Department of Health and Mental Hygiene

Behavioral Health Administration

# FY 2016 BEHAVIORAL HEALTH PLAN

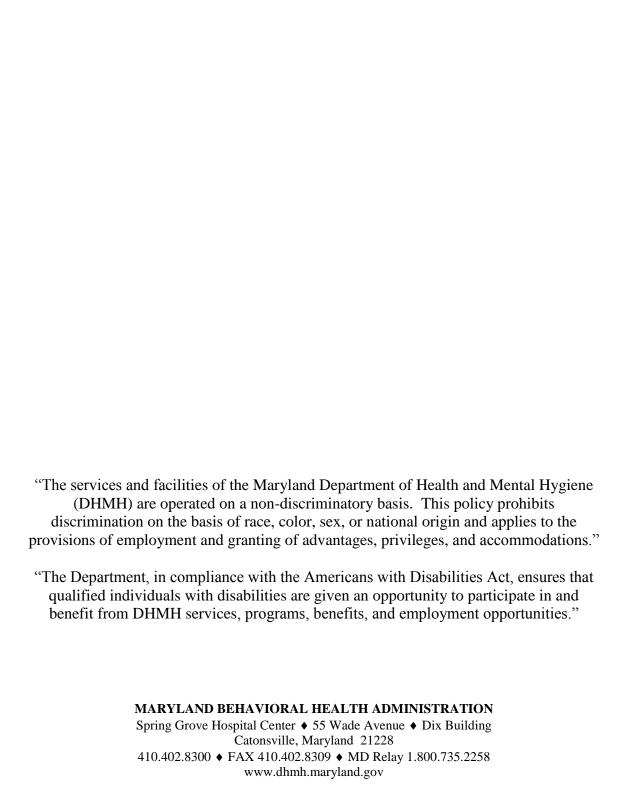## A CONSUMER – ORIENTED SYSTEM

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# ACKNOWLEDGEMENTS

# EXECUTIVE SUMMARY

On July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration merged into the unified Behavioral Health Administration. This operational plan supports a newly developed model for treating individuals with behavioral health disorders (mental health and substance related, as well as other addictive disorders).

The goals and strategies outlined in the FY 2016 State Behavioral Health Plan are multifactorial approaches identified by community stakeholders and Behavioral Health Administration (BHA) staff as part of a comprehensive and inclusive planning process.

Underlying the development of the operational plan are current Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Initiatives, which are being used as the basis for aligning the mission and vision of the newly merged BHA, along with carefully crafted goals, objectives, and strategies that constitute a solid FY 2016 State Behavioral Health Plan. The following SAMHSA initiatives being used as a framework for the goals presented in this document are: mental illness and substance use prevention, treatment, recovery support services, trauma and justice, health information technology, workforce development and health care and health systems integration (See Appendix). Additionally, BHA organizational values and core commitments are at the forefront of the plan's development.

Strategies throughout this document support efforts to strengthen programs, trainings, and support services that are coordinated through activities that: promote public education and awareness; foster recovery and resiliency; enhance behavioral health treatment services; and improve the delivery of quality care.

All the involved parties in this operational plan have collectively identified the strategies and indicators they believe will address local, state, and national concerns. Stakeholders played an active role in the development of this operational plan and will continue to monitor and manage the implementation and accomplishment of these goals throughout the fiscal year 2016. The development of an integrated system of care for individuals across the lifespan with behavioral health disorders is an iterative process requiring ongoing recommendations and suggestions in order to achieve the efficacy envisioned through these goals, objectives, and strategies.

# STATE OF MARYLAND BEHAVIORAL HEALTH ADMINISTRATION

## MISSION
**The Behavioral Health Administration, through publicly-funded services and supports, promotes recovery, resiliency, health, and wellness for individuals who have, or are at risk for, behavioral health disorders.**

## VISION
**Improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care.**

## VALUES
*The values underpinning this system are:*
*(1)*     *SUPPORTIVE OF HUMAN RIGHTS*
    Promote a quality system of care that is supportive of individual rights and preferences. Persons with psychiatric and/or substance-related disorders have the same rights and obligations as other citizens of the state. Individuals 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)*     *CULTURAL COMPETENCE AND ELIMINATION OF DISPARITIES*
    Promote respect and responsiveness to the health beliefs, practices, and cultural and linguistic needs of diverse population groups. Increase knowledge of cultural attitudes and contributions to the process of behavioral health treatment, recovery, and the elimination of health disparities system-wide.

*(3)*     *RESPONSIVE SYSTEM*
    The behavioral health system of care must be responsive to the people it serves, coherently organized, and accessible to those individuals needing behavioral 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 behavioral health system of care. The behavioral health system of care 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.

*(4)*     *EMPOWERMENT*
    Individuals, families, and advocates will be involved in decision-making processes at the treatment level and collectively in the planning and operational aspects of the behavioral health system. An array of services and programs must be available to allow for individual choice in obtaining and using necessary services.

*(5)*     *COMMUNITY EDUCATION*
    Wellness is promoted and enhanced through 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 behavioral health services come from increased awareness and understanding of psychiatric and substance-related disorders and treatment options.

*(6)*     *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.

*(7)*     *LEAST RESTRICTIVE SETTING*
An array of services will be available throughout the state to meet a variety of individual needs. These services should be provided in the least restrictive, most normative, and most appropriate setting.

*(8)*     *WORKING COLLABORATIVELY*
While recognizing that co-occurring conditions are common, collaborations with other agencies at the state and local level will be fostered so support to individuals with substance-related and mental health disorders is inclusive in all activities of life. This will promote a consistently appropriate level of behavioral health services.

*(9)*     *EFFECTIVE MANAGEMENT AND ACCOUNTABILITY*
Accountability is essential to consistently provide an adequate level of behavioral health services. Essential management functions include monitoring and self-evaluation, rapid response to identified gaps in the system, adaptation to changing needs, and improved technology. A high priority is placed on measuring client perception of care and satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

*(10)*    *LOCAL GOVERNANCE*
Local management of resources 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.

*(11)*    *STAFF RESOURCES*
The presence of a competent and committed staff is essential for the provision of an acceptable level of behavioral 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.

# List of Acronyms

| | |
|---|---|
| **ACT** | Assertive Community Treatment |
| **ADRC** | Aging and Disability Resource Center |
| **ARCO** | Association of Recovery Community Organizations |
| **ASAM** | American Society of Addiction Medicine |
| **ASO** | Administrative Services Organization |
| **ATTC** | Addiction Technology Transfer Center |
| **BHA** | Behavioral Health Administration (formerly Alcohol and Drug Abuse Administration and Mental Hygiene Administration) |
| **B-HIPP** | Behavioral Health Integration in Pediatric Primary care |
| **BIP** | Balancing Incentive Program |
| **BI** | Brain Injury |
| **CBH** | Community Behavioral Health Association of Maryland |
| **CEPG** | Center of Excellence on Problem Gambling |
| **CFR** | Code of Federal Regulations |
| **CMS** | Center for Medicare/Medicaid Services |
| **COC** | Continuum of Care (formerly Shelter Plus Care) |
| **COMAR** | Code of Maryland Requirements |
| **CQT** | Consumer Quality Team |
| **CRISP** | Chesapeake Regional Information System for our Patients |
| **CSA** | Core Service Agency |
| **CSAP** | Center for Substance Abuse Prevention |
| **CIT** | Crisis Intervention Team |
| **CTI** | Critical Time Intervention |
| **CTPC** | Center for Tobacco Prevention and Control |

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| **CPRS** | Certified Peer Recovery Specialist |
| **CQT** | Consumer Quality Team |
| **DDA** | Developmental Disabilities Administration |
| **DDC** | Dual Diagnosis Capability |
| **DEA** | Drug Enforcement Administration |
| **DHCD** | Department of Housing and Community Development |
| **DHMH** | Department of Health and Mental Hygiene |
| **DHR** | Department of Human Resources |
| **DJS** | Department of Juvenile Services |
| **DORS** | Division of Rehabilitation Services |
| **DPSCS** | Department of Public Safety and Correctional Services |
| **EBP** | Evidence-Based Practice |
| **EIP** | Early Intervention Program |
| **FASD** | Fetal Alcohol Spectrum Disorder |
| **FDA** | Food and Drug Administration |
| **FLI** | Family Leadership Institute |
| **FPE** | Family Psycho-Education |
| **FY** | Fiscal Year |
| **HB** | House Bill |
| **HT** | Healthy Transitions |
| **HUD** | Department of Housing and Urban Development |
| **ITCOD** | Integrated Treatment For Co-occurring Disorders |
| **IMR** | Illness Management and Recovery |
| **LAA** | Local Addiction Authority |

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| **LAUNCH** | Linking Actions for Unmet Needs in Children's Health |
| **LDAAC** | Local Drug and Alcohol Council |
| **LEAP** | Leadership Empowerment and Advocacy Project |
| **LGBT** | Lesbian, gay, bi-sexual, transgender |
| **LHD** | Local Health Department |
| **LIFT** | Launching Individual Futures Together |
| **LMHAC** | Local Mental Health Advisory Committee |
| **LSS** | Local School System |
| **LTSS** | Long-Term Services and Supports |
| **MA** | Medical Assistance or Medicaid |
| **MADC** | Maryland Addictions Directors Council |
| **MAP** | Maryland Access Point |
| **MARFY** | Maryland Association of Resources for Families and Youth |
| **MAT** | Medication-Assisted Treatment |
| **MCCJTP** | Maryland Community Criminal Justice Treatment Program |
| **MCF** | Maryland Coalition of Families for Children's Mental Health |
| **MD-EN** | Maryland Employment Network |
| **MDoA** | Maryland Department of Aging |
| **MDOD** | Maryland Department of Disabilities |
| **MFP** | Money Follows the Person |
| **MHAMD** | Mental Health Association of Maryland, Inc. |
| **MHBG** | Mental Health Block Grant |
| **MHFA** | Mental Health First Aid |
| **MOU** | Memorandum of Understanding |
| **MPAH** | Maryland Partnership for Affordable Housing |

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| **MSDE** | Maryland State Department of Education |
| **NAMI MD** | National Alliance on Mental Illness-Maryland |
| **OCA** | Office of Consumer Affairs |
| **ODHH** | Office of the Deaf and Hard of Hearing |
| **OEND** | Overdose Education and Naloxone Distribution |
| **OFS** | Office of Forensic Services |
| **OMPP** | Opioid Misuse Prevention Program |
| **OMS** | Outcomes Measurement System |
| **OOOMD** | On Our Own of Maryland, Inc. |
| **ORP** | Overdose Response Program |
| **OTP** | Opioid Treatment Program |
| **PASRR** | Pre-admission Screening and Resident Review |
| **PATH** | Projects for Assistance in Transition from Homelessness |
| **PBHS** | Public Behavioral Health System |
| **PCCP** | Person Centered Care Planning |
| **PDMP** | Prescription Drug Monitoring Program |
| **PHPA** | Prevention and Health Promotion Administration |
| **PRP** | Psychiatric Rehabilitation Program |
| **RCC** | Recovery Community Center |
| **ROSC** | Recovery Oriented System of Care |
| **RRP** | Residential Rehabilitation Program |
| **RWC** | Recovery and Wellness Center |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **SB** | Senate Bill |

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| **SBIRT** | Screening Brief Intervention and Referral to Treatment |
| **SDC** | Self–Directed Care |
| **SE** | Supported Employment |
| **SED** | Serious Emotional Disorders |
| **SMI** | Serious Mental Illness |
| **SOAR** | SSI/SSDI, Outreach, Access, and Recovery |
| **SPMI** | Serious and Persistent Mental Illness |
| **SRD** | Substance-Related Disorder |
| **SSA** | Social Security Administration |
| **SSI/SSDI** | Supplemental Security Income/ Social Security Disability Insurance |
| **TAY** | Transition-Age Youth |
| **TIC** | Trauma-Informed Care |
| **TMACT** | Tool for Measuring Assertive Community Treatment |
| **UMBC** | University of Maryland – Baltimore County |
| **UMD EBPC** | University of Maryland Evidence-Based Practice Center |
| **UMD SEC** | University of Maryland Systems Evaluation Center |
| **WDC** | Workforce Development Committee |
| **WRAP** | Wellness Recovery Action Plan |
| **WRC** | Wellness and Recovery Center |

# SYSTEM GOALS

On July 1, 2015, the beginning of the fiscal year, the FY 2016 Behavioral Health Plan will go into effect.  As the first opportunity for the newly-formed Maryland Behavioral Health Administration (BHA) to create an integrated plan, the Administration has made much effort to develop this operational plan as the result of inclusive planning and interagency cooperative processes.

The planning details presented in this document were crafted to align with SAMHSA's Strategic Initiatives and to encompass behavioral health needs (mental illness, substance-related and other addictive disorders) that are addressed by the merger of the two administrations.  This operational plan is representative not only of a unified administration, but also a merged planning process.  Core BHA values are encapsulated in objectives and strategies designed to promote an integrated model of behavioral health care for Maryland's Public Behavioral Health System (PBHS).

By promoting high-quality, consumer/participant-centered behavioral health care system services, the expansion and strengthening of existing programs and projects at the administrative, programmatic, and clinical levels are expected to occur during the implementation and progression of the FY 2016 Behavioral Health Plan.  The goals and their indicators listed in this operational plan will be monitored by involved parties at the BHA, who will maintain the integrity of suggestions and recommendations made by a diverse array of community and administrative stakeholders involved, from the beginning, in the extensive planning process of this plan's development.

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

**Objective 1.1.  Continue to work with the behavioral health community to initiate educational activities and disseminate, to the general public, current information related to psychiatric, substance-related, and addiction disorders.**

(1-1A)

In collaboration with the Department of Health and Mental Hygiene (DHMH), the Missouri Department of Health, the National Council for Community Behavioral Health, and the Mental Health Association of Maryland, Inc. (MHAMD), continue implementation of the Mental Health First Aid-USA (MHFA) initiative for adults and youth in Maryland and throughout the United States.

Indicators:
- The number of people trained in Mental Health First Aid
- The number of instructors certified to teach Mental Health First Aid classes, including those who are dually certified to teach the core curriculum (adult focused) and the youth curriculum
- Target audiences reached and number of organizations expanded who adopt the program
- The development/revision and distribution of curriculum
- The outcomes of evaluation

Involved Parties:  Behavioral Health Administration (BHA) Offices of the Executive Director, the Deputy Director of Operations, Planning and Workforce Development and Training**;** DHMH; CSAs; Mental Health Association of Maryland (MHAMD); Maryland Coalition of Families for Children's Mental Health (MCF); On Our Own of Maryland (OOOMD); Missouri Department of Mental Health; the National Council for Community Behavioral Health; other behavioral health advocacy groups

Monitor(s): Daryl Plevy and Jenny Howes, Office of the Deputy Director of Operations

(1-1B)
Continue to provide support, funding, and ongoing consultation to Maryland's behavioral health advocacy groups, Local Addiction Authorities (LAA), and Core Service Agencies to promote and implement a series of public education, training activities, and electronic communication activities to increase awareness of behavioral health issues, as well as recovery and resiliency among children, youth, and adults.

Indicators:  Continued support for:
- Promotion of overdose prevention and awareness
- Maryland Coalition of Families for Children's Mental Health's (MCF) and Mental Health Association of Maryland's (MHAMD'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
- Network of Care – promotion and usage
- MHAMD – outreach campaign for older adults
- Local Addiction Authorities (LAAs) – outreach/media campaigns
- Core Service Agencies (CSAs) – outreach/media campaigns
- Wellness & Recovery Centers (WRCs), Recovery & Wellness Centers (RWCs), and Recovery Community Centers (RCCs) – outreach efforts to further integrate consumer-run support services, training, and programs
- Adolescent Club Houses – outreach efforts to further integrate peer-run support services, training, and programs
- Association of Recovery Community Organizations (ARCO)
- Faces and Voices of Recovery
- Peer conference with a focus on workforce development and collaborations
- MADC – Maryland Addictions Directors Council
- Information disseminated through media print material and social media resources

Involved Parties:  BHA Offices of Planning, Overdose Prevention, Children's Services, Adult and Specialized Behavioral Health Services, Workforce Development and Training, Consumer Affairs, and Forensic Services; key BHA staff; CSAs/LAAs; MCF; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers (WRCs); Recovery Wellness Centers (RWCs); Recovery Community Centers (RCCs); community providers

Monitor:  Robin Poponne, Office of Planning

(1-1C)

In collaboration with Local Addiction Authorities (LAAs) and prevention coordinators, continue public awareness campaigns targeting adults and youth to help individuals to identify the signs of an overdose and steps to take to administer Naloxone.

Indicators:

- Posters, brochures, and pocket cards published and distributed that identify the signs of an opioid overdose and give instructions to administer Naloxone
- Continued promotion of Naloxone Training events held around the state of Maryland
- Continued efforts with LAAs and prevention coordinators to distribute materials across the state
- Technical assistance provided to Opioid Misuse Prevention Program (OMPP) grantees to develop a marketing and communication strategy, vendor selected to develop a message and visuals, and implementation of an effective marketing strategy

Involved Parties: BHA Offices of the Deputy Director, Population-Based Behavioral Health, Overdose Prevention, and Prevention and Wellness; Prevention Program Manager; Local Addiction Authorities – Prevention Coordinators

Monitor(s): Kathleen Rebbert-Franklin, Office of the Deputy Director of Population-Based Behavioral Health and Debbie Green, Office of Prevention and Wellness


(1-1D)

In collaboration with Local Addiction Authorities (LAAs) and prevention coordinators, promote the use by Marylanders of a state-wide hotline to obtain a referral to treatment resources.

Indicators:

- Continued publication, distribution, and promotion of posters and brochures that encourage Marylanders to call one central phone number to receive resources and referrals to treatment
- Transit advertising campaign re-launched across the state including bus interior and exteriors, bus shelters, and light rail interiors
- Continued work with LAAs and prevention coordinators to distribute materials across the state to promote the hotline

Involved Parties: BHA Offices of the Deputy Director, Population-Based Behavioral Health, Overdose Prevention, and Prevention and Wellness; Prevention Program Manager; Local Addiction Authorities – Prevention Coordinators

Monitor(s):  Kathleen Rebbert-Franklin, Office of the Deputy Director of Population-Based Behavioral Health and Debbie Green, Office of Prevention and Wellness

(1-1E)
Enhance the level of understanding about problem gambling and raise awareness of resources available for treatment.
Indicators:
- Resources, education, and networking opportunities provided to behavioral health service providers, community stakeholders, local and state agencies, somatic care organizations, and educational groups/organizations about problem gambling
- Four regional trainings conducted
- Annual statewide Problem Gambling Conference conducted during Problem Gambling Month
- Public awareness campaign developed and implemented, tailored to community needs and demographics
- Annual statewide media campaign conducted in observance of Problem Gambling Month

Involved Parties:  Maryland Center of Excellence on Problem Gambling (CEPG), LAA/CSA representatives, Community stakeholders, Behavioral Health Advisory Council and Behavioral Health Administration staff
Monitor: Ardenia Holland, Office of Statewide Projects – Gambling

(1-1F)
In collaboration with Local Addiction Authorities (LAAs), work together to develop an anti-stigma approach to change attitudes in Maryland about people with substance-related disorders (SRDs).
Indicators:
- Legislators and their staff educated about the medical research and local success of medication-assisted treatment (MAT) including developing education materials regarding the research, developing a myth vs. fact sheet, and providing briefings before and during the legislative session
- Proactive media relations activities established including developing a Speakers Bureau to handle media inquiries, an education package regarding the research around MAT, and outreach to media outlets regarding MAT, Naloxone, the Good Samaritan Law
- Co-sponsored special events across the state throughout the year including National Recovery Month and National Prevention Week
- Increased legislative support for access to MAT and zoning for treatment locations
- Judiciary and law enforcement support gained for sentencing that requires MAT vs. incarceration
- Physicians support gained for and provision of MAT
- Increased the number of opiate users seeking treatment
- Increased understanding of substance-use disorder as a disease and MAT as a medical treatment vs. drug substitution
- Increased participation in Prescription Drug Monitoring Program by physicians and other prescribers.

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Prevention and Wellness, and Overdose Prevention; PR Campaign Director; LAA Prevention Coordinators
Monitors: Debbie Green and Mike Preston, Office of Prevention and Wellness

(1-1G)
In collaboration with On Our Own of Maryland, CSAs and other stakeholders, expand the outreach and education efforts of the Anti-Stigma Project (ASP) to address the issue of stigma within the behavioral health system and the broader community.
<u>Indicators</u>:
- A series of workshops facilitated to address stigmatizing attitudes, barriers, and practices
- Education materials disseminated
- Number of trainings/workshops

<u>Involved Parties</u>: BHA Offices of Planning, Treatment and Recovery Services, and Consumer Affairs; CSAs; OOOMD; Wellness and Recovery Centers; Recovery Community Centers
<u>Monitor</u>: Cynthia Petion, Office of Planning


**Objective 1.2.  Continue efforts that facilitate recovery, build resiliency, and develop mechanisms to promote health and wellness across the lifespan.**

(1-2A)
Continue to support statewide activities to further enhance peer recovery supports, utilizing best practices within the Public Behavioral Health System (PBHS).
<u>Indicators</u>:
- Training and consultation for Wellness & Recovery Centers, Recovery & Wellness Centers, and Recovery Community Centers (WRC/RWC/RCC) implemented for co-occurring support groups and peer-run centers
- Exploration of the development of peer supports specifically for special populations, including endorsement training for forensics, older adults, children and youth, and families
- Increased consumer and family participation on policy and planning committees across the state, to include No Wrong Door approach and health home initiatives
- Continued exploration of Medicaid reimbursement for peer recovery support services

<u>Involved Parties</u>:  BHA Offices of Consumer Affairs, the Deputy Director of Operations, Forensic Services, Adult and Specialized Behavioral Health Services, and the Deputy Director of Clinical Services; Medicaid – Behavioral Health Division; OOOMD; CSAs/LAAs; WRCs; RWCs; RCCs; advocacy groups for mental health and substance – related disorders; peer specialist and recovery coach organizations; Maryland Coalition on Mental Health and Aging;
<u>Monitor</u>:  Brandee Izquierdo, Office of Consumer Affairs

(1-2B)

Continue efforts to maintain, and expand the provision of resilience trainings and activities that focus on building strengths and wellness in youth, families, communities, and the organizations that serve them across the lifespan.

Indicators:

- Development of an Emotional Wellness Campaign based on the efforts of the Resilience Committee to promote prevention and resilience
- Expanded collaboration with the University of Maryland for resilience-based curriculum and resource development, learning collaboratives, and research opportunities, as available
- Number of resilience trainings requested and provided
- Continued efforts to collaborate with substance-related disorders and other behavioral health staff to integrate into BHA strategies efforts that enhance wellness (resilience) and prevention across the life span

Involved Parties:  BHA Office of Children's Services; University of Maryland School of Medicine, Department of Psychiatry; the BHA Resilience Sub-Committee of the Maryland Blueprint Committee; CSAs; LAAs; family members; advocates; providers; MHAMD; representatives from Department of Human Resources (DHR), Department of Juvenile Services (DJS), and Maryland State Department of Education (MSDE)

Monitor(s):  Tom Merrick and Joan Smith, Office of the Deputy Director of Children's Services


(1-2C)

Continue to raise awareness of resources for tobacco cessation services for behavioral health populations.

Indicators:

- Collaboration with the DHMH Prevention and Health Promotion Administration (PHPA), the Center for Tobacco Prevention and Control (CTPC), other public health and somatic care agencies, and community based organizations maintained and expanded to enhance public awareness of available smoking cessation services for individuals with behavioral health disorders
- Tobacco Cessation Workgroup initiated

Involved Parties:  Behavioral Health Administration Staff, Center for Tobacco Prevention and Control (CTPC), MDQuit; LAA and CSA representatives; the Behavioral Health Advisory Council; Consumer Organizations; Local Health Departments

Monitor:  Anastasia S. Lambropoulos, Office of Statewide Projects – Smoking Cessation

(1-2D)

Continue to implement strategies to promote access to and availability of services and interventions that effectively meet the unique needs of older adults with, or at risk for, behavioral health conditions.

Indicators:

- Continued analysis of existing CSA and local behavioral health authority grant-funded programs and long-term care reform initiatives in an effort to identify potential opportunities to leverage federal and state resources to support and to expand the array of services and interventions for older adults
- Organizational readiness assessed to implement evidence-based and empirically-supported practices within existing older adult initiatives
- Continued technical assistance, advocacy, and support to CSAs, local behavioral health authorities, other state agencies, and the community behavioral health provider and consumer networks to better incorporate older adults within health, wellness, and recovery initiatives, including but not limited to Medicaid Behavioral Health Homes and Chronic Disease Self-Management Programs
- Continued collaboration with advocacy organizations and other entities to promote increased awareness and understanding of the specialized behavioral health needs of older adults
- Revision of protocols and processes for the Preadmission Screening and Resident Review (PASRR) to improve screening, assessment, and tracking of individuals at risk for nursing home placement

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; MHAMD's Coalition on Mental Health and Aging; CSAs/LAAs; University of Maryland Evidence-Based Practice Center (UMD EBPC); Maryland Department of Aging/Local Areas of Aging; ValueOptions® Maryland; DHMH Medicaid, Office of Health Services, Long-term Services and Supports Administration; Policy and Compliance Administration, Division of Behavioral Health

Monitor(s):  Steve Reeder and Stefani O'Dea, Office of Adult and Specialized Behavioral Health Services

## GOAL II.  PROMOTE PREVENTION AND EARLY INTERVENTION OF BEHAVIORAL HEALTH DISORDERS ACROSS THE LIFESPAN.

**Objective 2.1.  Develop, implement, and evaluate screening, prevention, and early intervention services.**

(2-1A)
Enhance and sustain a systematic comprehensive approach to prevent initiation and reduce problem gambling for youth and adults.
Indicators:
- Work with Local Health Department (LHD) Prevention Coordinators to develop and implement a strategic planning process to prevent problem gambling issues
- Collaborate with the six jurisdictions in which casinos are located to draft and implement prevention and early intervention evidence-based best practices
- Provide presentations and materials that are culturally and linguistically appropriate at schools and other community venues
- Conduct community stakeholder forums to determine existing knowledge of problem gambling and to develop outreach strategies
- Implement evidence-based services to prevent and intervene with problem gambling
- Collaborate with academic and clinical institutions to incorporate gambling into the Screening Brief Intervention and Referral to Treatment (SBIRT) instrument
- Provide 24 hour Helpline services for problem gamblers and significant others

Involved Parties: Behavioral Health Administration Staff; Maryland Center of Excellence on Problem Gambling (CEPG); LHD Prevention Coordinators; Local Addiction Authority/Core Service Agency (LAA/CSA) Directors; Behavioral Health Advisory Council
Monitor: Ardenia Holland, Office of Statewide Projects - Gambling

(2-1B)

Plan a system of integrated behavioral health promotion, prevention, and treatment services for children, youth, and young adults who are at risk for or have mental health and/or substance-related disorders.

Indicators:

- Summary of Maryland *Launching Individual Futures Together* (Project LIFT) implementation data
- Enrollment data reviewed for 1915(i) Program
- Enrollment data reviewed for Targeted Case Management Program

Involved Parties, BHA Office of the Deputy Director of Children's Services; BHA Staff; CSAs; Health Departments; providers; youth and young adults; consumers; families; advocates

Monitor: Tom Merrick, Office of the Deputy Director of Children's Services


(2-1C)

In collaboration with the Maryland State Department of Education (MSDE), the Maternal and Child Health Bureau, the Maryland Early Childhood Mental Health Steering Committee, the University of Maryland, and other stakeholders continue to build infrastructure and workforce development initiatives to support the delivery of high quality mental health promotion, prevention, early intervention, and treatment services for young children and their families.

Indicators:

- Support the continued implementation of Maryland *Linking Actions for Unmet Needs in Children's Health* (LAUNCH) and utilize implementation data to modify and sustain strategies as well as support policy reform, workforce development initiatives, and public awareness initiatives
- Review summary of the Social and Emotional Foundations for Early Learning (SEFEL) implementation data provided by MSDE
- Review summary of Early Childhood Mental Health Consultation implementation data provided by MSDE

Involved Parties:  The BHA Office of the Deputy Director of Children's Services; MSDE; Maternal and Child Health Bureau; University of Maryland; CSA; the Maryland Early Childhood Mental Health Steering Committee

Monitor:  Tom Merrick, Office of the Deputy Director of Children's Services

(2-1D)
Educate and enhance the level of understanding about Fetal Alcohol Spectrum Disorder (FASD) to LAAs, CSAs, and local substance use providers.
Indicators:
- Disseminate to LAAs, CSAs, and community treatment programs information on Fetal Alcohol Spectrum Disorder (FASD) and the effects on the fetus, as well as adults
- Work with the FASD Coalition and community treatment providers to offer community awareness days at all gender-specific treatment programs during FASD month

Involved Parties:  BHA Offices of the Deputy Director of Clinical Services, Women's Services, and Treatment and Recovery Services; LAAs/CSAs; Community treatment providers; the National Organization on Fetal Alcohol Syndrome
Monitor:  Suzette Tucker, Office of Women's Services


2-1E
Increase treatment retention, medication compliance, and prenatal care to reduce infant mortality rates among women with opioid addictions.
Indicators:
- Methadone programs monitored to show evidence of  admission or referral of pregnant patients within 24 business hours of the request for services
- Records of all pregnant patients reviewed for program assistance with prenatal care and other health care services
- Records reviewed for evidence that the program offers parenting skills classes to all pregnant patients
- Patient urinalysis results reviewed for evidence of relapse and, if indicated, case management to higher level of care provided

Involved parties: BHA Offices of the Deputy Director of Clinical Services, Women Services, Treatment and Recovery, Quality Assurance and Opioid Authority, and Compliance; DHMH Office of Child and Maternal Health; Community treatment providers
Monitor:  Barry Page, Office of Quality Assurance and Opioid Authority and Franklin J. Dyson, Office of Compliance.

(2-1F)

Increase promotion of prevention, early intervention, and treatment and recovery services for special populations in clinical or community-based treatment (including somatic care) settings.

Indicators:

- Collaboration with Local Addiction Authorities to implement outreach activities that include referral agreements and Memorandum of Understanding (MOUs) with core social institutions to address the needs of the individual, family, and community
- Increased collaboration with and outreach activities to Maryland Commitment to Veterans and Maryland Joining Forces
- Increased collaboration with and outreach activities to Older Women Embracing Life (OWELS)
- Collaboration with and outreach activities to service providers for the lesbian, gay, bisexual, transgender (LGBT) community

Involved Parties: BHA Office of Treatment & Recovery Services; Recovery Support Service Manager; Local Addiction Authorities (LAAs); Maryland Commitment to Veterans; OWELS; LGBT community centers

Monitor(s): Deirdre Davis and Patricia Konyeaso, Office of Treatment & Recovery Services

(2-1G)
Enhance the Prescription Drug Monitoring Program (PDMP) to improve healthcare providers' ability to screen for prescription drug misuse, addiction and diversion and reduce the inappropriate prescribing and dispensing of pharmaceutical controlled substances.

Indicators:
- Expanded number of healthcare providers, including physicians, nurse practitioners, pharmacists, social workers, counselors and others, registered with CRISP (a Maryland statewide) health information exchange) to query PDMP data through improved registration processes
- Average number of patient queries for PDMP data occurring in a month
- Number of patients receiving controlled substance prescriptions from multiple providers inappropriately or receiving drugs in potentially dangerous dosages or combinations
- Number of unsolicited reports sent to prescribers and dispensers to provide information about patients receiving prescriptions from other providers, drug prescribing at quantities or in combinations that are potentially dangerous
- Criminal and administrative investigations by law enforcement or regulatory authorities aided by PDMP data
- Continued improvement of PDMP data analysis to assist stakeholders at the state and local level with strategic planning and efficient targeting of intervention programs
- Interoperability with other states' PDMPs established

Involved Parties:  Behavioral Health Administration; CRISP; healthcare practitioners and institutions (including hospitals and pharmacies), health occupations licensing boards, DHMH agencies with regulatory authority, law enforcement agencies

Monitor(s):  Michael Baier and Kate Jackson, Office of Overdose Prevention

(2-1H)
Provide statewide leadership in the development of policies, programs, and services to prevent youth substance use, misuse, and consequences.
Indicators:
- Funding provided to local health department prevention offices to implement data-driven, evidence-based prevention and early intervention services for youth
- On-going training and technical assistance administered to local prevention offices and community coalitions in the provision of the SAMSHA Strategic Prevention Framework process of assessing community needs, building community capacity, developing data-driven strategic plans, implementing evidence based strategies, and evaluating the effectiveness of their prevention strategies
- All funded prevention programs evaluated for their effectiveness in addressing community-specific contributing factors for substance use
- Current research compiled and maintained on best practices in preventing and reducing alcohol and other drug use, misuse, and consequences and utilization of this information to (1) develop the most effective state policies and programs and (2) to develop guidance documents and resources for prevention and early intervention providers

Involved Parties: BHA Office of Prevention and Wellness; University of Maryland School of Pharmacy; local health department Prevention Coordinators and staff; community prevention coalitions; Behavioral Health Advisory Council
Monitor: Larry Dawson, Office of Prevention and Wellness

**Objective 2.2. Promote efforts to address suicide and overdose prevention.**

(2-2A)

Continue efforts to address and implement suicide prevention activities for youth, adults, and older adults.

Indicators:

- Implementation of deliverables of suicide prevention grants - the Garrett Lee Smith (GLS) Suicide Prevention Grant for youth ages 10-24
- Training to teachers, primary care, and other professionals implemented
- Annual Suicide Prevention conference conducted with inclusion of training sessions on issues/needs of special needs populations such as veterans and individuals who are lesbian, gay, bi-sexual, transgender (LGBT)
- Development of a new Suicide Prevention Plan created by the Governor's Commission on Suicide Prevention.
- Participating in and addressing recommendations from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Zero Suicide Policy Academy and Suicide Prevention Resource Center's virtual communities of practice Webinars
- Promotion of increased number of "followers" for the Maryland Crisis Network Facebook account and the Maryland Suicide Prevention Twitter account
- Dissemination of print materials, information cards, brochures, posters, t-shirts, and online videos created for a suicide prevention marketing campaign to promote the Maryland Crisis Hotline number

Involved Parties:  BHA Offices of the Executive Director, the Deputy Director of Children's Services, Planning, and Adult and Specialized Behavioral Health Services; Maryland Department on Aging; the Maryland Crisis Hotline Network; WRCs; MSDE; CSAs; Johns Hopkins University; University of Maryland; Maryland Coalition of Families (MCF); Maryland Human Trafficking Task Force; local school systems; other key stakeholders

Monitor:  Brandon J. Johnson, Office of Children's Services

(2-2B)
Increase opioid overdose education and Naloxone distribution (OEND) to individuals at risk for, or likely to witness, an opioid-related overdose.
Indicators:
- Number of entities authorized by DHMH to conduct trainings and certify trainees under the Overdose Response Program (ORP)
- Number of individuals at risk, family members, clinical staff, law enforcement personnel and others trained and certified under ORP
- Number of Naloxone kits dispensed to ORP certificate holders
- Number of opioid treatment programs (OTP) prescribing and/or dispensing Naloxone to clients and number of OTP clients receiving OEND
- Number of local detention centers conducting OEND for during inmate release and number of released individuals receiving OEND
- Number of lay person Naloxone administrations reported to BHA or the Maryland Poison Center
- Number of pharmacies stocking Naloxone
- Provide funding to local health departments to support implementation and expansion of ORP trainings
- Educate health care professionals and the general public about overdose prevention, Naloxone, legal authorities to conduct and participate in OEND and opportunities for certification under ORP
- Technical assistance provided to ORP training entities, OTPs, Naloxone prescribers and dispensers, local health department staff and others on how to improve the operations and reach of OEND programs

Involved Parties: Behavioral Health Administration; local health departments; LAAs; community-based organizations authorized as ORP entities; OTPs; local detention centers; advocacy organizations; academic researchers; state and local law enforcement agencies; the Governor's Office of Crime Control & Prevention
Monitor(s): Michael Baier and Erin Haas, Office of Overdose Prevention


(2-2C)
Enhance process by which trained peer support specialists and local outreach workers provide support, information, and referrals to treatment for individuals who are saved from an overdose or who are otherwise in need of substance-related disorder (SRD) treatment, in hospital emergency departments.
Indicators:
- Hospital participation
- Trained hospital, peer specialists, and outreach workers
- Provision of updated resource materials
- Contacts with survivors to encourage follow up with treatment
- Data on number of referrals made per month and number of patients who continue with treatment after six (6) months

Involved Parties: BHA Office of Overdose Prevention; local hospital emergency departments; Behavior Health Systems Baltimore (BHSB); Mosaic; other community based organizations; treatment providers
Monitors: Michael Baier and Brian Holler, Office of Overdose Prevention

**Objective 2.3.  Continue to facilitate the development, implementation, and evaluation of services that address the needs of children, adolescents, transition-age youth with behavioral health disorders, and their families.**

(2-3A)

In collaboration with the Governor's Interagency Transition Council for Youth with Disabilities, stakeholders, and constituencies, implement the provisions of the Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Healthy Transitions (HT) grant within two local communities, one in Howard County and one located to serve the Tri-County area (Calvert, Charles, and St. Mary's counties), and to promote organizational and systems change at the state and local level to support grant replication and sustainability.

Indicators:

- Financing, social marketing, and health disparities plan for grant implementation, sustainability and replication developed and refined
- Empirically-supported services and supports provided to a minimum of eighty (80) youth and young adults, ages 16-25 through the SAMHSA HT grant
- Screening and detection protocol for substance-related disorders, first-episode psychosis, and traumatic brain injury established; treatment accommodations implemented within the SAMHSA HT grant; and scientifically-validated screening and assessment instruments utilized
- Detailed description and specification of Maryland Transition-Age Youth (TAY) program model, fidelity assessment tool, and training curriculum completed

Involved Parties:  BHA Offices of Children's Services and Adult and Specialized Behavioral Health Services; Maryland Department of Disabilities (MDOD); MSDE and Division of Rehabilitation Services (DORS); CSAs; Department of Human Resources (DHR); Department of Juvenile Services (DJS); DHMH Medicaid; Governor's Interagency Transition Council for Youth with Disabilities; University of Maryland School of Medicine; Towson University; University of Massachusetts School of Medicine; National Alliance on Mental Illness-Maryland (NAMI MD); On Our Own of Maryland, Inc. (OOOMD); local school systems; parents; students; advocates; other key stakeholders

Monitor(s):  Steve Reeder and Mona Figueroa, Office of Adult and Specialized Behavioral Health Services

(2-3B)

Develop and implement two (2) multi-component, multidisciplinary treatment team-based First Episode Psychosis Programs, one in Baltimore City and one in Montgomery County, that provide community-based, person-centered, recovery-oriented services and supports to youth and young adults who are within two years of initial onset of psychotic symptoms.

Indicators:
- A minimum of twenty-five (25) youth and young adults enrolled with, or at risk of, experiencing a psychotic disorder
- Implementation and assessment of the Critical Time Intervention (CTI) approach utilized to include a graduated plan to transition to outpatient level of service within two years of enrollment
- Critical ingredients of supported education intervention identified and considered for replication in identified TAY provider programs
- Evidence-based services assessed, evaluated, and implemented with fidelity

Involved Parties: BHA Offices of Children's Services, Adult and Specialized Behavioral Health Services, and Planning; CSAs; Maryland Early Intervention Program (EIP) Advisory Council; Governor's Interagency Transition Council for Youth with Disabilities; the University of Maryland School of Medicine; University of Maryland Baltimore County (UMBC); National Alliance on Mental Illness-Maryland (NAMI MD); MCF, OOOMD; local school systems; parents; students; advocates; other key stakeholders

Monitor (s): Steve Reeder, Office of Adult and Specialized Behavioral Health Services and Cynthia Petion, Office of Planning


(2-3C)

Disseminate information to community gender specific substance use programs on Fetal Alcohol Spectrum Disorder (FASD) that can be incorporated into the screening process for the population.

Indicators:
- Gender-specific substance use  treatment providers educated on FASD and plan developed for screening clients
- Specific evidence-based screening identified that can be utilized by the gender specific treatment programs
- Data collected on the number of women that are being screened by gender-specific treatment programs

Involved Parties:  BHA Offices of Women's Services, Deputy Director of Clinical Services, and Treatment and Recovery Services; National Organization on Fetal Alcohol Syndrome; Community treatment providers

Monitor:  Suzette Tucker, Office of Women's Services

**GOAL III. PROMOTE A SYSTEM OF INTEGRATED CARE TO INCREASE ACCESS, REDUCE DISPARITIES AND SUPPORT COORDINATED CARE AND SERVICES ACROSS SYSTEMS.**

**Objective 3.1. Enhance the competency of clinical behavioral and somatic care practitioners to provide treatment for problem gambling, mental health, and substance – related disorders and the capacity for integrating these skills into existing treatment practices.**

(3-1A)
Identify and provide a problem gambling disorder treatment model that can be incorporated into the existing behavioral health therapeutic treatment system.
Indicators:
- Problem gambling services evidence best practices treatment model identified
- Trainings conducted as requested and clinical consultation provided for local health department behavioral health agencies to offer problem gambling services
- Community stakeholders engaged and opportunities provided for input, particularly in jurisdictions where casinos are located
- Clinical tools developed and resources provided that are tailored to community demographics

Involved Parties: Behavioral Health Administration Staff; Maryland Center of Excellence on Problem Gambling (CEPG) ; Local Addiction Authority/Core Service Agency (LAA/CSA) representatives; Behavioral Health Advisory Council
Monitor:  Ardenia Holland, Office of Statewide Projects - Gambling


(3-1B)
In concert with psychiatrists and social workers at Johns Hopkins and University of Maryland, continue implementation of the Behavioral Health Integration in Pediatric Primary care (B-HIPP) to provide consultation on assessment, medication, resources, and treatment to any pediatrician statewide as well as provide additional social work support on the Eastern Shore.
Indicators:
- Data on numbers of consultations provided statewide
- Additional resources and support provided to pediatric offices on the Eastern Shore, through Salisbury University, to offset psychiatrist workforce shortages

Involved Parties:  BHA Office of the Deputy Director of Children's Services; University of Maryland School of Medicine; Johns Hopkins University; Salisbury University
Monitor:  Al Zachik, Office of the Executive Director

(3-1C)
Continue to facilitate coordination of care activities throughout the behavioral health system of care and study data to determine impact of wellness activities and coordination of care in the provision of community behavioral health services.
Indicators:
- Utilization of existing interagency data to facilitate coordination of  care, i.e. Outcomes Measurement System (OMS) data, pharmacy data (PharmaConnect), and other data, as appropriate
- Collaboration with Medicaid Pharmacy Program regarding prescribing practices of anti-psychotic medicine in children
- Continued support the provision of outreach, training, and technical assistance to providers participating in Health Home implementation to further integrate somatic and behavioral health services
- Utilization of the Coordination of Care Committee to coordinate care of complex dual diagnosis cases
- Integration of elements of coordination of care in behavioral health system of care through the Community Behavioral Health Medical Directors Consortium

Involved Parties:  BHA Offices of the Deputy Director of Clinical Services, the Medical Director, and Population-Based Behavioral Health; BHA-Managed Care Organization (MCO) Coordination of Care Committee; University of Maryland Systems Evaluation Center (UMD SEC)
Monitor:  Marian Bland, Office of the Deputy Director of Clinical Services


(3-1D)
Continue to provide training for substance use providers and community stakeholders on the effects of substance use during pregnancy.
Indicators:
- In collaboration with DHMH Child and Maternal Health, training developed and implemented on the effects of substance use during pregnancy
- In collaboration with DHMH Child and Maternal Health, information disseminated about a hotline that providers can utilize for the population
- Evidence-based tools developed that can be used to assist in educating providers on the effects of substance use during pregnancy

Involved Parties:   BHA Offices of the Deputy Director of Clinical Services, Women Services, and Treatment and Recovery Services; DHMH Office of Child and Maternal Health; Community treatment providers
Monitor: Suzette Tucker, Office of Women's Services

(3-1E)

Enhance the ability of clinicians, who treat individuals with substance-related disorders, to incorporate evidence-based tools for mothers with newborns exposed to substance use.

Indicators

- In collaboration with the National Center of Child Welfare and Substance Use, a more comprehensive system of care developed for mothers of newborns exposed to substance use
- In collaboration with the Department of Human Resources, evidence-based tools developed and implemented for mothers of newborns exposed to substance use
- Training developed for clinicians who work with mothers of newborns exposed to substance use

Involved Parties:  BHA Offices of the Deputy Director of Clinical Services and Women Services; DHR; National Center of Child Welfare and Substance Use; Community Treatment Providers

Monitor:  Suzette Tucker, Office of Women's Services


(3-1F)

Enhance and sustain tobacco use quit rates among individuals in the behavioral health system and staff in behavioral health treatment services settings.

Indicators:

- Expanded training of behavioral health treatment agency staff to facilitate the provision of smoking cessation classes and guidance for nicotine reduction pharmacotherapies to individuals with mental health and substance-related disorders.
- Number of behavioral health treatment center providers and staff trained in providing and incorporating smoking cessation services and pharmacotherapies as a component of the provider's therapeutic services.
- Evaluation of training and outcomes – i.e., assessment of number of groups conducted, number of smokers reached, use of nicotine replacement therapy (NRT) and medications, referrals to Maryland Quitline, number of referral contacts with local health departments.

Involved Parties: Behavioral Health Administration Staff; Center for Tobacco Prevention and Control (CTPC); MDQuit; LAA and CSA representatives; consumer and provider organizations; Behavioral Health Advisory Council

Monitor:  Anastasia S. Lambropoulos

(3-1G)
Enhance the ability of the Maryland Crisis Hotline (MCH) providers to appropriately refer callers with substance-related disorders (SRDs) to available community services
Indicators:
- Provision of a series of Webinars and electronic materials to include information on SRD, substances used, SRD Service System and Resources, operational procedures, and Motivational Interviewing with a SRD caller
- Periodic calls with MCH directors to problem-solve any difficulties or need for additional information
- Collection of monthly data on call volume, demographics, insurance status, and substances being used

Involved Parties: BHA Offices of Children's Services and Population-Based Behavioral Health; Maryland Crisis Hotline providers; LAAs
Monitors: Brandon J. Johnson, Office of Children's Services and Laura E. Burns-Heffner, Office of Population-Based Behavioral Health


**Objective 3.2.  Continue to work collaboratively with appropriate agencies to improve access to behavioral health services for children with behavioral 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, brain injury (BI), homelessness, substance use, developmental disabilities, and survivors of traumatic events.**

(3-2A)
Explore resources to increase the availability of behavioral health services to individuals who are deaf, hard of hearing, or deaf-blind.
Indicators:
- National best practices researched in providing services to individuals who are deaf, hard of hearing or deaf-blind
- Data collected on the number of individuals being served and assess ongoing need for services
- Revision of existing policies and disseminate information to CSAs/LAAs, local health departments, and the administrative services organization (ASO)
- Revision of Web site to provide updated information on resources/services available through the PBHS
- Outreach initiated to providers to increase access to qualified, comprehensive language interpretation services to be utilized across populations and with individuals with co-occurring disorders
- Resource opportunities, i.e. grants explored, to expand services for individuals who are deaf or hard of hearing across the life span and on the local level

Involved Parties:  BHA Offices of Adult and Specialized Behavioral Health Services, Planning, and Children's Services; CSAs/LAAs; Governor's Office of the Deaf and Hard of Hearing (ODHH); Developmental Disabilities Administration (DDA); consumers and family groups; state and local agencies; colleges and universities; local service providers
Monitor:  Marian Bland, Office of the Deputy Director of Clinical Services

(3-2B)
Facilitate community placements, ensure access to somatic and mental health services, and monitor plans of care for consumers with brain injury (BI) through the BI waiver.
Indicators:
- Plans of care developed for at least 10 new enrollees participating in the Brain Injury (BI) waiver through the Money Follows the Person (MFP) Project
- Transition of at least three individuals from residential services to independent housing with waiver supports
- Increased utilization of supported employment and individual support services
- Additional providers enrolled
- Utilization of Web-based Long-term Services and Supports (LTSS) tracking system for waiver administrative and quality assurance activities
- MFP enhanced federal match (re-balancing funds) spent on initiatives that expand community capacity

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; Medical Assistance Division of Waiver Programs; Coordinators for Special Needs Populations in state facilities; CSAs; Traumatic Brain Injury Advisory Board; community providers
Monitor:  Stefani O'Dea, Office of Adult and Specialized Behavioral Health Services


(3-2C)
In collaboration with the Core Service Agencies/Local Addiction Authorities (CSAs/LAAs), continue to facilitate an all-hazards approach to emergency preparedness and response for the BHA as an administration and for the behavioral health community at large.
Indicators:
- All-Hazards Disaster Behavioral Health Plans from the CSAs/LAAs updated
- All Hazards Disaster Planning template provided by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) under review for use by all jurisdictions
- Process identified and steps developed towards a Behavioral Health All-Hazards Disaster Plan

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; Facilities CEOs; Facilities Emergency Managers; CSAs/LAAs
Monitor:  Darren McGregor, Office of Adult and Specialized Behavioral Health Services

**Objective 3.3.  In collaboration with Core Service Agencies, Local Addiction Authorities, consumer and family organizations, governmental agencies, the administrative services organization (ASO), and other stakeholders, address issues concerning cultural competency and improvement in Behavioral Health integration of community services.**

(3-3A)

Expand crisis response systems to increase utilization of intensive services to allow individuals with mental health and substance-related issues to be served in the least restrictive setting.

<u>Indicators</u>:
- Expansion of crisis response services and crisis intervention teams (CITs) throughout the state
- Implementation of Center of Excellence For Early Intervention
- Community education and outreach activities promoted, i.e. Mental Health First Aid (MHFA) and Crisis Intervention Systems Management (CISM)

<u>Involved Parties</u>:  BHA Offices of the Executive Director, the Deputy Director of Operations, the Deputy Director of Clinical Services, Local Planning and Management, Forensic Services, and Adult and Specialized Behavioral Health Services; State Facility CEOs; Maryland Medicaid; CSA/LAA directors in involved jurisdictions; University of Maryland Evidence-Based Practice Center (UMD EBPC); Mental Health Association of Maryland (MHAMD); other stakeholders

<u>Monitor</u>:  Marian Bland, Office of the Deputy Director of Clinical Services


(3-3B)

In collaboration with the CSAs and LAAs, continue to implement sensitivity awareness and cultural competence training efforts to eliminate behavioral health disparities in state, federal, and local planning activities.

<u>Indicators</u>:
- Local behavioral health plans reviewed to ensure the development of strategies that address a culturally responsive system
- Provision of cultural sensitivity training to behavioral health treatment staff

<u>Involved Parties</u>:  BHA Office of Planning; BHA staff; CSAs; LAAs; Maryland Behavioral Health Advisory Council; On Our Own of Maryland, Inc. (OOOMD); consumers; family members; MADC; CBH; other advocacy groups

<u>Monitor</u>:  Hilary Phillips, Office of Planning

(3-3C)
In collaboration with the State Psychiatric Facility Chief Executive Officers (CEOs),
CSAs, and providers, continue to identify the needs of patients ready for discharge and
community integration.
<u>Indicators</u>:
- Recommendations for a service continuum plan developed and implemented

<u>Involved Parties</u>: BHA Offices of the Deputy Director for Behavioral Health Facilities
and Adult and Specialized Behavioral Health Services; CSAs; facility CEOs;
providers; other stakeholders
<u>Monitor</u>: Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities


(3-3D)
Identify and implement specific changes within the behavioral health service delivery
system to ensure adherence to the Center for Medicare/Medicaid Services (CMS)
requirements for the Balancing Incentive Program (BIP), designed to promote shifts in
state Medicaid spending from institutional to community-based care.
<u>Indicators</u>:
- Assistance provided in the identification, selection, and implementation of a core
  standardized assessment instrument for all specialty mental health services
- Assistance provided with analysis of programs, contracts, and regulations to
  identify conflicts in case management systems
- Promotion of access to Maryland long-term care services and supports (LTSS) for
  individuals with behavioral health disorders

<u>Involved Parties</u>, BHA Office of Adult and Specialized Behavioral Health Services;
DHMH Medical Care Programs (Medicaid); CSAs; Maryland Access Point
(MAP) – Aging and Disability Resource Centers (ADRCs)
<u>Monitor</u>: Stefani O'Dea, Office of Adult and Specialized Behavioral Health Services


(3-3E)
Continue to interface and maintain liaison efforts and partnerships with other agencies
and administrations to support a comprehensive system of behavioral and somatic health
services and community supports.
<u>Indicators</u>:
- Collaborations established and implemented with state entities

<u>Involved Parties</u>: Various members of the BHA staff
<u>Monitor</u>: Robin Poponne, Office of Planning

## GOAL IV.  WORK COLLABORATIVELY TO ADDRESS TRAUMA AND JUSTICE IN THE COMMUNITY.

**Objective 4.1. Develop and implement training around trauma-informed care (TIC) principles and practices so that the Public Behavioral Health System (PBHS), other agencies, and stakeholders may better serve individuals in the behavioral health system.**

(4-1A)

Develop and implement trauma-informed training for behavioral health staff within organizations that serve the behavioral health needs of individuals to gain a thorough understanding of trauma and its impact on behavior.

Indicator

- Webinar developed on trauma, self-care, and trauma-informed care
- Face-to-face trainings provided in collaboration with CSAs/LAAs and community behavioral health providers
- In collaboration with state and city universities, course material created around trauma
- Workshop participants guided in self-assessments that lead to promotion of self-care to alleviate symptoms of compassion fatigue, burn-out, and vicarious traumatization

Involved Parties:   BHA's Office of Adult and Specialized Behavioral Health Services; Department of Juvenile Services (DJS); CSAs/LAAs; University of Maryland; University of Baltimore; behavioral health provider agencies; detention centers; state hospitals

Monitor:  Darren McGregor, Office of Adult and Specialized Behavioral Health Services

**Objective 4.2. Provide technical assistance and training to providers who serve individuals residing in the community who are in the court or corrections system.**

(4-2A)
The OFS will continue to provide training and consultative services to new and established forensic evaluators, providers of clinical services to court-involved consumers, and allied criminal justice professionals who interact with consumers of behavioral health and developmental disabilities services.

Indicators:
- Trainings conducted for new and established forensic evaluators and clinical providers in the adult and juvenile behavioral health and developmental disabilities systems
- Trainings provided for judges, attorneys, law enforcement, and correctional professionals engaged with consumers of behavioral health and developmental disabilities services
- Trainings and consultations available for evaluators and providers of clinical services for consumers of behavioral health and developmental disabilities services who are classified as sex offenders

Involved Parties: BHA Offices of Forensic Services (OFS) and Adult and Specialized Behavioral Health Services; Developmental Disabilities Administration; the Behavioral Health Advisory Council

Monitor(s): Erik Roskes, Richard Ortega, and Lori Mannino, Office of Forensic Services

(4-2B)

BHA's Office of Adult and Specialized Behavioral Health Services, in collaboration with the Core Service Agencies (CSAs), local addiction authorities (LAAs), local detention centers, DHMH, Department of Public Safety and Correctional Services' (DPSCS's) criminal justice team, and other key stakeholders will develop and implement new practices to provide cost-effective, coordinated, and recovery-oriented services to individuals, who have mental illnesses, substance-related disorder (SRD), or co-occurring disorders, who are incarcerated in local detention centers or prisons.

Indicators:

- Depending on available funding, continued activities and supports of the Second Chance Grant to meet the goals of treating individuals with co-occurring disorders transitioning from prison to the community
- Local jurisdictions assisted in efforts to establish a court liaison, drug, or mental health court to divert appropriate individuals from detention centers to community programs or services
- Engagement in partnerships with Behavioral Health System Baltimore (BHSB), other CSAs/LAAs, local detention centers, the DataLink Workgroup of the Maryland Criminal Justice Treatment Program, and DPSCS to promote effective utilization and expansion of data sharing through DataLink to assist coordination of care during incarceration and upon re-entry to the community
- Enhancement of the Mental Health and Criminal Justice Treatment Program (MCCJTP) to continue to effectively meet the aftercare needs of its participants

Involved Parties: BHA Offices of Adult and Specialized Behavioral Health Services and Forensic Services; CSAs; LAAs; administrative services organization (ASO); local detention centers; MHAMD; Developmental Disabilities Administration (DDA); community behavioral health providers

Monitor: Darren McGregor, Office of Adult and Specialized Behavioral Health Services and Erk Roskes, Office of Forensic Services


(4-2C)

The BHA Office of Consumer Affairs (OCA), in conjunction with the BHA Office of Forensic Services (OFS), will explore opportunities to develop and expand the use of forensic peer support.

Indicators:

- Workgroup convened to explore the current state of forensic peer support in Maryland and to investigate its use in other states
- Training developed by OCA and OFS for consumers with justice histories to become certified peer specialists
- Employment opportunities developed by OCA and OFS in collaboration with facilities and community providers for forensic peer specialists

Involved Parties: BHA Offices of Consumer Affairs and Forensic Services; the Behavioral Health Advisory Council; state facilities' staff; community providers

Monitor(s): Brandee Izquierdo, Office of Consumer Affairs and Erik Roskes, BHA Office of Forensic Services

**OBJECTIVE 4.3.  In collaboration with the Department of Juvenile Services (DJS), develop and implement treatment, as well as related recovery supports, for individuals with DJS involvement, including early diversion from juvenile justice and criminal justice systems as appropriate.**

(4-3A)
In collaboration with DJS, facilitate a three-phase process to assess behavioral health needs of youth with DJS involvement and refine, develop, and implement treatment services and evidence-based practices consistent with individual assessments.
Phase 1 - Assess the prevalence of behavioral health disorders and current treatment services.  Phase 2 - Develop a system of DJS case focused treatments compatible with DJS evidence-based practices and local provider liaisons to facilitate treatment.  Phase 3 - Assess treatment outcomes via multiple measures including DJS assessments, Local School System (LSS) attendance and performance data, and educational assessments.
Indicators:
- Phases 1 – 3 processes implemented
- 
- Individual assessment of behavioral health strengths, problems, and current treatment services identified
- Local School System attendance and performance data reviewed for DJS-involved individuals
- Outcomes Measurement System data and Multi-Agency Review Team (MART) Information reviewed for DJS-involved individuals

Involved Parties:  BHA Office of Children's Services; MART coordinator; DJS Office of Behavioral Health and Victim Services; ASO; CSAs/LAAs; local DJS offices; LSS

Monitor(s):  Eric English and Tom Merrick, BHA Office of the Deputy Director of Children's Services

## GOAL V.  PROVIDE COORDINATED APPROACHES TO INCREASE RECOVERY SUPPORTS.

**Objective 5.1 Promote education, information sharing, and the development of options and supports in areas such as housing, benefits, and employment for individuals with behavioral health disorders across the lifespan.**

(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) funding to support an array of affordable and integrated housing choices for individuals in the behavioral health system of care.
Indicators:
- Pre-application meetings held, as appropriate, to inform perspective applicants about the Community Bond Program and to encourage partnerships within the state and local areas to pursue development efforts to address the needs of individuals with mental health, substance-related, and co-occurring disorders
- Continued support of DHMH partnership with the Maryland Department of Housing and Community Development (DHCD), other state and local agencies, and funding entities to encourage participation in annual Community Bond proposals
- Community Bond housing applications recommended to increase funding for supported**,** independent, and recovery housing units
- Projects monitored and reviewed on number of units developed and persons served through the Community Bond Program
- Documentation of annual progress and barriers in the development and completion of housing projects

Involved Parties:  BHA Offices of Planning, Recovery and Treatment Services, and Adult and Specialized Behavioral Health Services; DHMH Office of Capital Planning, Budgeting, and Engineering Services; CSAs; LAAs; DHCD; Maryland Department of Disabilities (MDOD); Developmental Disabilities Administration (DDA); local housing authorities; housing developers
Monitor:  Robin Poponne, Office of Planning

(5-1B)

Continue to expand the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program statewide to further develop an integrated behavioral health model to improve access to services.

Indicators:

- Additional SOAR sites developed, workgroups expanded, and new partnerships, including those from a substance use background, trained in SOAR
- Technical assistance provided to local workgroups and individuals to ensure appropriate knowledge of the SOAR application process
- Increase in the number of fully SOAR certified case managers
- Development of a process, through the implementation of a SOAR pilot at Spring Grove Hospital Center, to expedite the obtaining of benefits to patients as part of discharge planning
- Data collated and submitted to BHA on a monthly basis and to the National SOAR TA center on an annual basis

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; Policy Research Associates; Social Security Administration; Disability Determination Services; colleges and universities; Department of Public Safety and Correctional Services (DPSCS); DHR; Veterans Administration; Projects for Assistance in Transition from Homelessness (PATH)-funded providers; other community and facility-based providers

Monitor:  Caroline Bolas, Office of Adult and Specialized Behavioral Health Services

(5-1C)
Continue to implement the Maryland Employment Network (MD–EN), a consortium of Maryland mental health supported employment providers, under the auspices of the Social Security Administration's (SSA's) Ticket-to-Work Program, to increase access to and availability of supported employment and services to promote long-term career development and economic self-sufficiency.
Indicators:
- Data reported on number of programs participating, consumers assigned tickets, consumers achieving milestones toward economic self-sufficiency, consumers receiving individualized, intensive benefits counseling and peer counseling through the Ticket-to-Work Program, and number of business outreach contacts
- Number of supported employment and Assertive Community Treatment (ACT) employment specialists trained and achieving foundational competency in benefits counseling
- Strategic and operational plans revised
- Continued implementation of a curriculum for in-service training and continue provision of training, technical assistance, and consultation to statewide employment specialists, consumers, and family members

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; Maryland Department of Disabilities (MDOD); Harford County Office on Mental Health – MD-HEN; UMD EBPC; UMD SEC; Division of Rehabilitation Services (DORS); Community Behavioral Health Association of Maryland (CBH); OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ValueOptions®Maryland; SSA; consumers and family members
Monitor: Steve Reeder, Office of Adult and Specialized Behavioral Health Services


(5-1D)
Explore the expanded use of self-directed approaches throughout the state.
Indicators:
- Self–Directed Care (SDC) plans in Washington County developed and approved with peer support workers assisting consumers with the process
- Continued Wellness Recovery Action Plan (WRAP) training of consumer advocates and consumer participants with an emphasis on stress reduction and wellness
- Offer participant-directed services and respite care services through the 1915(i) State Medicaid Plan Amendment
- Continued dissemination of Person Centered Care Planning principles and practices through regional training sessions to community behavioral health providers

Involved Parties:  BHA Offices of Adult and Specialized Behavioral Health Services, Consumer Affairs, and Children's Services; BHA staff; Washington County CSA; Providers; OOOMD; consumers and family members
Monitor:  Brandee Izquierdo, Office of Consumer Affairs

(5-1E)
Provide resources to continue to implement leadership activities and trainings through:
1) the Maryland Coalition of Families for Children's Mental Health (MCF) Family
Leadership Institute for parents of children with behavioral disorders; 2) On Our Own of
Maryland, Inc. (OOOMD) Transition-Age Youth Outreach Project, and other youth
leadership programs; and 3) the Leadership Empowerment and Advocacy Project
(LEAP).

Indicators:

- Annual MCF Family Leadership Institute (FLI) convened, training activities for families implemented, number of graduates; number participating in "Taking Flight" (youth council)
- Number of youth participating in OOOMD's TAY Outreach Project and Anti-Stigma Project activities.
- Continued development and maintenance of professional partnerships that support LEAP training and promote behavioral health integration activities for both mental health and substance use peers.
- Increased consumer and family participation in state and local policy planning for behavioral health system of care

Involved Parties:  BHA Offices of Children's Services and Consumer Affairs; MCF;
        OOOMD: CSAs

Monitor:  Brandee Izquierdo, Office of Consumer Affairs

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

(5-2A)
Enhance efforts to increase housing opportunities through utilization of available federal subsidies and grants.

Indicators:
- Realign the Projects for Assistance in Transition from Homelessness (PATH) funding to focus services on the delivery of outreach, case management, integrated services, and recovery for individuals who are homeless or at imminent risk of becoming homeless
- Track the number of youth, 18 years and older, who are or were homeless, that received a federal Department of Housing and Urban Development (HUD) voucher and whose information was entered in the homeless management of information system
- Maximize use of Continuum of Care (COC) funding (formerly called Shelter Plus Care Housing) and other support systems to provide rental assistance to individuals with mental illness and/or co-occurring substance-related disorders who are homeless or were formerly homeless
- Collaborate with MDOD, Maryland Partnership for Affordable Housing (MPAH), and DHMH to increase access to rental assistance programs, such as HUD's Housing Choice Voucher Program and the Weinberg Foundation grants

Involved Parties:  BHA Office of Adult and Specialized Behavioral Health Services; other BHA staff; MDOD; MPAH; DHCD; CSAs/LAAs; Local Health Departments (LHDs); state psychiatric facilities; Continuum of Care Homeless Boards; local detention centers; HUD; local service providers; consumers; case management agencies; housing authorities; other nonprofit agencies; PATH service providers

Monitor:  Keenan Jones, Office of Adult and Specialized Behavioral Health Services

(5-2B)
Establish partnerships with the state Department of Human Resources (DHR), the Department of Housing and Community Development (DHCD), Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), Local Health Departments, and other appropriate agencies to make homelessness a rare or brief occasion, and to develop policies and programs to prevent or reduce the duration of homelessness for all individuals, including those who have behavioral health disorders.
Indicators:
- Develop Memorandum of Understanding (MOU) with DHCD for technical assistance to BHA, PATH, Continuum of Care (COC - formerly called Shelter Plus Care Housing), and other behavioral health providers on collecting, entering, and analyzing Homeless Management Information Systems statewide and local data, generating reports, and determining local needs
- Implement Housing First Pilot in Baltimore City, Montgomery, and Prince George's counties
- Engage in State Interagency Council on Homelessness, reestablished through House Bill (HB) 1086/Senate Bill (SB) 796, to examine system barriers, develop policies, and promote new programming

Involved Parties:  BHA Offices of Adult and Specialized Behavioral Health Services, Children's Services, and Special Projects (Veterans, Gambling, Tobacco, Smoking Cessation); DHMH Office of Health Services; DHR; DHCD; CSAs; LAAs; LHDs; Maryland Veterans Administration; Regional Coordinators; other state and local agencies; other community providers
Monitor:  Marian Bland, Office of the Deputy Director of Clinical Services


(5-2C)
Enhance efforts to increase supportive recovery housing assistance to women with dependent children through the use of state and federal funding subsidies.
Indicators:
- Increased number of providers involved through identification of key areas in the state  in need of this service for women with dependent children
- Information shared with LAAs/CSAs on the on how to develop supportive housing for women with dependent children
- In collaboration with Maryland Recovery Organization Connecting Communities (MROCC), develop standards of care for supportive recovery housing for women with dependent children
- Data points developed for the utilization of the service

Involved Parties:   BHA Offices of Women Services and Treatment and Recovery Services; Community Treatment Providers; MROCC; LAA/CSA; LHDs; Recovery Housing Organizations
Monitor: Suzette Tucker, Office of Women's Services

**Objective 5.3. Promote the implementation of models of evidence-based, effective, promising, and best practices for behavioral health services in community programs and facilities.**

> (5-3A)
> Continue, in collaboration with the University of Maryland, CSAs, and key stakeholders, statewide evidence-based practice (EBP) implementation in supported employment (SE), assertive community treatment (ACT), family psycho-education (FPE), and First Episode Psychosis Program; facilitate local implementation of Illness Management and Recovery (IMR), Integrated Treatment for Co-occurring Disorders (ITCOD), and other empirically-supported promising and best practices, as appropriate, within selected sites.
> Indicators:
> - Annual evaluation of programs to determine eligibility for EBP reimbursement rates
> - Ongoing outcome and fidelity data collection on EBPs receiving training and meeting fidelity
> - Development of a plan of transition to an enhanced, recovery-oriented fidelity assessment tool for measuring ACT fidelity - the Tool for Measuring Assertive Community Treatment (TMACT), including but not limited to training in person-centered care planning (PCCP) principles and practices
> - Inventory of Evidence-Based Practice Programs implemented with fidelity across the state
> - Monitoring of the implementation of First Episode, IMR, and ITCOD EBP models
>
> Involved Parties: BHA Offices of Adult and Specialized Behavioral Health Services, the Executive Director, the Deputy Director of Clinical Services, and the Deputy Director of Operations; ASO; Dartmouth Psychiatric Research Center; University of Maryland, School of Medicine, Department of Psychiatry; CSAs; OOOMD; NAMI-MD; Community Behavioral Health Association of Maryland (CBH)
> Monitor(s):  Steve Reeder and Mona Figueroa, Office of Adult and Specialized Behavioral Health Services

(5-3B)

In collaboration with National Alliance on Mental Illness – Maryland (NAMI MD) and the University of Maryland Evidence-Based Practice Center (UMD EBPC), educate consumers and family members about the access to and availability of benefits counseling and supported employment and the role each plays in facilitating consumer recovery and economic self-sufficiency.

Indicators:

- Increased understanding of the BHA's supported employment (SE) program by consumers, transition–age youth, and families
- Further development and implementation of the Johnson & Johnson – Dartmouth Community Mental Health Program Family Advocacy Project to educate family members as to the role of SE in consumer recovery reflected in meeting minutes of the Family Advocacy Team and revised operational plan
- Resource materials developed, disseminated, and posted on Web sites
- Presentation to local NAMI-MD affiliate Boards of Directors

Involved Parties:  BHA Offices of Adult and Specialized Behavioral Health Services and Consumer Affairs; Maryland Department of Disabilities (MDOD); UMD EBPC; Dartmouth Psychiatric Research Center; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training Center; ASO

Monitor(s):  Steve Reeder and Mona Figueroa, Office of Adult and Specialized Behavioral Health Services


(5-3C)

Continue to promote the principles of a Recovery Oriented System of Care (ROSC) and Evidence-based practices.

Indicators:

- Continued monitoring of LAA and sub-grantee to ensure that the service delivery systems are comprehensive, person-centered, and aligned with jurisdictional ROSC implementation plans
- Establishment of integrated ROSC Learning Collaborative that involves state agencies, faith-based service providers, behavioral health treatment and recovery support service providers, criminal justice professionals, individuals and their family members.
- Provision of technical assistance in response to system changes

Involved Parties: BHA Offices of the Deputy Director Clinical Services, Forensic Services, Workforce Development and Training, and Treatment & Recovery Services; DHMH; Recovery Support Service Manager; Regional Managers; Prevention Program Manager; Local Addiction Authorities; Core Service Agencies; University of Maryland Systems Evaluation Center (UMD SEC); Evidence-based Practice Center (UMD EBPC); Prevention Coordinators; Care Coordinators; community behavioral health treatment providers

Monitors:  Marian Bland, Office of the Deputy Director of Clinical Services, Deirdre Davis, Office of Treatment & Recovery Services, and Darren McGregor, Office of Adult and Specialized Behavioral Health Services

**GOAL VI. PROMOTE AN INTEGRATED, ALIGNED, AND COMPETENT WORKFORCE.**

**Objective 6.1: Develop and disseminate workforce training and education tools as well core competencies to address behavioral health issues.**

(6-1A)
Collaborate to establish and disseminate evidence-based behavioral health core competencies for behavioral health, primary care, and peer providers.
Indicators:
- Continued current training activities and support of the BHA's Workforce Development Committee's (WDC) efforts
- Resource materials developed and disseminated
- Local jurisdictions assisted in obtaining continuing education opportunities
- Continued collaboration with University of Maryland Evidence-Based Practice Center

Involved Parties:
BHA Offices of Workforce Development and Training and Treatment and Recovery Services; BHA WDC; UMD EBPC; UMD Training Center;
Monitor: Michelle Darling, Office of Workforce Development and Training

(6-1B)
Continue to provide training, technical assistance, and consultation to promote Dual Diagnosis Capability (DDC) within the behavioral health workforce.
Indicators:
- Continued training/coaching by the University of Maryland Evidence-Based Practice Center (UMD EBPC) Consultant and Trainer on Co-Occurring Disorders
- Provision of consultation and technical assistance to Core Service Agencies (CSAs) and Local Addiction Authorities (LAAs) requesting assistance in promoting DDC within their jurisdictions
- Continued technical assistance to substance-related disorders specialists on Assertive Community Treatment (ACT) Teams
- Ongoing training provided on the use of scientifically-validated screening and assessment instruments in support of screening for and assessment of co-occurring disorders

Involved parties: BHA Offices of Adult and Specialized Behavioral Health Services, the Executive Director, the Deputy Director of Clinical Services, and the Deputy Director of Operations; ASO; University of Maryland, School of Medicine and Department of Psychiatry; UMD EBPC; CSAs; LAAs; OOOMD; NAMI – MD; CBH
Monitor(s): Steve Reeder and Mona Figueroa, Office of Adult and Specialized Behavioral Health Services

**Objective 6.2: Develop and support deployment of peer providers in public health and behavioral health care delivery settings.**

(6-2A)
Increase the number of behavioral health paraprofessionals and peer paraprofessionals—in particular, the proportion of individuals with mental health and/or substance–related disorders who are employed as peer providers.
Indicators:
- Throughout the state, recruitment of and training provided to peer recovery support specialists and supervisors
- Continued training activities in the four domains (advocacy, mentoring/education, recovery/wellness support and ethical responsibility) required for peer recovery support specialist certification
- Continued training activities to potential and current peer supervisors
- Annual progress documented in the increase of certified peers

Involved Parties:
    BHA Offices of Consumer Affairs and Workforce Development and Training; BHA Workforce Development Committee (WDC)
Monitor:  Brandee Izquiedro, Office of Consumer Affairs


(6-2B)
Support and disseminate evidence-based practices related to employment, supervision, and education for peer providers.
Indicators:
- Continued collaboration with BHA Office of Workforce Development and Training, the Danya Institute, Central East Addiction Technology Transfer Center (ATTC) and the UMD EBPC in dissemination of resources and continuing education opportunities

Involved parties:
    BHA Offices of Consumer Affairs and Workforce Development and Training; BHA WDC; UMD EBPC; UMD Training Center
Monitor: Brandee Izquiedro, Office of Consumer Affairs

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**GOAL VII.  UTILIZE DATA AND HEALTH INFORMATION TECHNOLOGY TO EVALUATE, MONITOR, AND IMPROVE THE QUALITY OF SERVICE DELIVERY AND OUTCOMES.**

</div>

**Objective 7.1.  Monitor and evaluate the performance of key contractors, the administrative service organization (ASO), and the Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), and Local Health Departments (LHDs) requiring improvement as needed.**

(7-1A)

In collaboration with the Maryland Medicaid-Office of Health Services, CSAs, LAAs, LHDs, and stakeholders, monitor the ASO contractual obligations and performance, monitor the system's growth and expenditures, identify problems, provide (as needed) corrective action, and maintain an appropriate level of care for at least the same number of individuals.

Indicators:
- Data shared to monitor performance and inform policy
- 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:  BHA Offices of the Deputy Director of Operations, Deputy Director of Population-Based Behavioral Health, Deputy Director for Clinical Services, Quality Assurance and Opioid Authority, Local Planning and Management, Finance and Procurement, Epidemiology and Evaluation, Quality Assurance and Improvement, and Data/IT; BHA Management Committee; UMD SEC; ASO; Maryland Medicaid-Office of Health Services; CSAs; LAAs; LHDs; representatives of key stakeholder groups

Monitor: Daryl Plevy, Office of the Deputy Director of Operations

(7-1B)
Continue to monitor the implementation of the Outcomes Measurement System (OMS).
Indicators:
- Complete implementation of OMS with all substance-related disorders (SRD) Level 1 treatment providers; implementation of OMS with opioid treatment program (OTP) providers as feasible
- Modify the OMS Datamart to include all revisions made during the January 1, 2015 OMS expansion project; including additional items and display of SRD provider options and data
- Consultation with CSAs/LAAs and providers on use of the training materials, including the statistical workbooks, related to OMS data analysis and interpretation
- Continue collaboration with the ASO regarding OMS Datamart monitoring and maintenance, including monthly data validation and quarterly OMS Datamart refreshes
- Continue collaboration with the ASO regarding how OMS monitoring utilization and questionnaire completion rates can be coordinated with other quality project initiatives.

Involved Parties:  BHA Offices of the Executive Director and Epidemiology and Evaluation; BHA consultant; BHA Management Committee; ASO; CSAs; University of Maryland Systems Evaluation Center (UMD SEC); CBH; providers; consumer, family, and advocacy groups
Monitor:  Sharon Ohlhaver, Office of Epidemiology and Evaluation


(7-1C)
Monitor and collect documentation on each CSA's performance of its duties, as required in the annual Memorandum of Understanding (MOU), perform a risk-based assessment of each CSA through a sample of specific MOU elements, and notify the appropriate BHA program director of issues that may require corrective action or additional technical assistance.
Indicators:
- Update of monitoring tools and instructions for reports from each CSA, emphasizing electronic transmission
- Reports from each CSA reviewed (in response to periodic instructions issued) regarding administrative duties and expenditures, the execution of subvendors' contracts, year-to-date expenditures/performance measures, and any required audits
- Evaluation of compliance with performance measures contained in the BHA/CSA MOU Conditions of Award for State General Funds and Federal Mental Health Block Grant funds
- Three reviews scheduled during the first, second, and fourth quarters of the fiscal year
- Written letter issued to each CSA regarding each periodic report, appropriate follow-up conducted as needed

Involved Parties:  BHA Office of Local Planning and Management; appropriate BHA Office Directors; BHA staff; CSAs
Monitor:  John Newman, Office of Local Planning and Management

(7-1D)

Review and approve local behavioral health plans, budget documents, annual reports, and letters of review from local behavioral health advisory committees/advisory boards.

Indicators:

- Utilization of data templates and technical assistance as needed
- Plans submitted from each CSA
- Grant Applications from each LAA; provision of grant funding for residential services to encourage availability of all American Society of Addiction Medicine (ASAM) levels of care
- Compliance with planning guidelines for local Plans evaluated
- Letters of review and recommendation received from each local behavioral health advisory committee and board, as appropriate
- Previous fiscal year annual reports received
- Letter of review sent to the CSAs/LAAs and BHA

Involved Parties:  BHA Offices of the Executive Director, Planning, Recovery and Treatment Services, Local Planning and Management, and Finance and Procurement; Review Committee (includes representatives of all pertinent BHA offices); UMD SEC; CSAs/LAAs; Local Mental Health Advisory Committees/ Local Drug and Alcohol Abuse Councils (LMHACs/LDAACs); CSA advisory boards

Monitor(s):  Cynthia Petion, Office of Planning and Deirdre Davis, Office of Recovery and Treatment Services

(7-1E)
Monitor Opioid Treatment Programs (OTPs) to determine compliance with education, identification, and treatment of individuals with behavioral health disorders who have or may be at risk for infectious diseases such as tuberculosis, sexually-transmitted diseases (STDs), Hepatitis C, and Human Immunodeficiency Virus (HIV).
Indicators:
- Patient records reviewed for completion of infectious diseases screening, assessment and, if indicated, referral for treatment, including HIV, STDs and Hepatitis C
- Patient records and program schedule reviewed for evidence of infectious disease education for all patients enrolled in the OTP
- Patient records reviewed to ensure OTPs are meeting all state reporting requirements while adhering to federal and state confidentiality requirements, including Code of Federal Regulations (CFR) requirements
- Patient medical records reviewed for evidence of tuberculosis screening, testing and, if infected, referral to Local Health Department (LHD) for medical evaluation
- Patient records reviewed to ensure case management services for patients diagnosed with an infectious disease
- OTPs monitored to ensure the programs have established linkages with a comprehensive community resource network of related health and social service organizations to ensure a wide-based knowledge of the availability of services and to facilitate referrals

Involved parties: BHA Offices of Quality Assurance and Opioid Authority and Compliance; DHMH Office of Health Care Quality; Local Addiction Authorities (LAAs), OTPs; LHDs
Monitor: Barry Page, Office of Quality Assurance and Opioid Authority and Franklin J. Dyson, Office of Compliance


(7-1F)
Maintain accreditation of state psychiatric facilities by the Joint Commission.
Indicator:
- All state psychiatric facilities accredited

Involved Parties:  BHA Offices of the Executive Director, the Deputy Director for Behavioral Health Facilities, and the Deputy Director of Clinical Services; BHA Management Committee; State Psychiatric Facility CEOs; appropriate facility staff
Monitor:  Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities

**Objective 7.2. Promote the use of technology as a tool to improve information sharing, data collection, training, evaluation and performance, and outcomes.**

(7-2A)
Enhance behavioral health data collection and utilization through continued activities to develop and/or refine management information systems and promote the use of data.
Indicators:
- Technical aspects of management information systems refined, logic of reports enhanced to reflect recovery orientation, accuracy and usefulness of current reports identified
- Continued practices to promote data integrity for behavioral health data
- Promotion of and technical assistance provided on the Web-based Outcomes Measurement System (OMS) datamart for access to point-in-time and change-over-time information as an effective tool to assist providers in management and planning efforts
- Enhanced capacity for CSAs and other stakeholders to utilize behavioral health data to measure service effectiveness and outcomes to inform policy and planning
- Continued dissemination of data in a manner that is accessible and meaningful to end users, including production and dissemination of Data Shorts
- Promotion of managerial and county-wide access to dashboard reports and behavioral health data through ASO reporting system
- Reports generated and posted to designated data reporting section on administrative Web site, making behavioral health demographic data available to users outside of state agencies
- Implement Web-based data collection system for reporting residential rehabilitation program (RRP) bed counts and waiting list information

Involved Parties: BHA Offices of the Executive Director, Epidemiology and Evaluation, and Planning; UMD SEC; CSAs; ASO
Monitor: Susan Bradley, Office of Epidemiology and Evaluation


(7-2B)
Continue to monitor the utilization of telemental health services to the underserved populations.
Indicators:
- Number of telemental health encounters and services utilized through behavioral health system of care claims data
- Outcome Data aggregated and reviewed with designated area CSAs to inform planning
- Process compared with Medicaid system of telemedicine expansion

Involved Parties: BHA Offices of the Deputy Director of Clinical Services and Epidemiology and Evaluation; CSAs; ASO
Monitor(s): Marian Bland, Office of the Deputy Director of Clinical Services and Susan Bradley, Office of Epidemiology and Evaluation

(7-2C)
Continue the development, implementation, and expansion of AVATAR (information/database system) treatment and recovery services.
Indicators:
- Number of AVATAR encounters, service, and population types, utilized through behavioral health system of care claims data
- Outcome Data aggregated and reviewed with designated area System Administrator's (LAAs and/or CSAs) and AVATAR service providers to inform planning
- Utilization of AVATAR services to the identified populations monitored
- Data utilized to evaluate performance and establish outcome measures to meet objectives and guide planning.
- Outcome measures compared with traditional face-to-face service delivery measures.

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Prevention and Wellness, and Epidemiology and Evaluation; Community-based AVATAR service providers; LAAs; CSAs; ASO

Monitor(s): Erik Gonder: Office of Prevention and Wellness Services and Susan Bradley, Office of Epidemiology and Evaluation


(7-2D)
Continue efforts to enhance communication and education of the Public Behavioral Health System through the use of social media technology.
Indicators:
- Social media outlets, such as Facebook or Twitter, utilized to promote public behavioral health awareness and improved communication among BHA, CSAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, 45 micro-blogs produced pertaining to behavioral health efforts and information
- Promotion of @DHMH_BHA Twitter account and increased percentage of "Followers" by 25% within the year
- Continued exploration of appropriate social media outlets to bolster Child and Adolescent initiatives and/or to provide Peer-to-Peer support
- Continued use of Facebook to communicate with Marylanders interested in issues related to substance-related disorders
- Twitter utilized to communicate with Marylanders interested in issues related to substance-related and mental health disorders.

Involved Parties: BHA Offices of the Executive Director, Epidemiology and Evaluation, Deputy Director of Population-Based Behavioral Health, Prevention and Wellness Services, and Overdose Prevention; Director Prevention Program Manager, LAA-Prevention Coordinators

Monitor(s): Susan Bradley, Office of Epidemiology and Evaluation, Kathleen Rebbert-Franklin, Office of the Deputy Director of Population-Based Behavioral Health, and Debbie Green, Office of Prevention and Wellness

**Objective 7.3. Continue to evaluate and improve the appropriateness, quality efficiency, cost effectiveness and outcomes of behavioral health services within the behavioral health system of care.**

(7-3A)
Participate in oversight of the Consumer Quality Team (CQT) project for statewide expansion.
Indicators:
- Continued statewide implementation, covering all of Maryland's regions and outlying jurisdictions
- Psychosocial programs and inpatient facilities in Maryland visited
- Feedback meetings held, identified issues resolved, and annual report submitted
- Continued planning and implementation activities for a youth and family-oriented Consumer Quality Team

Involved Parties: BHA Offices of Consumer Affairs, Planning, Adult and Specialized Behavioral Health Services, the Deputy Director for Behavioral Health Facilities, Epidemiology and Evaluation, and Quality Assurance and Improvement; state facility representatives; CSAs; MHAMD; MCF; Maryland Association of Resources for Families and Youth (MARFY) – Residential Treatment Center Coalition; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH)
Monitor: Cynthia Petion, Office of Planning

(7-3B)
Monitor all Opioid Treatment Programs (OTPs) for compliance with federal and state regulations, grant conditions of award, and internal BHA policies and procedures, in order to reduce overdose fatalities and medication diversion.
Indicators:
- All patient deaths reported to the State Opioid Treatment Authority as required
- Deceased patient records reviewed as requested and, if indicated, investigation initiated into patient deaths
- OTPs medication diversion plan developed, reviewed and updated annually
- Program monitored for medication callbacks per Code of Maryland (COMAR) requirements.
- OTPs and patients monitored for compliance with medication lock box requirements
- Patient records and treatment plans reviewed for inclusion of overdose prevention plans
- Records of patients with high doses of methadone reviewed
- Records of patients taking Benzodiazepines with methadone reviewed

Involved parties: BHA Offices of Quality Assurance and Opioid Authority, and Compliance; DHMH Office of Health Care Quality; Medicaid; Local Addictions Authority (LAA); Drug Enforcement Administration (DEA); SAMHSA; Attorney General's Office; Office of the Inspector General; Board of Professional Counselors and Therapists
Monitor: Barry Page, Office of Quality Assurance and Opioid Authority, and Franklin J. Dyson, Office of Compliance

(7-3C)

Provide regulatory oversight of publicly-funded substance-related disorders programs and opioid treatment programs (OTPs), through the enforcement of state and federal regulations, Conditions of Grant Award, and internal BHA policies and procedures to facilitate the improvement of quality service delivery.

Indicators:

- Yearly and quarterly compliance reviews conducted
- Complaints investigated
- Technical support provided
- Periodic trainings conducted to clarify problematic areas of Conditions of Grant Awards, COMAR, and Code of Federal Regulations (CFR)
- Corrective action plans reviewed and approved as appropriate
- Data utilization and outcome measures monitored
- Current certification/licensure of substance related disorders counselors monitored

Involved Parties: BHA Offices of Quality Assurance and Opioid Authority, and Compliance; DHMH Office of Health Care Quality; ValueOptions®Maryland; Local Addiction Authorities (LAAs); Drug Enforcement Administration (DEA); SAMHSA; Attorney General; Office of the Inspector General; Board of Professional Counselors and Therapists; Medicaid

Monitor: Barry Page, Office of Quality Assurance and Opioid Authority, and Franklin J. Dyson, Office of Compliance


(7-3D)

In collaboration with the University of Maryland Systems Evaluation Center (UMD SEC), increase public awareness and support for improved health and wellness through the use of Data Shorts publications to provide concise behavioral health data, analysis, and public health information that can be used by various stakeholders.

Indicators:

- Promote public behavioral health awareness and improved communication among BHA, CSAs/LAAs, providers, advocates, consumers, and family members
- At a minimum, throughout the fiscal year, release eight Data Shorts pertaining to somatic and behavioral health data
- Continue to build electronic distribution list serve as well as avenues for dissemination and distribution of Data Shorts

Involved Parties:  BHA Offices of the Executive Director and Epidemiology and Evaluation; UMD SEC; University of Maryland Evidence-based Practice Center (UMD EBPC)

Monitor:  Susan Bradley, Office of Epidemiology and Evaluation

(7-3E)
The BHA and the University of Maryland Systems Evaluation Center (UMD SEC) will analyze data, relating to utilization of services in a behavioral health system of care by individuals with co-occurring disorders, to further inform system and service planning, as well as identify areas for quality improvement activities.
Indicators:
- Analysis conducted of consistency between diagnosis and self or provider report upon initial authorization of services in the Outcomes Measurement System (OMS) population
- Development and dissemination of Data Shorts (behavioral health data and analysis) on adults in the PBHS with substance-related issues

Involved parties: BHA Offices of Planning and Epidemiology and Evaluation; UMD SEC; UMD EBPC; ASO
Monitor: Susan Bradley, Office of Epidemiology and Evaluation


(7-3F)
The BHA Office of Forensic Services will continue to develop and expand the integrated database for forensic services.
Indicators:
- In collaboration with IT consultants, new modules developed for an integrated database

Involved Parties: BHA Office of Forensic Services; Brian Johnson, Data/IT Consultant
Monitor(s): Erik Roskes, BHA Office of Forensic Services


**Objective 7.4. Develop consistent data collection methods to identify and track behavioral health workforce needs.**

(7-4A)
Partner with federal and state agencies, and other external stakeholders to promote the choice of behavioral health early in an individual's career path by providing access to training and financial assistance.
Indicators:
- Collaborate with the ASO to assist in data collection and analysis of workforce needs
- Collaborate with stakeholders in the development of behavioral health workforce skills in areas where gaps are identified
- Provide training activities in areas where needs have been identified, disseminate appropriate resource material
- Partner with higher education providers in determining appropriate core course work and financial assistance information including Loan Assistance Repayment Program (LARP) options

Involved parties: BHA Office of Workforce Development and Training; BHA WDC; ASO; Maryland higher education providers
Monitor: Michelle Darling, Office of Workforce Development and Training

**Objective 7.5. Collect, Improve, and Sustain Youth Tobacco Access Data.**

(7-5A)
Comply with the SAMHSA mandated Synar requirement (based on 1992 legislation aimed at decreasing youth access to tobacco) for receipt of federal Block Grant Substance Abuse Prevention and Treatment (SAPT) funds.
Indicators:
- In accordance with Synar mandate, annual unannounced, random inspections conducted to measure tobacco retailer compliance with Maryland youth access laws
- Year-end Synar Report developed and distributed

Involved Parties: Behavioral Health Administration Staff; FDA; Substance Abuse and Mental Health Services Administration/the Center for Substance Abuse Prevention (SAMHSA/CSAP); PHPA-CTPC
Monitor(s): Anastasia S. Lambropoulos and Bonita Ciurca, Office of Statewide Projects

(7-5B)
Continue to serve as vendor for the Food and Drug Administration (FDA) Maryland Tobacco Enforcement Program.
Indicators:
- In accordance with contract requirements ensure federal youth tobacco access laws are adhered to by retailers

Involved Parties: Behavioral Health Administration Staff, FDA, SAMHSA/CSAP, PHPA-CTPC
Monitor(s): Anastasia S. Lambropoulos and Bonita Ciurca, Office of Statewide Projects

# Appendix

*Leading Change 2.0 – SAMHSA's Six Strategic Initiatives [i]*
As the driving force for its direction, SAMHSA has updated and streamlined its strategic plan to align with the evolving needs of the behavioral health field, individuals and families with behavioral health conditions, and the changing fiscal environment. *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018*, issued in late FY 2014, reflects SAMHSA's programmatic priorities and policy drivers including the new HHS strategic plan and full implementation of the Affordable Care Act.

Behavioral health is an essential part of health service systems and effective community-wide strategies that improve health status and lower costs for families, businesses, and governments. Through practice improvement in the delivery and financing of prevention, treatment, and recovery support services, SAMHSA and its partners can advance behavioral health and promote the nation's health. In order to continue to support this goal, SAMHSA emphasizes an updated set of Strategic Initiatives to focus its work on improving lives and capitalizing on emerging opportunities.

These include:
**1. *Prevention of Substance Abuse and Mental Illness:*** Focuses on the prevention of substance abuse, SMI and severe emotional disturbance (SED) by maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. This SI will include a focus on several populations of high risk, including college students and transition-age youth, especially those at risk of first episodes of mental illness or substance abuse; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; military families; and lesbian, gay, bisexual, and transgender (LGBT) individuals.

**2. *Health Care and Health Systems Integration*:** Focuses on health care and integration across systems including systems of particular importance for persons with behavioral health needs such as community health promotion; health care delivery; specialty prevention; treatment and recovery; and community living needs. Integration efforts will seek to increase access to appropriate high-quality prevention, treatment, recovery and wellness services and supports; reduce disparities between the availability of services for persons with mental illness (including SMI/SEDs) and substance use disorders compared with the availability of services for other medical conditions; and support coordinated care and services across systems.

**3. *Trauma and Justice:*** Focuses on trauma and justice by integrating a trauma-informed approach throughout health, behavioral health, human services, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities. This SI also will support the use of innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

**4. *Recovery Support:*** Emphasizing person-centered planning, this Strategic Initiative promotes partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs be well, manage symptoms, and achieve and maintain abstinence); increase housing to support recovery;

reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community.

**5. *Health Information Technology:*** Ensures that the behavioral health system – including states, community providers, patients, peers, and prevention specialists – fully participates with the general healthcare delivery system in the adoption of health information technology (Health IT). This includes interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools, to ensure high-quality integrated health care, appropriate specialty care, improved patient/consumer engagement, and effective prevention and wellness strategies.

***6. Workforce Development:*** Supports active strategies to strengthen the behavioral health workforce. Through technical assistance, training, and focused programs, the initiative will promote an integrated, aligned, competent workforce that enhances the availability of prevention and treatment for substance abuse and mental illness; strengthens the capabilities of behavioral health professionals; and promotes the infrastructure of health systems to deliver competent, organized behavioral health services. This initiative will continually monitor and assess the needs of peers, communities, and health professionals in meeting behavioral health needs in America'

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Community Mental Health Services Plan and Report Substance Abuse Prevention and Treatment Plan and Report

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration