



711 W. 40th Street, #460
 Baltimore, MD 21211
 phone 410.235.1178
 fax 410.235.1180
 toll-free 800.572.6426
www.mhamd.org

Quarterly Policy Update October 2011

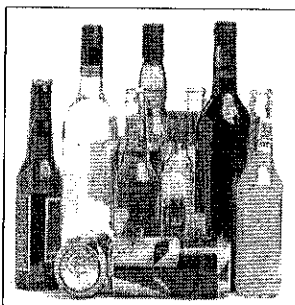
It has been a busy interim here at MHAMD, and believe it or not, the 2012 Session of the Maryland General Assembly is right around the corner! Legislators convene briefly in mid-October to debate redistricting proposals (the state constitution requires Maryland redraw its congressional and legislative district lines every 10 years, following the U.S. census, to maintain equal population). After that, it's back to Annapolis in January for the full 90-day session.

This report details the issues MHAMD has been working on during the last few months. Be on the lookout for one more quarterly report before the General Assembly reconvenes in January, then weekly updates throughout the legislative session.

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

Budget/Alcohol Tax

In a letter to the Alcohol Tax Coalition, Governor O'Malley indicated his support for the health and community service needs identified in the original Lorraine Sheehan Act. As such, the Alcohol Tax Coalition met in early September with Secretary Eloise Foster, Department of Budget and Management (DBM), to share expectations for the new revenue. At the



In This Issue

Budget/Alcohol Tax

Behavioral Health
 Care Reform

Healthcare Reform

Assisted Outpatient
 Treatment

Maryland Parity
 Project

Trauma-Informed
 Care

Mental Illness and
 Access to Firearms

Medicaid Cost
 Containment

Criminal Justice

Older Adults

Children and
 Adolescents

**Support
 MHAMD!**

**Become a
 member today!**

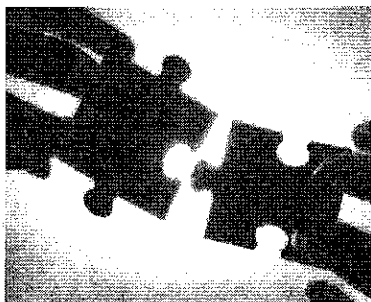
**Visit our website
 for more
 information on
 MHAMD
 advocacy and
 programs!**

meeting, representatives from the four issue areas in the original bill, including mental health, made clear the expectation that new alcohol tax revenue will be used for new initiatives above and beyond normal budgetary considerations. Each representative then shared priorities for use of these funds.

Mental Health Coalition priorities shared include funding for behavioral health home startup, full implementation of the statewide mental health crisis response system, and elimination of the grey zone service waiting list for residential rehabilitation services. **Read the complete Proposal from the Lorraine Sheehan Alcohol Tax Coalition.** While the current budgetary situation may require that new revenue be allocated to tackle budgetary problems within the respective health/disability areas rather than to program growth, MHAMD is holding out hope that some of these urgent and persistent needs may be addressed.

Behavioral Health Reform

On April 27, 2011, the Maryland Mental Health Coalition, chaired by MHAMD, sent a detailed letter to Deputy Secretary Renata Henry, Department of Health and Mental Hygiene (DHMH), including a proposal for moving forward with the integration of behavioral health service delivery in Maryland. The



proposal suggested DHMH engage an external consultant with expertise in the field to examine - through an inclusive process involving all relevant stakeholders - financing, administrative overhaul and regulatory reform. On July 14, 2011, in a memo from Secretary Joshua Sharfstein and others, DHMH provided an update on behavioral health reform planning activities, including three specific focus areas - financing, administration and regulations.

This process is underway. DHMH launched a **website on integration** and established benchmarks and timelines for itself and interested stakeholders. The Department convened regional meetings with stakeholders in September and a final consultant's report on integrated systems is scheduled to be completed by October 30, but this deadline will likely be extended. The Mental Health Coalition is actively involved in this entire process and compiled a list of recommendations in a recently released **position statement on behavioral health reform**. To date, the statement is endorsed by 75 state and local organizations. Contact **Dan Martin**

to add your organization as a co-signer.

As a first step in the regulations development process that extends through August 2012, DHMH solicited stakeholder feedback on a **proposed structure for integrated Behavioral Health Regulations**. The Mental Health Coalition has a provider representative on the regulations committee, as does the addictions community. In order to create a system that is accessible, streamlined, and durable, the Committee's proposal recommends elimination of overly detailed, program-specific Departmental regulations and instead, would transition to a system of approval by national accreditation bodies. The next step is the posting of the first section of the draft regulations by November 28, 2011.

Healthcare Reform

During the 2011 legislative session, the Maryland General Assembly established the Maryland Health Benefit Exchange (HBE), a transparent marketplace that will offer individuals and small employers high quality, affordable private health plans that fit their needs at competitive prices. Since then, the HBE Board has met regularly and is moving aggressively to implement the new legislation. Rebecca Pearce has been hired as the first Executive Director, and a series of Requests for Proposals (RFP) have been issued seeking recommendations on everything from financing to public relations and advertising. Advisory committees have been appointed and are adhering to a frenzied meeting schedule. All advisory committee meetings are open to the public and comments are accepted at the end of each. Additionally, Lt. Governor Brown announced in August that Maryland received \$27.2 million from the U.S. Department of Health and Human Services to help fund the establishment of the HBE.

MHAMD continues to monitor the actions of the HBE Board and advisory committees, as well as actions at the federal level. The U.S. Department of Health and Human Services (DHHS) is currently in the process of issuing regulations on the establishment and operation of state exchanges. MHAMD and several Mental Health Coalition member organizations submitted comments on the Proposed Rule for the Establishment of Exchanges and Qualified Health Plans. Among other things, the comments requested DHHS to require that all plans be parity compliant and include robust mental health benefits.

More information is available on the **Maryland Health Benefit Exchange** website.

Assisted Outpatient Treatment

The focus of the Assisted Outpatient Treatment workgroup is the development of a Baltimore City pilot program to better engage individuals who have not been well served by existing resources. Three subcommittees now meet regularly. The Program Subcommittee is designing the model program that aims to engage and provide support in the community to individuals with serious mental illness whom the system has had difficulty engaging. The Data Subcommittee is providing support for this effort by offering analysis on cost and utilization, and designing evaluation measures for the project. The Legal Subcommittee will evaluate any changes to statutes and regulations necessitated by the model project and deal with other legal issues as they arise. MHAMD is an active participant in these discussions.

Maryland Parity Project

The Maryland Parity Project (MPP) continues to educate consumers and providers about their new rights under the Federal Parity Law, and to assist in filing appeals and complaints of perceived violations of the law. To this end, MPP developed and distributed more than 600 Parity Toolkits; presented at more than 25 meetings and conferences, reaching more than 400 individuals; and assisted more than 40 consumers and providers with insurance problems or questions. Currently, MPP is in the process of filing five complaints with the appropriate government agencies and is spearheading an effort to meet with and educate the Maryland Delegation about the implementation of the Federal Parity Law in Maryland, petitioning them to encourage federal regulators to promulgate clear Final Regulations and to adequately enforce the current regulations.

In this time of health care expansion, there is a small window of opportunity to ensure that strong parity protections are in place so people can get the care they need. The MPP is taking advantage of this opportunity by locating violations and filing complaints. You can help. Please contact Adrienne Ellis at (410) 235-1178 x206 or aellis@mhamd.org with any questions about insurance coverage of mental health treatment or if you are experiencing barriers in accessing care.

Check out the newly expanded www.MarylandParity.org to find out more about your rights and how MPP can help you.

Trauma-Informed Care

There is a flurry of activity surrounding the implementation of

Senate Bill 556/House Bill 1150 (2011), which requires State-operated psychiatric hospitals to implement certain requirements designed to better protect patients against sexual assault and sexual harassment. An advisory committee tasked with overseeing implementation of the new law is meeting quarterly with workgroup meetings occurring more frequently.

Consultants to the implementation process have conducted facility site visits, thoroughly assessing the trauma-informed care practices already in place across the State. After receiving the consultants' report, the advisory committee will request that each facility develop a strategic plan by a certain date that details how they envision incorporating the new law into their policies and practices. It is anticipated that the facility CEOs will work closely with the advisory committee over the coming months to address each aspect of the law as it pertains to their particular facility. A required survey of females in state facilities has been placed on hold until the implementation process is further along. MHAMD and CQT are actively involved in all aspects of this process.

Mental Illness and Access to Firearms

Legislation failed in 2011 that would have created a Task Force to Study Access of Individuals with Mental Illness to Regulated Firearms. Nevertheless, the Governor's Office of Crime Control & Prevention (GOCCP) organized a workgroup to study possible legislative/policy changes related to information sharing and the Maryland State Police (MSP) gun application process. At the only workgroup meeting to date, discussion topics included expanding MSP access to certain documents for purposes of determining gun rights, including civil commitment records and emergency petitions. MHAMD will attend all future workgroup meetings and keep a watchful eye on the privacy and due process concerns implicit in these conversations.

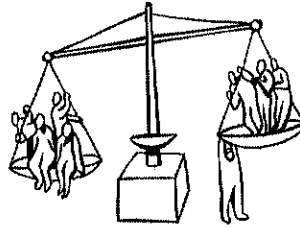
Medicaid Cost Containment

The Maryland General Assembly is requiring DHMH to identify \$40 million in total funds savings from Medicaid in FY 2012. DHMH has identified, through program integrity initiatives, approximately \$10 million in cost containment savings that can be demonstrated to the legislature and DBM, making the new target \$30 million in savings. Having not received specific mandates about how to achieve the savings, DHMH initiated a cost containment effort, soliciting input from the Maryland Medicaid Advisory Committee (MMAC) and the public. Over 190 recommendations were received. A list of potential FY12 options were created and

submitted to MMAC (*note: MMAC is merely an advisory committee - DHMH will still make the final decisions*). An issue of concern to the behavioral health community was a proposal to limit outpatient hospital visits to 11 per year. Fortunately, this proposal has been taken off the table for purposes of FY12 cost containment efforts. MHAMD will keep a watchful eye on the longer term cost containment conversation and work to minimize any potential impact to the public mental health system.

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:



Housing - The Maryland Task Force on Prisoner Reentry, chaired by Secretary Gary Maynard, Department of Public Safety and Correctional Services (DPSCS), has identified several possible initiatives related to employment and housing. These include records shielding and amendments to the fair housing code to prohibit discrimination based on criminal background. MHCJP members sit on the Task Force, which will determine its legislative recommendations in late October. MHCJP will review these recommendations, choose which efforts to support, and determine whether additional legislation is needed.

Provider Referral - The subcommittee has been working to eliminate reentry barriers and increase the percentage of ex-offenders who keep their scheduled appointment with a community provider. They have met with the Deputy Director of Special Programs for the Department of Parole and Probation to discuss increasing in-reach to inmates. The Deputy Director is evaluating whether available resources can accommodate a dedicated agent for in-reach efforts.

Training - The federal mental health transformation grant has underwritten the cost of Mental Health First Aid (MHFA) training for corrections, parole and probation, and law enforcement personnel throughout the State. The Maryland Police and Correctional Training Commission (PCTC) is working with MHAMD and the Training subcommittee to conduct four regional MHFA "Train the Trainer" programs before the new year.

Older Adults

Money Follows the Person (MFP) - MHAMD, in partnership with a consultant, has entered into a process to develop recommendations to enhance mental/behavioral health services to individuals who move from nursing homes to the community as part of the MFP program. In the past, MFP has convened workgroups to address the challenge of the delivery of mental and behavioral health supports/services for MFP eligible individuals. Though several recommendations were offered, there was no resolution as the issues are highly complex and involve multiple and fragmented systems and funding streams.

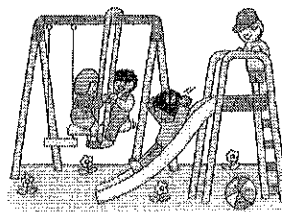
The process is underway and a plan is in place to convene stakeholders, research model programs, develop recommendations, provide assistance to agencies and move to enhance behavioral health options for MFP participants. The project timeline anticipates submitting a final report by November 15, 2012.

Task Force on Regulatory Efficiency - The Coalition on Mental Health and Aging submitted recommendations during the first public comment period of the Task Force on Regulatory Efficiency. The Task Force initiative is designed to focus on adjustments to DHMH program regulations to promote efficiency and effectiveness. The Coalition was informed that its submissions would not be included in the final report. Rather, Coalition comments are being held for review and consideration as part of a secondary workgroup focused on quality of life and person-centered care, purportedly beginning following this effort.

Children and Adolescents

Residential Treatment Center (RTC)

Budget Reallocation- During the 2011 Session, a downward trend in RTC spending led to a \$3 million reduction in the MHA budget as it pertains to those services. Rather than lose that money entirely, strong advocacy from the Maryland Mental Health Coalition and others saw a reallocation of those funds to the MHA community services budget. Curious as to how this \$3 million will be spent, MHAMD and a group of children's advocates met recently with MHA leadership for clarification.



The focus is on two primary areas: (1) improving the RTC waiver

process and eliminating the waitlist, and (2) expanding crisis services and respite beds in jurisdictions throughout the State. Details are still being finalized and a follow-up meeting is being scheduled to go over specifics.

Residential Child Care Certification Standards- There is fear that the cost of recently enacted certification requirements for child care workers could reduce availability of services by forcing already cash-strapped therapeutic group homes to shutter. This was the impetus for 2011 legislation mandating that a workgroup study the issue and determine whether it is feasible to implement certification by 2015 and develop a plan for implementation of certification.

In a plan released September 7, the workgroup determined that, while the 2015 certification implementation date may be feasible with grandfathering of existing child care staff, variables and uncertainties make practical implementation challenging. The report listed a number of recommendations related to minimum standards, staffing, reimbursement, and rates and funding. Some of these recommendations would require legislative action. MHAMD monitored the progress of this workgroup and attended several meetings as a guest.

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.

 SafeUnsubscribe



This email was sent to dmartin326@yahoo.com by dmartin@mhamd.org |
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Mental Health Association of Maryland | 711 W. 40th Street, #460 | Baltimore | MD | 21211