



Howard County Mental Health Authority Strategic Planning Meeting for FY18-FY 22

Howard County Mental Health Authority
April 4, 2017

Mission, Vision, Values

- ▶ **MISSION:** To insure the availability of quality mental health services and provide leadership in the county on mental health issues through education, prevention, community and interagency partnerships to better serve the broader community.
- ▶ **VISION:** There will be a comprehensive and accessible array of services to assist individuals in achieving recovery and developing resilience and reaching the highest level of participation as productive and contributing citizens in community life.
- ▶ **VALUES:**
 - ▶ Basic Personal Rights
 - ▶ Responsive System
 - ▶ Responsibility
 - ▶ Community Education
 - ▶ Family and Community Support
 - ▶ Management and Accountability
 - ▶ Participation in Community Life
 - ▶ Collaboration

Results Based Accountability (RBA)

- ▶ RBA is a framework that communities can use to improve the lives of children, youth, families, adults and the community as a whole.
- ▶ RBA is also used by organizations to improve the performance of their programs or services.
- ▶ Demonstrates measurable change in individual's lives.

Based on the work of Mark Friedman, Director of the Fiscal Policy Studies Institute and author of Trying Hard is Not Good Enough

Results Based Accountability

is made up of two parts:

Population Accountability

about the well-being of

WHOLE POPULATIONS

For Communities – Cities – Counties – States –
Nations

Performance Accountability

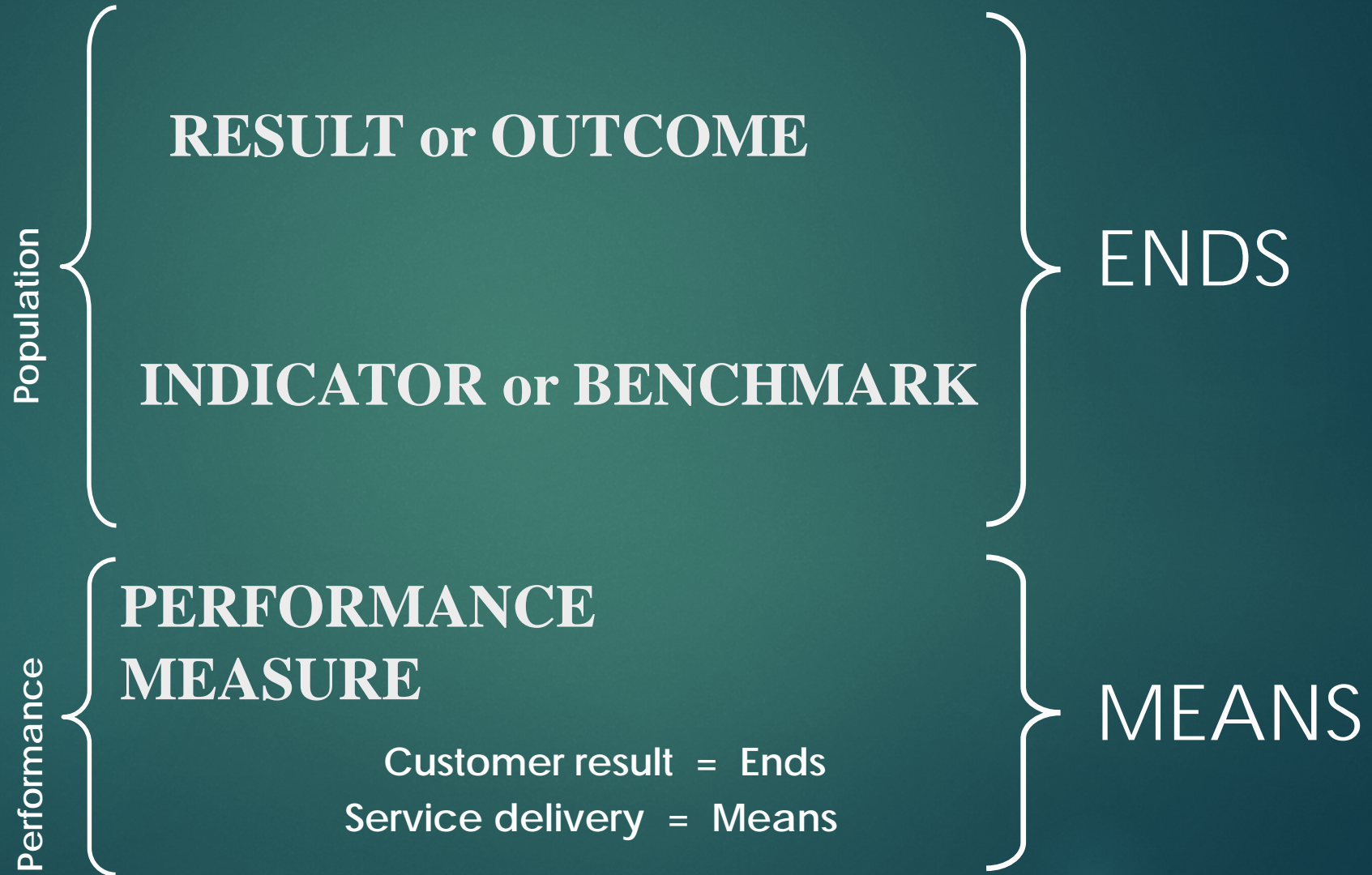
about the well-being of

CUSTOMER POPULATIONS

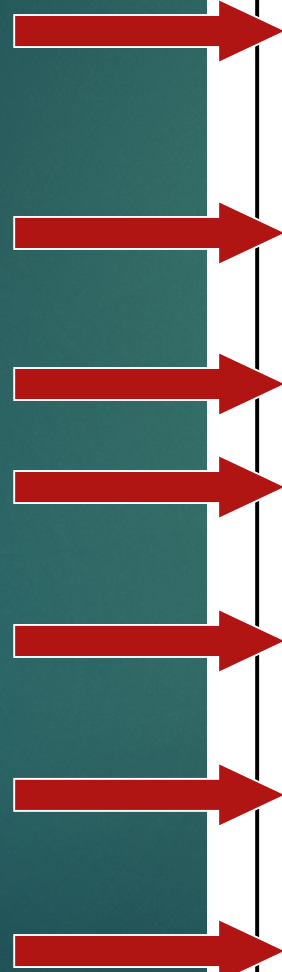
For Programs – Agencies – and Service Systems

From Ends to Means

From Talk to Action



The 7 Population Accountability Questions

- 
1. What are the quality of life conditions we want for the children, adults and families who live in our community?
 2. What would these conditions look like if we could see them?
 3. How can we measure these conditions?
 4. How are we doing on the most important of these measures?
 5. Who are the partners that have a role to play in doing better?
 6. What works to do better, including no-cost and low-cost ideas?
 7. What do we propose to do?

Evaluate and Monitor Strategies Using Performance Accountability

Types of Performance Measures

	Quantity	Quality
Effort	<p>What we do – How much service did we deliver?</p> <p># Clients served</p> <p># Activities</p>	<p>How well did we deliver it?</p> <p>% Common measures</p> <p>(Client/Staff ratio, % satisfied customers, etc.)</p> <p>% Activity specific measures (% clients completing activity, % actions correct/complete)</p>
Effect	<p>How much change or effect did we produce (#)?</p>	<p>Is Anyone Better Off?</p> <p>What quality of change or effect did we produce(%)?</p> <p>% change in skills/knowledge (pretest vs. posttest, attitude, behavior (attendance), circumstances (job, housing)</p>

Selection of Top Behavioral Health Needs

- ▶ Needs Assessment Results
- ▶ Top Behavioral Health Needs Identified

Local Needs Assessment Review

- ▶ Inventory of Publicly Funded Mental/Behavioral Health Services
- ▶ Numbers Served for Publicly Funded Mental Health Services
- ▶ Key Informant Interview Results
- ▶ Focus Group Results
- ▶ Demographics of Survey Respondents
- ▶ Data Dash Board Review
- ▶ Multi Factor Analysis
- ▶ Analysis of Top Needs Identified by Select Existing Plans/Studies

Inventory of Current Services

▶ HCMHA Services

- ▶ **Outpatient Treatment Services** are the most frequently requested services from the public behavioral health system. Howard County currently has four agencies licensed as outpatient mental health clinics (Way Station, Chase Brexton, MPB Group, and Family & Children's Services) within Howard County. In addition private practitioners are authorized to provide outpatient services as members of the public behavioral health system.
- ▶ **Case Management Services** are available to adults within Howard County who are eligible for services from the public behavioral health system. Intensive case management services are targeted to individuals who are not connected to other services and who need assistance in obtaining community services.
- ▶ **Vocational Services** are available to individuals with psychiatric disabilities who are receiving other services from the public behavioral health system. Supported Employment services assist an individual in obtaining employment and maintaining employment in the community by providing on-going support services to the individual once employed.

HCMHA Services Continued

- ▶ **Foreign-Born Outreach Grant** HCMHA has grant funds to provide language interpreters for individuals who are eligible for publicly-funded outpatient treatment services.
- ▶ **Residential Rehabilitation Services** is a limited resource that is targeted to individuals with the greatest need. The HCMHA authorizes all placements into the Residential Program at Humanim and Way Station that are funded through the public behavioral health system.
- ▶ **Psychiatric Rehabilitation Services** These support services are targeted to facilitate the development of an individual's independent living and social skills in order to promote integration into the community.

HCMHA Services Continued

- ▶ **Crisis Beds** provide 24/7 intensive clinical support to an individual in a psychiatric crisis. Crisis beds can be used as an alternative to in-patient hospitalization, when appropriate, or as a step-down from an in-patient psychiatric unit when the individual needs continued clinical support post-discharge.
- ▶ **Mobile Crisis Team (MCT)** is a partnership between Howard County, the Mental Health Authority, the Police Department, and Grassroots. The MCT is a two member team of mental health professionals whose primary objective is to assist community members in handling and managing emotional, traumatic, or psychiatric crises. The MCT operates seven days a week from 9:00 a.m. to 11 p.m.
- ▶ **Assertive Community Treatment (ACT)** provides a mental health team that establishes and maintains a relationship with individuals who are unsuccessful in standard community treatment services. It is a highly individualized and comprehensive service that provides psychiatric services that include medication monitoring as well as case management.

HCMHA Services Continued

- ▶ **Transitional-Age Youth Program (TAY)** HCMHA, in collaboration with Humanim, have designed this program to serve young adults between the ages of 18 to 24 who have received services funded by the Maryland public behavioral health system. The program is designed to provide ongoing flexible supports to transition-age youth so that they can successfully transition to adulthood.
- ▶ The **Healthy Transitions Grant** focuses on youth between the ages of 16 to 25 who have been diagnosed with a serious mental illness. The purpose of this grant is to:
 - ❖ Raise awareness of the challenges faced by youth with a psychiatric disability as they age into adulthood
 - ❖ Increase the early identification of mental health conditions among this population (ages 16 to 25).
 - ❖ Provide services and supports to meet the needs of youth as they transition into adulthood.
- ▶ **Maryland Community Criminal Justice Treatment Program (MCCJTP)** is a grant-funded program that provides a full-time mental health professional within the Howard County Department of Corrections at the Howard County Detention Center. Individuals in the Detention Center, who are diagnosed with a mental illness, are eligible for mental health treatment services while in the Detention Center and linkage to community services upon their release.
- ▶ **Psychogeriatric Consultant Services** is a grant-funded program that supports a part-time Licensed Clinical Social Worker (LCSW-C). Consultation and training is available to providers in the mental health and aging communities who are serving older adults with mental health needs.
- ▶ **Network of Care: howard.md.networkofcare.org** is an online information site for individuals, families and agencies concerned with mental and emotional wellness. This online community provides critical information, communication and advocacy tools.

Numbers Served by Publicly Funded Mental Health Services

- ▶ Early Childhood (Managed by Howard County Office for Children)

Early Childhood Mental Health Consultation Project:

FY13	48 children served; 85% maintained in their setting
FY14	40 children served; 85% maintained in their setting
FY15	54 children served; 92% maintained in their setting
FY16	52 children served; 94% maintained in their setting

Numbers Served by Publicly Funded Mental Health Services

Children and Adolescent Consumers Served Report (FY 17 is 7/1/16-8/31/16)

Program	FY 13	FY 14	FY 15	FY 16	FY 17-YTD
Assertive Community Treatment (ACT)					
Case Management Services	0	7	16	13	2
Outpatient Treatment Services	1181	1276	1398	1521	604
Psychiatric Rehabilitation Services	51	82	122	148	90
Residential Crisis Beds					
Residential Rehabilitation Program	2	0	1	2	0
Supported Employment Services	2	2	1	1	0

Numbers Served by Publicly Funded Mental Health Services

Children and Youth Consumers Contracted Services FY 13-FY 17 (2/28/17)

Program	FY 13	FY 14	FY 15	FY 16	FY 17-YTD
TAY	12	12	10	N/A	N/A
Healthy Transitions	N/A	N/A	N/A	39	45
In Home	23	25	23	20	18
Youth TCM/CCO	N/A	N/A-Late Start	8	11	13

Numbers Served by Publicly Funded Mental Health Services

Adult Consumers Served Report

Program	FY 13	FY 14	FY 15	FY 16	FY 17-YTD
Assertive Community Treatment (ACT)	52	65	66	63	44
Case Management Services	92	102	67	37	27
Outpatient Treatment Services	3169	3707	4505	4862	1977
Psychiatric Rehabilitation Services	368	425	519	571	305
Residential Crisis Beds	27	43	61	83	17
Residential Rehabilitation Program	147	156	190	192	117
Supported Employment Services	190	234	230	250	141
Case Management - FY 16 - Case management vendor (Alliance, Inc.) closed its program					
Case Management - FY 17 - Humanim awarded contract to provide adult case management services					
FY17: 07/01/16 - 08/31/16					

Numbers Served by Publicly Funded Mental Health Services

Older Adult Consumers Served

Program	FY 13	FY 14	FY 15	FY 16	FY 17-YTD
Assertive Community Treatment (ACT)					
Case Management Services		6	5	1	0
Outpatient Treatment Services		45	55	59	12
Psychiatric Rehabilitation Services		20	17	19	19
Residential Crisis Beds					
Residential Rehabilitation Program		5	5	2	3
Supported Employment Services		9	6	5	1
FY17: 07/01/16 - 08/31/16					

Numbers Served by Publicly Funded Mental Health Services

Mental Health Liaison/CIT

Program	FY 13	FY 14	FY 15	FY 16	FY 17-YTD
CIT Officers	15	20	*42	57	25
CIT Dispatch	N/A	5	10	5	0
CIT Security other	N/A	N/A	0	0	5
CIT Civilians	0	0	0	29	0
MHL follow ups	N/A	149	153	134	10
HCPD Requests	N/A	155	83	89	7

- CIT Officers Training FY 2015 increased from 1 CIT training to 2 CIT trainings per year.
- MHL Follow Ups: MHL position did not exist in 2013.
- MHL Follow Ups for FY 2016 did not start until mid- February 2016 due to current MHL did not begin working in Police Department and having access to Mental Health Reports until then.
- FY17 YTD is for January 2017 only.
- FY 17 Others CIT Trained: 2 Sheriff Deputy officer, 1 NSA and 2 WSSC

Numbers Served by Publicly Funded Mental Health Services

Foreign Born Services

Program	FY 13	FY 14	FY 15	FY 16
Number of Services	339	419	386	433
Number of Clients	35	34	30	31
Number of Interpretations	76	122	96	71
Number of Patients Using Interpreters	6	7	8	7

Numbers Served by Publicly Funded Mental Health Services

Mobile Crisis Team (MCT) and Rapid Access Program (RAP)

Program	FY 13	FY 14	FY 15	FY 16	FY 17 (Through 2/28/17)
MCT	1519	1456	1922	2713	604
RAP	N/A	N/A	N/A	27	34

Numbers Served by Publicly Funded Mental Health Services

Mental Health Correctional Specialist

Program	FY 16	FY 17 (Qtr 1)	FY 17 (Qtr 2)	FY 17 (Qtr 3)	FY 17 (Qtr 4)
MH Correctional Specialist	86	33	23		

Key Informant Interview Results

Top Individual Behavioral Health Strengths

Children/Youth(0-17)

- *Parental Involvement
- *Family Support
- *Resilience
- *Education
- *School Connection

Adults(18-59)

- *Strong Family Supports
- *Resilience
- *Resourceful/Courageous
- *Strong Networks

Seniors (60+)

- *Family Support/Love
- *Resilience/Resourcefulness
- *Strong Networks
- *Wisdom That Comes with Age

Key Informant Interview Results

Top Individual Behavioral Health (BH) Needs

Children/Youth(0-17)

- *Love/Caring
- *Role Models
- *Social/Coping Skills
- *Self Worth
- *Access to Affordable BH Care
- *School/Community Resources

Adults(18-59)

- *Accessible/Convenient Resources
- *Housing
- *Jobs/Education
- *BH Treatment
- *BH Resources for Disabled Adults
- *Work/Family Balance

Seniors (60+)

- *Knowledge of/Access to Services
- *BH Resources for Disabled Seniors
- *Socialization
- *Transportation
- *Long Term Outpatient Care

Key Informant Interview Results

Behavioral Health Provider: Top Areas Working Well

Children/Youth(0-17)

- *Experience in Youth MH
- *Concern/Advocacy
- *Collaboration

Adults(18-59)

- *High Education/Experience
- *Compassionate
- *Dedicated
- *Collaboration

Seniors (60+)

- *Compassionate
- *Knowledge of Community Resources
- *Highly Educated
- *Strong Commitment to Older Adults
- *Professionalism

Key Informant Interview Results

Behavioral Health Provider: Top Areas in Need of Improvement

Children/Youth(0-17)

- *More Parent Resources
- *More Training for Providers
- *Working with Children/Youth
- *Increased Access to
BH Services Covered by
Insurance

Adults(18-59)

- *Cross Training on MH/SA
- *Convenient Hours/Locations/Less Wait Time
- *More Psychiatrists/Providers that
Take Insurance
- *Affordable Care
- *Crisis Services
- *Public Awareness of BH Services

Seniors (60+)

- *Direct Marketing to Seniors
- *More Geriatric Psychiatrists
- *Accessible/Affordable
- *More Cohesive Network

Key Informant Interview Results

Top Behavioral Health System Strengths

Children/Youth(0-17)

- *Collaboration
- *Service In School/Classroom
- *Childcare for Working Parents
- *Infant and Toddlers Program

Adults(18-59)

- *Inpatient at HCGH
- *Grassroots
- *MCT
- *Way Station
- *Acute Services
- *Rehabilitation Services

Seniors (60+)

- *Partnerships/Collaboration

Key Informant Interview Results

Behavioral Health System: Top Areas in Need of Improvement

Children/Youth(0-17)

- *More Providers/Resources
- *Coordination of Care
- *Accessible Care
- *Child Psychiatric/Crisis Services

Adults(18-59)

- *Affordable Services
- *Reduction of Wait Time
- *Crisis Beds
- *More Psychiatrists

Seniors (60+)

- *More Geriatric MH Coverage
- *Affordability
- *More Community-Based Services
- *Soft MH Outreach
- *More Education on MH
- *More Crisis Services

Focus Group Results

Top Individual Behavioral Health Strengths

Children/Youth(0-17)

- *Parental Involvement
- *Family Support
- *Adaptable/Resilience
- *Good Schools
- *Malleable Brain

Adults(18-59)

- *Family Support
- *Resilience/Adaptable
- *Resourceful
- *Independence
- *Trusting/Loyal

Seniors (60+)

- *Resilience/Adaptable
- *Wisdom
- *Optimism
- *Staying Healthy/Active
- *Self-Sufficiency/Independence

Focus Group Results



Top Individual Behavioral Health (BH) Needs

Children/Youth(0-17)

- *Parent/Family Support
- *Stress Reduction
- *Modeling of Appropriate Behavior
- *Consistent Expectations
- *Access to Convenient Care

Adults(18-59)

- *Transportation
- *Affordable Housing
- *Jobs/Education
- *More Substance Abuse Treatment
- *More Psychiatric Care

Seniors (60+)

- *Transportation
- *Social Interaction/Companionship
- *Family Support
- *Geriatric MH Services
- *Coordination of Somatic and MH
- *Senior Housing

Focus Group Results

Behavioral Health Provider: Top Areas Working Well

Children/Youth(0-17)

- *Knowledge and Skills
- *Modeling Behavior
- *Awareness of Disorders
- *Vocational Services

Adults(18-59)

- *Knowledge of Community Resources
- *Compassionate
- *Variety of Skills
- *Collaboration
- *Caring/Committed
- *Problem Solving

Seniors (60+)

- *Geriatric Expertise
- *HCMHA Geriatric Position
- *MH/SA Trained Providers
- *Awareness of Physical Limits
- *Knowledge of Resources

Focus Group Results

Behavioral Health Provider: Top Areas in Need of Improvement

Children/Youth(0-17)

- *More Providers that Take Insurance
- *More Child Psychiatrists
- *More MH and Drug Education
- *More MH and SA Help in Schools
- *Flexible Parent Supports

Adults(18-59)

- *More Providers that Take Insurance
- *More Psychiatrists
- *Accessible/Affordable Care
- *Cultural Competence
- *Coordination w/ BH, SA and PCP
- *Better Knowledge of Resources

Seniors (60+)

- *Training in Somatic & MH
- *Training in Geriatric MH
- *More Services for Dementia

Focus Group Results

Top Behavioral Health System Strengths

Children/Youth(0-17)

- *Access to School Counselor
- *Services in Schools
- *Family Partnerships
- *Sign Language/Interpretation
- *Early ID/Child Find
- *Head Start
- *Parents as Teachers
- *Early Childhood MH Project
- *Infant and Toddlers Program

Adults(18-59)

- *Overdose Prevention Training
- *Supported Employment
- *Case Management/Coordination
- *NAMI
- *On Our Own
- *TAY Program
- *Assertive Community Treatment (ACT)
- *Therapy Groups

Seniors (60+)

- *Opportunities to Socialize
- *Senior Centers
- *Maryland Access Point (MAP)
- *HCMHA
- *Office on Aging
- *Way Station
- *NAMI

Focus Group Results

Behavioral Health System: Top Areas in Need of Improvement

Children/Youth(0-17)

- *School Based Mental Health
- *Suicide Intervention
- *More Providers that Accept Insurance
- *More Child Psychiatrists
- *In-Home Counseling
- *Reduce Teacher/Provider Burnout
- *Vocational Services

Adults(18-59)

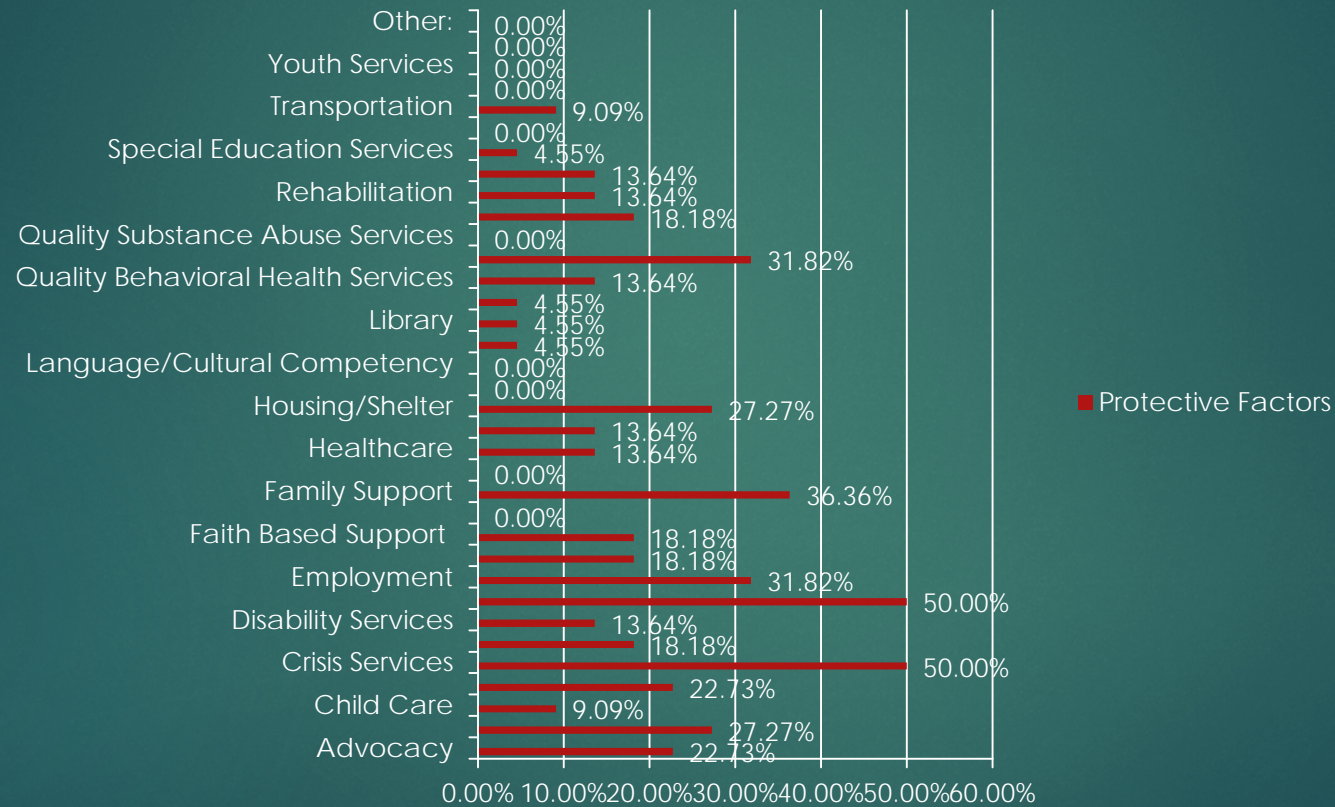
- *More Providers that take Insurance
- *Reduce Stigma
- *Better Coordination of MH&SA
- *Need More Crisis Services/Locations
- *More SA Treatment Centers

Seniors (60+)

- *Outreach tailored to Seniors
- *Access to Guardianship Assessments & Comprehensive Evaluations
- * Transportation
- *More Psychiatrists
- *Open Memory Clinic

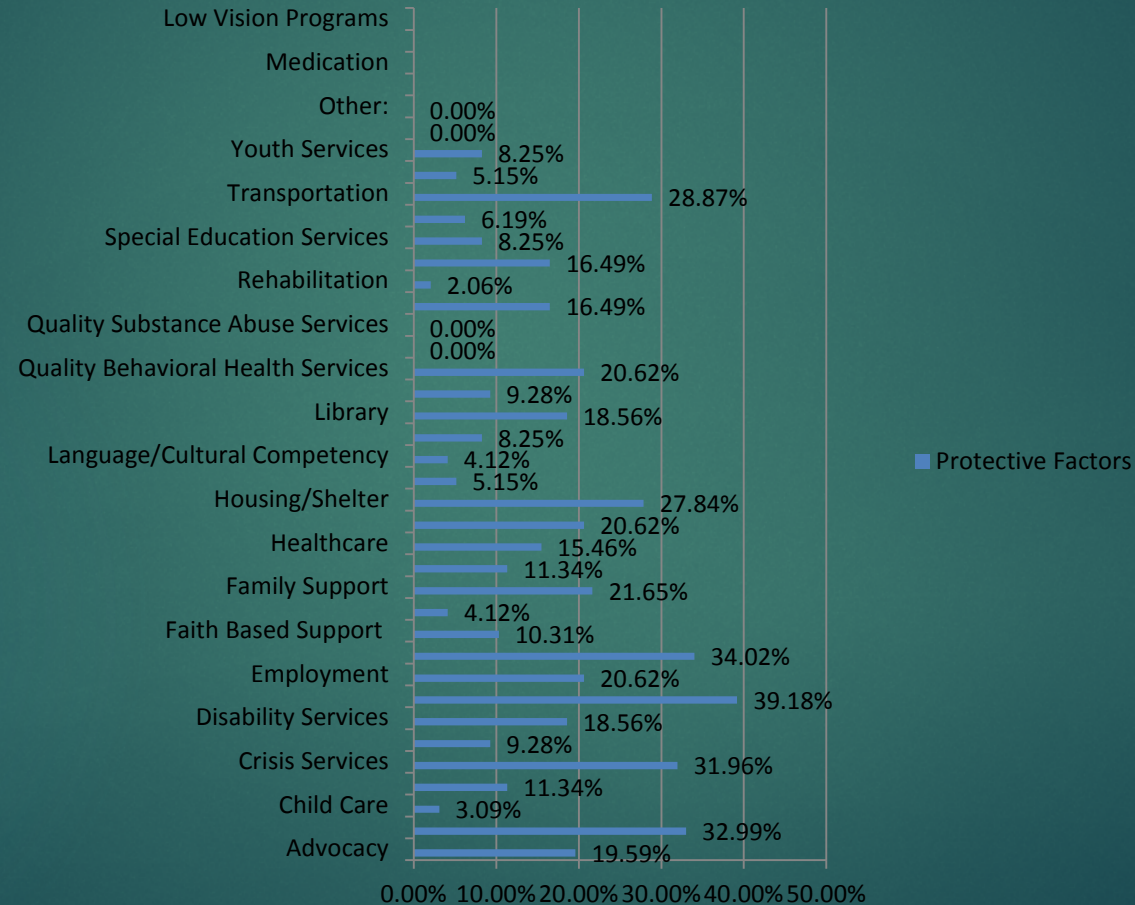
Protective Factors for Key Informant Interviews

Key Informant Protective Factors



Protective Factors for Focus Groups

Focus Groups Protective Factors



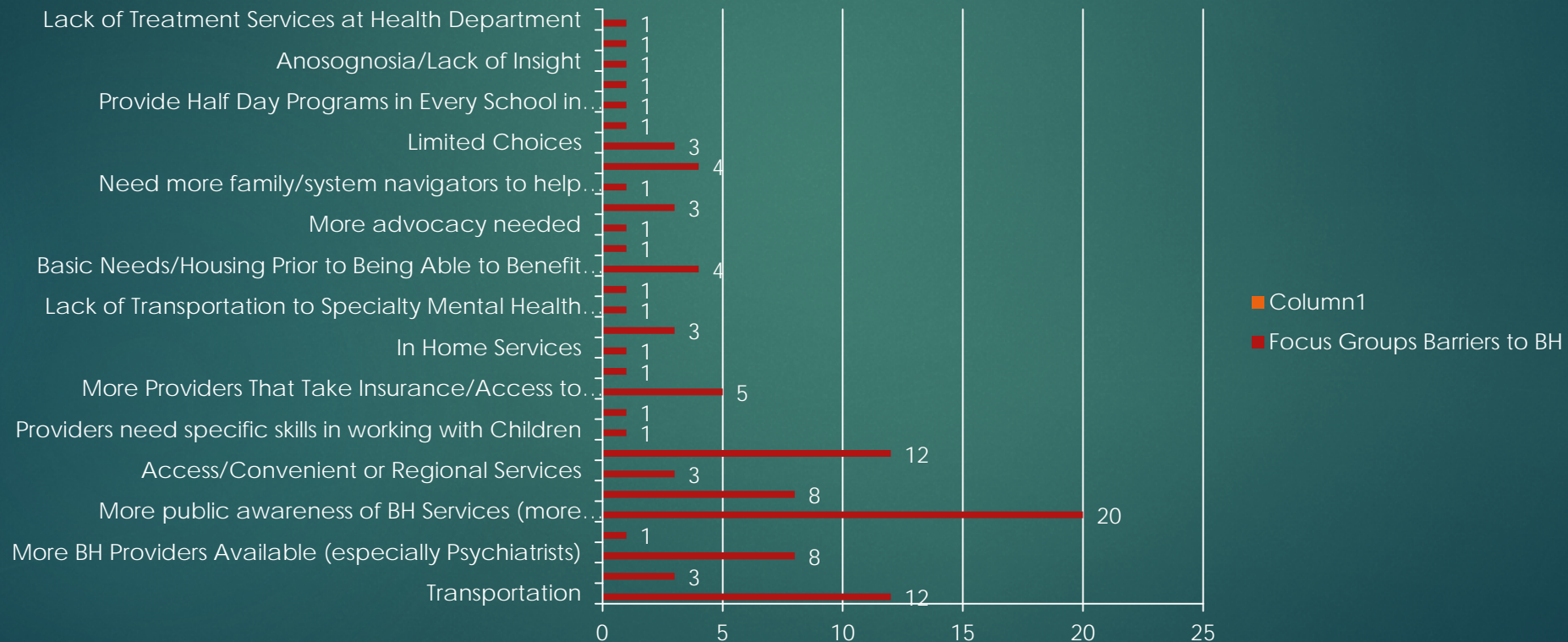
Barriers to Access Key Informant Interviews

Key Informant Barriers to Accessing Behavioral Health Services



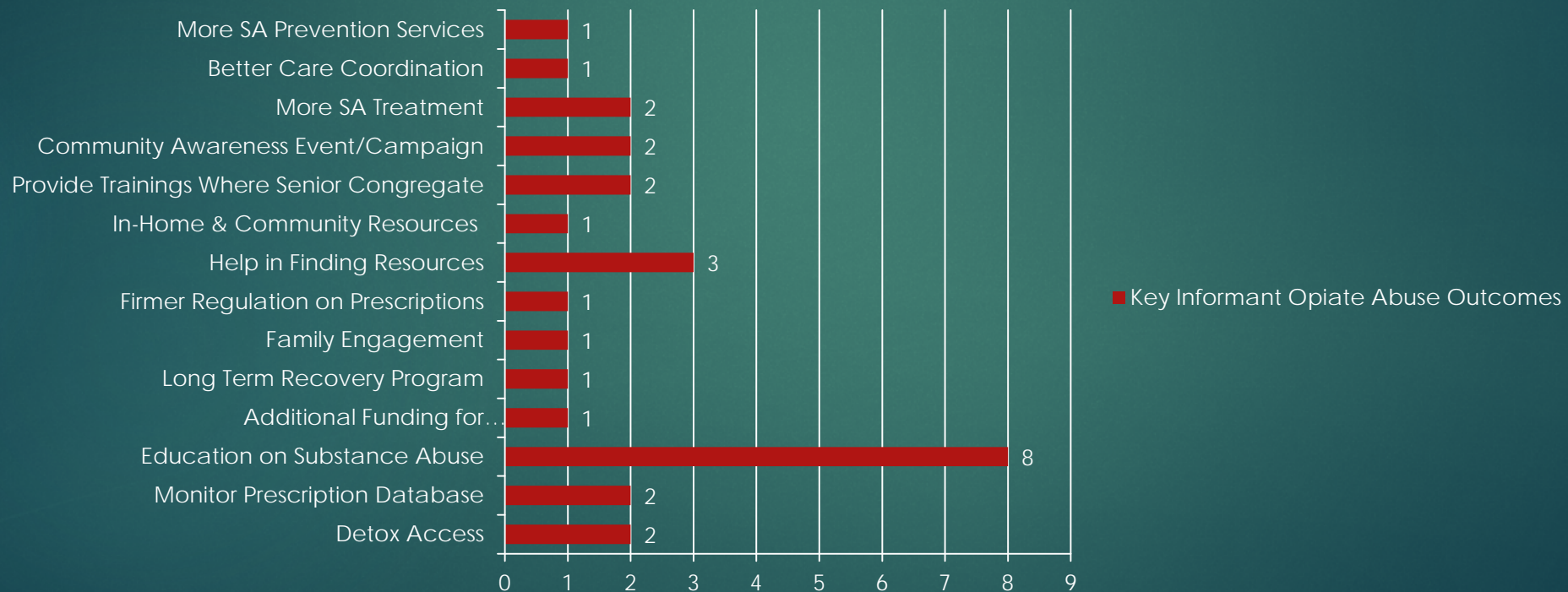
Barriers to Access Focus Groups

Focus Group Barriers to Accessing Behavioral Health Services



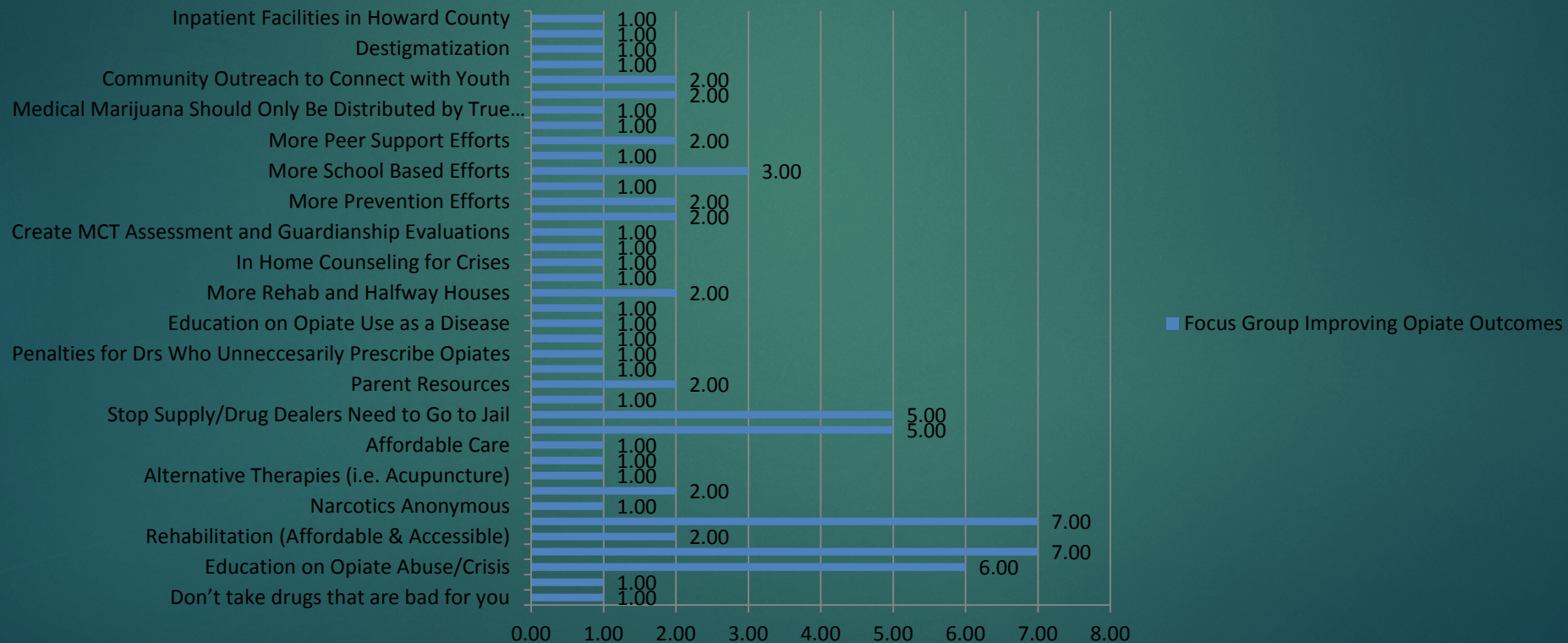
Opiate Abuse Key Informant Interviews

Key Informant Suggestions for Improving Outcomes in Opiate Abuse

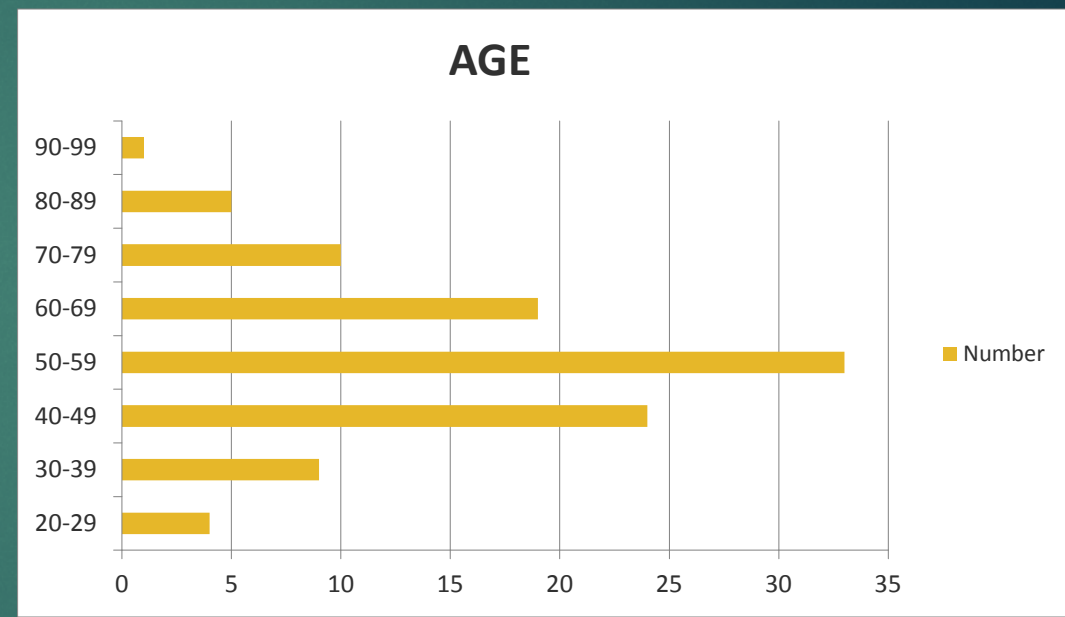
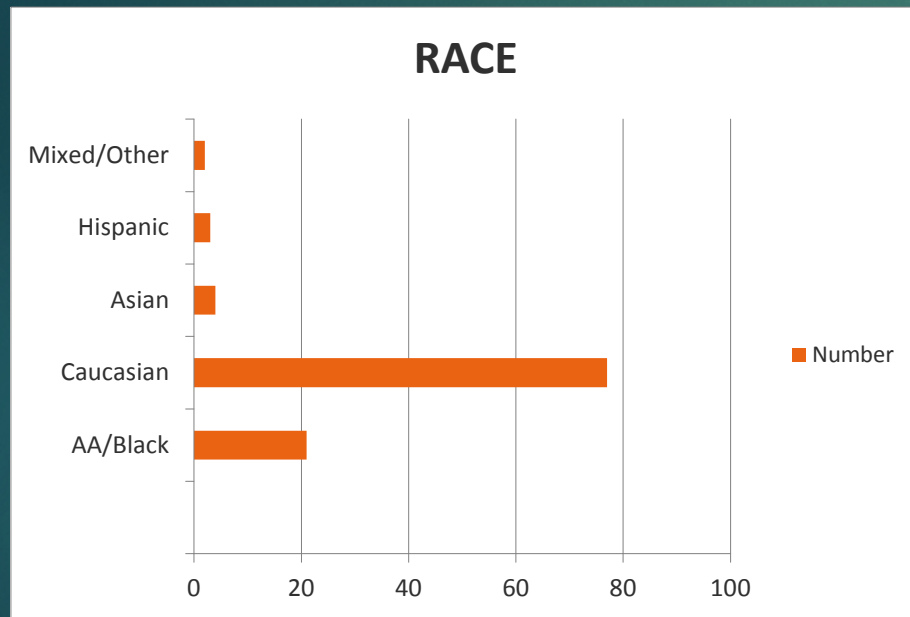


Opiate Abuse Focus Groups

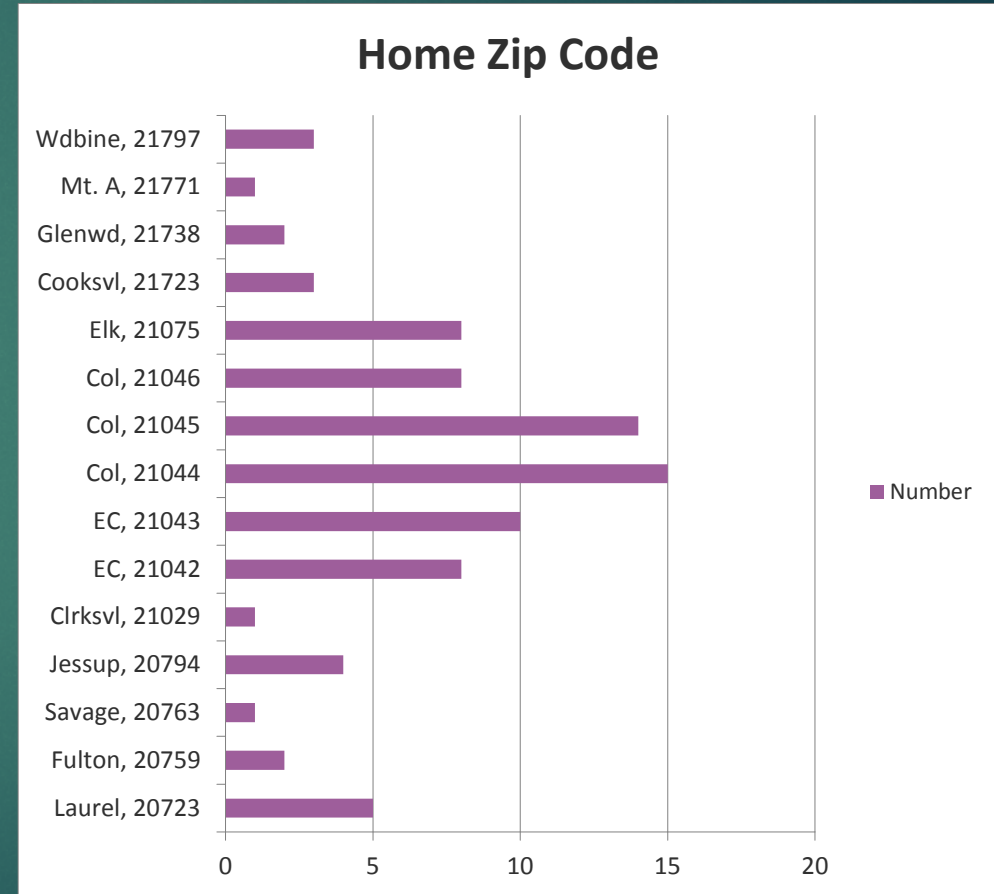
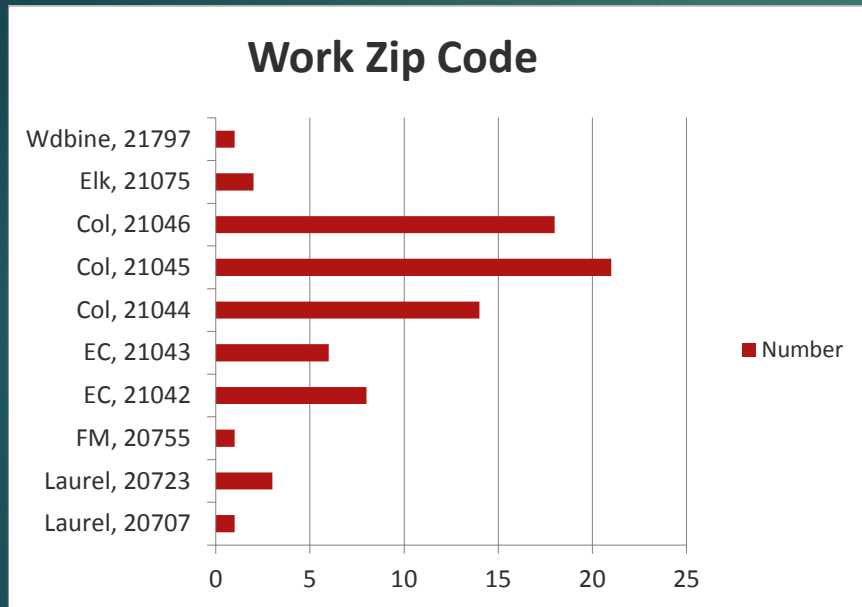
Focus Groups Suggestions for Improving Outcomes for Opiate Abuse



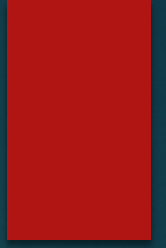
Demographics of Survey Respondents



Demographics of Survey Respondents (continued)



Data Dash Board Review



Multi-Factor Analysis

Data Analysis	Key Informants	Focus Groups
Children's Mental Health	Social Skills and Coping Skills	Increased Affordable and Accessible BH Providers that take insurance and offer convenient hours and locations (especially Psychiatrists)
Youth/Adult With MH Employment/Vocational Needs	Reducing Waitlists for BH Services	Affordable Housing
Juvenile Felony Offenses	Expand Crisis Services/Crisis Center	Substance Abuse Treatment and Overdose Prevention
Suicide Attempts	Outreach regarding BH Tailored to Seniors including opportunities for socialization	Stress Reduction
Substance Abuse	More Providers Trained in Geriatric BH/Dementia	School Based Mental Health Services
Bullying	Suicide Intervention	Improved Public Awareness/Outreach/Education on BH Services
Homelessness	Address Needs of Disabled with BH diagnoses	Transportation
Self-Inflicted Injuries	Create Improved Continuum of Care/System of Care to improve coordination between MH, SA, Somatic Care/Primary Care, etc.	Reduce Stigma
	Affordable Housing	Early Identification and Intervention
	Increase Mentoring and Role Modeling Opportunities	More Parent/Caregiver Support

Analysis of Top Needs Identified by Select Existing Plans/Studies

Plans/Studies Reviewed	Top Needs Identified Across Plans Reviewed
HCMHA FY 18 Goals and Objectives <i>Developed in 2017</i>	Continue the development of a crisis services continuum throughout the county (including urgent care and stabilization)
HCGH Community Health Needs Assessment and Implementation Strategy <i>Developed in 2016</i>	Increase timely access to behavioral health services for residents of all ages
BH LHIC <i>Developed in 2016</i>	Support programs and activities working to reduce <i>the number of suicides</i> , drug and alcohol-related intoxication deaths
ADAAB Strategic Plan Developed in 2015	Establish a detoxification program/clinic (residential/outpatient) in Howard County
Behavioral Health Task Force Plan <i>Developed in 2014</i>	Access to care with providers accepting a wide array of insurance plans (commercial and Medicaid, Medicare) – <i>address parity issues</i>

Strategic Planning Activities

- ▶ Identify System Strengths and Gaps
- ▶ Discuss Continuum of Care/System of Care
- ▶ Vote on Top Three to Five Needs
- ▶ Small Groups Develop Results, Indicators and Strategies for Identified Top Three to Five Needs

When selecting Strategies Based on Top Behavioral Health Needs: (In RBA terms: What Works?)

- ▶ Factors to consider:

- Local/State/Federal Requirements
- Local Innovation and Creativity
- Proven and Effective Practices
- Specificity- Is the Strategy specific enough to be implementable?
- Leverage- Does the strategy have a high degree of leverage to “turn the curve”?
- Values-Does the strategy meet the organizational and community’s values?
- Reach – Is it practical for the HCMHA to implement the strategy? Is the strategy sustainable over a long period of time? Is it feasible and affordable?

Sample of Chart for selected Results and Indicators to Create Strategies

PRIORITIZED RESULT AREA(S)	PRIORITIZED INDICATOR(S)	"Story Behind" : Causes and Forces at Work for Results Going in the Wrong Direction	Partners	*Strategies: What Works to "Turn the Curve", including evidence-based, best and promising practices, and other strategies	Funding Source(s)
Behavioral Health – Crisis Intervention	Decrease in Emergency Department Visits for Behavioral Health Needs	<ul style="list-style-type: none"> *Isolation & Lack of Connection *Co-occurring disorders (mental health and substance abuse) *Lack of support system *Lack of knowledge of existing services *Domestic Violence *Self-Injurious Behavior *High Risk: Dangerous to self or others 	<ul style="list-style-type: none"> Consumers Families Health Dept. HCMHA Behavioral Health Taskforce Law Enforcement Detention Center Juvenile Justice Hospital HCPSS Colleges Churches/Faith Based Orgs. Social Services Hope Works Grassroots Way Station Citizen Services LMB 	<ul style="list-style-type: none"> Promote National Suicide Hotline and use of Grassroots Crisis Intervention Training on the Use of Social Media/Technology to promote suicide prevention and the decrease of risk factors Decrease isolation and improve social connections through community outreach Building connections with Behavioral Health Providers to strengthen social skills, coping strategies, conflict resolution, and resilience Create App for Suicide Prevention and Promotion of Protective Factors that sends texts 	<ul style="list-style-type: none"> Existing Resources HCMHA Existing Community Resources HCMHA/ Medicaid/ Medicare Existing Resources