



Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2009 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

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JUNE 30, 2008

“The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.”

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

MISSION

The mission of the Mental Hygiene Administration is to 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.

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1A)

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1B)

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

Indicator: Maryland’s public awareness campaign “Caring for Every Child’s Mental Health” and related outreach activities implemented, participation in health fairs, distribution of science-based information on mental health and mental illness, monthly Websites updated with links to Network of Care, provision of support for materials dissemination through the CSAs, report from MHAM on the campaign, regional training on advanced directives, outreach training for older adults

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1C)

Collaborate with the NAMI MD - National Alliance on Mental Illness of Maryland - to promote the annual NAMIWALKS as a kick-off event for *MAY-MENTAL HEALTH MONTH*, to further support training and education activities and support continued implementation of NAMI's Peer-to-Peer services program.

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

Involved Parties: MHA Office of Administrative Management; MHA Office of Consumer Affairs; Core Service Agencies (CSAs); NAMI MD

MHA Monitor: Theresa Smith, MHA Office of Administrative Management

Mental Health Block Grant – Criterion # 1
Child

(1-1D)

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-1E)

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

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

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

Monitor: Daryl Plevy, Mental Health Transformation Office

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-1F)

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

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

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

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

Mental Health Block Grant – Criterion # 1, 5
Adult & Child

(1-1G)

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

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

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

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

Mental Health Block Grant – Criterion # 1

(1-1H)

Adult

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

Indicators: Program established; Resource Coordinators hired; gaps in behavioral health services identified, protocols for treatment and referral reviewed and implemented; new volunteers trained; ongoing trainings developed specific to combat trauma issues for military personnel, family members, community, and CSA directors.

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations; Stefani O’Dea, MHA, Office of Adult Services; Pro Bono Counseling Project; U.S. Department of Veterans Affairs; Maryland Department of Veterans Affairs; Maryland National Guard; Maryland Defense Force; Veteran’s Behavioral Advisory Board; Maryland Professional Volunteer Corps; Community Behavioral Health Association of Maryland (CBH) and Advocacy Organizations

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

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

Mental Health Block Grant – Criterion # 1

(1-2A)

Adult & Child

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-2 B)

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

Indicator: Workgroup convened, distribution of PSA advertisements

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

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

Mental Health Block Grant – Criterion # 1
Child

(1-2C)

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

Indicator: 200 performances held, number of viewers reached

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-3)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 1.4. MHA, and Mental Health Transformation, in collaboration with CSAs, the administrative services organization (ASO), managed care organizations (MCOs), other health care providers, and other administrations and agencies, will continue to develop mechanisms to ensure integration with public health; to coordinate both mental health and somatic health care services, and other services across the life span.

Mental Health Block Grant – Criterion # 3
Child

(1-4A)
Collaborate with the Mental Health Transformation Office (MHTO) in the creation of a project targeted to build infrastructure to integrate health and mental health for youth in the foster care system.

Indicator: Project design, preferences/needs using person-centered planning, resources needed to fulfill plans identified and implemented as feasible, lessons learned translated to further system transformation

Involved Parties: Daryl Plevy, MHTO; Al Zachik, MHA Office of Child and Adolescent Services; Department of Human Resources staff

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

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

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

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

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

Governor’s Office of the Deaf and Hard of Hearing (ODHH)

Marian Bland
MHA Office of Special Needs Populations

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 the Deputy
Director for Community
Programs and Managed Care
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 of
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

Maryland National Guard	Marian Bland, Office of Special Needs Populations
Department of Veteran's Affairs	Marian Bland, Office of Special Needs Populations
Judiciary of Maryland	Larry Fitch MHA Office of Forensic Services
Alcohol and Drug Abuse Administration (ADAA)	Pat Miedusiewski DHMH
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 Debra Hammen, MHA Office of Forensic Services
Maryland Health Care Commission (MHCC)	Brian Hepburn, MHA Office of the Executive Director
Health Services Cost Review Commission (HSCRC)	Brian Hepburn MHA Office of the Executive Director
The Children's Cabinet	Al Zachik MHA Office of Child and Adolescent Services

Office of Health Services
(Medical Assistance)

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

Office of Operations and
Eligibility
(Medical Assistance)

Brian Hepburn
MHA Office of the Executive
Director
Lissa Abrams,
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

Marian Bland and
Laura Copland
MHA Office of Special Needs
Populations

Mental Health Block Grant – Criterion # 1
Adult & Child

(1-4C)

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

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(1-4D)

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

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

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

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

(1-4E)

Child

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

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

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

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

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

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

Mental Health Block Grant – Criterion # 1

(2-1A) Adult

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

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

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Clarissa Netter, MHA Office of Consumer Affairs; CSAs; Paula Lafferty, Mental Health Transformation Office (MHTO); other representatives from MHA; NAMI MD; OOOMD; Washington County CSA and providers; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion # 1

(2-1B) Adult & Child

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion # 5
Adult & Child

(2-1C)

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion # 1

(2-1D)

Child

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

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

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

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

(2-1E)

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-1F)

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

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

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

Monitor: Daryl Plevy, Mental Health Transformation Office

Objective 2.2 MHA will increase the number of consumers employed.

Mental Health Block Grant – Criterion # 1, 5
Adult & Child

(2-2A)

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

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

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

MHA Monitor: Steve Reeder, MHA Office of Adult Services

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-2B)

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

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

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

MHA Monitor: Steve Reeder, MHA Office of Adult Services

Mental Health Block Grant – Criterion # 1, 3
Adult & Child

(2-2C)

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

Indicator: Workgroup convened, recommendations on best practices identified

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

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

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

Mental Health Block Grant – Criterion # 1

(2-3A)

Adult & Child

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

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

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

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

Mental Health Block Grant – Criterion # 1

(2-3B)

Adult & Child

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

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

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

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-3C)

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

Indicator: Number of people obtaining bridge subsidy for independent housing, a total of at least 57 served by end of FY 2009, number of individuals who moved from residential rehabilitation programs (RRPs) to independent housing, meetings with participating organizations to include case management agencies

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

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

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

Mental Health Block Grant – Criterion # 1

(2-4A)

Adult

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

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

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion # 1, 5

(2-4B)

Child

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

Indicator: Annual Leadership Academy convened, training activities for families implemented, 18-20 individuals and families enrolled, number of graduates

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-4C)

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(2-4D)

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

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

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

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

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

Mental Health Block Grant – Criterion # 1, 5

(2-5A)

Adult & Child

Continue training for the previously Substance Abuse and Mental Health Services Administration (SAMHSA) grant-funded activities surrounding reduction of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.

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

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Al Zachik, MHA Office of Child and Adolescent Services; Facilities' CEOs; the MHA Facilities' Prevention and Management of Aggressive Behavior committee; Larry Fitch, MHA Office of Forensic Services; Daryl Plevy, MHTO; Maryland Youth Practice Improvement Committee (MYPIC); MHA Management Committee; University of Maryland Evidence-Based Practice Center (EBPC)

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

Mental Health Block Grant – Criterion # 1

(2-5B)

Adult

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(2-5C)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(2-5D)

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

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

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

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

(2-5E)

Child

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

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

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

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

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.

Mental Health Block Grant – Criterion # 4
Adult & Child

(3-1A)

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

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

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

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

Mental Health Block Grant – Criterion # 1, 4
Adult & Child

(3-1B)

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

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

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(3-1C)

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

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(3-1D)

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

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

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

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

(3-1E)

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

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

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

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

Mental Health Block Grant – Criterion #5

(3-1F)

Adult & Child

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

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

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

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

Mental Health Block Grant – Criterion # 1

(3-1G)

Adult & Child

Continue collaboration with the Department of Public Safety and Correctional Services (DPSCS), Alcohol and Drug Abuse Administration (ADAA), Family Health Administration (FHA), the Judiciary, and the Archdiocese of Baltimore to support the operation of the women’s transitional program (Chrysalis House Healthy Start Program), targeted to serve pregnant and post-partum women and their babies and explore funding to provide additional services.

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

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

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

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

Mental Health Block Grant – Criterion # 4, 5

(3-2)

Adult & Child

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

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

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

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

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

Mental Health Block Grant – Criterion # 5

(3-3A)

Adult & Child

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

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

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

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

(3-3B)

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

Indicator: Summit held; summit evaluations reviewed

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

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

(3-3C)

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

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

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

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

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

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

Mental Health Block Grant – Criterion # 3, 5

(4-1A) Child

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

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

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

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

Mental Health Block Grant – Criterion # 5

(4-1B) Adult & Child

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

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

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

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

(4-1C)

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

Indicators: Survey results, gap analysis, fiscal recommendations

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

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

(4-1D)

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

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

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

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

(4-1E)

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

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

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

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

(4-1F)

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

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

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

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

(4-1G)

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

Indicator: Number of local committees operating, records of local committees meeting

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

MHA Monitor: Marge Mulcare, MHA Office of Adult Services

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

Mental Health Block Grant – Criterion # 5

(4-2A)

Adult & Child

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

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

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

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

Mental Health Block Grant – Criterion # 1

(4-2B)

Adult & Child

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

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

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

Monitor: Pat Miedusiewski, Department of Health and Mental Hygiene

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

(4-2C)

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

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

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

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

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

Mental Health Block Grant – Criterion # 1, 3
Adult & Child

(4-3A)

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

Indicator: Workgroup convened, plan and strategy developed

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; Maryland Department of Disabilities (MDOD); MSDE; CSAs; Maryland Coalition of Families for Children’s Mental Health; Governor’s Interagency Transition Council for Youth with Disabilities; Maryland’s Ready by 21; DHR; the University of Maryland; parents, students, advocates, and other key stakeholders

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

(4-3B)

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

Indicators: Summary of meetings, report of the workgroup

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

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

(4-3C)

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

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

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

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

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

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

Mental Health Block Grant – Criterion # 5

(5-1A) Adult

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

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

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

MHA Monitor: Steve Reeder, MHA Office of Adult Services

Mental Health Block Grant – Criterion # 5

(5-1B) Child

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

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

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

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

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

(5-1C)

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

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

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

MHA Monitor: Marge Mulcare, MHA Office of Adult Services

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(5-2A)

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

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

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

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

Mental Health Block Grant – Criterion # 1

(5-2B) Adult

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

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

Involved Parties: MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Daryl Plevy, MHTO; CSAs; Facilities' Chief Executive Officers; MDOD; CBH; OOOMD; NAMI MD; consumer, family, advocacy organizations

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

(5-2C)

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

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

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

Mental Health Block Grant – Criterion # 1, 3, 5

(5-2D) Child

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

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

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

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

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

Mental Health Block Grant – Criterion # 5

(5-3A)

Adult & Child

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

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

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

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

(5-3B)

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

Indicator: Documented adult learning theory inclusion in trainings and conferences

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

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

(5-3C)

Child

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

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

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

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

(5-3D)

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

Indicators: Production of curriculum modules

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-3E)

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

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

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

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

(5-3F)

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

Indicator: Training agenda, number of people participating in trainings

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

Monitor: Dick Ortega, MHA Office of Forensic Services

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-4A)

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

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

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

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

(5-4B)

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

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

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

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

Mental Health Block Grant – Criterion #2
Adult & Child

(5-4C)

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

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

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-5A)

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

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-5B)

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

Indicator: Increased access to data to develop standard and ad hoc reports, input gathered from stakeholders on the practicality and efficacy of reports, technical assistance and regional trainings held as necessary, reports generated, public domain website launched making PMHS demographic data available to users outside of state agencies

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

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

Mental Health Block Grant – Criterion # 5
Adult

(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 2008 survey, percentage of adult consumers who report that they deal more effectively with daily problems (percentage based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission

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

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

Mental Health Block Grant – Criterion # 5
Child

(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 2008 survey, percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentage based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission

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

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

(5-5E)

Monitor the delivery of forensic services in DHMH facilities and in the community for consumers on conditional release, as Not Criminally Responsible and on pretrial status as Incompetent to Stand Trial, generating statistical information to promote system efficiency, accountability, and public awareness.

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

Involved Parties: Debra Hammen, Dick Ortega, and Jo Anne Dudeck, MHA Office of Forensic Services; MHA facilities; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(5-5F)

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

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

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

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

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

(5-6A)

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

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

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

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

(5-6B)

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

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

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

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

(5-6C)

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

Indicator: Vendor selected, contract awarded

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

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

Mental Health Block Grant – Criterion # 1
Adult & Child

(5-6D)

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

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

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

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

Mental Health Block Grant – Criterion # 5
Adult & Child

(5-6E)

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

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

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

MHA Monitor: Alice Hegner, MHA Office of CSA Liaison

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

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

Mental Health Block Grant – Criterion # 5

(6-1A)

Adult & Child

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

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

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

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

Mental Health Block Grant – Criterion # 4, 5

(6-1B)

Adult & Child

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

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

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

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

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

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

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

(6-2A)

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

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

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

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

(6-2B)

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

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

Involved Parties: Larry Fitch and Debra Hammen, MHA Office of Forensic Services; MHTO; CSAs; ASO; local detention centers; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

MHA Monitor: Larry Fitch, MHA Office of Forensic Services

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

(6-3A)

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

Indicator: List of Web-based resources distributed

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

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

Mental Health Block Grant – Criterion # 4
Adult & Child

(6-3B)

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

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

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

MHA Monitor: Daryl Plevy, Mental Health Transformation Office

Appendix

Acronyms

ADAA	Alcohol and Drug Abuse Administration
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CILS	Centers for Independent Living
CMS	Center for Medicare/Medicaid Services
CSA	Core Service Agency
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
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
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Department of Public Safety and Correctional Services
DSS	Department of Social Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
EIDP	Employed Individuals with Disabilities Program
EN	Employment Network

FHA	Family Health Administration
FIS	Family Intervention Specialist
GOC	Governor's Office for Children
HB	House Bill
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KOTB	Kids on the Block
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance or Medicaid
MACSA	Maryland Association of Core Service Agencies
MARFY	Maryland Association of Resources for Families and Youth
MART	Multi-Agency Review Team
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFP	Money Follows the Person
MFR	Managing for Results
MHA	Mental Hygiene Administration

MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
MYPIC	Maryland Youth Practice Improvement Committee
NAMI	National Alliance for Mental Illness
ODHH	Governor’s Office of the Deaf and Hard of Hearing
OHCQ	Office of Health Care Quality
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
OPASS	Office of Procurement and Support Services
PATH	Projects for Assistance in Transition from Homelessness
PBIS	Positive Behavioral Initiative in Schools
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
PSA	Public Service Announcements
RFP	Request for Proposals
SAMHSA	Substance Abuse and Mental Health Services Administration

SB	Senate Bill
SCYFIS	State Children, Youth and Family Information System
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disorders
SMI	Serious Mental Illness
SOAR	Supplemental Social Security, Outreach, Access, and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TAC	Technical Assistance Collaborative, Inc.
TAMAR	Trauma, Addiction, Mental Health, and Recovery
TAY	Transition-Age Youth
TBI	Traumatic Brain Injury
URS	Uniform Reporting System
WRAP	Wellness Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience