



Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2010 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

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BEHAVIORAL HEALTH AND DISABILITIES

BRIAN M. HEPBURN, M.D., EXECUTIVE DIRECTOR

July 2009

“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.”

ACKNOWLEDGEMENTS

As in the past, the FY 2010 State Mental Health Plan is the result of the hard work of many people, particularly the MHA staff, consumers, Mental Health advocacy groups, the Planning Committee of the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council and representatives of the Core Service Agencies. However, this year the participation in the development of this annual plan was much increased through additional organizational and community stakeholders who gave their time to review and offer input into this document through an all day Mental Health Plan Development Meeting on April 29, 2009. This gathering included representatives of:

Consumers, including members of the Deaf and Hard of Hearing community

Family members

Consumer, child and family advocacy organizations

Mental health providers and provider organizations

Local Mental Health Advisory Committees

Maryland Association of Core Service Agencies

Core Service Agencies' Board of Directors

Protection and Advocacy Agencies

Advisory Councils' representatives – Traumatic Brain Injury and the Maryland Advisory

Council on Mental Hygiene/P.L. 102-321 Planning Council

DHMH and other Maryland state agencies

MHA staff and the Mental Health Transformation Office

Other interested stakeholders and citizens of Maryland

Although, not all of the suggestions were able to be included in the final document, many due to budget and resource constraints, the group discussions and interactive process elicited many ideas which were able to be incorporated. The break-out groups format and the availability of and interaction among knowledgeable staff and stakeholders allowed much to be accomplished in a short period of time.

We at MHA thank you all and look forward to our continued collaboration as we proceed with our goals and future endeavors.

MISSION

The mission of the Mental Hygiene Administration is to promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders, through publicly-funded services and supports.

THE VISION

There will be a comprehensive and accessible array of coordinated age-appropriate, culturally sensitive public and private services that focus on treatment, behavioral health, support, recovery, and resilience. These services will be developed in collaboration with stakeholders to help empower individuals with mental illnesses to attain the highest level of participation in community life, while striving to achieve their fullest 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***

The Public Mental Health System 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 Public Mental Health System must be linked to other systems as needed to allow for continuity of care. The hospital is one part of the community-based mental health system. The Public 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 operational aspects of the mental health system. An array of services and programs must be available to allow for consumer choice in obtaining and using necessary services. Relevant programs and services that recognize varying cultural, ethnic, and racial needs are imperative.

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

SYSTEM GOALS TABLE OF CONTENTS

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 have been strengthened and new partnerships formed to further build upon the infrastructure, to coordinate care, and improve service systems. Mental health transformation efforts and activities have fostered the implementation of increased opportunities for public education; awareness; training of consumer, families, and mental health professionals; support of employment; self-directed care; and affordable housing options. Advancement will be effectively amplified through the support of Web-based technology that increases awareness and linkages to services; promotes wellness, prevention, and diversion activities; and enhances efforts in cultural competency, evidence-based and promising practices. These advancements are infused throughout the MHA State Mental Health Plan for children, adolescents, and adults. Recognizing the current fiscal environment, MHA strategies involve effective and efficient collaborations to identify and support sustainability of transformation gains that promote recovery, resiliency, and health-care reform.

		PAGE
GOAL I:	Marylanders Understand that Mental Health Is Essential to Overall Health.....	4
GOAL II:	Mental Health Care Is Consumer and Family Driven.....	15
GOAL III:	Disparities in Mental Health Services Are Eliminated.....	21
GOAL IV:	Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.....	25
GOAL V:	Excellent Mental Health Care Is Delivered and Research Is Accelerated While Maintaining Efficient Services and System Accountability.....	30
GOAL VI:	Technology Is Used to Access Mental Health Care and Information	43

Goal I: Marylanders 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

(1-1A)

Adult & Child

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 adapt the Mental Health First Aid (MHFA) curriculum to further implementation of the MHFA initiative for adults in Maryland.

Indicator: Mental Health First Aid Participant Manual and Teaching Notes (adapted for adults) published, distributed and promoted, trainings promoted and implemented statewide

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion and Carole Frank, 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, Daryl Plevy, MHTO

(1-1B)

Adult & Child

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

Indicator: Activities include:

- Maryland Coalition of Families for Children’s Mental Health and Mental Health Association of Maryland’s (MHAM) Children’s Mental Health Awareness Campaign – “Children’s Mental Health Matters”; number of public service announcements aired; volume of literature disseminated; and other outreach activities implemented
- National Alliance on Mental Illness (NAMI MD) – NAMI WALK, Family-to-Family, and other education programs
- On Our Own Maryland, Inc.(OOOMD) – Anti-Stigma Project workshops facilitated
- Promotion and usage of Network of Care
- MHAM outreach campaign for older adults

Involved Parties: John Hammond, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services; James Chambers, MHA, Adult Services; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; MHA Office of Consumer Affairs; appropriate MHA staff; Core Service Agencies (CSAs); Maryland Coalition of Families for Children’s Mental Health; MHAM; NAMI MD; OOOMD; community providers

MHA Monitor: John Hammond, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services and Cynthia Petion, MHA Office of Planning, Evaluation, and Training

Mental Health Block Grant – Criterion #5

(1-1C) Adult & Child

Maintain and update disaster mental health response plans including MHA, Alcohol and Drug Abuse Administration (ADAA), and Core Service Agency (CSA) All-Hazards plans; provide disaster behavioral health and related disaster training for Department of Health and Mental Hygiene (DHMH) staff and for local volunteers; support the Maryland Professional Volunteers Corps Program through the provision of disaster behavioral health and National Incident Management System/Incident Command System (NIMS/ICS) training and technical assistance (TA); integrate disaster preparedness and behavioral health into the Wellness and Recovery Action Plan (WRAP) training for consumer-run Wellness and Recovery Centers statewide; provide TA to emergency management and public health on disaster behavioral health.

Indicators:

- MHA, CSA, and ADAA All-Hazards Plans updated
- Statewide trainings provided in-person and through Webinars

Involved Parties: Marian Bland, Laura Copland and Tom Franz, MHA Office of Special Needs Populations; Arlene Stephenson, MHA, Deputy Director for Facilities Management and Administrative Operations; Clarissa Netter, MHA Office of Consumer Affairs; DHMH; CSAs; state facilities; OOOMD; consumer Wellness and Recovery Centers; ADAA; 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)

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

Mental Health Block Grant – Criterion #5

(1-1D) Adult & Child

Based on a requirement for DHMH as a federal grant receiving agency and on instructions from the Governor’s Chief of Staff, MHA will have an all-hazards approach to emergency preparedness and response for MHA as an administration (including facilities) and for the mental health community at large.

Indicators: National Incident Management System (NIMS) developed, Incident Command Chart developed and maintained, NIMS/ICS training for Incident Command Team completed, All-Hazards Disaster Mental Health Plan developed, Continuity of Operations Plan (COOP) for Pandemics and a general COOP plan developed

Involved Parties: Laura Copland and Tom Franz, MHA Office of Special Needs Populations; Arlene Stephenson, MHA Office of the Deputy Director of Facilities Management and Administrative Operations; Gail Wowk, MHA Emergency Preparedness; Facilities CEOs

MHA Monitor: Tom Franz, MHA Office of Special Needs Populations

Mental Health Block Grant – Criterion #1

(1-1E)

Adult

In collaboration with DHMH and through Regional Resource Coordinators, continue implementation of Maryland's Commitment to Veterans Initiative to improve initial access to behavioral health care services provided through the United States Department of Veterans Affairs or the Public Mental Health System (PMHS) and expedite timely referrals for veterans returning from Iraq and Afghanistan.

Indicators: Activities include:

- Assistance provided to access crisis and emergency services, mental health and substance abuse services, information given on Veterans' Administration (VA) benefits and community resources
- Data on Veterans Initiative monitored and reported
- Network of Care link to Veterans information maintained and utilization monitored as needed
- MHA participation on the Veterans Behavioral Health Advisory Board.

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations, Maryland Lieutenant Governor Anthony Brown, Brian Hepburn, MHA, Office of the Executive Director; Pro Bono Counseling Project; U.S. Department of Veterans Affairs; Maryland Department of Veterans Affairs; Maryland National Guard; Maryland Defense Force; Veterans Behavioral Health Advisory Board, and advocacy organizations, including Montgomery and Prince Georges counties

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

Objective 1.2. MHA, in collaboration with CSAs, the administrative services organization (ASO), managed care organizations (MCOs), health care providers, and other administrations and agencies, will continue to develop mechanisms to promote health and wellness across the lifespan.

Mental Health Block Grant – Criterion #1

(1-2A)

Adult & Child

In collaboration with the administrative services organization (ASO), managed care organizations (MCOs), and Alcohol and Drug Abuse Administration (ADAA), work to improve: access to services for co-occurring disorders (mental health and substance abuse), coordination of care between somatic and behavioral health, and utilization of existing service delivery systems across agencies and organizations.

Indicator: Utilization of existing interagency data to facilitate coordination of care i.e. pharmacy data access to registered public health providers through the ASO Website, 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; DHMH Deputy Secretary for Behavioral Health and Disabilities, MHA Office of Compliance and Risk Management; MHA Coordination of Care Committee; ADAA, MCOs; Medical Assistance-Office of Health Services; ASO

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

Mental Health Block Grant – Criterion #5
Adult & Child

(1-2B)

In collaboration with the University of Maryland’s Research, Education and Clinical Center and the Maryland Child and Adolescent Mental Health Institute, implement best practices in psychiatry to address reduction of negative side effects of medication, prevention of obesity, and reduction in morbidity and mortality rates for adults, adolescents, and children with serious mental illness or serious emotional disorder.

Indicator: Pilot projects with MCOs, ADAA, and the University of Maryland Memorandum Of Understanding (MOU) extended to collect and study data on issues of morbidity within a selected group of individuals in Baltimore City, study on risk factors within a selected group of foster children, sharing of survey results from Public Mental Health System (PMHS) providers

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; Al Zachik, MHA Office of Child and Adolescent Services; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHA Office of Consumer Affairs; other MHA staff; the University of Maryland, Community Psychiatry Division; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; Department of Human Resources; CSAs; MHA Coordination of Care Committee; the Maryland State Department of Education (MSDE); NAMI MD; OOOMD; Maryland Coalition of Families for Children’s Mental Health; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director and Al Zachik, MHA Office of Child and Adolescent Services

Mental Health Block Grant – Criterion #1
Adult & Child

(1-2C)

Collaborate with consumers, providers, and other mental health stakeholders to promote and implement the smoking cessation initiatives at all levels in the Public Mental Health System to reduce mortality rates.

Indicator: Utilization of tool kits and techniques to plan cessation initiatives in state facilities and community programs; smoking cessation implemented

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations, MHA Office of Adult Services; MHA Office of Child and Adolescent Services; Other MHA staff; CBH

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director and Gayle Jordan – Randolph, MHA Office of the Clinical Director

Mental Health Block Grant – Criterion #1
Adult & Child

(1-2D)

Improve communication and efforts with primary care and mental health care providers to promote coordination of care in the delivery of services to individuals with mental illnesses.

Indicator: MHA, CSAs and PMHS stakeholders participation in policy development; in collaboration with state leadership health care reform priorities identified; public education supported leading to enactment of health care reform

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordon-Randolph, MHA Office of the Clinical Director, Cynthia Petion, Office of Planning, Evaluation, and Training; Daryl Plevy, MHTO; DHMH; Mental Health Association of Maryland (MHAM); On Our Own of Maryland; other mental health advocacy groups

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director, and Gayle Jordan-Randolph, MHA Office of the Clinical Director

Mental Health Block Grant – Criterion #1
Adult & Child

(1-2E)

Continue to interface with other agencies and administrations to support a comprehensive system of mental health, somatic health, substance abuse, and other services and community 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

<u>Maryland State Government</u>	<u>MHA Monitor</u>
Maryland Department of Disabilities (MDOD)	Brian Hepburn MHA Office of the Executive Director
Governor’s Office for Children (GOC)	Al Zachik, Tom Merrick 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)	James Chambers 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)	James Chambers 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 Veterans Affairs	Marian Bland, Office of Special Needs Populations
Judiciary of Maryland	Larry Fitch MHA Office of Forensic Services
DHMH Alcohol and Drug Abuse Administration (ADAA)	Pat Miedusiewski DHMH
DHMH Family Health Administration (FHA)	Al Zachik and Joyce Pollard MHA Office of Child and Adolescent Services

DHMH 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
DHMH 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
DHMH 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
DHMH Office of Health Care Quality (OHCQ)	Sharon Ohlhaber MHA Office of Quality Management and Community Programs
DHMH Office of Capital Planning, Budgeting, and Engineering Services	Cynthia Petion MHA Office of Planning, Evaluation, and Training

DHMH AIDS
Administration

Marian Bland
MHA Office of Special Needs
Populations

Maryland Emergency
Management
Administration (MEMA)

Marian Bland and
Laura Copland
MHA Office of Special Needs
Populations

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

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:

- Four facilitator follow-up trainings held
- Statewide wellness and recovery informational meetings held to educate providers
- Continued training of Olmstead Peer Support Specialists as an additional WRAP resource for hospital discharge planning

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; OOOMD; CSAs, Wellness and Recovery Centers

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion #1

(2-1B)

Adult

In collaboration with the Mental Health Transformation Office (MHTO) and the Maryland Consumer Leadership Coalition (MCLC), continue to further define “recovery-based mental health treatment” and establish guidelines for peer workforce development in the PMHS.

Indicators:

- Visits to other states that have implemented peer workforce development
- Draft guidelines completed for peer workforce development

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Mental Health Block Grant – Criterion #1 & 3

(2-1C)

Child

Collaborate with family support organizations to continue the development and provision of family to family and youth to youth peer support services and family and youth training as Medicaid reimbursable services under the Section 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver.

Indicators: Numbers of family members and youth enrolled as support providers in the demonstration waiver, number of services provided to waiver participants

Involved Parties: Al Zachik and Tom Merrick, MHA Office of Child and Adolescent Services; Medicaid (MA); CSAs; Maryland Coalition of Families for Children’s Mental Health; other family support organizations: the Maryland Child and Adolescent Mental Health Institute; Governor’s Office for Children

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

(2-1D)

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

Indicator:

- Self-directed care plans developed and approved with peer support workers assisting consumers with the process
- Continued WRAP training of consumer advocates and consumer participants with an emphasis on stress reduction and wellness.
- Internet availability provided – Network of Care and use of advance directives

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; other MHA staff; CSAs; 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

Objective 2.2. MHA will increase the number of consumers employed.

Mental Health Block Grant – Criterion #1

(2-2A)

Adult & Child

Design, develop and implement a pilot benefits counseling initiative, in collaboration with On Our Own of Maryland, as a means to promote and actively support consumer recovery and economic self-sufficiency through the use of work incentives, individualized benefits counseling, and work supports, to include the Employed Individuals with Disabilities (EID) Program.

Indicator: Counseling initiative implemented, report on number of benefits summaries and analyses completed, report on number of work incentive plans developed, report on number consumers served

Involved Parties: Steve Reeder, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; DORS; MDOD; Work Incentives Planning and Assistance (WIPA) Project; CBH; OOOMD; CSAs; NAMI MD; University of Maryland Evidence-Based Practice Center

MHA Monitor: Steve Reeder, MHA Office of Adult Services

Mental Health Block Grant – Criterion #1
Adult & Child

(2-2B)

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

Indicator: Administrative infrastructure established at Harford County CSA, MHEN activated, operational protocols and system design features created and established, data reported on number of programs participating and consumers receiving training in these programs, and number of consumers using incentives established and monitored

Involved Parties: Steve Reeder, MHA Office of Adult Services; MHTO; DORS; CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center, ASO

MHA Monitor: Steve Reeder, MHA Office of Adult Services

Objective 2.3. 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 & 5
Adult

(2-3A)

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

Indicator:

- Psychosocial programs and inpatient facilities in Maryland visited.
- As funding allows, continue expansion into counties, covering Maryland's most populous regions and outlying jurisdictions.
- 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

(2-3B) Adult & Child

Provide resources to continue to implement leadership activities and trainings through: the Maryland Coalition of Families for Children’s Mental Health Leadership Institute for parents of children with emotional disorders; the Youth MOVE (Motivating Others through Voices of Experience) peer leadership program; and the Leadership Empowerment and Advocacy Project (LEAP) for adult consumers.

Indicator:

- Annual Family Leadership Academy convened, training activities for families implemented, number of graduates, leadership course offered to Latino families in partnership with the Montgomery Federation of Families,
- Youth MOVE implementation expanded, numbers of individuals enrolled in Youth MOVE, increased youth leadership participation in state and local policy committees, and public awareness events
- LEAP trainings completed, number of graduates, graduates’ involvement in leadership and advocacy activities in the PMHS tracked.

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Daryl Plevy, MHTO; CSAs; OOOMD; MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children’s Mental Health; Youth MOVE; the Maryland Child and Adolescent Mental Health Institute

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services; Clarissa Netter, MHA Office of Consumer Affairs

Objective 2.4. MHA will protect and enhance the rights of individuals receiving services in the PMHS.

(2-4A) Adult

MHA’s Office of Forensic Services, in collaboration with the Mental Health & Criminal Justice Partnership [formerly called the House Bill (HB) 281 Workgroup] and the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council, will continue to promote the development of services including early intervention, diversion, and re-entry for individuals with mental illnesses who encounter the criminal justice system.

Indicator: Services monitored, minutes of meetings disseminated

Involved Parties: Larry Fitch, Dick Ortega, and Debra Hammen, MHA Office of Forensic Services; CSAs; Mental Health & Criminal Justice Partnership (includes: MHAM and other state agencies); 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

Mental Health Block Grant – Criterion #5

(2-4B)

Adult & Child

Provide information, training, and technical assistance for MHA facility staff, CSAs, and community providers regarding services for individuals who have mental illnesses and are involved with the criminal or juvenile justice system.

Indicator: Training provided on court evaluations and status reports, symposium held to include presentations to at least 200 MHA facility staff and community providers; technical assistance provided on services for individuals returning to the community

Involved Parties: Larry Fitch, Jo Anne Dudeck, Debra Hammen, Dick Ortega, and Robin Weagley, MHA Office of Forensic Services; Al Zachik and Marcia Andersen, MHA Office of Child and Adolescent Services; MHA facilities; 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

Mental Health Block Grant – Criterion #1 & 3

(2-4C)

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 utilizing information in PHTSY for hospitals and the Multi Agency Review Team (MART) agencies

Involved Parties: Musu Fofana and Marcia Andersen, MHA Office of Child and Adolescent Services; providers; MHA inpatient adolescent unit and eight private hospitals; 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. Continue to work collaboratively with appropriate agencies to improve access to mental health services for children with emotional disabilities and 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 increase in Projects for Assistance in Transition from Homelessness (PATH) funding to provide support to hire a SSI/SSDI Outreach, Access, and Recovery (SOAR) Outreach Coordinator to re-launch the pilot initiative in Baltimore City and Prince George’s County and expand SOAR regionally.

Indicator: SOAR training and technical assistance provided to CSAs and providers of PATH, homeless, or housing services; data gathered on number of individuals who are homeless assisted with applying for SSI/SSDI benefits; additional funding approved; quarterly meetings held

Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; other MHA staff; CSAs; PATH service providers

MHA Monitor: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations

Mental Health Block Grant – Criterion #1
Adult & Child

(3-1B)

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 eligible individuals in MHA facilities identified and placed in the community
- Plans of care developed and monitored for 30 eligible consumers
- Enhanced transitional case management implemented
- Financial incentives for providers to expand provider capacity identified; additional providers enrolled
- Eligible participants enrolled in MFI/MFP (money follows the individual/money follows the person)

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 #4
Adult & Child

(3-1C)

Collaborate with the Maryland Advisory Council for the Deaf and Hard of Hearing, the Governor’s Office of Deaf and Hard of Hearing (ODHH), CSAs, advocates, other state and local agencies, and colleges and universities 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, which includes application of new communication and technology, i.e. video phone, telepsychiatry, and Web-based training.

Indicator: Inventory of services completed, meeting minutes and reports disseminated, training materials developed, recruitment and training of culturally competent mental health workforce completed, report on projects funded submitted

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; CSAs; ODHH; consumers and family advocacy groups; local service providers

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

Mental Health Block Grant – Criterion #4
Adult & Child

(3-1D)

Continue to provide funding for rental assistance to CSAs through the Shelter Plus Care grants from the federal Department of Housing and Urban Development (HUD).

Indicator: Application for funding submitted; new funding explored under the Hearth Act and other HUD programs to expand housing and supports to prevent homelessness, 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 and Keenan Jones, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; ADAA; CSAs; MHA facilities; Continuum of Care Homeless Boards; local service providers; consumers

MHA Monitor: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations

Mental Health Block Grant – Criterion #4
Older Adults

(3-1E)

In collaboration with the Committee on “Aging in Place” develop an integrated care model for consumers age 50 years and over with behavioral and somatic health needs in PMHS residential programs.

Indicator: Activities of the “Aging in Place” committee implemented, components of integrated model identified, cost analysis developed, assessment tools selected, jurisdictions determined, recommended model presented

Involved parties: James Chambers, Marge Mulcare, Penny Scrivens, and Georgia Stevens, MHA Office of Adult Services; Jim Macgill, MHTO; CSAs; CBH; MHAM; Office of Health Services; OHCQ; Committee on “Aging in Place”

MHA Monitor: James Chambers, MHA Office of Adult Services

Objective 3.2. Develop initiatives that promote the delivery of culturally competent and ethnically appropriate services.

Mental Health Block Grant – Criterion #5
Adult & Child

(3-2A)

MHA, in conjunction with the Mental Health Transformation Office (MHTO), will implement an assessment and cultural competence training project and utilize information on cultural competency training across the PMHS.

Indicator: Up to 20 mental health providers at 10 sites trained, data collected for cultural competency assessment tool, recommendations reviewed

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

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

Mental Health Block Grant – Criterion #5
Adult & Child

(3-2B)

MHA, in collaboration with the DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities, will implement Maryland’s Action Plan to Eliminate Disparities in Behavioral Health Care with a focus on culturally and linguistically appropriate services.

Indicator: Action Plan developed and implemented

Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and Training; CSAs; DHMH Office of Minority Health and Health Disparities; ADA; DDA; consumer and family advocacy groups

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

Objective 3.3. Evaluate and develop opportunities to maximize current resources to promote affordable safe housing for individuals with serious mental illness.

Mental Health Block Grant – Criterion #1

(3-3A)

Adult

Based on recommendations of the MHA/Technical Assistance Collaborative (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 to increase funding for supportive and independent housing units, meetings with participating providers and non-profit organizations held, Capital projects implemented

Involved Parties: Penny Scrivens, MHA Office of Adult Services; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Daryl Plevy, MHTO; Robin Poponne, MHA Office of Planning, Evaluation, and Training; Marian Bland, MHA Office of Special Needs Populations; CSAs; Maryland Department of Housing and Community Development (DHCD); DHMH Office of Capital Planning, Budgeting, and Engineering Services; MDOD; DDA; MDoA; Centers for Independent Living (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

(3-3B)

Adult

Increase the number of individuals with mental illnesses to obtain affordable and safe housing through the Bridge Subsidy Pilot Program, federal housing vouchers, and rental assistance programs initiated through the American Recovery and Reinvestment Act (ARRA)/Homelessness Prevention and Rapid Re-Housing Program (HPRP).

Indicator: Number of people obtaining Bridge Subsidy for independent housing monitored, number of individuals who moved from state hospitals to residential rehabilitation programs (RRPs) and/or to independent housing, outreach and training for providers and CSAs provided, meetings with participating organizations/providers and case management agencies held

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

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 develop, implement, and evaluate screening, 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, Maryland State Department of Education (MSDE), the Center for Maternal and Child Health, the Maryland Blueprint Committee, and other stakeholders, continue to build infrastructure and deliver training to improve quality of mental health screening assessment and intervention for young children.

Indicators:

- University of Maryland Early Childhood Mental Health Certificate program expanded to Bachelor's level participants – An additional 36 professionals trained
- The Maryland implementation of the Nurse-Family Partnership,[®] (an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children) explored
- Expand work with Pediatric medical specialty in pilots to improve developmental screening protocol. Possible CEU programs for pediatricians on early childhood mental health development and of Pediatric - Psychiatric consultation models piloted
- Project with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) further implemented

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MSDE; Center for Maternal and Child Health; the Maryland Blueprint Committee

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

Mental Health Block Grant – Criterion #3

(4-1B)

Child

MHA will work in conjunction with Department of Human Resources (DHR) and other stakeholders to improve screening, assessment, and service delivery for children and youth in foster care.

Indicators:

- Work continued with Baltimore City to strengthen the mental health component of the local Department of Social Services (DSS) child welfare health suite for all youth entering foster care in Baltimore City to assure combined health and mental health screening
- MD CARES – A comprehensive Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant designed for foster care children in care in Baltimore City implemented
- Crisis Response and Stabilization Service Initiative continued for children placed in foster care settings

Involved Parties: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; the Maryland Child and Adolescent Mental Health Institute; DHR; Maryland Coalition of Families for Children’s Mental Health; CSAs; Baltimore City and other local DSS offices

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

(4-1C)

MHA will work in conjunction with MSDE, local school systems, and a wide range of other interested stakeholders to develop recommendations to improve access to and quality of school mental health services provided to school-aged children.

Indicators:

- Efforts continued of the MSDE, MHA, and Maryland Coalition of Families for Children’s Mental Health; recommendations developed and disseminated on improving services for youth in schools identified by special education with education disabilities
- Blueprint School Mental Health Committee recommendations finalized and disseminated

Involved Parties: Cyntrice Bellamy, MHA Office of Child and Adolescent Services; MSDE, The Maryland Coalition of Families for Children’s Mental Health, the School Mental Health sub-committee of the Blue Print Committee; local school systems; CSAs; private providers

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

Mental Health Block Grant – Criterion #1

(4-1D)

Child

Implement a diverse range of innovative statewide and local youth suicide prevention activities with support of the SAMHSA Statewide Youth Suicide Prevention and Early Intervention grant “Maryland’s Linkages to Life.”

Indicators:

- Number of trainers trained in evidence-based practices (EBPs) for suicide prevention /intervention
- Development and funding of local coalitions for implementation of prevention activities and training within local school systems
- Development and funding of pilot projects for identified high risk rural counties
- Development and funding of pilot projects for counties with large numbers of completed suicides

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

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

Mental Health Block Grant – Criterion #1 & 4

(4-1E)

Adult & Older Adult

Develop and implement statewide activities for adult and older adult suicide prevention, intervention, and postvention.

Indicators: Adult suicide prevention 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: James Chambers and Marge Mulcare, MHA Office of Adult Services; Maryland Department on Aging; other key stakeholders

MHA Monitor: James Chambers and Marge Mulcare, MHA Office of Adult Services

Mental Health Block Grant – Criterion #1 & 4

(4-1F)

Older Adult

Continue to support CSAs in their ongoing efforts to develop mechanisms to address prevention and early intervention services for older adults.

Indicators: Reports from CSAs disseminated addressing progress in developing interagency committees supporting needs of older adults

Involved parties: James Chambers and Marge Mulcare, MHA Office of Adult Services; Jim MacGill, MHTO; CSAs

MHA Monitors: James Chambers, and Marge Mulcare, MHA Office of Adult Service

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 provide linkages to appropriate treatment and supports across the life span.

Mental Health Block Grant – Criterion #5

(4-2A)

Adult

MHA in collaboration with the University of Maryland will continue 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: Curriculum and training plan implemented, jurisdiction-by-jurisdiction assessment of capacity to deliver co-occurring disorder services completed, technical assistance for the Comprehensive Continuous Integrated Systems of Care (CCISC) model and the Integrated Dual Diagnosis Treatment (IDDT) toolkit provided

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; the University of Maryland Evidence-based Practice Center (EBPC); Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Alcohol and Drug Abuse (ADAA) and Developmental Disabilities (DDA) Administrations; CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

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

Mental Health Block Grant – Criterion #4

(4-2B)

Adult & Older Adult

Support implementation of the Money Follows the Person (MFP) initiative by (1) facilitating coordination of behavioral health, somatic care, and PMHS services for older adults transitioning from institutions to the community; and (2) identifying the service needs of individuals with traumatic brain injury transitioning from institutions to the community.

Indicator: Screening tools developed and implemented, consumers enrolled in Home and Community-Based Services (HCBS) waivers, MFP behavioral health recommendations implemented, MFP Web-based tracking system utilized

Involved Parties: James Chambers, Marge Mulcare, Stefani O’Dea, and Georgia Stevens, MHA Office of Adult Services; Daryl Plevy and James MacGill, MHTO; CSAs; Maryland Disability Law Center (MDLC); OOOMD; CBH; Office of Health Services MFP project; Maryland Department of Aging (local area agencies)

MHA Monitor: James Chambers, Marge Mulcare, and Stefani O’Dea, 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

(4-3A)

Child

Utilize the principles and values of the Transition to Independence (TIP) program, a best practice approach to improve the quality of services for transition-age youth (TAY), to conduct a comprehensive quality improvement initiative for MHA funded programs servicing this age group.

Indicator: Surveys and interviews completed, program site visits completed, number of programs using TIP, CSA sub-vendor contracts revised

Involved Parties: 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; Youth MOVE; 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)

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: Number of youth placed, results of program consultations monitored, site visit reports submitted

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

MHA Monitor: Marcia Andersen and Eric English, 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
Adult & Child

(5-1A)

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

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

Involved Parties: James Chambers, Penny Scrivens and Steve Reeder, MHA Office of Adult Services, 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; Steve Reeder, and Penny Scrivens, MHA Office of Adult Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; the University of Maryland Evidence-Based Practice Center (EBPC) and Systems Evaluation Center (SEC); CSAs; community mental health providers; ASO

MHA Monitor: James Chambers and Steve Reeder, MHA Office of Adult Services

(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 efforts of the Maryland Child and Adolescent Mental Health Institute to explore and implement child and adolescent evidence-based practices (EBPs) and other promising practice based models.

Indicators:

- Pilot projects with University of Maryland continued on Family-Informed Trauma treatment employing Trauma-Informed Cognitive Behavioral Therapy models in selected sites around the state
- In collaboration with the Children’s Cabinet, a range of EBPs implemented across all child serving systems
- Policy recommendations developed and preliminary data designed to move mental health respite care services towards a more demonstrated evidence base
- Wraparound fidelity in the context of the 1915(c) waiver and other interagency demonstrations monitored
- Efforts continued to increase the demonstrated efficacy of child and adolescent psychiatric rehabilitation programs

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

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

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

Mental Health Block Grant – Criterion #1

(5-2A)

Adult & Child

Implement and monitor crisis response systems, hospital diversion projects, and activities to increase the diversion of inpatient and detention center utilization by individuals with mental illnesses through support of the use of alternative services in Montgomery, Anne Arundel, Baltimore, and Prince George’s counties and Baltimore City CSAs.

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

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Brian Hepburn, MHA Office of the Executive Director; James Chambers, MHA Office of Adult Services; 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

MHA, in collaboration with the Developmental Disabilities Administration (DDA) and the Alcohol and Drug Abuse Administration (ADAA), will develop plans to assess preferences, needs, and desires of individuals hospitalized and will transition or discharge individuals with developmental disabilities in state hospitals to settings (community or unit for individuals with co-occurring illness) that are most appropriate to their needs.

Indicator: Patients identified; interview team convened; number of patients interviewed; collaboration facilitated among leadership at MHA, and DDA, regional offices, and CSAs; recommendations identified

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Clarissa Netter, MHA Office of Consumer Affairs; Debra Hammen, MHA Office of Forensic Services; DHMH Deputy Secretary for Behavioral Health and Disabilities; DDA; ADAA; MDOD; Maryland Association of Core Service Agencies (MACSA), CSAs; Facilities' CEOs; CBH; OOOMD; NAMI MD; consumer, family, advocacy organizations

MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations and Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care

Mental Health Block Grant – Criterion #5

(5-2C)

Child

In collaboration with Center for Medicare/Medicaid Services (CMS) and Maryland Medical Assistance (MA), continue implementation of the CMS-supported 1915(c) Psychiatric Residential Treatment Facility (PRTF) demonstration waiver to provide services to up to 80 children and youth and their families in four jurisdictions across the state.

Indicators: Number of Waiver providers enrolled, number of youth enrolled, program monitored

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

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

(5-2D)

MHA will convene a workgroup to review PMHS community-based initiatives, such as peer support services and telemedicine, and explore opportunities for Medicaid reimbursement, reviewing state plan options and potential Medicaid waivers.

Indicator: Workgroup convened, recommendations identified and submitted to MHA management

Involved Parties: James Chambers, MHA Office of Adult Services; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Stacey Diehl, MHA Office of Governmental Relations; Clarissa Netter, MHA Office of Consumer Affairs; Al Zachik, MHA Office of Child and Adolescent Services; Medicaid; other stakeholders

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

(5-2E)

Promote strength-based, resilience-building approaches through monitoring of critical incidents at MHA-regulated Therapeutic Group Home programs, ongoing review of licensing regulation standards, and tracking of out-of-state placement decisions overseen by the Children's Cabinet.

Indicators: Critical incidents reports logged and responses made, changes in policy and licensing standards monitored, out-of-state placements tracked

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

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

Objective 5.3 MHA will monitor and evaluate the performance of its key contractors the administrative service organization (ASO) and the Core Service Agencies (CSAs), requiring improvement as needed.

Mental Health Block Grant – Criterion #5

(5-3A)

Adult & Child

In collaboration with CSAs, monitor the transition of the ASO and its 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

Mental Health Block Grant – Criterion #2

(5-3B)

Adult & Child

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

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

Mental Health Block Grant – Criterion #5

(5-3C)

Adult & Child

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

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

(5-3D)

Adult & Child

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 monitored, CSA program improvement plans reviewed, on-site assessment of CSAs conducted, monitoring reports summarized

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

MHA Monitor: Alice Hegner, MHA Office of CSA Liaison

Mental Health Block Grant – Criterion #1
Adult & Child

(5-3E)

MHA and Medicaid will develop state plan, amend regulations, and notify the public on plans to implement Medicaid-reimbursed case management. Once CMS approval is received, MHA in collaboration with CSAs and the ASO, will implement and monitor the transition from contracted case management services to the fee-for-service system (FFS) for Medicaid recipients and uninsured individuals.

Indicator: State plan request submitted to CMS and approved, regulations amended and approved, public notice provided, CSA contracts amended, system is operational, providers enrolled with Medicaid, CSA contracts amended, CSA vendors provide case management services, providers' claims paid

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; James Chambers and Penelope Scrivens, MHA Office of Adult Services; Brian Hepburn, MHA Office of the Executive Director; Alice Hegner, MHA Office of CSA Liaison; Randy Price and Karen Allmond, MHA, Office of Administration and Finance

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

Objective 5.4. 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
Adult & Child

(5-4A)

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 developed, minimum of 10 conferences and 20 training events held, evaluations completed, support for CSA training maintained

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, MHA Office of Planning, Evaluation, and Training

Mental Health Block Grant – Criterion #5
Adult & Child

(5-4B)

Facilitate cross-training activities in cooperation with the three administrations under the DHMH Deputy Secretary for Behavioral Health and Disabilities: Alcohol and Drug Abuse, Developmental Disabilities, and Mental Hygiene.

Indicator: Training agendas developed, evaluations completed, feedback from other administrations submitted

Involved parties: Pat Miedusiewski, DHMH, state program administrator for co-occurring disorders; Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; other MHA staff as appropriate; DHMH Office of the Deputy Secretary for Behavioral Health and Disabilities, CSAs; the University of Maryland Training Center and Evidence-Based Practice Center; directors of training from the Alcohol and Drug Abuse and the Developmental Disabilities administrations; advocacy, family, consumer and provider groups

MHA Monitor: Pat Miedusiewski, DHMH, State Program Administrator for Co-occurring Disorders

Mental Health Block Grant – Criterion #1 & 5
Child

(5-4C)

The Child and Adolescent Mental Health Workforce Committee, chaired by MHA and MSDE, will develop a mental health training model for educators and continue development and delivery of curricula for training of staff in child mental health professions based on established core competencies.

Indicators:

- New training modules developed and marketed for undergraduate and graduates prepared individuals to receive CEUs via web-based educational technology
- Certificate programs in specialized staff concentrations designed and marketed for undergraduate and graduate – prepared individuals
- Modules refined for utilization in existing master's degree programs (such as the School of Social Work) and for award of CEUs via Web-based technology
- Retention and Recruitment Plan developed and prioritized for implementation
- Mental Health training Model for educators developed to assist them in working with children with mental health needs and their families

Involved parties: MHA Office of Child and Adolescent Services; MSDE; the Maryland Child and Adolescent Mental Health Institute; professional schools representing higher education; the Maryland Coalition of Families for Children's Mental Health; The Mental Health Transformation Workforce Workgroup; provider agencies; local school systems

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

(5-4D)

Adult & Child

MHA, in collaboration with CSAs, will provide training for law enforcement officers, other public safety officials, and corrections personnel regarding the management of crises involving individuals who appear to have a mental disorder and are charged with offenses or suspected of criminal involvement or juvenile delinquency.

Indicator: Training agenda developed, a minimum of four trainings completed, correspondence and information disseminated, attendance at meetings

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

(5-5A)

Adult & Child

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 held, expenditures and needs reviewed by clinical directors and financial officers

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; clinical directors and financial officers

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

(5-5B)

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

Indicator: Uniform standards, practices, and outcomes 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, in collaboration with CSAs, state facilities, the administrative services organization (ASO), and key stakeholders, through a variety of approaches will evaluate and improve the appropriateness, quality, efficiency, cost effectiveness, and outcomes of mental health services within the PMHS.

Mental Health Block Grant – Criterion #5
Adult & Child

(5-6A)

Continue to monitor the implementation of the Outcomes Measurement System (OMS), including transition of multiple, complex aspects of this initiative to the new ASO.

Indicator: Modifications to OMS questionnaires finalized; multiple, complex programming and testing tasks needed for successful integration of the OMS questionnaires into the ASO service authorization system completed; successful transfer of the OMS data from the former ASO to the new ASO; implementation of OMS monitoring reporting and feedback mechanisms; tasks reestablished, including OMS expenditure analysis, review of provider utilization rates, and review of provider questionnaire completion rates; resolution of identified problems; interactive OMS Web-based system reestablished with refinements; continued development of analytical structures, displays, and reports that measure and reflect change-over-time analyses at the state, CSA, and provider levels

Involved Parties: Sharon Ohlhaber, MHA Office of Quality Management and Community Program; Brian Hepburn, MHA Office of the Executive Director; Sheba Jeyachandran, MHA consultant; MHA Management Committee; ASO; CSAs; University of Maryland Systems Evaluation Center (SEC); CBH; provider, consumer, family, and advocacy groups

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

Mental Health Block Grant – Criterion #5

(5-6B)

Adult & Child

Continue the annual statewide client perception of care surveys of adults and parents/caretakers of children and youth regarding their experiences with PMHS services.

Indicator: Data analysis of FY 2009 survey results completed; percentage of adult consumers who report that they deal more effectively with daily problems and percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentages based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission; FY 2010 survey conducted

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

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

(5-6C)

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

Indicator: Access to data increased 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, data liaison between MHA and CSAs created to evaluate current data system and to fabricate data reports used for the purpose of policy and planning by CSAs and other stakeholders

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

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

(5-6D)

Monitor the delivery of forensic services, generate statistical information to promote system efficiency, accountability, and public awareness.

Indicator: The number and results of court-ordered evaluations, the number and percentage of individuals in DHMH facilities on court order, and the number and success of consumers on court-ordered conditional release in the community, reports submitted to MHA Management Committee, the CSAs, and the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council

Involved Parties: Larry Fitch, 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

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 #2
Adult & Child

(6-1A)

Enhance PMHS data collection and monitoring through continued activities to develop and/or refine management information systems.

Indicator: Technical aspects of management information systems refined, logic of reports enhanced to reflect recovery orientation and more efficient use of service data, accuracy and usefulness of current reports identified; promotion of Web-based OMS datamart for access to point in time and change over time information continued, data utilized to enhance the Joint Commission (JCAHO) submissions, additional funding explored to sustain development and implementation; social media outlets explored to promote public mental health awareness and improve communication among MHA, CSAs, providers, advocates

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Brian Hepburn, MHA Office of the Executive Director; Sharon Ohlhaber, MHA Office of Quality Management and Community Program; 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

(6-1B)

Maintain accreditation of MHA facilities by the Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations).

Indicator: All MHA facilities accredited

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Brian Hepburn, MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Management Committee; MHA Facility CEOs; appropriate facility staff

MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations

Objective 6.2. MHA in collaboration with CSAs, other agencies/statewide systems, 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: Database for approximately 2700 screenings and evaluations maintained, Hospital Management Information System (HMIS) database on all court-committed individuals updated, Community Forensic Aftercare Program (CFAP) database on all individuals on court-ordered conditional release maintained; data reports submitted to MHA Management and the 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

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.

Mental Health Block Grant – Criterion #5
Adult & Child

(6-3A)

Promote use of Web-based resources to educate the public and extend and improve training resources for consumers, family members, mental health professionals, and other stakeholders.

Indicator: Increased use of Webinars for training, planning, and outreach to youth; list of Web-based resources prepared and disseminated statewide by MHA Recovery Committee

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

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

(6-3B) Adult & Child

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

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 provided, continued use and promotion of Network of Care especially through Wellness and Recovery Centers, focus groups continued, Network of Care promoted within veteran community and families

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Clarissa Netter, MHA Office of Consumer Affairs; MHTO; Anne Arundel County CSA; Maryland Association of Core Service Agencies (MACSA); OOOMD; MHAM; NAMI MD; local providers in each jurisdiction

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

Appendix

Acronyms

ADAA	Alcohol and Drug Abuse Administration
ARRA	American Recovery and Reinvestment Act
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CCISC	Comprehensive Continuous Integrated Systems of Care
CEO	Chief Executive Officers
CILS	Centers for Independent Living
CMHS	Center for Mental Health Services
CMS	Center for Medicare/Medicaid Services
COOP	Continuity of Operations Plan
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
EID	Employed Individuals with Disabilities
FHA	Family Health Administration
GOC	Governor's Office for Children
HB	House Bill
HCBS	Home and Community-Based Services
HPRP	Homelessness Prevention and Rapid Re-Housing Program
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
IDDT	Integrated Dual Diagnosis Treatment
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance 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
MCLC	Maryland Consumer Leadership Coalition
MCO	Managed Care Organization

MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFI	Money Follows the Individual
MFP	Money Follows the Person
MHA	Mental Hygiene Administration
MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHFA	Mental Health First Aid
MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
NAMI MD	National Alliance for Mental Illness-Maryland
NIMS	National Incident Management System
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.
PATH	Projects for Assistance in Transition from Homelessness
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMHS	Public Mental Health System

PRP	Psychiatric Rehabilitation Program
PRTF	Psychiatric Residential Treatment Facility
RRP	Residential Rehabilitation Program
SAMHSA	Substance Abuse and Mental Health Services Administration
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
VA	Veterans' Administration
WRAP	Wellness Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience