STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Brian M. Hepburn, M.D., Executive Director

MEMORANDUM

TO: **Distribution List**

FROM: **Brian Hepburn, M.D.**
Executive Director
Mental Hygiene Administration

THROUGH: **Cynthia Petion, Director, MHA Office of Planning, Evaluation, and Training**

DATE: **August 2, 2010**

SUBJECT: ***FY 2011 ANNUAL STATE MENTAL HEALTH PLAN***

Enclosed please find the final copy of the ***FY 2011 Annual State Mental Health Plan.***

The Mental Hygiene Administration would like to acknowledge all of the individuals, organizations, and state agencies that contributed to the development of the FY 2011 State Mental Health Plan, spending almost a full day at the Plan Development Meeting/Workgroup. We would like to also thank the Planning Committee of the Maryland Advisory Council/P.L. 102-321 Planning Council who, in addition to planning and/or attending the work group, spent considerable time reviewing the draft document for final comment and approval.

In previous years, to foster the implementation of a consumer-driven recovery and resilience oriented system, MHA adopted goals from the ***New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America.*** This year, MHA has followed SAMHSA's lead in developing goals based on **SAMHSA's 10 Strategic Initiatives** which further delineate MHA's focus on the continued improvement in the delivery of PMHS services.

Additionally, the goals, objectives, and strategies developed and/or updated address major issues driven by various legislative activities, ongoing MHA projects, the current fiscal environment, and collaborative efforts with state agencies and other stakeholders. These MHA goals, objectives, and strategies also continue to reflect advancements in the PMHS enhanced by community involvement and by efforts of the Maryland's Mental Health Transformation State Incentive grant (MHT-SIG).

Again, we at MHA thank all who contributed to the development of this plan. Please share this document with your staff, colleagues, or with other individuals who will contribute to and benefit from the accomplishment of these strategies. We look forward to continued collaboration as we proceed with our goals and future endeavors.

Enclosure:
FY 2011 State Mental Health Plan

Additional copies are available from the Division of Planning, through Telephone 410-402-8474. In the next several weeks, this document will also be available on MHA's Web site. You may visit at http://dhmh.state.md.us/mha/

FY 2011 ANNUAL STATE MENTAL HEALTH PLAN
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Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2011 ANNUAL STATE MENTAL HEALTH PLAN

A CONSUMER – ORIENTED SYSTEM

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RENATA HENRY, DEPUTY SECRETARY
BEHAVIORAL HEALTH AND DISABILITIES

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

July 2010

"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."

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ACKNOWLEDGEMENTS

As in the past, the FY 2011 State Mental Health Plan is the result of the hard work of many people, particularly the Mental Hygiene Administration (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, during the past two years 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 all day Mental Health Plan Development Meetings held in the spring. This year on April 29, 2010 the gathering included representatives of:

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

Family members

Consumer, child and family advocacy organizations

Wellness and Recovery Centers

Mental health providers and provider organizations

Local Mental Health Advisory Committees

Maryland Association of Core Service Agencies

Core Service Agencies' Boards of Directors

Protection and Advocacy Agencies

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

Maryland Blueprint Committee

The Traumatic Brain Injury Advisory Board

DHMH and other Maryland state agencies

MHA staff and the Mental Health Transformation Office

Other interested stakeholders and citizens of Maryland

We at MHA thank all who contributed to the development of this plan and look forward to continued collaboration as we proceed with our goals and future endeavors. The groups format and the availability of and interaction among key MHA staff and stakeholders allowed much to be accomplished in a limited period of time. While not all suggestions were able to be included in the final document, some due to budget and resource constraints, many of the concepts prioritized by the break-out groups are expressed, at least in part, in a number of strategies. Your input and participation, through the group discussions and interactive process, have been invaluable.

STATE OF MARYLAND MENTAL HYGIENE ADMINISTRATION

MISSION

The Department of Health and Mental Hygiene's Office of Behavioral Health and Disabilities will develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions and developmental disabilities. The Mental Hygiene Administration will, through publicly funded services and supports, promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders.

THE VISION

The Vision of our public mental health system is drawn from fundamental core commitments:

- Coordinated, quality system of care
- A full range of services available
- Seamless linkages to services for the consumer delivered through a system of integrated care
- Recognition that co-occurring and co-morbid conditions are the norm
- Focus on treatment, behavioral health, support, recovery, and resilience
- Services developed in collaboration with culturally competent stakeholders in an environment that is culturally sensitive
- Improved health, wellness, and quality of life for consumers

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. The hospitals are 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 allow for continuity of care and facilitate support with all activities of life.

(3) ***EMPOWERMENT***

Consumers, families, and advocates 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 appropriate level of mental health services.

(7) ***EFFECTIVE MANAGEMENT AND ACCOUNTABILITY***

Accountability is essential to consistently provide an adequate 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 come from increased awareness and understanding of psychiatric disorders and treatment options.

SYSTEM GOALS
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These MHA goals, objectives, and strategies are a result of the collaborative efforts related to the implementation of the federal Mental Health Transformation State Incentive Grant (MHT-SIG), existing interagency cooperation, and public and private partnerships. These alliances have been strengthened and new partnerships formed to further build upon the infrastructure, 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.

In previous years, to foster the implementation of a consumer-driven recovery and resilience oriented system, MHA followed SAMHSA's lead in adopting the goals and recommendations outlined in the 2003 New Freedom Commission Report: *Achieving the Promise: Transforming Mental Health Care in America.* To continue improvement in the delivery of prevention, treatment and recovery support services, SAMHSA has identified 10 Strategic Initiatives to focus the Agency's efforts. This year MHA has organized its FY 2011 plan activities based on these initiatives.

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GOAL I. INCREASE PUBLIC AWARENESS AND SUPPORT FOR IMPROVED HEALTH AND WELLNESS.

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

(1-1A)
MHA, in collaboration with the Department of Health and Mental Hygiene (DHMH), the Mental Health Transformation Office (MHTO), the Missouri Office of Transformation, and the National Council for Community Behavioral Health, will continue implementation of the Mental Health First Aid-USA (MHFA USA) initiative for adults and youth in Maryland.

Indicators:

- Mental Health First Aid Participant Manual and Teaching Notes (adapted for adults) published, distributed, and promoted
- Work with MHAM and national partners continued to develop a MHFA USA Youth Manual and teaching notes
- Web-based MHFA USA training developed to increase access and availability for the general public
- 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; CSAs; Mental Health Association of Maryland (MHAM); Maryland Coalition of Families for Children's Mental Health; On Our Own of Maryland; Missouri Transformation; the National Council for Community Behavioral Health; other mental health advocacy groups

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director, Daryl Plevy, MHTO

(1-1B)
MHA, in collaboration with the Core Service Agencies (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.

Indicators: Activities include:

- Maryland Coalition of Families for Children's Mental Health's and Mental Health Association of Maryland's (MHAM's) 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
- Promotion and usage of Network of Care
- MHAM outreach campaign for older adults
- DHMH statewide outreach media campaign
- Wellness and Recovery Centers' outreach efforts

Involved Parties: John Hammond, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services; James Chambers, MHA Office of Adult Services; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; MHA Office of Consumer Affairs; appropriate MHA staff; CSAs; Maryland Coalition of Families for Children's Mental Health; MHAM; NAMI MD; OOOMD; Wellness and Recovery Centers; 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

(1-1C)
Explore efforts to enhance communication and education through use of social media tools and networks.
Indicators:

- Social media outlets explored to promote public mental health awareness and improve communication among MHA, CSAs, providers, advocates

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; John Hammond, MHA Office of Public Relations
MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

(1-1D)
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:

- Continued use of National Incident Management System (NIMS)
- Incident Command System (ICS) Chart maintained, ongoing NIMS/ICS training for Incident Command Team completed
- All-Hazards Disaster Mental Health Plan updated, Continuity of Operations Plan (COOP) for Pandemics and a general COOP plan updated
- Facility Evacuation Plans and Mass Fatalities Plans for MHA facilities developed and implemented, equipment purchased

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director of Facilities Management and Administrative Operations; Marian Bland, MHA Office of Special Needs Populations; Gail Wowk, MHA Emergency Preparedness; Facilities CEOs; Hospital Emergency Managers; CSAs
MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director of Facilities Management and Administrative Operations

Objective 1.2 MHA will continue efforts that facilitate recovery and build resiliency and develop mechanisms to promote health and wellness across the lifespan.

(1-2A)
MHA, in collaboration with On Our Own of Maryland (OOOMD), will support statewide activities promoting the continuance 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.
Indicators:

- Two facilitator follow-up trainings held
- Statewide wellness and recovery informational meetings held to educate providers
- Continued implementation of WRAP training in local consumer peer support and advocacy organizations across Maryland such as Wellness and Recovery Centers
- 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; the Mental Health Transformation Office (MHTO); OOOMD; CSAs; Wellness and Recovery Centers
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(1-2B)
Continue to implement, evaluate, and refine the Self–Directed Care project in Washington County and throughout the state.
Indicators:

- 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 for mental health treatment
- Proposal for new MHTO grant submitted to Substance Abuse and Mental Health Services Administration (SAMHSA); if funded, increased opportunities for career development and wellness and recovery for adults with serious mental illness (SMI) through the integration of: Evidence-Based Practice Supported Employment (EBP-SE) with On-site Benefits Counseling/Employed Individuals with Disabilities (EID), Self Directed Care, and WRAP

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Daryl Plevy, MHTO; other MHA staff; CSAs; Washington, Howard and Harford County CSAs and providers; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH); other interested parties
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

Objective 1.3. MHA will increase opportunities for consumer, youth, family and advocacy organizational input into the planning, policy, quality assurance, evaluation, and decision-making processes.

(1-3A)
Participate in oversight of the Consumer Quality Team (CQT) project and plan for statewide expansion.
Indicators:

- Psychosocial programs and inpatient facilities in Maryland visited
- Continued 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; Community Behavioral Health Association of Maryland (CBH)
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(1-3B)
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.
Indicators:

- Annual Family Leadership Academy convened, training activities for families implemented, number of graduates
- 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 redefined and expanded to include increased collaboration and participation at statewide trainings
- Increased consumer participation in Public Mental Health System (PMHS) state and local policy planning

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 and Clarissa Netter, MHA Office of Consumer Affairs

GOAL II. PROMOTE A SYSTEM OF INTEGRATED CARE WHERE PREVENTION OF SUBSTANCE ABUSE AND MENTAL ILLNESS ARE COMMON PRACTICE ACROSS THE LIFE SPAN.

Objective 2.1. MHA, in collaboration with CSAs, the administrative services organization (ASO), managed care organizations (MCOs), behavioral health and health care providers, and other administrations and agencies, will continue to develop mechanisms to promote integrated health care.

(2-1A)
Continue to facilitate coordination of care activities throughout the Public Mental Health System (PMHS) and study data to determine impact of wellness activities and coordination of care in the provision of community mental health services.

Indicators:

- Utilization of existing interagency data to facilitate coordination of care i.e. pharmacy data (PharmaConnect)
- Providers trained on shared information system, continued development of care management/case management coordination through MHA-MCO Coordination of Care Committee
- Results of pilot project on issues of morbidity and mortality rates identified, data collected, wellness activities identified and developed, coordination of care facilitated throughout the system
- Increased access to registered public health providers through the ASO Website, compliance activities monitored, and coordination of care activities administered through monthly meetings of medical directors of MHA and HealthChoice
- System integration of elements of coordination of care in PMHS through the Community Mental Health Medical Directors Consortium

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-MCO Coordination of Care Committee; Community Mental Health Medical Directors Consortium; Alcohol and Drug Abuse Administration (ADAA); MCOs; Medical Assistance-Office of Health Services; ASO

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

(2-1B)
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 adolescents and children with serious mental illness or serious emotional disorder with focus on psychopharmacological practices for youth in both foster care and juvenile justice settings.

Indicator:

- Results of study on medication risk factors within a selected group of foster children identified, findings shared with providers throughout the PMHS and other child-serving agencies

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; 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 (DHR); CSAs; Maryland Department of Juvenile Services (DJS); 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: Al Zachik, MHA Office of Child and Adolescent Services

(2-1C)
Collaborate with the MDQuit Center of the University of Maryland – Baltimore County (UMBC), 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.

Indicators:

- Utilization of tool kits and techniques to plan cessation initiatives in state facilities and community programs; provision of guidance and technical assistance to CSAs on successful cessation initiatives
- 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; MHTO; CSAs; UMBC MDQuit Center; CBH

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

(2-1D)
Implement the provisions of the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant from the Center for Medicare/Medicaid Services (CMS) to examine and refine Care Management Entity (CME) approaches through a multi-state (Maryland, Georgia, and Wyoming) Learning Collaborative and evaluate the impact of care management on children and families enrolled.
Indicator:

- Contracts developed with state partners

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; Department of Juvenile Services (DJS); Department of Human Resources (DHR); CMS; Maryland Coalition of Families for Children's Mental Health; Center for Healthcare Strategies; State of Georgia; State of Wyoming; other interested parties

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

(2-1E)
Continue to interface and maintain liaison efforts with other agencies and administrations to support a comprehensive system of behavioral and somatic health and other services and community supports.

Indicators:

- Maintain liaisons and participate on joint projects with the following entities:

Maryland State Government	MHA Monitor
Maryland Department of Disabilities (MDOD)	Brian Hepburn MHA Office of the Executive Director
Governor's Office for Children (GOC)	Al Zachik, 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
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 Ohlhaver 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)	Arlene Stephenson MHA Office of the Deputy Director for Facilities Management and Administrative Operations

Objective 2.2. MHA will work with the CSAs and other stakeholders to develop, implement, and evaluate screening, prevention, and early intervention services across the life span for individuals with psychiatric disorders or individuals who are at risk for psychiatric disorders.

(2-2A)
In collaboration with the Maryland Child Adolescent Mental Health Institute, the 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 the 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
- Summary of implementation data from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) reviewed

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

(2-2B)
MHA will work in conjunction with Department of Human Resources (DHR), Care Management Entities (CMEs), and other stakeholders to improve screening, assessment, and service delivery for children and youth in foster care.
Indicators:

- CME data reporting on various child welfare initiatives
- Systems of Care grants - MD CARES and RURAL CARES – implemented in Baltimore City and nine Eastern Shore Counties
- 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; local Department of Social Services (DSS) offices
MHA Monitor: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services

(2-2C)
MHA will work in conjunction with MSDE, local school systems, and a wide range of other interested stakeholders to improve access to and quality of school mental health services provided to school-aged children.
Indicators:

- Participation on workgroups of the Steering Committee on Students with Emotional Disabilities in Educational Settings and the Maryland Blueprint Committee's School Mental Health Sub-Committee
- Develop, finalize, and disseminate recommendations on behavior management, stigma, appropriate screening guidelines, implementation of individualized education plans, and transition to independence process principles

Involved Parties: Cyntrice Bellamy, MHA Office of Child and Adolescent Services; MSDE; the University of Maryland Center for School Mental Health; the Steering Committee on Students with Emotional Disabilities in Educational Settings; the Maryland Coalition of Families for Children's Mental Health; the School Mental Health sub-committee of the Maryland Blueprint Committee; local school systems; CSAs; private providers
MHA Monitor: Cyntrice Bellamy, MHA Office of Child and Adolescent Services

(2-2D)
MHA, in collaboration with CSAs and other stakeholders, will continue efforts to address and implement suicide prevention activities for youth, adults, and older adults.
Indicators:

- Continued implementation of pilot projects for identified high risk counties, prevention activities, and training within local school systems under the Maryland Linkages to Life Grant
- Continued monitoring of utilization of Youth Suicide Hotlines for increased access resulting from passage of Maryland legislation, House Bill (HB) 973, which requires schools to provide the crisis phone number and related information to students in grades 6-12.
- DHMH/MHA participation in the Governor's Commission on Suicide – minutes posted on DHMH Website and workgroups established to focus on issues of various populations

Involved Parties: Henry Westray, MHA Office of Child and Adolescent Services; James Chambers, MHA Office of Adult Services; Maryland Department on Aging; Youth Crisis Hotline Network; the Maryland Committee on Youth Suicide Prevention; MSDE; CSAs; Johns Hopkins University; University of Maryland; Local school systems; other key stakeholders
MHA Monitor: Henry Westray, MHA Office of Child and Adolescent Services

Objective 2.3. 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.

(2-3A)
MHA, in collaboration with Maryland Department of Disabilities (MDOD), Department of Human Resources (DHR), Maryland State Department of Education (MSDE), and other stakeholders, will develop integrated home and community-based services and supports for youth and young adults in transition through the Healthy Transitions Initiative demonstration project in Washington and Frederick Counties.
Indicators:

- Establish seamless referral protocols to link youth-serving agencies with the PMHS for services to transition-aged youth
- Identify involved systems and services and review eligibility criteria
- 67 youth and young adults in transition served

Involved Parties: Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; MDOD; MSDE; CSAs; DHR; 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; the University of Maryland; local school systems; parents; students; advocates; other key stakeholders
MHA Monitor: Tom Merrick, MHA Office of Child and Adolescent Services and Steve Reeder, MHA Office of Adult Services

(2-3B)
MHA, in collaboration with other state agencies, will participate in Maryland's Commission on Autism to evaluate and increase understanding of services that address the needs of Maryland families with children and adults with Autism Spectrum Disorders.
Indicators:

- Information disseminated as appropriate to assist families in service delivery

Involved Parties: Al Zachik, Marcia Andersen, and other staff, MHA Office of Child and Adolescent Services; Renata Henry, DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities; Maryland Department of Disabilities (MDOD); MSDE; DHR; the Kennedy Krieger Institute; the University of Maryland; parents; students; advocates; other key stakeholders
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

Objective 2.4. 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.

(2-4A)
Continue to provide training, technical assistance, and consultation to promote Dual Diagnosis Capability (DDC) in mental health treatment.
Indicators:

- Co-occurring disorders supervision collaborative training in eight outpatient mental health clinics (OMHCs)
- Training and consultation for substance abuse specialists on Assertive Community Treatment (ACT) teams
- Continued consultation for the Continuous Comprehensive Integrated System of Care

Involved parties: Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; James Chambers, MHA Office of Adult Services; Eileen Hansen and Tom Godwin, the University of Maryland Evidence Based Practice Center (EBPC); ACT teams; mental health providers
MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

Objective 2.5. MHA will closely monitor the activities of national and state health reform and prepare and plan, as necessary, appropriate coordination and collaboration.

(2-5A)
Improve communication, and efforts that support activities that lead to implementation of health reform and coordination of care, in the delivery of services to individuals with mental illnesses.
Indicator:

- Resource information on Health Reform legislation and information from Maryland's Health Care Reform Coordinating Council reviewed and disseminated to MHA, CSAs, providers, and other stakeholders

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; CSAs, Center for Medicare/Medicaid Services (CMS); Medical Assistance or Medicaid (MA), other mental health consumer and family advocacy groups; CBH; other stakeholders
MHA Monitor: Brian Hepburn, MHA Office of the Executive Director and Gayle Jordan-Randolph, MHA Office of the Clinical Director

GOAL III. WORK COLLABORATIVELY TO REDUCE THE IMPACT OF VIOLENCE AND TRAUMA FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND OTHER SPECIAL NEEDS.

Objective 3.1. MHA will protect and enhance the rights of individuals receiving services and promote the use of advance directives in the PMHS.

(3-1A)
MHA's Office of Forensic Services, in collaboration with the Mental Health & Criminal Justice Partnership (MHCJP) and the Interagency Forensic Services Committee (IFSC) – 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.

Indicators:

- Provider linkages established
- Access to services monitored and reported
- Minutes of meetings (IFSC and MHCJP) disseminated
- Recommendations presented

Involved Parties: Larry Fitch, Dick Ortega, and Debra Hammen, MHA Office of Forensic Services; Marian Bland and Darren McGregor, Office of Special Needs Populations; 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

(3-1B)
The MHA Office of Consumer Affairs, in collaboration with the Core Service Agencies (CSAs), PMHS provider organizations, and the administrative services organization (ASO) will support the use of and increase access to advance directives by consumers in the PMHS.

Indicators:

- Advance Directives for mental health treatment promoted through On Our Own of Maryland (OOOMD) and Wellness & Recovery Centers; inclusion of advance directives information within WRAP trainings, also through the ASO and the Network of Care Websites
- Partnership with ASO Manager of Prevention Education & Outreach to promote mental health advance directives during community education outreach activities

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

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(3-1C)
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.

Indicators:

- Training provided on court evaluations and status reports
- Symposium held to include presentations to at least 250 DHMH-MHA facility staff, community providers, and other state agencies
- Technical assistance provided on services for individuals returning to the community

Involved Parties: Larry Fitch, Jo Anne Dudeck, Debra Hammen, and Dick Ortega, 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

(3-1D)
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 Code of Maryland law (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

Objective 3.2. 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 and criminal justice involvement, deaf and hard of hearing, traumatic brain injury (TBI), homelessness, substance abuse, developmental disabilities, and victims of trauma.

(3-2A)
Facilitate community placements, ensure access to somatic and mental health services, and monitor plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver.

Indicators:

- Plans of care developed and monitored for approximately 60 TBI waiver participants
- Increased utilization of enhanced transitional case management to support program's expansion and increased enrollment
- Financial incentives identified to expand provider capacity
- Additional providers enrolled
- Eligible participants enrolled in Money Follows the Person Project (MFP), enhanced federal match spent on initiatives that increase community capacity

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

(3-2B)
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, and other involved parties to implement standards identified by DHMH to enhance access to services that are culturally competent, clinically appropriate, and recovery-oriented for individuals who are deaf or hard of hearing.
Indicators:

- Development of standards completed; standards presented and publicized
- Standards implemented
- Council minutes and reports disseminated

Involved Parties: Marian Bland, MHA Office of Special Needs Populations; 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; state and local agencies, colleges and universities; local service providers
MHA Monitor: Marian Bland, MHA Office of Special Needs Population

(3-2C)
MHA's Office of Special Needs Populations, in collaboration with the Core Service Agencies, and selected local providers (local detention centers, hospitals and mental health clinicians) will partner with National Association of State Mental Program Directors (NASMHPD) and others to provide training and disseminate information regarding trauma-informed systems of care.
Indicators:

- Trauma–informed care training criteria established
- Provider sites selected
- Trainings scheduled and accomplished
- List of providers trained in trauma-informed care developed

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; CSAs; NASMHPD; local detention centers; hospital and mental health clinicians;
MHA Monitor: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations

(3-2D)
Provide staff support for the Child, Family, and Special Populations Subcommittee of the Veterans Behavioral Health Advisory Board and technical assistance in identifying licensed behavioral health clinicians experienced in working with and providing services for veterans.
Indicators:

- MHA staff support provided for the subcommittee of the Board
- Minimum training requirements for certification identified
- Recommendations on certification presented
- Inventory of trained providers developed and available

Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special Needs Populations; Archie Wallace, DHMH; 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; advocacy organizations
MHA Monitor: Marian Bland, MHA Office of Special Needs Populations

(3-2E)
MHA, in collaboration with the Committee on "Aging in Place", will develop an integrated care model for consumers age 50 years and over with behavioral and somatic health needs in PMHS residential programs.
Indicators:

- Activities of the "Aging in Place" committee expanded to include additional provider input
- Cost analysis developed, assessment tools selected, jurisdictions determined
- Components of integrated care model identified; recommended model developed

Involved Parties: James Chambers, Marge Mulcare, Penny Scrivens, and Georgia Stevens, MHA Office of Adult Services; Jim Macgill, MHTO; Committee on Aging in Place; DHMH Office of Health Services; Office of Health Care Quality (OHCQ); CSAs; the Mental Health Association of Maryland (MHAM); CBH
MHA Monitor: James Chambers, MHA Office of Adult Services

Objective 3.3 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 community services.

(3-3A)
Continue to monitor crisis response systems, hospital diversion activities, and community aftercare services to increase the diversion of inpatient and detention center utilization by individuals with mental illnesses.

Indicators:

- 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: Brian Hepburn, MHA Office of the Executive Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; James Chambers, MHA Office of Adult Services; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; Larry Fitch, MHA Office of Forensic Services; 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

(3-3B)
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 for at least 80 children and youth and their families in four jurisdictions across the state.

Indicators:

- Number of Waiver providers enrolled, (including youth and family peer support providers)
- 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

(3-3C)
Review, revise and amend Maryland's Medicaid State Plan for community mental health services.

Indicators:

- Proposals developed to add peer support services, supported employment, and crisis services
- State plan request submitted to CMS
- Public notice provided

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 and Penelope Scrivens, MHA Office of Adult Services; Alice Hegner, MHA Office of CSA Liaison; Randy Price, MHA Office of Administration and Finance

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

GOAL IV. PROVIDE A COORDINATED APPROACH TO INCREASE EMPLOYMENT AND PROMOTE INTEGRATION OF SERVICES AND TRAINING TO DEVELOP AND SUSTAIN AN EFFECTIVE BEHAVIORAL HEALTH WORKFORCE.

Objective 4.1. MHA, in collaboration with CSAs and state agencies, will develop employment options and supports to increase the number of consumers employed.

(4-1A)
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 incentives such as Ticket-to-Work.
Indicators:

- Continue administrative infrastructure and operation of MHEN at Harford County Office on Mental Health (the CSA)
- Data reported on number of programs participating and consumers receiving training in these programs
- Number of consumers receiving individual benefits counseling in the Ticket-to-Work Program

Involved Parties: Steve Reeder, MHA Office of Adult Services; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ASO
MHA Monitor: Steve Reeder, MHA Office of Adult Services

(4-1B)
Convene at least two educational seminars on work incentives to assist consumers with mental illnesses to return to work and retain access to needed benefits and health insurance.
Indicators:

- Educational seminars on work incentives delivered to providers, consumers, and other mental health stakeholders
- Number of seminar participants

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

Objective 4.2 MHA will develop and implement collaborative training initiatives involving other agencies and stakeholders serving individuals with psychiatric disorders in the PMHS.

(4-2A)
Continue to enhance workforce development through the incorporation of peers into the workforce through the involvement of the following: Peer Employment Resource Specialist (PERS) Training, Maryland Association of Peer Support Specialists (MAPSS), Maryland Consumer Leadership Coalition, and Maryland Consumer Volunteer Network.
Indicators:

- Development and implementation of curriculum for MAPSS training manual
- Development and support of training to support increased employment of peers in the workforce
- Implementation of PERS training in various regional settings
- Potential use of Network of Care Website to identify workforce development issues and career opportunities

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; OOOMD; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; CBH; other mental health advocacy groups; peers organizations
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

(4-2B)
Expand skills-based training opportunities to include Motivational Interviewing and Person Centered Planning to increase the effectiveness of service delivery within the PMHS.
Indicators:

- Number of Motivational Interviewing trainings given to providers
- Number of Person Centered Planning trainings held for consumers and providers
- Number of participants trained
- Pre/post test, anecdotal evidence of skill improvement

Involved Parties: University of Maryland Training and Evidence Based Practice Centers; Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; James Chambers, MHA Office of Adult Services; consumers and mental health providers
MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

(4-2C)
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 graduate–prepared individuals to receive continuing education units (CEUs) via Web-based educational technology; number of individuals completing modules
- 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 University of Maryland 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, and their families, with mental health needs

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; provider agencies; local school systems
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

(4-2D)
MHA, in collaboration with CSAs, will provide training for law enforcement officers, first responders, corrections personnel and other public safety officials 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.
Indicators:

- Training curriculum updated
- A minimum of four trainings completed

Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; the Training Sub-committee of the Mental Health Criminal Justice Partnership; local and state police; detention center staff; sheriffs' office staff
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 4.3 Develop initiatives that promote the delivery of culturally competent and ethnically appropriate services.

(4-3A)
MHA will develop cultural competence training curricula for selected provider agencies within the PMHS.
Indicators:

- Incorporation of data from cultural competency assessment tool in curricula development
- Trainings provided to selected provider agencies on cultural and linguistic issues and system issues with additional emphasis, where appropriate, on regional and geographic differences
- A shorter two-hour orientation cultural competence training curriculum developed

Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and Training; MHA Cultural Competence Advisory Group; MHA Office of Consumer Affairs; MHTO; CSAs; Cultural and Linguistic Competence Training Initiative Provider Agency Teams; consumer and family advocacy groups
MHA Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

(4-3B)
MHA, in collaboration with the DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities and other stakeholders, will participate in the development and implementation of Maryland's Action Plan to Eliminate Disparities in Behavioral Health Care.
Indicators:

- Participation in Maryland's Policy Summit to Eliminate Disparities in Behavioral Health Care Workgroups
- Action Plan developed

Involved Parties: Brian Hepburn, Iris Reeves, and other MHA staff; DHMH Office of the Deputy Secretary; National Policy Summit to Eliminate Disparities in Behavioral Health Care Workgroup delegates; DHMH Office of Minority Health and Health Disparities; ADAA; DDA; CSAs; consumer, family, and provider groups;
Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

GOAL V. BUILD PARTNERSHIPS TO INCREASE THE PROVISION OF AFFORDABLE HOUSING AND REDUCE BARRIERS TO ACCESS IN ORDER TO PREVENT HOMELESSNESS FOR INDIVIDUALS WITH MENTAL ILLNESS.

Objective 5.1. Evaluate and develop opportunities to maximize current resources to promote affordable safe housing for individuals with serious mental illness.

(5-1A)
Continue to work with other state and local funding resources to promote and leverage DHMH's Administration-Sponsored Capital Program grant (Community Bond) funds to support an array of affordable and integrated housing choices for individuals with serious mental illness (SMI).

Indicators:

- Community bond housing applications approved to increase funding for supported 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; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; Maryland Department of Housing and Community Development (DHCD); MDOD; Developmental Disabilities Administration (DDA); Maryland Department of Aging (MDoA); Centers for Independent Living (CILS); local housing authorities; housing developers; Consultant Staff – TAC

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

(5-1B)
MHA, in collaboration with CSAs, federal Department of Housing and Urban Development (HUD), local public housing authorities (PHAs), and other federal, state, and local entities, will work with housing infrastructures to improve and increase the number of housing options and funding opportunities for rental assistance for individuals with mental illnesses.

Indicators:

- Number of individuals who moved from state hospitals to residential rehabilitation programs (RRPs) and/or to independent housing
- Increased availability of vouchers through Money Follows the Person Initiatives; the Non-Elderly Disabled HUD Notice of Funding Availability (NOFA), and collaboration with local PHAs
- Increased access to funding through the American Recovery and Reinvestment Act (ARRA) and HOME Investment Partnerships Program
- RRP provider training continued on the needs of individuals with forensic involvement
- Collaboration with community-based entities

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

MHA Monitor: Penny Scrivens, MHA Office of Adult Services

Objective 5.2. Continue to work collaboratively with appropriate agencies to improve access to mental health services for individuals who are homeless.

(5-2A)
Utilize Projects for Assistance in Transition from Homelessness (PATH) funding and the SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative mechanisms for outreach, the prevention of homelessness, and the promotion of recovery for individuals who have mental illnesses.

Indicators:

- Utilization of increase in PATH funding to expand services to all areas of the state
- Outreach services provided to individuals who are homeless
- SOAR training and technical assistance provided to CSAs and providers of PATH, housing, or other services and supports to individuals who are homeless
- Expedited access to Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI) benefits and supports statewide
- Use of one time rental assistance to prevent homelessness
- Data gathered on number of individuals who are homeless assisted with applying for SSI/SSDI benefits
- Additional funding approved

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

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

(5-2B)
Maximize use of the Shelter Plus Care Housing funding, and other support systems to provide rental assistance to individuals with mental illnesses who are homeless, or were formerly homeless, using federal Department of Housing and Urban Development (HUD) funding.

Indicators:

- 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
- 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

GOAL VI. UTILIZE DATA AND HEALTH INFORMATION TECHNOLOGY TO EVALUATE, MONITOR, AND IMPROVE QUALITY OF PMHS SERVICES AND OUTCOMES

Objective 6.1. 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.

(6-1A)
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.
Indicators:

- Annual evaluations of programs to determine eligibility for EBP rates
- Increased number of programs meeting fidelity standards for EBP programs
- Number of new programs established
- Ongoing data collection on EBPs receiving training, meeting fidelity, and providing consumer services

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

(6-1B)
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 (Multi-Systemic Therapy, Functional Family Therapy)
- Wraparound fidelity in the context of the 1915(c) waiver and other interagency demonstrations monitored

Involved Parties: Al Zachik and Joan Smith, MHA Office of Child and Adolescent Services; the Children's Cabinet; 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

(6-1C)
Establish uniform standards, practices and outcomes for the Maryland Community Criminal Justice Treatment Program (MCCJTP) and the Trauma, Addiction, Mental Health, and Recovery (TAMAR) Project and monitor the delivery of mental health and trauma-based services to individuals incarcerated in local detention centers and in the community who have a mental illness and/or substance addiction.

Indicators:

- Uniform standards, practices, and outcomes implemented
- Uniform standards achieved for TAMAR
- Technical assistance provided; monitoring implemented
- Jail diversion project established in Carroll County

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: Darren McGregor, MHA Office of Special Needs Populations

Objective 6.2. 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.

(6-2A)
In collaboration with CSAs and stakeholders, monitor the ASO contractual obligations and performance, monitor the system's growth and expenditures, identify problems, and, as needed, provide corrective action and maintain an appropriate level of care for at least the same number of individuals.
Indicators:

- Contract requirements identified
- Semi-annual reporting on selected performance targets presented to MHA Management Committee and CSAs
- Information shared with key stakeholders
- Monthly and quarterly reports generated by ASO, analysis of reports by involved parties
- Analysis of utilization management practices

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

(6-2B)
Review, in collaboration with the ASO and CSAs, providers' clinical utilization, billing practices, and compliance with regulations.
Indicators:

- Number of audits conducted
- Audit reports and compliance activities reviewed
- Corrective actions identified/implemented as needed

Involved Parties: Audrey B. Chase, MHA Office of Compliance; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; James Chambers, MHA Office of Adult Services; Al Zachik, MHA Office of Child and Adolescent Services; DHMH OHCQ; ASO; CSAs
MHA Monitor: Audrey B. Chase, MHA Office of Compliance

(6-2C)
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.
Indicators:

- 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: Brian Hepburn, MHA Office of the Executive Director; 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); CSAs; LMHACs; CSA advisory boards
MHA Monitor: Cynthia Petion, MHA Office of Planning, Evaluation, and Training

(6-2D)
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.
Indicators:

- 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

(6-2E)
Review MHA's budget and PMHS expenditures and services; implement corrective actions, as needed, to maintain operations within allocation.
Indicators:

- Quarterly expenditure management plans developed and reviewed
- Regular meetings with MHA facility chief executive officers (CEOs) 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

Objective 6.3. MHA, in collaboration with CSAs, state facilities, the administrative services organization (ASO), and key stakeholders, will utilize data and technology, through a variety of approaches, to evaluate and improve the appropriateness, quality efficiency, cost effectiveness, and outcomes of mental health services within the PMHS.

(6-3A)
Continue to monitor the implementation of the Outcomes Measurement System (OMS), including completion of the transition of multiple, complex aspects of this initiative to the new ASO.
Indicators:

- 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: Brian Hepburn, MHA Office of the Executive Director; Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Sheba Jeyachandran, MHA consultant; MHA Management Committee; ASO; CSAs; SEC; CBH; providers; consumer, family, and advocacy groups
MHA Monitor: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs

(6-3B)
Continue the annual statewide client perception of care surveys of adults and parents/caretakers of children and youth regarding their experiences with PMHS services.
Indicators:

- Data analysis of FY 2010 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 2011 survey conducted

Involved Parties: Sharon Ohlhaver, 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 Ohlhaver, MHA Office of Quality Management and Community Programs

(6-3C)
Enhance capacity for stakeholders to utilize PMHS data to measure service effectiveness and outcomes.
Indicators:

- 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 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; 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

(6-3D)
Monitor the delivery of forensic services and generate statistical information to inform policy and promote public awareness; analyze the impact of community-based forensic evaluations on hospital admission rates and lengths of stay for court-ordered individuals.
Indicators:

- Program evaluator hired
- 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 and staff, MHA Office of Forensic Services; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; MHA facilities; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council; CSAs
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

Objective 6.4. MHA, in collaboration with CSAs, the ASO, and key stakeholders, will promote the use of technology as a tool to improve information sharing, data collection, training, evaluation and performance, and outcomes.

(6-4A)
Enhance PMHS data collection and monitoring through continued activities to develop and/or refine management information systems.
Indicators:

- Technical aspects of management information systems refined, logic of reports enhanced to reflect recovery orientation and 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 submissions
- Additional funding explored to sustain development and implementation

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Sharon Ohlhaver, MHA Office of Quality Management and Community Program; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; SEC; DHMH's Information Resource Management Administration (IRMA); MA; CSAs; ASO; providers
MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

(6-4B)
Maintain accreditation of MHA facilities by the Joint Commission.
Indicator:

- All MHA facilities accredited

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; 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

(6-4C)
MHA, in collaboration with the Developmental Disabilities Administration (DDA), will provide access to and train appropriate MHA and DDA staff in the use of the hospital management information system (HMIS) and the Provider Consumer Information System 2 (PCIS2) data systems to better serve individuals with co-occurring diagnoses in MHA facilities and in the community.
Indicators:

- Programming changes made to HMIS
- MHA and DDA staff identified and trained in HMIS and PCIS2 systems
- Increased eligibility for discharge, expedient discharge process
- Collaboration facilitated among leadership at MHA and DDA, regional offices, and CSAs

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Stefani O'Dea, MHA Office of Adult Services; Renata Henry, DHMH Deputy Secretary for Behavioral Health and Disabilities; Tom Booker, DHMH IRMA; Diane Bolger, DDA; Maryland Association of Core Service Agencies (MACSA); CSAs; Facilities' CEOs

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

Appendix

Acronyms

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ARRA	American Recovery and Reinvestment Act
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CEO	Chief Executive Officers
CEU	Continuing Education Units
CHIPRA	Children's Health Insurance Program Reauthorization Act
CILS	Centers for Independent Living
CME	Care Management Entity
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
DDC	Dual Diagnosis Capability
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
HMIS	Hospital Management Information System
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
ICS	Incident Command System
IRMA	Information Resource Management Administration
LEAP	Leadership Empowerment and Advocacy Project
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance or Medicaid
MACSA	Maryland Association of Core Service Agencies
MAPSS	Maryland Association of Peer Support Specialists
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
MEMA	Maryland Emergency Management Administration
MFP	Money Follows the Person
MHA	Mental Hygiene Administration
MHAM	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHCJP	Mental Health & Criminal Justice Partnership
MHEN	Maryland Mental Health Employment Network
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
NASMHPD	National Association of State Mental Program Directors
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
PCIS2	Provider Consumer Information System 2
PERS	Peer Employment Resource Specialist
PHA	Local Public Housing Authorities
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
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
UMBC	University of Maryland – Baltimore County
WRAP	Wellness Recovery Action Plan
Youth MOVE	Youth Motivating Others through Voices of Experience