



Maryland Department of Health and Mental Hygiene Mental Hygiene Administration - Office of Special Needs Populations

Mission Statement:

The Office of Special Needs Populations fosters the development of programs and services for consumers of mental health services with special needs. This includes: individuals with psychiatric disabilities who are homeless, are in jail and could be appropriately served in the community; individuals who have histories of trauma; individuals who are deaf or hard of hearing; victims of natural or man made disasters; and veterans of the Afghanistan and Iraq conflicts who have behavioral health needs. The focus of the Office of Special Needs Populations is on innovative programs which promote prevention of recidivism to homelessness, detention centers, and psychiatric hospitals; delivery of coordinated services to adults with special needs; applications for funding of gaps in services for this population; and research on the effectiveness of special projects in enhancing quality and access to services.

The Maryland Community Criminal Justice Treatment Program - Jail Project

Many persons with serious mental illnesses are often arrested for manifestations of their illnesses and are incarcerated in local jails and detention centers where, without treatment, their mental and physical health problems could deteriorate even more. The Mental Hygiene Administration (MHA) has implemented the Maryland Community Criminal Justice Treatment Program (MCCJTP) in 23 local jurisdictions to meet the comprehensive needs of this vulnerable population and to reduce recidivism to homelessness, detention centers, and psychiatric hospitals. Each participating jurisdiction is required to develop an advisory board which includes representatives from the various agencies that serve the client in the community such as mental health, alcohol and drug abuse, public defenders, the judiciary, parole and probation, law enforcement, social services, and consumers. To receive the seed money from MHA to begin a program, each advisory board is required to develop a memorandum of agreement that defines the specific services each agency will provide. The MCCJTP case manager serves the consumer holistically, involving a multitude of agencies and services, beginning in the detention center and continuing into the community. Meaningful daytime activities such as volunteer work and employment are an integral part of each consumer's service plan.

MCCJTP focuses on individuals who are 18 or older and have serious mental illnesses and/or co-occurring disorders and are incarcerated in local detention centers or on intensive parole and probation caseloads. These services may also be provided to individuals with HIV/AIDS and/or individuals that are homeless. The Mental Hygiene Administration funds \$1.9 million annually to provide for case management and psychiatric services beginning in the detention center. All consumers meeting medical necessity criteria are provided an array of services through our Public Mental Health System. Local county governments and detention centers have also provided funds and local agencies have provided in-kind services.

Shelter Plus Care Housing Program

In July 1995, the United States Department of Housing and Urban Development granted MHA a \$5.5 million Shelter Plus Care grant to provide housing for five years for homeless, seriously mentally ill consumers coming out of jail. Since the initial five-year Shelter Plus Care grant was acquired, MHA has obtained eleven additional five-year Shelter Plus Care Housing grants targeted to specific populations. A total of \$24 million dollars of Shelter Plus Care Housing funding has been obtained since the program's inception.

MHA's Shelter Plus Care Housing Program provides tenant and/or sponsor-based rental assistance to individuals and families with an adult member who has a serious mental illness, who are homeless and are being released from the local detention centers, as well as individuals and families with an adult member who is on parole and probation, who are homeless and are at risk for incarceration due to behavior manifestations resulting from a serious mental illness. In Fiscal Year 2005, a total of 581 persons were in the Shelter Plus Care Program, including 139 single individuals and 145 families with 238 children and 59 other family members. MHA works with the local Continuum of Care Boards to incorporate the Shelter Plus Care Program in their applications for continued funding and seeks additional Shelter Plus Care Housing funding for the specific populations served under the Office of Special Needs Populations.

TAMAR Program

In 1998 the Office of Special Needs Populations received \$824,331 over two years from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Women and Violence Demonstration grant. Maryland was one of fifteen sites across the nation and the only site to focus on women in the criminal justice system. This pilot project provided a full array of training and clinical services to women incarcerated in detention centers who have been traumatized by physical or sexual abuse. In order to participate in the pilot, the women had to have a co-occurring substance abuse and psychiatric disorder. Cross-generational issues were addressed by providing coordinated case management across agencies to both mothers and their children. The three original jurisdictions participating in the Maryland project were Dorchester, Calvert, and Frederick Counties. During the Federal Fiscal Year 2000, about 103 women were seen through this pilot project. The recidivism rate was less than 3%.

After federal funding for the project ended in 2001, MHA, pleased with the project's success, committed to continue funding this program. The TAMAR program currently serves male and female inmates who have serious mental illnesses, a co-occurring substance use disorders, and histories of trauma. In partnership with a variety of agencies including the Core Service Agencies and the Maryland Correctional Administrators Association, the TAMAR program continued to expand. MHA currently supports trauma programs in Anne Arundel, Baltimore, Caroline, Dorchester, Frederick, Garrett, Prince George's and Washington Counties, as well as, Springfield State Hospital. The TAMAR program served approximately 1,500 individuals in State Fiscal Year 2007.

PATH Program

Maryland's Projects for Assistance in Transition from Homelessness (PATH) program was developed in 1991. PATH is a federal formula grant from the Substance Abuse Mental Health Services Administration (SAMSHA) Center for Mental Health Services. PATH provides flexible community and detention center-based services to individuals who are homeless and have a mental illness. Services include screening and assessments, rehabilitation and habilitation services, case management linkage to housing, referrals to primary health and mental health, employment and education services, housing assistance, security deposits, one-time only funds to prevent eviction in Baltimore City and 22 counties in Maryland, and other services.

In Fiscal Year 2004, Maryland's PATH Program provided services to 2,743 homeless individuals who have a mental illness. Of the 2,743, 1,752 became actively enrolled in the PATH Program. In Fiscal Year 2006, PATH funding was increased to \$1,065,000 which includes the addition of innovative services being provided in Baltimore City, Frederick, Harford and St. Mary's Counties. In addition to the PATH Program, the Office oversees all homeless services for individuals who have a mental illness. MHA works collaboratively with several federal, state, and local agencies to develop specialized programs and plans to address homelessness in Maryland.

Deaf Services

Providing full accessibility to deaf consumers is a priority of the Office of Special Needs Populations. The Office of Special Needs Populations works with community-based programs, Springfield Hospital Center, and the Maryland Advisory Council for the Deaf and Hard of Hearing to coordinate community and inpatient services for persons who have a serious mental illness and are deaf or hard of hearing. MHA currently operates a separate unit at Springfield Hospital serving deaf consumers in need of hospitalization. The unit provides full accommodations for deaf consumers and employs a full complement of deaf mental health professionals who are fluent in American Sign Language. MHA also provides client support funds and \$791,482 in State funding to CSAs to provide assistance for 161 deaf consumers to access outpatient treatment, psychosocial rehabilitation services, case management, and residential rehabilitation services through interpreters and/or staff fluent in American Sign Language. Additionally, limited outpatient clinic, residential rehabilitation and mental health services are available to individuals who have a serious mental illness who are deaf or hard of hearing through the Public Mental Health System.

The Office of Special Needs Populations also participates on several committees and advisory boards related to enhancing services for consumers who are deaf and hard of hearing. This includes the Maryland Advisory Council for the Deaf and Hard of Hearing and the Maryland Advisory Council for Deaf and Hard of Hearing Mental Health Subcommittee. MHA is working with these groups to explore alternative technological approaches, i.e. remote video interpreting and tele-psychiatry, to improve access to outpatient treatment and housing for consumers who are deaf and hard of hearing.

Behavioral Health Disaster Services

The Office of Special Needs Populations has the responsibility for coordinating the delivery of behavioral health services in response to natural and man-made disasters. The Mental Hygiene Administration has been the recipient of several grants from SAMHSA's Center for Mental Health Services and the Federal Emergency Management Agency, including:

- Isabel Outreach Project which provided short-term crisis counseling to assist survivors of Hurricane Isabel with recovery;
- Terrorism-Related Disaster Relief which supports program planning, development, implementation, and training to improve the State's disaster mental health response capacity and collaboration with local jurisdictions. Services include: Disaster Mental Health Volunteer Corps, culturally competent training for service providers, inter-agency collaboration, and the development of a data information surveillance network to collect data – HOTS;
- Emergency Response Capacity grant to assist Maryland's Mental Hygiene Administration and Alcohol and Drug Abuse Administration to develop coordinated, All-Hazards Behavioral Health Disaster Plans;
- The KARE Project which provides short-term crisis counseling to assist survivors of Hurricane Katrina who evacuated to Maryland.

In addition, the Office of Special Needs Populations is tasked with coordinating the Veteran's Initiative project. This \$2.8 million dollar, three-year project is responsible for providing service coordination for veterans in all geographic regions of the state to connect them to behavioral health services and resources. Working in partnership with the US Department of Veterans Affairs, the Mental Hygiene Administration will assist veterans in accessing needed USVA services. MHA, in conjunction with local providers, will also provide necessary services to eligible veterans until federal resources can be accessed and obtained. This Initiative will also provide a Web-based program, through the Network of Care, for veterans services and resources. Crisis services, including hotline and crisis bed availability, will also be made available to eligible veterans State-wide.

Chrysalis House Healthy Start Program

The Office of Special Needs Populations is the lead State agency responsible for the oversight of the Chrysalis House Healthy Start Program. The Chrysalis House Healthy Start Program was created by the Mental Hygiene Administration in partnership with various agencies within the Department of Health and Mental Hygiene, the Department of Public Safety and Correctional Services (DPSCS), the Administrative Office of the Courts, Baltimore Mental Health Systems, Inc. and the Archdiocese of Baltimore. The Chrysalis House Healthy Start Program, which opened in July 2007, is a 16-bed statewide diagnostic and transitional program for pregnant and post-partum women 18 years of age or older and their babies.

The goal of the program is to prevent the participants from recidivism to multiple high cost service systems. The program is operated through the collaborative resources of Chrysalis House, Inc., the Family Tree, Baltimore City Healthy Start Program, and University of Maryland Medical Systems, Inc. The program provides a comprehensive assessment of the women's needs, access to appropriate treatment resources, and the provision of services and support services designed to meet the needs of women and their babies. Services include prenatal care, addiction services, mental health and trauma treatment, parenting skills training, life skills training, job training, and a host of other support services to pregnant women and their babies.

SOAR Initiative

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to mainstream benefits for individuals who are homeless or at risk of homelessness through training, technical assistance and strategic planning. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally provide either Medicaid and/or Medicare health insurance to eligible individuals. Access to these benefits can be very challenging for individuals who are homeless with mental health problems or who are returning to the community from institutions (jails, prisons or hospitals) because the application process for SSI/SSDI is complicated and often difficult to navigate.

The SOAR Initiative offers strategic planning, a train-the-trainer program that includes use of SAMHSA's *Stepping Stones to Recovery* training curriculum, and technical assistance. In April 2008, responsibilities for this Initiative were transferred from the State Department of Human Resources to the Mental Hygiene Administration, specifically the Office of Special Needs Populations. As part of this Initiative, this Office will work to form and/or reconvene local and state workgroups, provide training, and collect data for individuals who have previously been trained in the curriculum.

For more information contact Marian Bland, LCSW-C, Director of the Office of Special Needs Populations, or the Program Staff listed below:

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