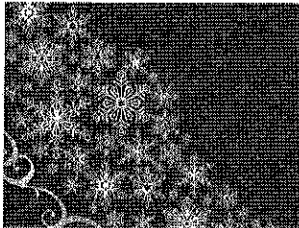




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## *Quarterly Policy Update December 2011*



The holiday season is upon us. People throughout Maryland are busy making plans to spend time with family and friends.

Neighborhoods everywhere are awash in multi-colored brilliance, and the streets are bristling with the hustle and bustle of last minute shoppers. Yet a specter looms...

On January 11, 2012, the Maryland General Assembly convenes to begin the annual 90-day legislative session. During this time, lawmakers will debate the merits of more than 2,000 pieces of legislation and tackle yet another structural budget deficit in excess of \$1 billion. MHAMD will play an active role throughout the 2012 session in discussions on various issues related to mental health policy. Be on the lookout over the coming months for our action alerts and weekly updates from Annapolis.

And while the legislative session is often referred to among political circles as the "busy time of year," the 2011 interim was anything but idle time here at the Mental Health Association. This final quarterly report before the new year provides the most up-to-date information on a range of issues addressed by MHAMD over the past nine months.

We hope you find this information useful and welcome all feedback. Please direct any questions and/or comments to Dan Martin at [dmartin@mhamd.org](mailto:dmartin@mhamd.org)

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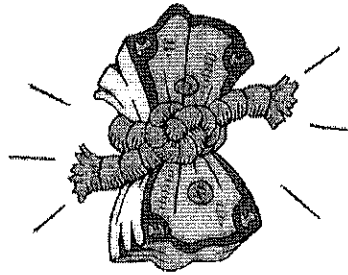
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### ***Budget/Alcohol Tax***

It is being reported that the Mental Hygiene Administration (MHA) is experiencing an estimated \$43 million fee-for-service shortfall, leading to accusations that MHA is not managing its budget effectively. MHAMD sent a letter to the Governor in mid-November suggesting that the issue is not ineffective management, rather the problem stems from an explosion in public mental health system enrollment. The letter requested the Governor (1) resist any additional cuts to mental health services in FY13; (2) provide a deficiency appropriation to cover MHA deficits tied to enrollment increases; and (3) use new alcohol tax revenue to increase and enhance mental health services in Maryland. MHAMD also requested a standardization in the way MCO outcome data is collected and distributed, as this information was difficult to collect when researching and preparing the letter.



The Alcohol Tax Coalition met in early September with Secretary Eloise Foster, Department of Budget and Management (DBM), to share expectations for new alcohol tax revenue. Secretary Foster requested follow-up data on several of the mental health initiatives, including a Reentry Pilot Project, enhanced crisis response services and behavioral health homes. The Mental Health Coalition forwarded this additional information to DBM in early October. The Coalition has not received a response. However, MHA is reporting that, at DBM's request, they are reviewing a mental health proposal included in the original Alcohol Tax Coalition document. This proposal would split alcohol tax revenue amongst Core Service Agencies (CSAs) for use as an "ID fund" that outpatient providers or clinics could draw from to assist individuals in obtaining identification.

### ***Behavioral Health Reform***

***Regulatory Reform*** - A committee was appointed to develop the regulations that will govern providers of Behavioral Health services. This committee released its Behavioral Health Integration Proposal in late September. The proposal recommends streamlining regulatory processes for behavioral health providers by replacing program specific requirements with an approval system based on national accreditation standards. During the public comment period, MHAMD offered preliminary support for the proposal while urging the Department of Health and Mental Hygiene (DHMH) to ensure that implementation of such a system

will not inadvertently place the Department in a weakened legal position to act when necessary to protect the interests of the public.

*Systems Reform* - The Systems Reform process has been frustrating and disappointing. Following the release of a draft options report on December 5, the Mental Health Coalition sent correspondence to Secretary Sharfstein on December 8 to air grievances concerning the process by which the report was developed. The letter detailed consistent failures to meet self-imposed timelines, a lack of transparency, and pro forma stakeholder meetings resulting in an unbalanced and seemingly preordained final report. The letter requested a meeting with the Secretary to discuss next steps and get a better understanding of how the draft report fits into his vision for behavioral health service delivery in Maryland.

The Final Consultants Report was released on December 11. It is now being reported that Secretary Sharfstein will not move forward with the report's recommendations, rather he will engage stakeholders and devise a new plan for moving forward.

### ***Clifton T. Perkins Hospital Center***

Recent violent incidents resulted in the deaths of two patients at the facility. MHAMD organized a special Mental Health Coalition meeting at Perkins, providing an opportunity for MHA leadership and new Perkins CEO David Helsel to address the incidents and answer member questions. Dr. Helsel listed as his top priorities increased staffing, decreased overtime and enhanced clinical/therapeutic services.

Additionally, the Senate Finance Committee received testimony related to Perkins in late November. DHMH told the committee it has hired two experts in forensic psychology and psychiatry to perform an extensive audit of the facility. The audit will analyze treatment programs, policy and procedures, security, patient grievances and oversight by the Department. The consultants will present preliminary observations to state officials in January and a more extensive report with findings and recommendations in February. The consultants have engaged advocates during this process.

### ***Trauma-Informed Care***

Implementation of the 2011 Trauma-Informed Care (TIC) bill is continuing as planned. Consultants have conducted facility site

visits to assess TIC practices already in place and are in the process of developing a full report. MHA offered a "train the trainer" TIC session in mid-December, at which every facility was represented.

Additionally, CQT has incorporated questions about safety and the desire for single gender units into its standard survey. Follow-up questions will be asked to those who express a safety concern and/or a wish for a single gender unit. Aggregate results from these surveys will be available to the TIC workgroup to identify problem areas.

### ***Assisted Outpatient Treatment***

The AOT subcommittees have completed their meetings to develop a Baltimore City pilot program to better engage individuals who have not been well served by existing resources. The next step in the process is determining how the pilot program could be financed. MHAMD is an active participant in these discussions

### ***Healthcare Reform***

The Board of the Maryland Health Benefit Exchange (HBE) is adhering to an aggressive meeting schedule in order to meet a December 23 deadline to report to the Maryland General Assembly. The hired consultants and advisory committees submitted their respective reports to the HBE Board in early November. The 12/23 HBE submission will include a summary of these reports and proposed legislation for the 2012 session. MHAMD submitted comments to the HBE Board regarding the qualification of health plans and the importance of outreach, enrollment and continued support for individuals experiencing mental illness.

### ***Maryland Health Information Exchange (HIE)***

MHAMD represents the mental health community on the HIE Policy Board, developing privacy and security policies for the establishment of HIEs. Recently approved policies and those currently in development include data use and disclosure and consumer access to audits. Regulations based on Board-approved policies are now being written by the Maryland Health Care Commission and will be submitted to the Policy Board for review and comment before being released for public comment.

### ***Maryland Parity Project***

*Outreach and Education* - The Maryland Parity Project (MPP) continues to educate consumers and providers about their rights

under the Federal Parity Law. Recent presentations include a briefing for the Maryland General Assembly Joint Committee on Access to Mental Health, The MARFY Annual Conference, NAMI-MD Annual Conference and Maryland Psychological Association Annual Conference. The Parity Perspectives blog at [www.MarylandParity.org/stay-informed](http://www.MarylandParity.org/stay-informed) is up and running and is the place to go for the latest information about parity developments. Visitors can also comment and engage in a dialogue about parity and Health Care Reform.

*Case Assistance* - Since spring 2011, MPP has helped more than 45 consumers and providers with insurance problems or questions, recognizing some success with recently filed complaints. One of the previously filed complaints is currently under investigation by the U.S. Department of Labor, and an insurer in the Maryland small group market has lifted a limit on outpatient visits after MPP sent a letter to the Maryland Insurance Administration. MPP also continues to advocate for timely, clear Final Regulations for the Mental Health Parity and Addiction Equity Act. The MPP-led group of consumers and providers was able to meet with staff of the entire Maryland Delegation and with Congressman Chris Van Hollen. MPP is working with legislative staff in Congressman Van Hollen's office to identify potential follow-up strategies.

### ***Criminal Justice***

*The Mental Health and Criminal Justice Partnership* - MHCJP continues to meet every other month in an effort to break the cycle of rearrest and reincarceration for individuals with mental illness who become involved in the criminal justice system. Current subcommittee initiatives are as follows:



Provider Referral - The subcommittee continues discussions with Kenneth Coleman, Acting Deputy Director for the Office of Special Programs for the Department of Parole and Probation, focused on increasing in-reach to inmates. After researching FY11 data, Deputy Secretary Coleman determined the volume of SMI inmates was sufficient to dedicate several DPP agents to this population. The subcommittee will meet with a regional supervisor in Baltimore to discuss how best to use these agents. The group is hopeful this effort will increase the percentage of ex-offenders who keep their scheduled appointments with community mental health providers.

**Training** - The Maryland Police and Correctional Training Commission has begun working with MHAMD to train instructors in Mental Health First Aid. Nine new instructors from the Commission and local corrections agencies in Western Maryland were certified in November 2011. Three additional week-long instructor training sessions are scheduled in coming months to include police and corrections officers from the DC Suburbs, Central Maryland and the Eastern Shore. The national rate for these trainings is \$1,850 per person, but the cost is being underwritten by mental health transformation dollars.

**Reentry Task Force** - The Maryland Task Force on Prisoner Reentry, chaired by Secretary Gary Maynard, Department of Public Safety and Correctional Services (DPSCS), met recently for the final time. The Final Task Force Report is to be submitted to the legislature by December 31. The plan sets forth a vision for reentry, provides a glimpse of steps already taken and recommends action steps for continued change. Those action steps include the following legislative initiatives, which the Task Force will introduce in 2012:

- Criminal record shielding for nonviolent convictions
- Ban the Box (removal of "prior conviction" question from applications for employment with the State)
- Diminution credit bonus for individuals who earn their GED or advance a certain number of grade levels while incarcerated
- Suspension of child support order upon incarceration

**Reentry Collaborative** - As a way of continuing the efforts of the Reentry Task Force, Senator Verna Jones-Rodwell is facilitating a small group of stakeholders focused on building a statewide network around reentry issues. The group is busy planning a February 28 kickoff event in Annapolis. MHAMD is actively involved with this workgroup.

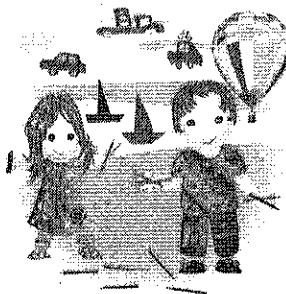
### **Older Adults**

**Money Follows the Person (MFP)** - The Behavioral Health Project for the DHMH Money Follows the Person initiative concluded a national scan of promising practices that was reported to DHMH in October. Interviews with consumers, case managers and stakeholder advocates continue as the project moves into a phase of statewide assessment. Current activities involve the mining of issues and needs surrounding the successful planning and transition of individuals with behavioral health needs from nursing homes to the community. Significant gaps in assessment and

treatment of behavioral health problems are being revealed and the Behavioral Health Work Group met in early December to discuss findings and begin strategic planning.

### ***Children and Adolescents***

In collaboration with other child and youth advocates, MHAMD has remained actively involved in several initiatives related to services for children and adolescents, including:



#### ***Residential Treatment Center (RTC) Budget***

***Reallocation-*** MHA is still working to finalize a plan to spend \$3 million reallocated from institutional care for youth with mental health issues to community-based Residential Treatment Center diversion programming. The plan is likely to include increased funding for crisis response and respite care; RTC transition and discharge planning; and a pilot program to assist in early pediatric intervention for children with serious mental health issues and their families.

***§1915(i) State Plan Amendment*** - The RTC waiver, used to provide services in the community for children with RTC level of care, ends on September 30, 2012. However, MHA is working to use recent improvements to Medicaid's existing state plan option (§1915(i)) to provide Home-and Community-Based Services to a slightly broader population. As this is a State Plan Amendment, rather than a waiver, MHA will be unable to limit slots under the (i). This requires a tight definition of the eligible population at first to limit cost to the state. Fortunately, states can phase-in services and/or individuals over a 5-year time span, which allows for future population growth and expansion of the service array.

The first draft of the (i) application 'service array' section includes several types of stabilization services, respite and 24/7 in-home crisis services and peer-to-peer supports. Other key sections, including eligibility and quality assurance, are still in development.

*Since 1915, the Mental Health Association of Maryland (MHAMD) has been a leader in progressive programs resulting in more effective treatment, improved outcomes for individuals, increased research and greater public understanding of the needs of children and adults living with mental illness.*

*We envision a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice.*