHAC	Local Mental Health Advisory Committee
LGBTQ	Lesbian, gay, bi-sexual, transgender, questioning
LTSS	Long-Term Services and Supports
MA	Medical Assistance or Medicaid
MAP	Maryland Access Point
MAPCB	Maryland Addiction Professional Certification Board
MARFY	Maryland Association of Resources for Families and Youth
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCF	Maryland Coalition of Families for Children's Mental Health
MCV	Maryland Commitment to Veterans
MCO	Managed Care Organization
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFP	Money Follows the Person
MHA	Mental Hygiene Administration
MHAMD	Mental Health Association of Maryland, Inc.

MHBG	Federal Mental Health Block Grant
MHFA	Mental Health First Aid
MIS	Management Information Systems
MMHEN	Maryland Mental Health Employment Network
MOU	Memorandum of Understanding
MPAH	Maryland Partnership for Affordable Housing
MSDE	Maryland State Department of Education
NAMI MD	National Alliance on Mental Illness-Maryland
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PASRR	Pre-admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness
PCCP	Person Centered Care Planning
PRP	Psychiatric Rehabilitation Program
QCE	Qualified Community Evaluator
RRP	Residential Rehabilitation Program
RWC	Recovery and Wellness Centers
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SDC	Self–Directed Care
SE	Supported Employment
SED	Serious Emotional Disorders
SMI	Serious Mental Illness
SOAR	SSI/SSDI, Outreach, Access, and Recovery
SPMI	Serious and Persistent Mental Illness
SSI/SSDI	Supplemental Security Income/ Social Security Disability Insurance

TAY	Transition-Age Youth
TIP	Transition to Independence Process
UMBC	University of Maryland – Baltimore County
UMD EBPC	University of Maryland Evidence-Based Practice Center
UMD SEC	University of Maryland Systems Evaluation Center
WRAP	Wellness Recovery Action Plan
WRC	Wellness and Recovery Center

SYSTEM GOALS

As this FY 2015 operational plan takes effect, July 1, 2014, the Mental Hygiene (MHA) and the Alcohol and Drug Abuse (ADAA) administrations will have officially integrated to become the Maryland Behavioral Health Administration (BHA). There was not an opportunity for the Planning staff from both administrations to create an integrated plan for this year. Thus for this year, we (the former Mental Hygiene Administration) have developed an operational plan for mental health within a behavioral health system of care, including wherever possible, attention to issues and strategies that encompass, mental health and areas of co-occurring service and support needs. Our process to develop strategy concepts for this plan took place in April, 2014 and did include a broad spectrum of participants from mental health and substance use arenas. Consumers, families, providers, advocacy organizations, various professionals, and interested citizens met together to complete this process. Many of the goals, objectives, and strategies in this State Plan - for children, adolescents, transition-age youth, adults, and older adults - are a result of already existing interagency cooperation, as well as public and private partnerships.

Key stakeholders have assisted MHA and ADAA in this move toward a financing and integration model that will continue to promote high-quality, consumer-centered, behavioral health care. In the years prior, much time and effort had been made toward examining the differences and similarities between the two administrations as part of the process of bringing them together into a single system of care management. Both administrations recognize that stigma remains a barrier to appropriate treatment throughout the service system. These strategies are intended to emphasize and support civil rights, human rights, and individual rights to facilitate recovery, hope, and the strengths of a collective community.

Efforts remain ongoing to continue improvements in the delivery of prevention, intervention, treatment and recovery support services within this expanded behavioral health system of care. It is important to recognize that, ultimately, services are designed to meet the individual needs of the persons served. To further support continued improvements in the delivery of prevention, treatment, and recovery support services and to focus the Administration's efforts toward promoting expansion of behavioral health, we have continued to organize many FY 2015 plan activities based on the Substance Abuse and Mental Health Services Administration (SAMHSA's) Eight Strategic Initiatives (Listed in Appendix B). In collaboration with local agencies, providers, the administrative services organization (ASO), state facilities and agencies, and other key stakeholders, the Behavioral Health Administration will utilize a variety of approaches to evaluate and improve the appropriateness, quality, efficiency, cost-effectiveness, and outcomes of services within the behavioral health system of care.

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GOAL I. INCREASE PUBLIC AWARENESS AND SUPPORT FOR IMPROVED HEALTH AND WELLNESS; REDUCED IMPACT OF HOMELESSNESS AND LIFE THREATENING FACTORS FOR VULNERABLE INDIVIDUALS

Objective 1.1. The Behavioral Health Administration (BHA), 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**

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), 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 pertinent materials
- Continued promotion and implementation of the Youth Mental Health First Aid education and training program to increase community awareness of and responsiveness to behavioral health issues among youth
- Continued research, development and piloting of curriculum supplements for specialized audiences
- Number of people trained
- Trainings implemented for Maryland Commitment to Veterans (MCV) Regional Resource Coordinators to train veterans, families, and those working with veterans/families on MHFA
- Continued partnership with MHAMD and Core Service Agency (CSA) 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: Behavioral Health Administration (BHA) Offices of the Executive Director, the Deputy Director of Operations, and Planning**;** 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

Monitor(s): Brian Hepburn, Office of the Executive Director and Daryl Plevy, Office of the Deputy Director of Operations

***Federal Mental Health Block Grant Strategy**

(1-1B)
In collaboration with the Core Service Agencies (CSAs), 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 and related behavioral health issues, as well as 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
- Core Service Agencies (CSAs) – outreach/media campaigns
- Wellness & Recovery Centers (WRCs) and Recovery & Wellness Centers (RWCs) – outreach efforts to further integrate consumer-run support services, training, and programs
- Two day peer conference with a focus on workforce development and collaborations

Involved Parties: BHA Offices of Planning, Deputy Director of Child and Adolescent Services, Adults and Specialized Behavioral Health Services, Workforce Development and Training, and Consumer Affairs, Forensic Services; key BHA staff; CSAs; MCF; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers (WRCs) and Recovery Wellness Centers (RWCs); community providers
Monitor: Robin Poponne, Office of Planning

(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 behavioral health awareness and improved communication among BHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, release eight Data Shorts pertaining to somatic and behavioral health data
- Continue to build electronic distribution list serve as well as avenues for dissemination and distribution of Data Shorts

Involved Parties: BHA Offices of the Executive Director and Epidemiology and Evaluation; UMD SEC; University of Maryland Evidence-based Practice Center (UMD EBPC)
Monitor: Susan Bradley, Office of Epidemiology and Evaluation

(1-1D)
In collaboration with the Core Service Agencies (CSAs), continue to facilitate an all-hazards approach to emergency preparedness and response for the BHA 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
- All hazards Disaster Planning template provided by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) under review for use by all jurisdictions
- Process identified and steps developed towards a Behavioral Health All-Hazards Disaster Plan

Involved Parties: BHA Office of Adults and Specialized Behavioral Health Services; Facilities CEOs; Facilities Emergency Managers; CSAs
Monitor: Marian Bland and Darren McGregor, Office of Adults and Specialized Behavioral Health Services

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

(1-2A) ***MHBG**
In collaboration with On Our Own of Maryland (OOOMD), and other key staff, continue to support statewide activities to further enhance peer recovery supports, utilizing best practices within the consumer movement.
Indicators:

- Training and consultation for Wellness & Recovery Centers and Recovery & Wellness Centers (WRC/RWC) implemented for co-occurring support groups and peer-run centers
- Exploration of the development of peer supports specifically for older adults
- Increased consumer and family participation on policy and planning committees across the state, to include No Wrong Door approach and health home initiatives

Involved Parties: BHA Offices of Consumer Affairs, the Deputy Director of Operations, Adults and Specialized Behavioral Health Services, and the Deputy Director Clinical Services; Medicaid, Behavioral Health Division; OOOMD; CSAs; WRCs; RWCs; mental health and substance use disorder advocacy groups; peer specialist and recovery coach organizations; Maryland Coalition on Mental Health and Aging
MHA Monitor: Office of Consumer Affairs

***Federal Mental Health Block Grant Strategy**

(1-2B) ***MHBG**

The BHA, in collaboration with 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:

- Number of trainings conducted for behavioral health treatment provider/agency staff (administrative and clinical levels) to enable staff to provide smoking cessation services in their treatment/provider programs
- Prevalence data measures, incorporated into StateStat and Outcomes Measurement Systems datamart, tracked and evaluated

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Operations, Epidemiology and Evaluation, Special Projects (Veterans, Gambling, Tobacco, Smoking Cessation, Office of Adults and Specialized Behavioral Health Services, and Child and Adolescent Services; other BHA staff; BHA Consultants; UMBC MDQuit Center; University of Maryland Systems Evaluation Center (UMD SEC); DHMH Tobacco Prevention and Control; Managed Care Organizations (MCOs); Maryland Medicaid; CSAs; local health departments; Community Behavioral Health Association (CBH); On Our Own of Maryland (OOOMD); MHAMD; MCF

Monitor(s): Brian Hepburn, Office of the Executive Director and Daryl Plevy, Office of the Deputy Director of Operations

(1-2C)

Explore the expanded use of self-directed approaches throughout the state.

Indicators:

- Self–Directed Care (SDC) plans in Washington County 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
- Provide young adult consumers, in the Healthy Transitions Initiative (HTI) grant program, a self-directed care option for directing a limited grant funded budget to support their overall recovery plans
- Offer participant-directed services and respite care services through the 1915(i) State Medicaid Plan Amendment

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services, Consumer Affairs and Child and Adolescent Services; BHA staff; Washington County CSA and providers; OOOMD; consumers and family members

Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

***Federal Mental Health Block Grant Strategy**

(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.
Indicators:

- Resilience Committee meetings held to develop planned outcomes toward developing criteria and strategies for promoting wellness, prevention, and resilience at system, organizational, community, family, and individual levels
- Expand collaboration with the University of Maryland for resilience-based curriculum development
- Number of Resilience Trainings requested and provided
- Continue efforts to collaborate with substance use and other behavioral health staff to integrate efforts that enhance wellness (resilience) and prevention across the life span, into BHA strategies

Involved Parties: BHA Office of Child and Adolescent Services; University of Maryland School of Medicine, Department of Psychiatry; the BHA Resilience Sub-Committee of the Maryland Blueprint Committee; CSAs; family members, advocates, and providers
Monitor(s): Al Zachik, and Joan Smith, Office of the Deputy Director of Child and Adolescent Services

(1-2E)
BHA, in collaboration with Core Service Agencies (CSAs) and other entities, will continue to implement activities to promote in-reach/outreach and linkage to services for older adults.
Indicators:

- Conduct analysis of existing CSA grant-funded programs specific to older adults
- Continue to support the CSAs and provider system to include older adults in all health, wellness, recovery initiatives and activities
- Promote, in collaboration with advocacy organizations and others, education of service providers, health care workers, older adults, caregivers and the public to inform them about the special behavioral health needs of older adults
- Evaluate and modify the protocols and the process for the Pre-admission Screening and Resident Review (PASRR)
- Encourage partnerships with local Areas on Aging regarding participation in the chronic disease self-management programs

Involved Parties: BHA Office of Adults and Specialized Behavioral Health Services; MHAMD's Coalition on Mental Health and Aging; CSAs; Local Areas of Aging
Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

Objective 1.3. 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
- Continued planning and implementation activities for a youth and family-oriented Consumer Quality Team

Involved Parties: BHA Offices of Consumer Affairs, Planning, Office of Adults and Specialized Behavioral Health Services, the Deputy Director for Behavioral Health Facilities, and Epidemiology and Evaluation; state facility representatives; CSAs; MHAMD; MCF; Maryland Association of Resources for Families and Youth (MARFY) – Residential Treatment Center Coalition; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH)
Monitor(s): Cynthia Petion, Office of Planning

(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; On Our Own of Maryland, Inc. (OOOMD) Taking Flight and other 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
- Number of youth participating in OOOMD's "Taking Flight" and Anti-Stigma activities.
- Continued development and maintenance of professional partnerships that support LEAP training and promote behavioral health integration activities for both mental health and substance use peers.
- Increased consumer and family participation in state and local policy planning for behavioral health system of care

Involved Parties: BHA Offices of the Deputy Director of Child and Adolescent Services and Consumer Affairs; MCF; OOOMD: CSAs
Monitor(s): Al Zachik, Office of the Deputy Director of Child and Adolescent Services and Susan Kadis, Office of Consumer Affairs

GOAL II. PROMOTE A SYSTEM OF INTEGRATED CARE WHERE PREVENTION/EARLY INTERVENTION OF SUBSTANCE USE AND MENTAL ILLNESS IS COMMON PRACTICE ACROSS THE LIFE SPAN.

Objective 2.1. 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, 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
- Continued 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
- Training of providers and promotion of use of the Prescription Drug Monitoring Program (PDMP) for improved coordination of prescribing related controlled substances
- Integration of elements of coordination of care in behavioral health system of care through the Community Mental Health Medical Directors Consortium

Involved Parties: BHA Office of the Deputy Director of Clinical Services; BHA-MCO Coordination of Care Committee; University of Maryland Systems Evaluation Center (UMD SEC); Community Mental Health Medical Directors Consortium; MCOs; Medical Assistance - Office of Health Services; the administrative services organization (ASO)

Monitor: Lisa Hadley, Office of the Deputy Director of Clinical Services

(2-1B)
Participate in DHMH's Behavioral Health Integration process to support the implementation of the behavioral health financing and systems integration model, and the establishment of the new Behavioral Health Administration.
Indicators:

- Stakeholders Workgroup meetings convened between June and October of 2014
- Requirements addressed from Maryland House Bill (HB) 1510 which details the establishment and duties of the Behavioral Health Administration
- Recommendations identified through Stakeholders workgroup process on issues related to behavioral health including, statutory and regulatory changes toward full integration of mental health and substance use
- Staff support provided to facilitate mental health and substance use advisory councils in creating a Behavioral Health Advisory Council
- Findings and recommendations of the workgroup reported to the Governor and General Assembly on or prior to December 1, 2014

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Population-Based Behavioral Health, the Deputy Director of Clinical Services, and the Deputy Director of Operations; BHA staff as appropriate; DHMH; Behavioral Health Integration Stakeholder Workgroups; providers; consumers; advocacy organizations
Monitor(s): Brian Hepburn, Office of the Executive Director

(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: BHA Offices of the Deputy Director of Child and Adolescent Services and the Deputy Director of Operations; other BHA 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
Monitor: Al Zachik, Office of the Deputy Director 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. 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 continued 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: The BHA Office of the Deputy Director of Child and Adolescent Services; MSDE; Maternal and Child Health Bureau; University of Maryland; CSA; the Maryland Early Childhood Mental Health Steering Committee
Monitor(s): Al Zachik, Office of the Deputy Director of Child and Adolescent Services

***Federal Mental Health Block Grant Strategy**

(2-2B) ***MHBG**

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

Indicators:

- Annual Suicide Prevention conference conducted with inclusion of training sessions on issues/needs of special needs populations such as veterans and individuals who are lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ)
- Continued implementation of Governor's Commission on Suicide Prevention final recommendations, especially in the area of increased awareness through education, outreach, and resource development
- Participation in and addressing recommendations from the Substance Abuse and Mental Health Services Administration (SAMHSA) Zero Suicide Policy Academy
- Promotion of increased number of "followers" for the Maryland Crisis Network Facebook account and the Maryland Suicide Prevention Twitter account
- Implementation of deliverables of suicide prevention grants (if awarded) - the Garrett Lee Smith (GLS) Suicide Prevention Grant for youth; the SAMHSA National Strategy for Suicide Prevention, focusing on individuals ages 25-64

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Child and Adolescent Services, Planning, and Adults and Specialized Behavioral Health Services; Maryland Department on Aging; The Maryland Crisis Hotline Network; WRCs; MSDE; CSAs; Johns Hopkins University; University of Maryland; local school systems; other key stakeholders

Monitor(s): Cyntrice Bellamy, Office of the Deputy Director of Child and Adolescent Services

***Federal Mental Health Block Grant Strategy**

Objective 2.3. In collaboration with the CSAs and other stakeholders, 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)

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

Indicators:

- Sustainability and replication plan developed
- Proposal developed and submitted to SAMHSA for new Healthy Transitions (HT) grant
- Critical ingredients of model intervention replicated in selected jurisdictions

Involved Parties: BHA Offices of Child and Adolescent Services and Adults and Specialized Behavioral Health Services; MDOD; MSDE; CSAs; DHR; MCF; Governor's Interagency Transition Council for Youth with Disabilities; the University of Maryland; National Alliance on Mental Illness-Maryland (NAMI MD); OOOMD; local school systems; parents; students; advocates; other key stakeholders

Monitor(s): Tom Merrick, Office of Child and Adolescent Services and Steve Reeder, Office of Adults and Specialized Behavioral Health Services

(2-3B) ***MHBG**

In concert with psychiatrists and social workers at Johns Hopkins and University of Maryland, continue implementation of the Behavioral Health Integration in Pediatric Primary care (B-HIPP) to provide consultation on assessment, medication, resources and treatment to any Pediatrician statewide as well as provide additional social work support on the Eastern Shore.

Indicators:

- Data on numbers of consultations provided statewide
- Additional resources and support provided to pediatric offices on the Eastern Shore, through Salisbury University, to offset psychiatrist workforce shortages

Involved Parties: BHA Office of the Deputy Director of Child and Adolescent Services; University of Maryland School of Medicine; Johns Hopkins University; Salisbury University

Monitor(s): Al Zachik, Office of the Deputy Director of Child and Adolescent Services

***Federal Mental Health Block Grant Strategy**

Objective 2.4. 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, 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 use specialists and team leaders of Assertive Community Treatment (ACT) teams to enhance DDC within those groups
- 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
- Education, training, and technical assistance for behavioral health providers on the use of evidence-based geriatric screening and assessment tools, as well as treatment modalities and recovery supports for older adults
- Provision of training and TA on Person Centered Care Planning (PCCP) principles and practices, within the context of county and agency substance use and mental health services integration projects

Involved parties: BHA Offices of Planning, Workforce Development and Training, and Adults and Specialized Behavioral Health Services; University of Maryland Evidence-Based Practice Center (UMD EBPC); MHAMD; Johns Hopkins Geriatric Education Center; ACT teams; behavioral health providers

Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services; Cynthia Petion, Office of Planning; Carole Frank, Office of Workforce Development and Training

***Federal Mental Health Block Grant Strategy**

(2-4B)
The BHA 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, as well as 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
- Development and dissemination of DataShorts (behavioral health data and analysis) on adults in the Public Behavioral Health System with substance use issues

Involved parties: BHA Offices of Planning and Epidemiology and Evaluation; UMD SEC; UMD EBPC; ASO
Monitor(s): Susan Bradley, Office of Epidemiology and Evaluation

(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 use 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, BHA Office of the Deputy Director of Child and Adolescent Services; BHA Staff; MBHC; CSAs; Health Departments; providers; youth and young adults; consumers; families; advocates
Monitor: Al Zachik, Office of the Deputy Director of Child and Adolescent Services

***Federal Mental Health Block Grant Strategy**

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 BHA 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 continue to provide training and consultative services to providers of forensic services who work with individuals residing in the community on conditional release from the Behavioral Health Administration (BHA) and the Developmental Disabilities Administration (DDA) facilities.

Indicators:

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

Involved Parties: BHA Office of Forensic Services (OFS); Community Forensic Aftercare Program; Developmental Disabilities Administration; the Interagency Forensic Services Committee (IFSC) – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Monitor(s): Erik Roskes, Richard Ortega, and Lori Mannino, Office of Forensic Services

(3-1B)

The OFS will develop a Peer Review Program to assist the Qualified Community Evaluators (QCEs) to identify complex clinical issues involving competency and criminal responsibility of court-involved individuals.

Indicators:

- Workgroup formed to develop protocols
- Identification of the number of QCE prepared evaluations to be reviewed annually
- Presentation by workgroup to senior management staff

Involved Parties: BHA Office of Forensic Services; DDA; the Interagency Forensic Services Committee (IFSC) – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Monitor: Erik Roskes and Richard Ortega, Office of Forensic Services

***Federal Mental Health Block Grant Strategy**

Objective 3.2. Continue to work collaboratively with appropriate agencies to improve access to behavioral health services for children with behavioral disabilities and individuals of all ages with psychiatric disorders and co-existing conditions, including but not limited to: court and criminal justice involvement, deaf and hard of hearing, brain injury (BI), homelessness, substance use, developmental disabilities, and victims of trauma.

(3-2A)
Facilitate community placements, ensure access to somatic and mental health services, and monitor plans of care for consumers with brain injury (BI) through the BI waiver.
Indicators:

- Plans of care developed and monitored for approximately 75 individuals participating in the Brain Injury (BI) waiver
- 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
- Implementation of Web-based Long-term Services and Supports (LTSS) tracking system for waiver administrative and quality assurance activities
- Eligible participants enrolled in Money Follows the Person (MFP) Project
- MFP enhanced federal match (re-balancing funds) spent on initiatives that expand community capacity

Involved Parties: BHA Office of Adults and Specialized Behavioral Health Services; Medical Assistance Division of Waiver Programs; Coordinators for Special Needs Populations in state facilities; CSAs; Traumatic Brain Injury Advisory Board; community providers
Monitor: Stefani O'Dea, Office of Adults and Specialized Behavioral Health Services

(3-2B)
Increase outreach activities and refine policies that include integration of behavioral health services to consumers who are deaf or hard of hearing.
Indicators:

- Provide information to behavioral health providers on services available to individuals who are deaf or hard of hearing
- Revise existing policies and disseminate information to CSAs, local health departments, and the administrative services organization (ASO)
- Revise Website to provide updated information on resources/services available through the Behavioral Health System
- Policy and process developed to increase access to qualified, comprehensive language interpretation services to be utilized across populations and with individuals with co-occurring disorders
- Explore resource opportunities, i.e. grants, to expand services for individuals who are deaf or hard of hearing across the life span and on the local level

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services, Planning, and Child and Adolescent Services; CSAs; Governor's Office of the Deaf and Hard of Hearing (ODHH); DDA; consumers and family groups; state and local agencies; colleges and universities; local service providers
Monitor: Marian Bland, Office of Adults and Specialized Behavioral Health Services

(3-2C)
Increase sensitivity to trauma experiences and incorporate trauma-informed care principles and practices in treatment in 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
- Upon availability, Peer Support Specialists included on the treatment team
- Selected environmental changes made to support positive on-unit experiences

Involved Parties, BHA Offices of the Deputy Director for Behavioral Health Facilities, the Deputy Director of Clinical Services, and Consumer Affairs; Peer Support Specialists
Monitor: Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities

Objective 3.3. In collaboration with CSAs, consumer and family organizations, governmental agencies, the administrative services organization (ASO), and other stakeholders, 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 and crisis intervention teams throughout the state
- Implementation of Center of Excellence For Early Intervention
- Community education and outreach activities promoted, i.e. Mental Health First Aid (MHFA) and Crisis Intervention Systems Management (CISM)

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Operations, the Deputy Director of Clinical Services, Forensic Services, CSA Liaison and Adults and Specialized Behavioral Health Services; State Facility CEOs; Maryland Medicaid; CSA directors in involved jurisdictions; UMD EBPC; Mental Health Association of Maryland (MHAMD); other stakeholders
Monitor(s): Brian Hepburn, Office of the Executive Director and
Lisa Hadley, Office of the Deputy Director of Clinical Services

***Federal Mental Health Block Grant Strategy**

(3-3B)
In collaboration with Maryland Medicaid, 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
- Facilitate successful transition of financing mechanism responsibility to Medicaid staff
- Participate in ASO review process
- Ensure appropriate parties are involved in the transition of identified service monitoring
- Conduct data analysis to review success of transition

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Operations, Adults and Specialized Behavioral Health Services, CSA Liaison, and Finance and Procurement; Maryland Medicaid-Office of Health Services
Monitor: Daryl Plevy, Office of the Deputy Director of Operations

(3-3C)
In collaboration with Maryland Medicaid, respond to funding opportunities included in the Patient Protection and Affordable Care Act.
Indicators:

- Monitor the implementation of the Medicaid Emergency Psychiatric Demonstration (MEPD)
- Work with ASO and Medicaid to monitor outcomes, including number of consumers admitted to in-patient services and average length of stay
- Work with Medicaid to monitor implementation of the health home model to serve people with serious and persistent mental illness (SPMI), substance use disorders, and/or co-occurring chronic somatic health conditions
- Number of health homes approved/implemented
- Number of individuals served

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Operations, Adults and Specialized Behavioral Health Services , CSA Liaison, and Finance and Procurement; Maryland Medicaid-Office of Health Services
Monitor: Daryl Plevy, Office of the Deputy Director of Operations

(3-3D)
In collaboration with the State Psychiatric Facility chief executive officers (CEOs), CSAs, and providers, 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: BHA Offices of the Deputy Director for Behavioral Health Facilities and Adults and Specialized Behavioral Health Services; CSAs; facility CEOs; providers; other stakeholders
Monitor: Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities

(3-3E)
In collaboration with the DHMH Long-Term Care & Community Support Services Administration, identify and implement specific changes within the behavioral health service delivery system to ensure adherence to Center for Medicare/Medicaid Services (CMS) requirements for the Balancing Incentive Payment program, designed to promote shifts in state Medicaid spending from institutional to community-based care.
Indicators:

- Assist in the identification, selection, and implementation of a core standardized assessment instrument for all specialty mental health services
- Assist with analysis of programs, contracts, and regulations to identify conflicts in case management systems
- Promote access to Maryland long-term care services and supports (LTSS) for individuals with behavioral health disorders

Involved Parties, BHA Office of Adults and Specialized Behavioral Health Services; DHMH Medical Care Programs (Medicaid); CSAs; Maryland Access Point (MAP); Aging and Disability Resource Centers (ADRCs)
Monitor: Stefani O'Dea, Office of Adults and Specialized Behavioral Health Services

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. In collaboration with CSAs and state agencies, 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, under the auspices of the Social Security Administration's (SSA's) Ticket-to-Work Program, to increase access to and availability of supported employment and services to promote long-term career development and economic self-sufficiency.

Indicators:

- Data reported on number of programs participating and consumers assigned tickets
- Number of consumers receiving individual benefits counseling ~~in~~ through the Ticket-to-Work Program
- Continue implementation of a curriculum for in-service training and continue provision of training, technical assistance, and consultation to statewide employment specialists, consumers, and family members
- Develop a manual to document procedures, reporting data, wages trends, and outcomes

Involved Parties: BHA Office of Adults and Specialized Behavioral Health Services; Maryland Department of Disabilities (MDOD); Harford County Office on Mental Health-MMHEN; UMD EBPC; UMD SEC; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ASO; SSA; consumers and family members

Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

***Federal Mental Health Block Grant Strategy**

(4-1B)
In collaboration with National Alliance on Mental Illness-Maryland (NAMI MD) and the University of Maryland Evidence-Based Practice Center (UMD EBPC), educate consumers and family members about the access to and availability of benefits counseling and supported employment and the role each plays in facilitating consumer recovery and economic self-sufficiency.
Indicators:

- Increased understanding of the BHA'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
- Resource materials developed and disseminated
- Supported employment and work incentives training provided
- Incorporation of supported employment content in Family-to-Family classes available to selected NAMI affiliates

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services and Consumer Affairs; Maryland Department of Disabilities (MDOD); UMD EBPC; Dartmouth Psychiatric Research Center; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ASO
Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

Objective 4.2. 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**
Continue to promote workforce development by providing opportunities to enhance the quality and the qualifications of Peer Support Specialists and Supervisors providing behavioral health services.
Indicators:

- Recruit and provide regional training to peer recovery support providers and supervisors
- Peer training provided in four domains required for certification to a minimum of 100 peers to become certified by March 1, 2015
- Supervision training provided to a minimum of 40 potential or current peer supervisors

Involved parties, BHA Offices of Workforce Development and Training, Adults and Specialized Behavioral Health Services and Consumer Affairs; the Maryland Addiction Professional Certification Board (MAPCB) - Certified Peer Recovery Specialist (CPRS) Credential; Danya Institute
MHA Monitor(s): Office of Workforce Development and Training and Office of Consumer Affairs

***Federal Mental Health Block Grant Strategy**

(4-2B)
Explore potential of and determine mechanism for financing peer support services
Indicators:

- Define Medicaid reimbursable services that are inclusive of areas of mental health, substance use, and co-occurring; define which Peer Specialist responsibilities are best suited for reimbursement
- Determine timeline for consideration of 1915(i) waiver for above potentially to include peers, family/youth peer support

Involved parties: BHA Offices of the Executive Director, Deputy Director of Clinical Services, Deputy Director of Operations, Consumer Affairs and Planning; Medicaid Chief, Behavioral Health Division; BHA Medical Assistance Liaison; OOOMD; CBH; WRCs/RWCs; mental health and substance use disorder advocacy groups; peer specialist and recovery coach organizations

Monitor(s): Brian Hepburn, Office of the Executive Director and the Office of Consumer Affairs

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

(4-3A)
In collaboration with key stakeholders, 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 BHA" with increased administrative and programmatic leadership involvement to integrate cultural competency throughout the behavioral health system
- Exploration of the expansion of the Behavioral Health Dialogue with use of telecommunication, from a cultural perspective, to reach a broader base of providers and programs
- Incorporation of sensitivity awareness and cultural competence training efforts to eliminate behavioral health disparities in state, federal, and local planning activities

Involved Parties: BHA Office of Planning; BHA staff; CSAs; Maryland Advisory Council on Mental Hygiene/ Cultural and Linguistic Competence Advisory Committee (CCAC); OOOMD; consumers; family members; advocacy groups

Monitor: Iris Reeves, Office of Planning

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 to address the needs of individuals with mental health, substance use, and co-occurring disorders
- 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 proposals
- Programs 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: BHA Offices of Planning and Adults and Specialized Behavioral Health Services; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; DHCD; MDOD; Developmental Disabilities Administration (DDA); local housing authorities; housing developers

Monitor: Robin Poponne, Office of Planning

Objective 5.2. Continue to work collaboratively with appropriate agencies to improve access to behavioral 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
- Track the number of youth, 18 years and older who are or were homeless, that received a federal Department of Housing and Urban Development (HUD) voucher and whose information was entered in the homeless management of information system
- Maximize use of Continuum of Care (COC) funding (formerly called Shelter Plus Care Housing) and other support systems to provide rental assistance to individuals with mental illness who are homeless or were formerly homeless, using HUD funding
- Collaborate with MDOD, Maryland Partnership for Affordable Housing (MPAH), and DHMH to increase access to rental assistance programs, such as HUD's Housing Choice Voucher Program and the Weinberg Foundation grants

Involved Parties: BHA Office of Adults and Specialized Behavioral Health Services; other BHA staff; MDOD; MPAH; DHCD; CSAs; state psychiatric facilities; Continuum of Care Homeless Boards; local detention centers; HUD; local service providers; consumers; case management agencies; housing authorities; other nonprofit agencies; PATH service providers

Monitor(s): Marian Bland and Steve Reeder, Office of Adults and Specialized Behavioral Health 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, workgroups expanded, and new partnerships, including those from a substance use background, trained in SOAR
- Technical assistance provided to local workgroups and individuals to ensure appropriate knowledge of the SOAR application process
- Increase in the number of fully SOAR certified case managers
- Process developed, in collaboration with State Hospitals and Social Security Administration (SSA), to expedite the reinstatements of benefits to patients as part of discharge planning
- Data collated and submitted to State Stat on a monthly basis

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services and Epidemiology and Evaluation; Policy Research Associates; SSA– Disability Determination Services; colleges and universities; Department of Public Safety and Correctional Services (DPSCS); DHR; Veterans Administration; PATH-funded providers; other community and facility-based providers

Monitor(s): Marian Bland and Caroline Bolas, Office of Adults and Specialized Behavioral Health Services

(5-2C)

Establish partnerships with the State Department of Human Resources (DHR), the Department of Housing and Community Development (DHCD), Core Service Agencies (CSAs), and other appropriate agencies to make homelessness a rare or brief occasion, and to develop policies and programs to prevent or reduce the duration of homelessness for all individuals, including those who have behavioral health disorders.

Indicators:

- Develop MOU with DHCD for technical assistance to BHA, PATH, Continuum of Care (COC - formerly called Shelter Plus Care Housing), and other behavioral health providers on collecting, entering, and analyzing Homeless Management Information Systems statewide and local data, generating reports, and determining local needs
- Implement Housing First Pilot in Baltimore City, Montgomery, and Prince George's counties
- Engage in State Interagency Council on Homelessness, reestablished through HB 1086/SB 796, to examine system barriers, develop policies, and promote new programming

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services, Child and Adolescent Services, and Special Projects (Veterans, Gambling, Tobacco, Smoking Cessation); DHMH Office of Health Services; DHR; DHCD; CSAs; Maryland Veterans Administration; Regional Coordinators; other state and local agencies; other community providers

Monitor(s): Marian Bland, Office of Adults and Specialized Behavioral Health Services

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

(6-1A) ***MHBG**

Continue, in collaboration with the University of Maryland, CSAs, and key stakeholders, statewide evidence-based practice (EBP) implementation in supported employment, assertive community treatment (ACT), family psycho-education (FPE) and First Episode Psychosis Program; facilitate local implementation of Integrated Illness Management and Recovery (IIMR), Integrated Dual Disorder Treatment (IDDT), and other empirically-supported promising and best practices, as appropriate, within selected sites.

Indicators:

- Annual evaluation of programs to determine eligibility for EBP reimbursement rates
- Ongoing data collection on EBPs receiving training and meeting fidelity
- Number of new programs established
- Development of a plan of transition to an enhanced, recovery-oriented fidelity assessment tool for measuring ACT fidelity - the Tool for Measuring Assertive Community Treatment (TMACT)
- Development and implementation of First Episode Psychosis Program/Early Intervention Program team in two sites
- Identification, review, and evaluation of EBPs for older adults and exploration of the feasibility of implementation
- Increased number of programs meeting fidelity standards to become EBP programs
- Continued monitoring of IDDT pilot project in Baltimore City
- Continued monitoring of IIMR pilot project implementation and fidelity assessment at three sites (Frederick, Washington, and Howard counties)
- Empirically-supported Transition to Independence Process (TIP) curriculum and fidelity assessment protocols refined and piloted within selected Transition-Age Youth (TAY) programs and sites

Involved Parties, BHA Offices of Adults and Specialized Behavioral Health Services, the Executive Director, the Deputy Director of Clinical Services, and the Deputy Director of Operations; ASO; Dartmouth Psychiatric Research Center; University of Maryland, Department of Psychiatry (RAISE Connection Program); UMD EBPC; UMD SEC; Baltimore City and Montgomery County CSAs; Maryland Coalition on Mental Health and Aging; community mental health providers

Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

***Federal Mental Health Block Grant Strategy**

(6-1B) ***MHBG**

In conjunction with the University of Maryland Systems Evaluation Center (UMD SEC), produce preliminary outcome data reports from the administration of the Assertive Community Treatment (ACT) protocol.

Indicators:

- Refinement of data collection and submission protocols
- ACT data analyzed by UMD SEC
- Data reports disseminated to the BHA and providers
- Strategies developed, findings incorporated into future planning

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services and Epidemiology and Evaluation; UMD EBPC; UMD SEC

Monitor: Steve Reeder, Office of Adults and Specialized Behavioral Health Services

(6-1C) ***MHBG**

BHA's Office of Special Needs Populations/Adult Services, in collaboration with the Core Service Agencies (CSAs), local detention centers, DHMH, Department of Public Safety and Correctional Services' (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 use disorders, who are incarcerated in local detention centers or prisons.

Indicators:

- Continue activities and supports of the Second Chance Grant to meet the goals of treating 75 individuals with co-occurring disorders 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 Behavior Health System Baltimore (BHSB), state facilities, and DPSCS to promote data sharing, such as DataLink, to assist with community re-entry
- Enhancement of the Maryland Community Criminal Justice Treatment Program (MCCJTP) to continue to effectively meet the aftercare needs of its participants

Involved Parties: BHA Offices of Adults and Specialized Behavioral Health Services and Forensic Services; CSAs; ASO; local detention centers; MHAMD; DDA; community behavioral health providers

Monitor(s): Marian Bland and Darren McGregor, Office of Adults and Specialized Behavioral Health Services

***Federal Mental Health Block Grant Strategy**

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

(6-2A) ***MHBG**

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

Indicators:

- Participate in the ASO review process
- Data shared to monitor performance and inform policy
- 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: BHA Offices of the Deputy Director of Operations, CSA Liaison, Finance and Procurement and Epidemiology and Evaluation; BHA Management Committee; UMD SEC; ASO; Maryland Medicaid-Office of Health Services; CSAs; representatives of key stakeholder groups

Monitor: Daryl Plevy, Office of the Deputy Director of Operations

(6-2B)

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 planning guidelines for CSA Plans evaluated
- Letters of review and recommendation received from each LMHAC and CSA board
- Previous fiscal year annual reports received
- Letter of review sent to the CSAs

Involved Parties: BHA Offices of the Executive Director, Planning, CSA Liaison, and Finance and Procurement; Review Committee (includes representatives of all pertinent BHA offices); UMD SEC; CSAs; LMHACs; CSA advisory boards

Monitor: Cynthia Petion, Office of Planning

(6-2C)
Monitor and collect documentation on each CSA's performance of its duties, as required in the annual Memorandum of Understanding (MOU), perform a risk-based assessment of each CSA through a sample of specific MOU elements, and notify the appropriate BHA program director of issues that may require corrective action or additional technical assistance.

Indicators:

- 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 administrative duties and expenditures, the execution of subvendors' contracts, year-to-date expenditures/performance measures, and any required audits
- Evaluation of compliance with performance measures contained in the MHA/CSA MOU Conditions of Award for State General Funds and Federal Mental Health Block Grant funds
- Three reviews scheduled during 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: BHA Office of Local Planning and Management; appropriate BHA Office Directors; BHA staff; CSAs

Monitor(s): John Newman and Richard Blackwell, Office of Local Planning and Management

Objective 6.3. In collaboration with CSAs, state facilities, the administrative services organization (ASO), other state agencies, and key stakeholders, 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:

- Finalize the development and dissemination of training materials, including a statistical workbook, related to OMS data analysis and interpretation; continued consultation with CSAs and providers on use of the training materials
- Continue collaboration with the ASO regarding how OMS monitoring utilization and questionnaire completion rates can be coordinated with other quality project initiatives
- Continue collaboration with the ASO regarding OMS Datamart monitoring and maintenance, including monthly data validation and quarterly OMS Datamart refreshes
- Develop and implement revisions to the OMS to coincide with a new ASO contract and include any additional items needed as a result of the behavioral health integration

Involved Parties: BHA Offices of the Executive Director and Epidemiology and Evaluation; BHA consultant; BHA Management Committee; ASO; CSAs; UMD SEC; CBH; providers; consumer, family, and advocacy groups
Monitor: Sharon Ohlhaver, Office of Epidemiology and Evaluation

(6-3B)
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: BHA Offices of the Deputy Director of Operations and Epidemiology and Evaluation; CSAs; ASO
Monitor: Brian Hepburn, Office of the Executive Director

Objective 6.4. In collaboration with CSAs, the ASO, and key stakeholders, 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 Website, making behavioral health demographic data available to users outside of state agencies
- Implement Web-based data collection system for reporting residential rehabilitation program (RRP) bed counts and waiting list information

Involved Parties: BHA Offices of the Executive Director, Epidemiology and Evaluation, and Planning; UMD SEC; CSAs; ASO
Monitor: Susan Bradley, Office of Epidemiology and Evaluation

(6-4B)
Maintain accreditation of state psychiatric facilities by the Joint Commission.
Indicator:

- All state psychiatric facilities accredited

Involved Parties: BHA Offices of the Executive Director, the Deputy Director for Behavioral Health Facilities, and the Deputy Director of Clinical Services; BHA Management Committee; state psychiatric facility CEOs; appropriate facility staff
Monitor: Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities

(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 BHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, produce 45 micro-blogs pertaining to mental health efforts and information
- Promote @DHMH_BHA Twitter account and increase percentage of "Followers" by 25% 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: BHA Offices of the Executive Director, and Epidemiology and Evaluation
Monitor: Susan Bradley, Office of Epidemiology and Evaluation

Appendix A

Behavioral Health 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. and Tom Merrick	Marian Bland	Al Zachik, M.D. and 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	BHA Office of Forensic Services and Marian Bland	Al Zachik, M.D., Cyntrice Bellamy, and BHA Office of Forensic Services	Brian Hepburn, M.D.	Erik Roskes, M.D.
Behavioral Health Administration Liaisons to Maryland State Government Agencies											
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)		
Al Zachik, M.D.	Stefani O'Dea, and Erik Roskes, M.D.	Brian Hepburn, M.D.	Brian Hepburn, M.D.	Al Zachik, M.D.	Brian Hepburn, M.D., Daryl Plevy, and Lisa Hadley, M.D., J.D.	Sharon Ohlhaver and Audrey Chase	Cynthia Petion and Robin Poponne	Marian Bland	Mary Sheperd		

Appendix B

The Strategic Initiatives

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

1. **Prevention of Substance Abuse and Mental Illness**—Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

2. **Trauma and Justice**—Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

3. **Military Families**—Supporting America's service men and women—active duty, National Guard, Reserve, and veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.

4. **Recovery Support**—Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

5. **Health Reform**—Increasing access to appropriate high quality prevention, treatment, and recovery services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.

6. **Health Information Technology**—Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of health information technology (HIT) and interoperable electronic health records (EHRs).

7. **Data, Outcomes, and Quality**—Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

8. **Public Awareness and Support**—Increasing the understanding of mental and substance use disorders and the many pathways to recovery to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

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