



Department of Health and Mental Hygiene

## Mental Hygiene Administration

### *FY 2007 ANNUAL STATE MENTAL HEALTH PLAN*

*A CONSUMER – ORIENTED SYSTEM*

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Governor

Michael S. Steele  
Lieutenant Governor

S. Anthony McCann  
Secretary Department of Health and Mental Hygiene

Michelle Gourdine, M.D.  
Deputy Secretary Public Health Services  
Department of Health and Mental Hygiene

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Executive Director, Mental Hygiene Administration  
Department of Health and Mental Hygiene

*July 2006*

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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.**

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## *The Vision*

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**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.

**SYSTEM GOALS  
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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)

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, Office of Public Relations

(1-1B)

Collaborate with the National Alliance on Mental Illness-Maryland (NAMI-MD) to promote the annual NAMI Walk 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; CSAs; NAMI-MD

MHA Monitor: Jean Smith, Office of Public Relations

(1-1C)

Continue to support the National Alliance for Mental Illness' (NAMI-MD's) public education and training efforts.

Indicator: Presentation of education programs, i.e. four 12-week courses on Family to Family, nine half-day workshops on In Our Own Voices, and 52 workshops on Living with Schizophrenia

Involved Parties: NAMI-MD; Carole Frank, Office of Planning, Evaluation, and Training; Jean Smith, Office of Public Relations; MHA Office of Adult Services

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

(1-1D)

Continue to develop a crisis 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, an updated behavioral health network for returning soldiers, and expansion of the Statewide Behavioral Health Professional Volunteers Corps Program for crisis/disaster response.

Indicators: Plans developed, updated, and disseminated, database reports, recruit and train new volunteers and maintain 90% of previously trained volunteers, train crisis response workers

Involved Parties: Jenny Howes and Laura Copeland, 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; Board of Social Work Examiners; Board of Examiners of Psychologists; Board of Licensed and Professional Counselors; local mental health advisory committees (LMHAC); Maryland State Department of Education (MSDE); Maryland Crisis Hotline Directors; local crisis response systems; advocacy organizations; consumer drop-in centers; Veteran's Administration and National Guard representatives; faith community leadership; federal Center for Mental Health Services; state facilities

MHA Monitor: Jenny Howes, Office of Special Needs Populations

(1-1E)

Collaborate with the Mental Health Association of Maryland (MHAM) and the Department of Health and Mental Hygiene's (DHMH's) Center for Maternal and Child Health, Maternal and Perinatal Health Program to increase awareness of perinatal depression as a mental health problem and the need for and access to treatment.

Indicators: Focus group guide developed, contract to conduct focus groups awarded, three focus groups held with new mothers, analysis of findings, report of findings to the mental health community

Involved Parties: MHAM; DHMH Center for Maternal and Child Health, Maternal and Perinatal Health Program; Joyce Pollard, MHA Office of Child and Adolescent Services; CSAs

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

(1-1F)

Support the DHMH Center for Maternal and Child Health in increasing public awareness of fetal alcohol syndrome 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

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

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

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

(1-2)

Collaborate with On Our Own of Maryland, Inc. (OOOMD) to explore opportunities to broaden the training on stigma 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, 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.**

(1-3)

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

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

Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; Interagency Forensic Services Committee; county police; state police; detention center staff; sheriff's offices staff

MHA Monitor: Larry Fitch, 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, somatic health care services, and other services and supports, 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, Cyntice 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 Ohlhaber 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	Jenny Howes MHA Office of Special Needs Populations

(1-4B)

Develop mechanisms, in collaboration with the administrative services organization (ASO) and Managed Care Organizations (MCOs), to enhance coordination of care between somatic and mental health care.

Indicator: Level/extent of information to be shared identified, mechanisms identified through which to share information, coordination monitored through compliance activities

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, Office of the Clinical Director

(1-4C)

Promote enrollment of the public mental health system (PMHS) service recipients into Medical Assistance Primary Care Waiver.

Indicator: Information on waiver distributed to CSAs, providers, and advocacy groups, number of people enrolled

Involved Parties: CSAs; ASO; MHA Office of Deputy Director for Community Programs and Managed Care; Community Behavioral Health, Inc. (CBH); providers; OOOMD; NAMI-MD; MHAM

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

(1-4D)

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

Indicators: CSAs and LMBs partner to respond to the Governor's Office for Children's (GOC's) Invitation to Negotiate (mechanism to get funding for Local Access Plans), negotiation sessions held with MHA input, Local Access Plans implemented in jurisdictions who receive funding

Involved Parties: 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, 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)

Sponsor the Committee on Consumer Self Direction, co-chaired by On Our Own of Maryland (OOOMD) leadership, to review and develop recommendations for implementing a pilot project for consumer self-directed care.

Indicator: Committee reconvened, recommendations developed, proposal developed for self-directed care pilot project utilizing state general funds, pilot implemented in FY 2007

Involved Parties: Lissa Abrams, MHA Office of Adult Services; MHA Office of Consumer Affairs; CSAs; MDOD; other representatives from MHA; NAMI-MD; OOOMD; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Lissa Abrams, Office of Adult Services

(2-1B)

Collaborate with and support On Our Own of Maryland (OOOMD) initiative to transform its consumer network toward a wellness and recovery orientation, including enhanced peer support activities and use of best practices within the consumer movement.

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

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

MHA Monitor: Stacey Diehl, Office of Consumer Affairs

(2-1C)

Provide training to PMHS stakeholders 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: Training plan developed, at least six trainings provided, information on EIDP integrated into all MHA sponsored trainings on adult services

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

MHA Monitor: Steve Reeder, Office of Adult Services

(2-1D)

Promote efforts to delineate the roles of general hospital inpatient psychiatric units and state hospitals in the provision of acute and long term care.

Indicators: Report developed and submitted to legislature describing continuum of care (from diversion to inpatient), recommendations regarding roles included in the report, obstacles identified

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; Maryland Health Care Commission; Health Services Cost Review Commission; CSAs; OOOMD; NAMI-MD; MHAM

Monitor: Brian Hepburn, Office of the Executive Director

(2-1E)

Promote the integration of strength-based approaches into child and adolescent assessment, planning, service delivery, 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 its documentation; Child and Adolescent Coordinators systematically disseminate information from the May 25, 2006 conference Nurturing Resiliency in Youth in their jurisdictions

Involved Parties: MHA Office of Child and Adolescent Staff; CSAs; providers; Maryland Coalition of Families for Children's Mental Health; MARFY; MHA Office of Consumer Affairs

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

**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 collaboration with Maryland Department of Disabilities (MDOD), Mental Health Association of Maryland (MHAM), and the Consumer Quality Team (CQT) Committee, in the implementation of a three-county pilot CQT project for select community programs; plan pilot for state facilities and begin implementation, if feasible.

Indicator: Staffing model defined and staff hired, policies and procedures developed, approved, and implemented for community program visits, site visits to community programs initiated, model for facility implementation developed

Involved Parties: MHA Office of Consumer Affairs; Stacy Rudin and Sharon Ohlhaber, MHA Office of Planning, Evaluation, and Training; CQT Committee; MDOD; MHAM; NAMI-MD; OOOMD; CSAs; CBH; MARFY; Maryland Coalition of Families for Children's Mental Health; state facility representatives

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

(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: Leadership Academy functioning, activities implemented, 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, Office of Child and Adolescent Services

(2-2C)

Explore, in conjunction with the Maryland Coalition of Families for Children's Mental Health, models and financing strategies for Family to Family support groups, particularly through the Medicaid (MA) 1115 waiver submitted to the Center for Medicare and Medicaid Services (CMS).

Indicator: Response from CMS regarding the 1115 waiver submitted in spring 2006, use of capitated funds from 1115 waiver for family-to-family support groups allowed, number of family support groups and models identified, additional financing strategies identified

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children's Mental Health; Maryland Medical Assistance Administration

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

(2-2D)

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

Indicator: Update LEAP training manual and LEAP training agendas, training of 10 consumers who have not previously been involved in leadership roles in the consumer movement, survey of LEAP graduates' activities

Involved Parties: Stacey Diehl and Susan Kadis, MHA Office of Consumer Affairs; OOOMD

MHA Monitor: Stacey Diehl, Office of Consumer Affairs

(2-2E)

Participate in the interagency effort to implement the Bridge Subsidy Pilot Program, which will provide three-year rental subsidies to consumers with mental illnesses through participating housing authorities in Maryland.

Indicator: Meetings with participating organizations, Memorandum of Understanding (MOU) signed, minimum of 34 people with mental illnesses participating in the Bridge Subsidy Program and living in independent housing, Bridge Subsidy participants receiving permanent housing vouchers from local housing authority

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, 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 two 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: Curriculum developed and 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

Involved Parties: Brian Hepburn, Office of the Executive Director; Al Zachik, MHA Office of Child and Adolescent Services; Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Susan Steinberg, MHA Office of the Deputy Director for Community Programs and Managed Care; Larry Fitch, MHA Office of Forensic Services; 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: Al Zachik, MHA Office of Child and Adolescent Services and Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

(2-3B)

In compliance with legislation effective January 1, 2006, concerning the competency of children and adolescents to proceed to adjudication on delinquency charges in juvenile court, MHA will recruit or train existing psychiatrists and/or clinical psychologists to perform *competency to proceed* evaluations and provide them with training to serve as *qualified experts* for the courts.

Indicator: Existing staff trained, staff recruited as appropriate, training agenda, attendance at meetings, 10-20 staff trained

Involved Parties: Larry Fitch, Kathi Perkins, Jay Lebow and Dick Ortega, MHA Office of Forensic Services

MHA Monitor: Larry Fitch, Office of Forensic Services

(2-3C)

Develop and implement a system for providing *competency attainment* services for juveniles found *incompetent to proceed* to improve, as required, their understanding of the proceedings and ability to assist in their own defense.

Indicator: Training agenda, data collection, number of youth restored to competency status tracked, 6-10 staff contracted

Involved Parties: Larry Fitch, Kathi Perkins, and Jay Lebow, MHA Office of Forensic Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director

MHA Monitor: Larry Fitch, Office of Forensic Services

(2-3D)

Collaborate with the Department of Juvenile Services (DJS) to recruit, select and train providers to conduct mental health evaluations for the juvenile courts.

Indicators: Request for Proposals (RFP) issued, recruitment conducted, evaluators selected, evaluators trained, juvenile evaluations conducted in a timely fashion, juvenile evaluations conducted according to standards

Involved Parties: DJS; Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; providers; juvenile courts

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

(2-3E)

Provide information and technical assistance for MHA facility staff and community providers regarding the discharge and community reintegration of individuals on court-order, limitations of rights required by law, discharge planning for patients committed as Not Criminally Responsible (NCR), and collaboration with courts and community providers.

Indicator: Symposium agenda, presentations to at least 200 MHA facility staff and community providers

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHA facilities; Attorney General's Office; CSAs; community providers; University of Maryland Training Center

MHA Monitor: Larry Fitch, Office of Forensic Services

**Objective 2.4. MHA will participate and facilitate the efforts under the Mental Health Transformation State Incentive Grant (MHT-SIG) to develop a State Comprehensive Mental Health Plan.**

(2-4)

Participate in and facilitate efforts under the Mental Health Transformation State Incentive Grant (MHT-SIG) to begin implementation of priorities identified in the comprehensive Plan and coordinate such activities with ongoing operations.

Indicator: Plan developed with priorities identified; MHA work plans address priorities

Involved Parties: Brian Hepburn, MHA Office of the Director; Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Transformation Project Director; Transformation Working Group; other state agencies; other appropriate MHA staff; CSAs; ASO

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

**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), homelessness, incarcerated, substance abuse, developmental disabilities, and victims of trauma.**

(3-1A)

Utilize Projects for Assistance in Transition from Homelessness (PATH) funds to develop innovative services that support state transformation goals; continue to apply for federal support to enhance services; provide technical assistance to CSAs to support statewide provision of services for homeless individuals.

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

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, 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 Housing and Urban Development (HUD) funded Supportive Housing Programs, i.e. Shelter Plus Care Housing.

Indicator: Meeting minutes and reports, training materials, three trainings with approximately 125 attending, report on projects funded

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

MHA Monitor: Marian Bland, Office of Special Needs Populations

(3-1C)

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

Indicator: Five year renewal application approved, additional providers enrolled, additional eligible individuals in MHA facilities identified for community placement, placements made, 30 eligible consumers receiving waiver services

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, Office of Adult Services

(3-1D)

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: Jenny Howes, MHA Office of Special Needs Populations; MHA Staff; CSAs; ASO; local providers; ADAA; other agencies

MHA Monitor: Jenny Howes, Office of Special Needs Populations

(3-1E)

Explore ways, in collaboration with the Alcohol and Drug Abuse Administration (ADAA), to integrate evidence-based models of attachment and trauma treatment into residential substance abuse programs serving pregnant women and women who have children and have co-occurring disorders.

Indicator: A minimum of three models of attachment will be explored, coordination of one statewide or five local trainings for the five residential substance abuse treatment programs on trauma

Involved Parties: Marian Bland and Jenny Howes, MHA Office of Special Needs Populations; ADAA; ADAA-funded Residential Substance Abuse Programs.

Monitors: Marian Bland and Jenny Howes, 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.**

(3-2A)

Develop parameters for use of telemedicine, considering access issues for remote locations, specialty services, and special needs groups; plan and initiate implementation of a state funded pilot project in Worcester County.

Indicator: Committee meetings, report developed, pilot project planned and initiated

Involved Parties: MHA/Maryland Association of Core Service Agencies (MACSA) Committee to Address Telemedicine (CSA/MHA); Terezie S. Bohrer & Associates, MACSA consultant; Worcester County CSA; Sheppard Pratt Health System

MHA Monitor: Stacey Diehl, Office of Governmental Affairs and Lissa Abrams, Office of Adult Services

(3-2B)

Develop application for federal grant for equipment to support implementation of telemedicine activities.

Indicator: Application developed and submitted to United States Department of Agriculture (USDA), implementation initiated, if grant awarded

Involved Parties: MHA/MACSA Committee to Address Telemedicine (CSA/MHA); Terezie S. Bohrer & Associates, MACSA consultant

MHA Monitor: Stacey Diehl, Office of Governmental Affairs and Lissa Abrams, 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.**

(3-3)

Develop recommendations, in collaboration with the Cultural Competence Advisory Group and mental health advocacy groups, for the continued integration of cultural competence throughout the PMHS, including cultural issues based on age, race, ethnicity, and geographical considerations.

Indicator: Culturally competent and ethnically appropriate services defined, recommendations completed

Involved Parties: MHA Cultural Competence Advisory Group; Iris Reeves, MHA Office of Planning, Evaluation, and Training; MHA Office of Consumer Affairs; NAMI-MD; MHAM; CSAs; providers; consumers; family members; advocates; OOOMD; ASO

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

**Objective 3.4. By FY 2007, MHA will maintain access to public mental health services for 13% of the adults in Maryland who have serious mental illness.**

(3-4A)

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 comparison studies to numbers of individuals who utilized services prior to or in early years of the MA 1115 waiver

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; other appropriate MHA staff; CSAs; ASO; provider groups

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

(3-4B)

Implement new provider reimbursement rates designed to encourage service availability of adult outpatient services and evidence-based practices.

Indicator: New rates adopted, reports from CSAs regarding effects of new rates on access issues, provider interest increased in serving adult population and providing evidence-based services

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Lissa Abrams, MHA Office of Adult Services; other appropriate MHA staff; ASO; CSAs; Community Behavioral Health Association of Maryland (CBH); provider groups

MHA Monitor: Brian Hepburn, Office of the Executive Director

**Objective 3.5. By FY 2007, MHA will maintain access to public mental health services for 20% the children in Maryland who have serious emotional disturbance.**

(3-5A)

Review, in collaboration with the Maryland Caregivers Support Coordinating Council and the University of Maryland-Baltimore County (UMBC), the completed feasibility study on options for expansion of child and adolescent respite care and explore what can be done based on the report's findings.

Indicators: Quarterly meetings with respite providers, caregivers and CSAs, model for Life Span Respite developed by Caregiver Council, documentation of options for program expansion

Involved Parties: Joan Smith, MHA Office of Child and Adolescent Services; Maryland Caregivers Support Coordinating Council; respite providers; family advocates; CSAs; UMBC

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

(3-5B)

Promote, in collaboration with Medical Assistance (MA), Developmental Disabilities Administration (DDA), and the ASO, provider recruitment and utilization of in-home therapeutic behavioral aides for children and adolescents with intensive needs and provide trainings, as mandated by MA regulations, to assist families/caregivers in supporting children in their homes.

Indicator: Service utilization monitored, additional providers recruited as needed, parent/caregiver trainings implemented

Involved Parties: Al Zachik and Marcia Andersen, MHA Office of Child and Adolescent Services; MA; DDA; ASO; MSDE; CSAs

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

(3-5C)

Study, in collaboration with MA, providers and the Community Services Reimbursement Rate Commission, the appropriateness of rates for child psychiatric rehabilitation program services.

Indicators: Work group formed, study designed, data collected, data analyzed, report written and submitted to the Legislature

Involved Parties: Joan Smith, MHA Office of Child and Adolescent Services; Community Services Reimbursement Rate Commission; providers; families; MARFY; CBH; Maryland Coalition of Families for Children's Mental Health

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

**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 (an interagency workgroup under the Children's Cabinet), 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 four to six local jurisdictions including local training, collaborate with and provide expertise to MSDE in the use of \$1.8 million in FY 2007 state budget for early childhood mental health consultation

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

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

(4-1B)

Continue statewide activities for youth suicide prevention, hotline assessment, resource retrieval and referral services.

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, six Applied Suicide Intervention Skills Training (ASIST) 2-day trainings conducted in Maryland

Involved Parties: Henry Westray, MHA Office of Child and Adolescent Services; Maryland Youth Crisis Hotline Network (Prince George's County Hotline, Frederick County Hotline, Life Crisis Center Hotline, Grassroots Hotline, Montgomery County Hotline, Walden/Sierra Hotline, and Baltimore Crisis Response System); University of Maryland Training Center

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

(4-1C)

Update the state youth suicide prevention plan in collaboration with the Maryland State Department of Education, other appropriate agencies, families, and providers.

Indicators: Plan developed, approved, and circulated

Involved Parties: MHA Office of Child and Adolescent Services; MSDE; other state agencies; family, youth, and advocacy organizations

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

**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)

Participate in the Maryland Policy Academy for Co-Occurring Mental Health and Substance Abuse Disorders, through SAMHSA's Co-Occurring Center of Excellence, to complete and implement a State Action Plan to further the systems integration of services for individuals with co-occurring mental health and substance use disorders.

Indicator: Maryland Policy Academy Team minutes, completed State Action Plan which includes development of a statewide screening tool, development of an implementation entity to support county initiatives, policy and regulatory changes reflected in state and local level plans

Involved Parties: Pat Miedusiewski, DHMH; Brian Hepburn, MHA Office of the Director; Tom Godwin, MHA Office of the Clinical Director; ADAA; Department of Public Safety and Correctional Services; DJS; DSS; DHR; MSDE; Maryland Policy Academy members (including representatives of mental health providers, substance abuse providers, and other stakeholders)

Monitor: Tom Godwin, Office of the Clinical Director

**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 and adolescents, and transition-age youth with psychiatric disorders, and their families.**

(4-3A)

Implement, in collaboration with the Maryland Department of Disabilities (MDOD) and the Governor's Interagency Transition Council for Youth with Disabilities, the resource mapping initiative for transition-age youth (TAY) with disabilities.

Indicator: Update of Interagency Plan, interagency conference co-sponsored with Governor's Council, TAY resources, programs and services mapped, gaps in services identified

Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; MDOD; MSDE; CSAs; Governor's Interagency Transition Council for Youth with Disabilities; key stakeholders including parents, students, and advocates

MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult Services

(4-3B)

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; other appropriate MHA Staff; CSAs; provider organizations; DJS

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

(4-3C)

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)

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, Office of Child and Adolescent Services

(4-3D)

Utilize input from focus groups conducted by the Maryland Coalition of Families for Children's Mental Health to identify best practices in the delivery of services for transition-age youth (TAY) and begin dissemination activities.

Indicator: At least four focus groups conducted, Maryland Coalition of Families for Children's Mental Health report to MHA, work group formed, best practices identified, conference held to begin dissemination

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

MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult 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.

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; EBP Advisory Committee

MHA Monitor: Lissa Abrams, Office of Adult Services

(5-1B)

Review, in collaboration with the University of Maryland, the survey of treatment foster care providers to identify the level of adherence to fidelity standards for the practice.

Indicator: Adherence to standards identified, further grant possibilities on treatment foster care identified, grant applications submitted

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; University of Maryland Division of Mental Health Services Research; DHR; Maryland Coalition of Families for Children's Mental Health; MARFY; NAMI-MD

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

(5-1C)

Support county initiatives to implement the Comprehensive Continuous Integrated System of Care (CCISC) for the implementation of evidence-based practices for individuals with co-occurring mental health and substance use disorders.

Indicator: Orientation to systems development model provided to 21 jurisdictions, up to eight jurisdictions trained in or implementing the CCISC, up to eight jurisdictions initiate or complete consensus documents and local action plans

Involved Parties: Tom Godwin, MHA Office of the Clinical Director; Pat Miedusiewski, DHMH; Terri Saff, DHMH Training Services Division; ADAA; DHR; DSS; DJS; local Health Officers; CSAs; mental health and substance abuse providers; consumers; family members; and other stakeholders

MHA Monitor: Tom Godwin, Office of the Clinical Director

(5-1D)

Develop and initiate implementation of a plan for child and adolescent focused evidence-based practices in mental health.

Indicators: Child and adolescent EBP work group established, minutes of meetings indicating progress toward goal, targeted EBPs identified, plan developed

Involved Parties: Joan Smith and Susan Russell Walters, MHA Office of Child and Adolescent Services; University of Maryland Division of Mental Health Services Research; Maryland Coalition of Families for Children's Mental Health; MARFY; NAMI-MD; other advocates; providers; Stacy Rudin and Carole Frank, MHA Office of Planning, Evaluation, and Training; CSAs

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

(5-1E)

Investigate evidence-based practices (EBPs) in geriatric mental health services and develop recommendations for future implementation.

Indicator: EBPs researched, review of national effort underway led by SAMHSA to develop a tool kit on geriatric mental health, begin to identify EBPs for use in Maryland, statewide conference convened involving key stakeholders in PMHS to disseminate information regarding EBP efforts for older adults in Maryland

Involved Parties: Lissa Abrams and Marge Mulcare, MHA Office of Adult Services; Georgia Stevens; CSAs; University of Maryland Evidence-Based Practice Center; MDoA; MHAM's Maryland Coalition on Mental Health and Aging; OOOMD; CBH; NAMI-MD

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

(5-1F)

Assess the impact of the implementation of evidence-based practices (EBPs) on retention of employees in the PMHS.

Indicator: Information collected on staff turnover pre and post implementation of EBP participating programs

Involved Parties: Carole Frank and Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Lissa Abrams, MHA Office of Adult Services; University of Maryland EBPC & SEC; CBH; providers

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

**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)

Develop, in collaboration with CSAs, new initiatives statewide to increase consumer tenure in the community, reduce the need for inpatient/residential treatment, and divert adult, children and adolescents from inpatient/restrictive environments.

Indicator: Forensic Assertive Community Treatment Team developed, Montgomery County Independent Housing Project implemented, utilization and effectiveness of these new initiatives assessed, other successful practices/methods used in previous hospital diversion efforts and EBP implementations identified for application to/planning of other new initiatives

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; other stakeholders

MHA Monitor: Lissa Abrams, Office of Adult Services

(5-2B)

Finalize and implement Discharge Readiness Assessment tool for use in MHA facilities to facilitate discharge for individuals hospitalized longer than 12 months.

Indicator: Draft tool reviewed by MHA, CSAs, consumer/family/advocacy/provider groups, tool finalized, tool in use by facility social work and utilization review staff

Involved Parties: MHA Office of Consumer Affairs; Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations; Lissa Abrams, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; CSAs; Maryland Department of Disabilities (MDOD); consumer, family, advocacy organizations; CBH

MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

(5-2C)

Continue implementation of wraparound and community-based care pilots in Montgomery County and in Baltimore City for youth who meet residential treatment center (RTC) level of care, with the goal of serving up to 750 children statewide if the Medicaid (MA) 1115 waiver amendment is approved.

Indicators: Pilot projects continue, minutes of meetings, reports on status of 1115 waiver amendment submission, identification of most effective outcome measure from the pilot projects, reports to Center for Medicare/ Medicaid Services (CMS) on grants which are funding the pilot projects

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Medical Assistance; Baltimore City and Montgomery County 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; MA; CSAs; Maryland Coalition of Families for Children's Mental Health; MARFY; GOC; DHR; DJS; MSDE; LMBs

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

(5-2E)

Collaborate, as directed by House Bill 1594/Senate Bill 960 – *Benefits and Services for Individuals Who are Incarcerated or Institutionalized*, with the Department of Public Safety and Correctional Services (DPSCS), Department of Human Resources (DHR), and other stakeholders to assess mental health services in Maryland’s jails and prisons and make recommendations to *break the cycle of rearrest and reincarceration* for individuals with mental illnesses who become involved with the criminal justice system.

Indicator: Work group established, meeting minutes, report submitted to legislature

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

MHA Monitor: Larry Fitch, 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)

Update, in collaboration with the Maryland State Department of Education (MSDE), the Department of Juvenile Services (DJS), and the Mental Health Workforce Development Steering Committee, the action plan to foster the recruitment and retention of qualified professionals to provide mental health services for children and youth.

Indicator: Meeting minutes, action plan updated, action steps implemented, 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; MSDE; Mental Health Workforce Development Steering Committee; DJS; 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, Office of Child and Adolescent Services

(5-3B)

Generate, in collaboration with the Maryland State Department of Education (MSDE) and the Mental Health Workforce Development Steering Committee, strategies to increase the number and develop the competencies of the child and adolescent mental health workforce.

Indicator: List of core competencies for child and adolescent mental health professionals developed, pre-service curricula based on competencies developed, curricula shared with colleges and universities in Maryland, white paper on the importance of child and adolescent mental health workforce development developed

Involved Parties: Al Zachik, Joyce Pollard, and Marcia Andersen, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; Carol Ann Baglin, MSDE; Mental Health Workforce Development Steering Committee; Georgetown University National Technical Assistance Center for Children's Mental Health; institutions of higher education; professional associations; MARFY; Maryland Coalition of Families for Children's Mental Health; MHAM

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

(5-3C)

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, minimum of 4000 attendees, evaluations, support for CSA training

Involved Parties: Carole Frank and Stacy Rudin, 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

(5-3D)

Provide training for the Projects for Assistance in Transition from Homelessness (PATH) homeless services providers to increase current knowledge of emerging best practices including Supplemental Security Income (SSI) outreach.

Indicator: Meeting minutes and reports, training materials, lists of individuals trained, report on funded projects

Involved Parties: MHA Office of Special Needs Populations; ADAA; CSAs; MHA facilities; local service providers; consumers

MHA Monitor: Marian Bland, 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)

Revise service authorization process (in conjunction with implementation of an outcomes measurement system) for outpatient mental health centers, federally qualified health centers, and hospital-based outpatient mental health clinics and monitor the effect of the revised processes on expenditures and service utilization.

Indicator: New authorization processes in place, weekly expenditure and quarterly service utilization reports generated and reviewed, significant changes in utilization or expenditure patterns reviewed with providers, corrective actions implemented as necessary.

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; MHA Office of the Deputy Director for Community Programs and Managed Care; ASO; CSAs; and other MHA staff

MHA Monitor: Brian Hepburn, Office of the Executive Director

(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: Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; MHA Facility Chief Executive Officers, Clinical Directors, and Financial Officers; Gayle Jordan-Randolph, MHA Office of the Clinical Director

MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations.

(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, Office of the Deputy Director for Community Programs and Managed Care

**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)

Implement an Outcome Measurement System (OMS) in outpatient mental health centers, federally qualified health centers, and hospital-based outpatient mental health clinics for clients age six and older.

Indicator: Finalize preparations for full-scale implementation (e.g. web-based access to OMS tools and protocols, training provided for providers on OMS and CareConnections changes), OMS implemented statewide, OMS report framework designed, implementation issues identified and resolved

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

MHA Monitor: Sharon Ohlhaber and Stacy Rudin, 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: Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Robin Jacobs, MHA Office of Management Information Systems; MHA Management Committee; ASO; University of Maryland SEC; CSAs; provider, consumer, family, and advocacy groups

MHA Monitor: Robin Jacobs, Office of Management Information Systems

(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 2006 survey, 71% of adult consumers report that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree), objective included in MHA's Managing for Results (MFR) submission

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

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

(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 2006 survey, 56% of parents/caretakers report that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree), objective included in MHA's Managing for Results (MFR) submission

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

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

(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 and 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

MHA Monitor: Larry Fitch, 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, 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, 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, Office of CSA Liaison

(5-6D)

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

Indicator: Ongoing preparation of reports by ASO, analysis of reports by involved parties, including analysis of new rate structure, new utilization management practices, and the Primary Care Waiver on utilization and expenditures

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, Office of the Deputy Director for Community Programs and Managed Care

**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 state hospital and ASO management information systems.

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

Involved Parties: Stacy Rudin, MHA Office of Planning, Evaluation, and Training; Robin Jacobs, MHA Office of Management Information Systems (MIS); MHA MIS staff; University of Maryland SEC; Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; DHMH's Information Resource Management Administration; MA; CSAs; ASO; providers

MHA Monitor: Robin Jacobs, Office of Management Information Systems

(6-1B)

Collaborate with the Department of Human Resources (DHR), CSAs, ASO, and local homeless boards on implementation of the Homeless Management Information System to collect and analyze data on homeless individuals with mental illnesses who are served by Housing and Urban Development (HUD) funded programs, including exploring mechanisms to determine the number of these individuals who are also served through the PMHS.

Indicator: Meeting minutes, Homeless Management Information System developed, data generated, barriers and potential solutions to matching PMHS and Homeless Management Information System data identified

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

MHA Monitor: Marian Bland, Office of Special Needs Populations

(6-1C)

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

Indicator: All MHA facilities accredited

Involved Parties: Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility Chief Executive Officers; MHA Management Committee; appropriate facility staff

MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

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

(6-2A)

Implement a tracking system to monitor approximately twelve hundred individuals who are court-committed to MHA or Developmental Disabilities Administration (DDA) facilities that will allow oversight of a patient's progress in evaluation, treatment, and release planning.

Indicator: System specifications identified, data-base developed, system functioning, number of individuals monitored, follow-up action as needed

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; DHMH staff; Consult Services Research Inc.

MHA Monitor: Larry Fitch, Office of Forensic Services

(6-2B)

Expand, in collaboration with Sheppard Pratt Health System (SPHS), the existing federal grant-funded Telemental Health Project (which provides clinical consultation and training for Thomas B. Finan Hospital Center and Way Station) to the John L. Gildner Regional Institute for Children and Adolescents and other sites as feasible.

Indicators: Clinical consultations provided by SPHS, clinical trainings provided, federal grant program expanded to other sites as feasible

Involved parties: Sheilah Davenport, MHA Office of the Deputy Director for Facilities and Administrative Operations; Thomas B. Finan Hospital Center staff; SPHS; Way Station; John L. Gildner Regional Institute for Children and Adolescents

MHA Monitor: Sheilah Davenport, Office of the Deputy Director for Facilities and Administrative Operations

(6-2C)

Facilitate consumer access to supported employment by reducing duplicative administrative processes for funding.

Indicator: MHA and Division of Rehabilitation Services (DORS)

processes/protocols/documentation requirements merged, ASO web-based authorization system modified to include new merged requirements, system tested, providers/DORS staff trained in new system, consumer wait time for eligibility and funding approval reduced

Involved Parties: Lissa Abrams and Steve Reeder, MHA Office of Adult Services; DORS; ASO; CSAs; Supported Employment Advisory Committee

MHA Monitor: Lissa Abrams and Steve Reeder, Office of Adult Services

**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, Leslie Wilson, 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, 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, Office of Planning, Evaluation, and Training

# Appendix

## Acronyms

<b>ADAA</b>	Alcohol and Drug Abuse Administration
<b>ASO</b>	Administrative Services Organization
<b>CBH</b>	Community Behavioral Health Association of Maryland
<b>CMS</b>	Center for Medicare/Medicaid Services
<b>CSA</b>	Core Service Agency
<b>CQT</b>	Consumer Quality Team
<b>DDA</b>	Developmental Disabilities Administration
<b>DHCD</b>	Maryland Department of Housing and Community Development
<b>DHMH</b>	Maryland Department of Health and Mental Hygiene
<b>DHR</b>	Maryland Department of Human Resources
<b>DJS</b>	Maryland Department of Juvenile Services
<b>DORS</b>	Division of Rehabilitation Services
<b>DPSCS</b>	Department of Public Safety and Correctional Services
<b>DSS</b>	Department of Social Services
<b>EBP</b>	Evidence-Based Practice
<b>EBPC</b>	Evidence-Based Practice Center
<b>EIDP</b>	Employed Individuals with Disabilities Program
<b>FHA</b>	Family Health Administration
<b>GOC</b>	Governor's Office for Children
<b>HSCRC</b>	Health Services Cost Review Commission

# Appendix

## Acronyms

<b>HUD</b>	Housing and Urban Development
<b>JCAHO</b>	Joint Commission on Accreditation of Healthcare Organizations
<b>LEAP</b>	Leadership Empowerment and Advocacy Project
<b>LMB</b>	Local Management Board
<b>LMHAC</b>	Local Mental Health Advisory Committee
<b>MA</b>	Medical Assistance
<b>MACSA</b>	Maryland Association of Core Service Agencies
<b>MARFY</b>	Maryland Association of Resources for Families and Youth
<b>MART</b>	Multi-Agency Review Team
<b>MCO</b>	Managed Care Organization
<b>MDoA</b>	Maryland Department of Aging
<b>MDOD</b>	Maryland Department of Disabilities
<b>MFR</b>	Managing for Results
<b>MHA</b>	Mental Hygiene Administration
<b>MHAM</b>	Mental Health Association of Maryland, Inc.
<b>MHCC</b>	Maryland Health Care Commission
<b>MHT-SIG</b>	Mental Health Transformation State Incentive Grant
<b>MIS</b>	Management Information Systems
<b>MOU</b>	Memorandum of Understanding
<b>MSDE</b>	Maryland State Department of Education
<b>MYPIC</b>	Maryland Youth Practice Improvement Committee

<b>NAMI</b>	National Alliance for Mental Illness
<b>NCR</b>	Not Criminally Responsible
<b>OHCQ</b>	Office of Health Care Quality
<b>OMS</b>	Outcome Management System
<b>OOOMD</b>	On Our Own of Maryland, Inc.
<b>PATH</b>	Projects for Assistance in Transition from Homelessness
<b>PBIS</b>	Positive Behavioral Initiative in Schools
<b>PHTSY</b>	Psychiatric Hospitalization Tracking System for Youth
<b>PMAB</b>	Prevention and Management of Aggressive Behavior
<b>PMHS</b>	Public Mental Health System
<b>RFP</b>	Request for Proposals
<b>RTC</b>	Residential Treatment Center
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SCYFIS</b>	State Children, Youth and Family Information System
<b>SEC</b>	Systems Evaluation Center
<b>SPHS</b>	Sheppard Pratt Health System
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>TAY</b>	Transition Age Youth
<b>TBI</b>	Traumatic Brain Injury
<b>UMBC</b>	University of Maryland-Baltimore County
<b>URS</b>	Uniform Reporting System