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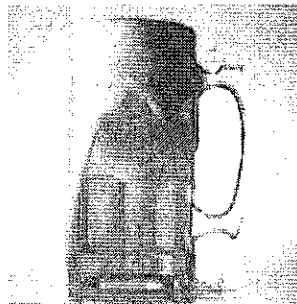
Welcome to the first MHAMD Interim Policy Update!

Welcome to the first Mental Health Association of Maryland interim policy update. This report details the issues MHAMD has been working on since the end of session. Be on the lookout for new updates quarterly until the Maryland General Assembly reconvenes in January.

We hope you find this information useful. Please direct any questions and/or comments to Dan Martin at dmartin@mhamd.org

Budget/Alcohol Tax

MHAMD was actively involved during the 2011 Maryland General Assembly in the passage of historic legislation to increase the sales tax on alcoholic beverages. Originally introduced as a mechanism to fund disability services and public health initiatives, the bill was amended and ultimately contained no mental health-specific revenue dedication. Although mental health services were not funded directly by the alcohol tax, it indirectly influenced the availability of mental health funding included in the Governor's supplemental budget.



Beginning in Fiscal Year 2013 the estimated \$85 million in new alcohol tax revenue reverts to the general fund. MHAMD, along with its coalition partners, will be working to ensure that the new

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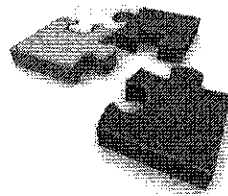
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funding goes to the public health needs enumerated in the original bill. We received some wonderful news recently via this [letter from the Governor](#). In it he states that he shares our goal of spending alcohol tax money beginning in FY13 for the health care and community service needs identified in the original legislation. We are thrilled about this and we look forward to working with the Governor and General Assembly to make this happen.

Behavioral Health Care Reform

In early April, MHAMD participated in a Department of Health and Mental Hygiene meeting focused on transforming behavioral health service delivery so that individuals in need of mental health, addiction and related care receive the most efficient and effective services focused on individual recovery. Subsequent to the meeting, the Maryland Mental Health Coalition, chaired by MHAMD, sent a detailed letter to Deputy Secretary Renata Henry with a proposal for moving forward. A small group of stakeholders was invited to meet with Secretary Sharfstein in June and subsequent to that meeting we received [this DHMH memorandum](#) outlining next steps in the reform process.



HOT OFF THE PRESS: [Click here](#) to see the Mental Health Coalition's Behavioral Health Reform Position Statement. Please contact [Dan Martin](#) to add your organization as a co-signer.

Assisted Outpatient Treatment

A conference was held in April at the University of Maryland Law School to discuss the impact and outcomes of assisted outpatient treatment ("outpatient commitment") in other states as well as various options that states have pursued.

MHAMD attended a smaller follow-up meeting in June that focused on Maryland's conditional release statute (Md. Code, Health General, § 10-806) and development of a pilot service program for a targeted population as alternatives to AOT legislation. Three subcommittees on program development, data collection and legal strategies have been established and will begin meeting in August. MHAMD will continue its participation as these discussions move forward.

Healthcare Reform

Since the federal Affordable Care Act was signed into law last year, the O'Malley/Brown administration has been working proactively to implement federal health care reform in Maryland. As such, legislation establishing the governance, structure and funding of the Maryland Health Benefit Exchange (HBE) was signed into law several months ago.

The HBE Board has met regularly during the interim, moving aggressively to implement the new legislation and laying out a plan that includes the recruitment of an executive director and staff, key studies to be completed by December 23, 2011, and the appointment of advisory committees. These advisory committees were announced recently and MHAMD continues to closely monitor the HBE.

Additionally, Governor O'Malley signed a pair of Executive Orders to establish the Governor's Office of Health Care Reform (OHCR), extend and expand the Health Care Reform Coordinating Council (HCRCC), and to continue efforts to address the quality and cost of healthcare by enhancing the role of the Maryland Health Quality and Cost Council (HQCC). Carolyn Quattrocki has been appointed Executive Director of the OHCR and the HCRCC has created a new subcommittee to track implementation of health care delivery reform efforts in Maryland.

For more information on these efforts, please click on the corresponding link below:

[Health Benefit Exchange](#)

[Health Care Reform Coordinating Council](#)

[Health Quality and Cost Council](#)

Trauma-Informed Care

Recently enacted legislation requires the Mental Hygiene Administration (MHA) to develop and implement a plan to secure the sleeping quarters of male and female patients at all State mental health facilities. The bill also establishes training and reporting requirements related to sexual abuse and sexual harassment and requires MHA to utilize the Maryland Consumer Quality Team (CQT) to develop and conduct a survey of female patients at each facility.

Work is already underway. Training for staff and patients begins in a few weeks. A female-only pilot unit will be established at Springfield Hospital Center. Workgroup sessions are being held almost weekly and MHAMD will attend quarterly advisory

meetings to overview implementation of the bill.

Residential Child Care Certification Standards

Certification requirements for child care workers were enacted in 2008 but never funded. There is fear that implementation of the new requirements will reduce availability of services as providers operate many children's services at a deficit and some have already closed therapeutic group homes in recent months. As such, a legislatively-mandated workgroup is tasked with determining whether it is feasible to implement certification by 2015. MHAMD attends these meetings as a guest.

Criminal Justice

As the first step of a new initiative, Secretary Gary Maynard, Department of Public Safety and Correctional Services and Secretary Josh Sharfstein, Department of Health and Mental Hygiene, met recently to discuss ways their departments can work together to transition ex-offenders back to the community. A resulting workgroup on which MHAMD is participating is developing plans for a new community reentry program as well as diversion strategies.



With funding from the federal Mental Health Transformation grant, the Mental Health and Criminal Justice Partnership is collaborating with the Police and Correctional Training Commission to offer regional Mental Health First Aid Instructor trainings to law enforcement and corrections personnel in Fall 2011. For a comprehensive update on the work of the MHCJP view this [June 2011 Progress Report](#).

Older Adults - Money Follows the Person

The Money Follows the Person program (MFP) hired a Behavioral Health Specialist and released a RFP for a Behavioral Health Consultant who will develop recommendations to enhance behavioral health services available to individuals moving from nursing homes to the community under the MFP program. MHAMD submitted a successful proposal and Jim MacGill is now leading this 18-month effort to develop recommendations through a collaborative process with interested stakeholders. The first step is the creation of a Stakeholder Workgroup. Interested individuals should contact [Kim Burton](#) to get involved.

Additionally, DHMH will reconvene its Long Term Care Reform

Workgroup on August 5 as detailed in [this letter](#).

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.

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