



Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2008 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER - ORIENTED SYSTEM

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

MISSION

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

The Vision

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

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

The values underpinning this system are:

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

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

(2) ***RESPONSIVE SYSTEM***

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

(3) ***EMPOWERMENT***

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

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

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

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

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

(1-1A)

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

Indicator: mental health first aid manual adapted for Maryland; marketing and training plans developed; a minimum of four trainers trained; first target audience identified

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

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

(1-1B)

Continue to provide direction, funding and ongoing consultation to the Mental Health Association of Maryland (MHAM) in implementing a series of public education and training activities.

Indicator: Maryland's public awareness campaign "Caring for Every Child's Mental Health" implemented, participation in 40 health fairs, distribution of 25,000 pieces on science-based mental health and mental illness, monthly Web sites updates, annual report on toll-free information line, report from MHAM on the campaign, media coverage targeted to 1.5 million individuals, 200 Kids on the Block performances held

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

MHA Monitor: Jean Smith, MHA Office of Public Relations

(1-1C)

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

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

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

MHA Monitor: Jean Smith, MHA Office of Public Relations

(1-1D)

Maintain and update disaster mental health response plan that includes: the development of statewide and local infrastructures (including Core Service Agency (CSA) All-Hazards plans), communication systems, interagency coordination, enhanced crisis response capacity in the areas of clinical services/supports through maintaining a centralized database, providing assistance with designing and reviewing training for volunteers, and expanding the Statewide Behavioral Health Professional Volunteers Corps Program for crisis/disaster response.

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

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

MHA Monitor: Laura Copland and Charles Bond, MHA Office of Special Needs Populations

(1-1E)

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

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

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

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

(1-1F)

Support the DHMH Center for Maternal and Child Health in increasing public awareness of fetal alcohol spectrum disorders (FASD) and its effects on both mothers and children.

Indicators: Participate in subcommittee activities, participate in developing informational brochures for providers, health departments, and consumers, distribute brochures via CSAs to community, participate in the funding planning and implementation of first annual Maryland FASD Conference scheduled to be held September 20, 2007

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

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

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

(1-2 A)

Collaborate with On Our Own of Maryland, Inc. (OOOMD) to continue implementation of the statewide anti-stigma campaign through the Anti-Stigma Project.

Indicator: List of notifications of trainings/workshops, report on attendance, training provided

Involved Parties: OOOMD; Anti-Stigma Project Advisory Group (consumers, family members, mental health professionals, advocacy groups)

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

(1-2 B)

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

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

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

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

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

(1-3)

Offer training for law enforcement officers, other public safety officials, and agencies regarding, (1) Post – Traumatic Stress Disorder (PTSD), (2) treatment resources for military personnel and veterans, and (3) the management of crises involving individuals who appear to have a mental disorder and who are charged with offenses or suspected of criminal involvement.

Indicator: Correspondence, attendance at meetings, training agenda, distribution of training DVD/Videos that describe PTSD and other combat-related problems, a minimum of four trainings completed

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

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

(1-4A)

Continue to interface with other agencies and administrations to support a comprehensive system of mental health, somatic health, and other services and supports. The following is a listing of the agencies with which a liaison is maintained and the responsible MHA monitor.

Indicator: Maintain liaison with other agencies, participate on joint projects as specified

Maryland State Government

MHA Monitor

Maryland Department of
Disabilities (MDOD)

Brian Hepburn
MHA Office of the Executive
Director

Governor's Office for
Children (GOC)

Al Zachik and Marcia Andersen
MHA Office of Child and
Adolescent Services

Maryland State Department
of Education (MSDE)

Al Zachik, Cyntrice Bellamy, and
Joyce Pollard
MHA Office of Child and
Adolescent Services

Division of Rehabilitation
Services (DORS)

Lissa Abrams and Steve Reeder
MHA Office of Adult Services

Department of Human
Resources (DHR)

Lissa Abrams
MHA Office of Adult Services
Al Zachik
MHA Office of Child and
Adolescent Services
Marian Bland
MHA Office of Special Needs
Populations

Department of Housing and
Community Development
(DHCD)

Penny Scrivens
MHA Office of Adult Services
Marian Bland
MHA Office of Special Needs
Populations

Maryland Department on
Aging (MDoA)

Lissa Abrams and Marge
Mulcare
MHA Office of Adult Services

Department of Public Safety
and Correctional Services
(DPSCS)

Larry Fitch
MHA Office of Forensic
Services
Marian Bland
MHA Office of Special Needs
Populations

Department of Juvenile
Services (DJS)

Al Zachik and Cyntrice
Bellamy
MHA Office of Child and
Adolescent Services
Larry Fitch
MHA Office of Forensic
Services

Judiciary of Maryland

Larry Fitch
MHA Office of Forensic
Services

Alcohol and Drug Abuse
Administration (ADAA)

Tom Godwin
MHA Office of the Clinical
Director

Family Health
Administration
(FHA)

Al Zachik and Joyce Pollard
MHA Office of Child and
Adolescent Services

Developmental Disabilities
Administration (DDA)

Stefani O'Dea
MHA Office of Adult Services
Lisa Hovermale
MHA Office of the Executive
Director

Maryland Health Care
Commission (MHCC)

Brian Hepburn
MHA Office of the Executive
Director

Health Services Cost
Review Commission
(HSCRC)

Randolph Price
MHA Office of Administration
and Finance

Children's Cabinet Results
Team

Al Zachik
MHA Office of Child and
Adolescent Services

Office of Health Services
(Medical Assistance)

Brian Hepburn
MHA Office of the Executive
Director
Susan Steinberg
MHA Office of the Deputy
Director for Community
Programs and Managed Care
Gayle Jordan-Randolph
MHA Office of the Clinical
Director

Office of Operations and
Eligibility
(Medical Assistance)

Brian Hepburn
MHA Office of the Executive
Director
Susan Steinberg
MHA Office of the Deputy
Director for Community
Programs and Managed Care

Office of Health Care
Quality (OHCQ)

Sharon Ohlaver
MHA Office of Planning,
Evaluation, and Training

Office of Planning and
Capital Financing

Cynthia Petion
MHA Office of Planning
Evaluation, and Training

AIDS Administration

Marian Bland
MHA Office of Special Needs
Populations

Maryland Emergency
Management
Administration

Laura Copland
MHA Office of Special Needs
Populations

(1-4B)

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

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

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Office of Compliance; MCOs; Medical Assistance; ASO; Coordination of Care Committee

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

(1-4C)

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

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

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

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

(1-4D)

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

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

Involved Parties: Governor's Office for Children (GOC); MHA Office of Child and Adolescent Services; CSAs; LMBs; the Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY)

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

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

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

(2-1A)

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

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

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

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

(2-1B)

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(2-1C)

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

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

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

MHA Monitor: Steve Reeder, MHA Office of Adult Services

(2-1D)

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

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

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

Monitor: Brian Hepburn, MHA Office of the Executive Director

(2-1E)

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

Indicators: Strength-based approaches discussion incorporated into monitoring site visits (case management, treatment foster care) with positive feedback provided for strengths documentation; dissemination, in collaboration with the Children's Mental Health Institute, of best practices/ evidence-based practices (EBPs) that support resiliency; implementation of Wraparound in three jurisdictions; support Youth MOVE (Motivating Others through Voices of Experience) conference in Spring 2008

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

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

(2-1F)

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(2-1G)

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

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

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

Monitor: Daryl Plevy, Mental Health Transformation Office

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

(2-2A)

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

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

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA Office of Planning, Evaluation, and Training; CSAs; Mental Health Association of Maryland; National Alliance on Mental Illness-Maryland; Maryland Coalition of Families for Children's Mental Health; OOOMD; CBH; MARFY; state facility representatives; MHTO

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(2-2B)

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

Indicator: Annual Leadership Academy convened, training activities for families implemented, numbers of individuals and families enrolled, number of graduates

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

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

(2-2C)

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

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

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

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

(2-2D)

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(2-2E)

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

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

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

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

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

(2-3A)

Implement year three activities under the Substance Abuse and Mental Health Services Administration (SAMHSA) Seclusion and Restraint grant which will lead to the reduction, with the intent of elimination, of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.

Indicator: Training delivered to participating facilities and providers, ongoing consultation and technical assistance provided on-site, data on the use of seclusion and restraint analyzed and reported by facilities, workgroup adaptation of START Manual for seclusion and restraint prevention for use in adult facilities

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Al Zachik, MHA Office of Child and Adolescent Services; Facilities' CEOs; Susan Steinberg, MHA Office of the Deputy Director for Community Programs and Managed Care; Larry Fitch, MHA Office of Forensic Services; Paula Lafferty, MHTO; Maryland Youth Practice Improvement Committee (MYPIC); the MHA Facilities' Prevention and Management of Aggressive Behavior (PMAB) committee; MHA Management Committee; University of Maryland Evidence-Based Practice Center

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director, and Al Zachik, MHA Office of Child and Adolescent Services

(2-3B)

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

Indicator: Committee established, recommendations identified

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

MHA Monitor: Stacey Diehl, MHA Office of Governmental Affairs

(2-3C)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(2-3D)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Goal III: Disparities in Mental Health Services are Eliminated.

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

(3-1A)

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

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

Involved Parties: MHA Office of Special Needs Populations; MHA Office of Adult Services; MHA Office of CSA Liaison; other MHA Staff; CSAs; PATH service providers

MHA Monitor: Marian Bland and Jacqueline Powell, MHA Office of Special Needs Populations

(3-1B)

Provide formal training and technical assistance for case managers and other mental health professionals who refer homeless consumers to the Department of Housing and Urban Development (HUD) funded Supportive Housing Program and Shelter Plus Care Housing.

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

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

MHA Monitor: Marian Bland and Jacqueline Powell, MHA Office of Special Needs Populations

(3-1C)

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

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

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

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

(3-1D)

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

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

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

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

(3-1E)

Within existing state and local jail diversion programs, secure private, local, state, and federal funding to provide increased services for both women and men with co-occurring disorders and histories of trauma, including training providers to identify trauma and understand best practices for treatment of trauma.

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

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

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

(3-1F)

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

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

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

Monitors: Marian Bland, MHA Office of Special Needs Populations

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

(3-2)

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

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

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

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

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

(3-3A)

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

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

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

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

(3-3B)

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

Indicator: Identification of barriers, recommendations made regarding the development of specific training and programs to enhance the cultural competency of all mental health professionals, options identified to facilitate the eligibility of foreign-born and foreign-trained mental health professionals as appropriate, and examination of current licensing and certification requirements; preliminary report delivered November 1, 2007 per House Bill 524

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

Monitor: Daryl Plevy, Mental Health Transformation Office

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

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

(4-1A)

Continue efforts, through the activities of the Maryland State Early Childhood Mental Health Steering Committee, to promote and support early childhood mental health services and to integrate mental health services within all settings where all young children and families grow and learn.

Indicator: Minutes of the committee, consumer/family input and participation in activities, continue to provide technical assistance to all local jurisdictions including local training, collaborate with Maryland State Department of Education (MSDE) in the use of \$2.6 million in FY 2008 state budget for early childhood mental health consultation

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

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

(4-1B)

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

Indicator: Participation in the Maryland Youth Crisis Hotline Network, fiscal support of the Maryland Youth Crisis Hotlines, utilization of hotline data from monthly reports, annual Suicide Prevention Conference held, conference evaluations, continuation of community outreach and trainings, update the state youth suicide prevention plan

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

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

(4-1C)

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

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

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

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

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

(4-2)

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

Indicator: Implementation plan outlined

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

Monitor: Tom Godwin, MHA Office of the Clinical Director and Pat Miedusiewski, DHMH

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

(4-3A)

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

Indicator: Project design completed, needs assessment completed

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

Monitor: Daryl Plevy, Mental Health Transformation Office

(4-3B)

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

Indicator: Work group convened; plan and strategy developed

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

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

(4-3C)

Support the efforts of the Department of Juvenile Services (DJS) to provide mental health clinical care in all DJS detention centers and residential facilities statewide and for children and adolescents receiving informal community-based supervision from DJS.

Indicator: Support provided to mental health clinicians in DJS facilities and DJS aftercare teams, CSAs involved in conjunction with DJS in hiring behavioral health staff for some child and adolescent facilities, minutes of meetings, MHA participation as consultant to DJS on overall mental health services in DJS, documented reports of activities to MHA and DJS, regular training in behavioral health issues by MHA for DJS personnel

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

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

(4-3D)

Collaborate with Maryland State Department of Education (MSDE) to advance and monitor school-based mental health services through advocacy for expanding existing services and increasing the number of participating schools.

Indicators: Expansion of number of schools in which services are available, reports from schools/providers monitoring the utilization and efficacy of services, number of schools involved in MSDE Positive Behavioral Interventions and Supports program (PBIS), participation in MSDE integration grant, if awarded, to link school, mental health and crisis intervention, active participation in School Mental Health Sub-Committee of the Blueprint Committee

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

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

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

Objective 5.1. MHA in collaboration with Core Service Agencies (CSAs), consumer, family and provider organizations, and state facilities will identify and promote the implementation of models of evidence-based, effective, promising, and best practices for mental health services in community programs and facilities.

(5-1A)

Continue, in collaboration with the University of Maryland, CSAs and key stakeholders, statewide implementation of evidence-based practice (EBP) models in supported employment, assertive community treatment, and family psycho-education, and evaluate programs annually to determine eligibility for EBP rates.

Indicator: Number of programs meeting MHA defined standards for EBP programs, training provided, new programs established, ongoing data collection on consumers receiving EBPs, adherence to fidelity standards monitored by MHA designated monitors

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

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

(5-1B)

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

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

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

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

(5-1C)

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

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

Involved Parties: Tom Godwin, MHA's Office of the Clinical Director; Pat Miedusiewski, DHMH; MHA Office of CSA Liaison; MHTO; University of Maryland EBPC; the Alcohol and Drug Abuse Administration (ADAA); CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

Monitor: Tom Godwin, MHA Office of the Clinical Director and Pat Miedusiewski, DHMH

(5-1D)

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

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

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

MHA Monitors: Lissa Abrams, MHA Office of Adult Services

(5-1E)

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

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

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

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

(5-1F)

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

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

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

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

(5-1G)

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

Indicator: Meeting minutes, action steps implemented, curricula developed, training for providers across systems

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; MHTO; MSDE; Mental Health Workforce Development Steering Committee; DJS; DHR; Georgetown University National Technical Assistance Center for Children's Mental Health; institutions of higher education; professional associations; public and private schools; Maryland Coalition of Families for Children's Mental Health; MHAM

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

Objective 5.2. MHA, in collaboration with CSAs, consumer and family organizations, governmental agencies, the Administrative Services Organization (ASO), and other stakeholders will address issues concerning improvement in integration of facility and community services.

(5-2A)

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

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

Involved Parties: Lissa Abrams, MHA Office of Adult Services; Alice Hegner, MHA Office of CSA Liaison; Al Zachik, MHA Office of Child and Adolescent Services; Hyman Sugar, MHA Office of Administration and Finance; CSA Directors in involved jurisdictions; other stakeholders

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

(5-2B)

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

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

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

MHA Monitor: Lissa Abrams, MHA Office of Adult Services

(5-2C)

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

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

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

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

(5-2D)

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

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

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

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

(5-2E)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

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

(5-3A)

Provide training designed for specific providers, consumers, family members, and other stakeholders, to increase the effectiveness of service delivery within the PMHS.

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

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

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

(5-3B)

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

Indicator: Curricula identified, dissemination plan developed

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

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

(5-3C)

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

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

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

MHA Monitor: Marian Bland and Jacqueline Powell, MHA Office of Special Needs Populations

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

(5-4A)

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

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

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

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

(5-4B)

Review facility budgets and implement corrective actions, as needed to maintain operations within allocation.

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

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

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

(5-4C)

Review, in collaboration with the ASO and CSAs, providers' clinical utilization, billing practices, and compliance with regulations.

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

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

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

(5-4D)

Continue to serve identified priority populations, maintaining an appropriate level of care for at least the same number of individuals in the populations who have historically utilized the PMHS.

Indicator: Analyze reports on application of medical necessity criteria, review service utilization by priority population over time

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

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

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

(5-5A)

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

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

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

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

(5-5B)

Enhance capacity for stakeholders to utilize PMHS data to measure service effectiveness and outcomes.

Indicator: Increased access to data to develop standard and ad hoc reports, input gathered from stakeholders on the practicality and efficacy of reports, technical assistance and regional trainings held as necessary, reports generated

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

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

(5-5C)

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

Indicator: Data analysis and reports completed on FY 2007 survey, percentage of adult consumers who report that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission

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

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

(5-5D)

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

Indicator: Data analysis and reports completed on FY 2007 survey, percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission

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

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

(5-5E)

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

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

Involved Parties: Debra Hammen, Dick Ortega, and Jo Anne Dudeck, MHA Office of Forensic Services; MHA facilities; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

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

(5-6A)

Monitor the ASO's contractual obligations and performance.

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

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

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

(5-6B)

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

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

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

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

(5-6C)

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

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

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

MHA Monitor: Alice Hegner, MHA Office of CSA Liaison

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

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

(6-1A)

Continue activities to develop and/or refine management information systems, including the new state hospital information systems – Computerized Hospital Records Information Systems (CHRIS).

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

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

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

(6-1B)

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

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

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

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

(6-1C)

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

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

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

MHA Monitor: Marian Bland and Jacqueline Powell, MHA Office of Special Needs Populations

(6-1D)

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

Indicator: All MHA facilities accredited

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

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

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

(6-2A)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(6-2B)

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

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

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

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

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

(6-3A)

Track and monitor the children and youth in the Lisa L. Program, based on a 1987 class action lawsuit which requires timely discharge from hospital to community placements, using Psychiatric Hospitalization Tracking System for Youth (PHTSY), a web-based program of the State Children, Youth and Family Information System (SCYFIS).

Indicators: Providers trained in using PHTSY, PHTSY used by providers and Lisa L. Program staff, reports generated using PHTSY

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

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

(6-3B)

Explore alternative learning methods, including use of technology, to extend and improve training resources.

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

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

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

(6-3C)

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

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

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

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

Appendix

Acronyms

ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CCAG	Cultural Competence Advisory Group
CHRIS	Computerized Hospital Records Information Systems
CMS	Center for Medicare/Medicaid Services
CSA	Core Service Agency
CQT	Consumer Quality Team
DDA	Developmental Disabilities Administration
DHCD	Maryland Department of Housing and Community Development
DHMH	Maryland Department of Health and Mental Hygiene
DHR	Maryland Department of Human Resources
DIG	Data Infrastructure Grant
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Department of Public Safety and Correctional Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
EIDP	Employed Individuals with Disabilities Program
FASD	Fetal Alcohol Spectrum Disorders
FHA	Family Health Administration

GOC	Governor's Office for Children
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance
MACSA	Maryland Association of Core Service Agencies
MARFY	Maryland Association of Resources for Families and Youth
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFR	Managing for Results
MHA	Mental Hygiene Administration
MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office
MIS	Management Information Systems
MNGO	Maryland National Guard Outreach
MOU	Memorandum Of Understanding

MSDE	Maryland State Department of Education
MYPIC	Maryland Youth Practice Improvement Committee
NAMI	National Alliance on Mental Illness
OHCQ	Office of Health Care Quality
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PATH	Projects for Assistance in Transition from Homelessness
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMAB	Prevention and Management of Aggressive Behavior
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
RRP	Residential Rehabilitation Program
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SCYFIS	State Children, Youth and Family Information System
SE	Supported Employment
SEC	Systems Evaluation Center
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TAY	Transition Age Youth
TBI	Traumatic Brain Injury
WRAP	Wellness and Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience