

Appendix A

FY 18-22 HCMHA Strategic Plan

System of Care

Proposed Performance Measures to Address Identified System Gaps

Need Area 1: Create Improved Continuum of Care/System of Care for better coordination between MH, SA, Somatic Care/Primary Care, etc.

PRIORITIZED RESULT AREA(S)	PRIORITIZED INDICATORS	“Story Behind”: Causes and Forces at Work for Results Going in the Wrong Direction	Partners with a Role to Play	“Strategies: What Works to “Turn the Curve”, including evidence-based, best and promising practices, and other strategies	Funding Source(s) or Funding Developers
Coordinated Behavioral Health (BH) Crisis Services Response System	%Decrease in Emergency Department Visits for Behavioral Health Needs	<ul style="list-style-type: none"> *Isolation &Lack of Connection *Increase in Co-occurring disorders (mental health & substance abuse) *Opiate Crisis *Lack of Support System *Lack of Knowledge of Existing Services *High Risk: Danger to Self or Others (i.e. Self-Injurious Behavior/Suicidality) *Needs of Disabled with BH Needs 	<ul style="list-style-type: none"> *Consumers *Families *NAMI *On Our Own *HCMHA *Health Department *Horizon Foundation *Hospital *Law Enforcement *Grassroots *Social Services *Detention Center *Juvenile Services *HCPSS *Faith Community *Hope Works *Way Station *DCRS/Aging Ofc. *LCB 	<ul style="list-style-type: none"> *Develop Crisis Center with Detox Unit *Add night shift team to Mobile Crisis Team (MCT) *Add Provider to MCT that can provide emergency psychiatric evaluations on call (i.e. for psychiatric emergencies) with children, older adults especially for suspicion of Dementia/Alzheimer’s , and disabled with psychiatric needs) 	<ul style="list-style-type: none"> Health Department, HCMHA, Howard County, Medicaid/Medicare HCPD, HCMHA, Grassroots, and Howard County HCMHA, Horizon Foundation, State and/or County Government

<p>Coordinated System for the Housing Needs of Individuals with Behavioral Health Needs</p>	<p>#/% increase in affordable housing units available to individuals with Psychiatric Disabilities</p>	<p>*Lack of Affordable Housing/Senior Housing *Insufficient slots available for Residential Rehabilitation Programs *Lack of Coordination between agencies on Housing for individuals with Psychiatric Disabilities</p>	<p>*Consumers *Families *Advocacy Organizations *Housing Office *CoC *HCMHA *Humanim *Way Station</p>	<p>*Increase affordable housing units available *Increased coordination between housing and other human service agencies on housing needs of shared clients</p>	<p>Housing Office, Humanim, Way Station, HCMHA, CoC, County/State Government</p>
<p>Coordinated Effort to Improve System of Transportation available to Individual's with Behavioral Health Needs</p>	<p>#/% increase in individuals accessing BH Services (on time for appointment) via Coordinated Transportation efforts</p>	<p>*Lack of sufficient transportation options to access BH Services</p>	<p>*Transportation Department *Consumers *Families *Human Services Agencies</p>	<p>*Increased coordination between Transportation and human service agencies on transportation needs of shared clients</p>	<p>Transportation Department, HCMHA, County/State, Human Services Agencies</p>
<p>Coordinated Effort to Improve System of Early</p>	<p>% children maintained in early childhood setting</p>	<p>*Lack of sufficient resources for early intervention for young children with</p>	<p>*Office for Children *Health Dept. *Parents *Teachers</p>	<p>*Need increased resources for Early Childhood Mental Health Project to</p>	<p>Health Dept.; Office for Children, HCMHA</p>

<p>Intervention and Prevention Services</p>	<p>%/# of children accessing BH Services at School</p>	<p>mental health needs leading to unnecessary suspensions/expulsions from early childhood settings</p> <p>*Lack of sufficient school based mental health resources leading to behavior management concerns in school settings</p>	<p>*HCMHA</p> <p>*HCPSS *Parents *Teachers *Health Dept. *HCMHA *CSMH</p>	<p>reduce suspension/expulsions related to behavior management concerns</p> <p>*Need expansion of School Based Mental Health Services/School Based Mental Health Center(s)</p>	<p>HCPSS; Health Dept.; MSDE; Medicaid/Medicare ; CSMH</p>
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Need Area 2: Increased Affordable and Accessible BH Providers that take insurance and offer convenient hours and locations (especially Psychiatrists)

PRIORITIZED RESULT AREA(S)	PRIORITIZED INDICATORS	“Story Behind”: Causes and Forces at Work for Results Going in the Wrong Direction	Partners with a Role to Play	“Strategies: What Works to “Turn the Curve”, including evidence-based, best and promising practices, and other strategies	Funding Source(s) or Funding Developers
<p>Increased Access to Quality, Affordable, and Convenient BH Services</p>	<p>#/% Increase in consumer report of accessibility to quality, affordable and convenient BH Services</p> <p>#/% increase of Psychiatrists taking new patients</p> <p>#/% increase in Psychiatrists that accept insurance</p>	<p>*Waiting Lists for BH Services</p> <p>*Not enough Psychiatrists that accept all insurances (Private/Medicare and Medicaid) or take new patients</p> <p>*Need for More Psychiatrists</p> <p>*Lack of Training in specific BH services (i.e. co-occurring, Geriatric BH, Dementia, Early Childhood, and Children and Youth)</p>	<p>*Consumers</p> <p>*Families</p> <p>*HCMHA</p> <p>*Health Dept.</p> <p>*Psychiatrists</p> <p>*Nurse Practitioners</p> <p>*Insurance Cos.</p> <p>*Ins. Commissioner</p>	<p>*Hire Private Insurance Consultant to create plan to increase access to Psychiatrists</p> <p>*Provide Training and Technical Assistance for BH Provider Accreditation and BH Provider Development</p>	<p>County/State; HCMHA; Health Dept.</p>

Need Area 3: Improved Public Awareness/Outreach/Education on BH Services

PRIORITIZED RESULT AREA(S)	PRIORITIZED INDICATORS	“Story Behind”: Causes and Forces at Work for Results Going in the Wrong Direction	Partners with a Role to Play	“Strategies: What Works to “Turn the Curve”, including evidence-based, best and promising practices, and other strategies	Funding Source(s) or Funding Developers
<p>Improved Public Awareness/Outreach/Education on BH Services</p>	<p>#/% increase in activities to promote public awareness/outreach/education on BH Services</p> <p>#/% increase in target population reporting increased awareness/education related to BH Services available</p>	<p>*More information needed on social skills and coping skills</p> <p>*More information needed on Bullying Prevention/Intervention</p> <p>*Outreach needed regarding BH Services tailored to senior citizens including opportunities for socialization</p> <p>*Lack of awareness of mentoring and role model opportunities</p> <p>*Lack of awareness of stress reduction methods</p> <p>*Lack of</p>	<p>*Consumers</p> <p>*NAMI</p> <p>*On Our Own</p> <p>*Families</p> <p>*County</p> <p>*HCMHA</p> <p>*Health Dept.</p> <p>*MCF</p> <p>*DCRS</p> <p>*Aging</p> <p>*LCB</p>	<p>Promote increased information on: Social/Coping Skills; Bullying Prevention/Intervention ; BH Services Tailored for Senior Citizens; Awareness of Mentoring and Role Modeling Opportunities; Stress/Stigma Reduction, Early Identification/Intervention Services; Parent/Caregiver Support; Substance Abuse Treatment and Overdose Prevention via social media and other formats</p>	<p>HCMHA, Health Dept.; County, State; Hospital</p>

		understanding on stigma reduction *More information needed on early identification and intervention services *More parent/caregiver support needed to navigate complex BH services system *More information on Substance Abuse Treatment and Overdose Prevention			
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Continuum of Care

Proposed Performance Measures to Address Identified Gaps across Lifespan

How Much: How much the program did, the combination of effort and quantity. *Examples: # of people served, # of activities.*

How Well: How well the service was delivered, the combination of effort and quality. *Examples: % of tasks performed on time, attendance rates, % customers who report being treated well, unit cost per service, % of standards met.*

Is Anyone Better Off: The number (percentage) of participants who were better off as a result of the program, the combination of effect and quantity. *Examples: # and % changes in skills, knowledge, attitude, opinion, behavior or circumstance.*

Age: Early Childhood (0-5) – Adoption of Howard County Office for Children Performance Measure

Program	How Much?	How Well?	Is Anyone Better Off?
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Child Mental Health – Early Childhood Mental Health Project	<ul style="list-style-type: none"> • Total # of children served • Referral Sources 	<ul style="list-style-type: none"> • Average length of time that new referrals have to wait for their first appointment 	<ul style="list-style-type: none"> • % of children maintained in early childhood setting

Age: Elementary – High School (6-17) and Young Adult (17-26) – Adoption of Howard County Local Children’s Board Performance Measures

Program	How Much?	How Well?	Is Anyone Better Off?
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Child Mental Health - Family and Children Services	<ul style="list-style-type: none"> • Total # of youth served <ul style="list-style-type: none"> ○ # of Disconnected Youth ○ # of youth impacted by incarceration 	<ul style="list-style-type: none"> • #/% of youth who have an individualized care plan <ul style="list-style-type: none"> ○ #/% of youth receiving transportation 	<ul style="list-style-type: none"> • #/% of youth completing the program – completing the steps in their individualized care plan <ul style="list-style-type: none"> ○ % of youth securing

	<ul style="list-style-type: none"> ○ # of homeless youth ○ # of children (6-10) served ○ # of adolescents (11-26) served ○ # of young adults (17-24) served ● Referral source (number— HCPD, Dept of Corrections, DSS, DJS, Voices for Children, HCPPS) ● #/% of youth receiving mental health services 	<p>support</p> <ul style="list-style-type: none"> ○ #/% of youth receiving housing support ○ #/% of youth receiving food assistance ○ #/% of youth receiving job skill development ○ #/% of youth completing the psychosocial assessment <ul style="list-style-type: none"> ● Average length of time that new referrals have to wait for their first appointment 	<p>a job</p> <ul style="list-style-type: none"> ○ % of youth securing stable housing ○ % of youth developing workforce and/or life skills through their individualized care plan ○ #/% of formal counseling clients who show improvement in various life domains (family, living situation, sleep, social functioning, sexual development, recreational, developmental, communication, judgement, legal, medical, physical health, daily functioning, independent living) as measured by the Child and Adolescent Needs and Strengths assessment tool (CANS)
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			<ul style="list-style-type: none"> • % of youth maintaining stability 6 months after completing individualized care plans • #/% of caregivers that report satisfaction with the services that they received and improvement of their situation as a result of these services
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The CHOICE Program - UMBC	<ul style="list-style-type: none"> • # of youth served <ul style="list-style-type: none"> ○ # of disconnected youth ○ # of youth impacted by incarceration ○ # of homeless youth • Referral source 	<ul style="list-style-type: none"> • % of youth who complete the program • #/% of job interviews completed by youth • # of hours per contact per client 	<ul style="list-style-type: none"> • % of youth with a job placement <ul style="list-style-type: none"> ○ % of youth demonstrating an increase in employment knowledge and skill based on pre/post test ○ % of youth who exit the program with a completed job portfolio • % of youth who are re-connected to educational programming (either GED, high school, trade school or

			<ul style="list-style-type: none"> military) % of youth showing increased attendance to school or job training program
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Summer Food Access - Roving Radish	<ul style="list-style-type: none"> Total # of new program participants <ul style="list-style-type: none"> # of new program participants using the subsidized cost # of meals distributed 	<ul style="list-style-type: none"> % of total registrants accessing the program via Mall # of families returning for more than one meal 	<ul style="list-style-type: none"> % increase in the number of families using Roving Radish who qualify for the subsidy
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Strengthening Families	<ul style="list-style-type: none"> Total # of families served Total # of children and youth served # of program sessions 	<ul style="list-style-type: none"> % of participants attending at least 75% of sessions % of participants completing/graduating from the program % /# of parents satisfied with program on completion 	<ul style="list-style-type: none"> % of parents and youth reporting increased family communication and positive family interaction <ul style="list-style-type: none"> % of parents in compliance with parole or probation conditions
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Community Enterprise Zone	<ul style="list-style-type: none"> # of stakeholder meetings held # of community events held # of schools served 	<ul style="list-style-type: none"> #/% of community members attending events # of families receiving support # of strategies/needs identified 	

<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
GED/Apprenticeship Pilot	<ul style="list-style-type: none"> • # of disconnected youth participating in the pilot from Howard County 	<ul style="list-style-type: none"> • #/% of youth completing the program <ul style="list-style-type: none"> ○ #/% of youth receiving transportation support ○ #/% of youth receiving housing support ○ #/% of youth receiving food assistance 	<ul style="list-style-type: none"> • #/% of youth placed in a job at the end of the program • #/% of youth completing their GED <ul style="list-style-type: none"> ○ #/% of youth completing the program with stable housing

Age: Adult (27-39)

Program	How Much?	How Well?	Is Anyone Better Off?
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supported Employment/Vocational Needs	<ul style="list-style-type: none"> • Total # of adults served • Referral Sources 	<ul style="list-style-type: none"> • Average length of time that new referrals have to wait for their first supported employment or vocational experience 	<ul style="list-style-type: none"> • % of adults placed in a job by the end of the program

Age: Middle Aged Adult (40-59)

Program	How Much?	How Well?	Is Anyone Better Off?
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supported Employment/Vocational Needs	<ul style="list-style-type: none"> • Total # of adults served • Referral Sources 	<ul style="list-style-type: none"> • Average length of time that new referrals have to wait for their first supported employment or vocational experience 	<ul style="list-style-type: none"> • % of adults placed in a job by the end of the program

Age: Older Adult (60+)

Program	How Much?	How Well?	Is Anyone Better Off?
<i>Metric quality</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Older Adult Behavioral Health Central Maryland PASSR Program (Position Located in Howard County)	<ul style="list-style-type: none"> • Total # of older adults served • Referral Sources (Hospital, Nursing Homes) 	<ul style="list-style-type: none"> • Average length of time that new referrals have to wait for their first appointment 	<ul style="list-style-type: none"> • % of older adults diverted from institutional level of care

TIMELINE FOR HCMHA SYSTEM OF CARE STRATEGIES FY 18-22

STRATEGIES	TIMELINE
Coordinated Behavioral Health (BH) Crisis Services Response System	Further Data Development in this area is needed including the use of the Howard County Health Department’s “Hospital Visits for Behavioral Health (Mental Health and Substance Abuse) Conditions” By Zip Code Maps to further refine service area target will occur for FY 19-22 Planning. (See Appendix B)
*Develop Crisis Center with Detox Unit	Expansion of Crisis Services Response Team to Begin in FY 18/Maintenance will be Ongoing
*Add night shift team to Mobile Crisis Team (MCT)	Expansion of Crisis Services Response Team to Begin in FY 18/Maintenance will be Ongoing
*Add Provider to MCT that can provide emergency psychiatric evaluations on call (i.e. for psychiatric emergencies) with children, older adults especially for suspicion of Dementia/Alzheimer’s, and disabled with psychiatric needs)	Expansion of Crisis Services Response Team to Begin in FY 18/Maintenance will be Ongoing
Coordinated System for the Housing Needs of Individuals with Behavioral Health Needs	
*Increase affordable housing units available	Begin affordable housing units in FY 19 per Support of Humanim Capital Program Grant
*Increased coordination between housing and other human service agencies on housing needs of shared clients	Begin coordination efforts in FY 18 by hiring MD CHES Project Director on behalf of Maryland Behavioral Health Administration

<p>Coordinated Effort to Improve System of Transportation available to Individual's with Behavioral Health Needs</p>	
<p>*Increased coordination between Transportation and human service agencies on transportation needs of shared clients</p>	<p>Outreach to Transportation partners will begin in FY 18/Development of plan and implementation of plan in FY18 or FY 19/Maintenance will be Ongoing</p>
<p>Coordinated Effort to Improve System of Early Intervention and Prevention Services</p>	
<p>*Need increased resources for Early Childhood Mental Health Project to reduce suspension/expulsions related to behavior management concerns</p>	<p>Partner with Office for Children on seeking development of expansion resources starting in FY 18</p>
<p>*Need expansion of School Based Mental Health Services/School Based Mental Health Center(s)</p>	<p>Develop MOU for the implementation of Center for School Based Mental Health Services during grant pilot period starting September 1, 2017</p>
<p>Increased Access to Quality, Affordable, and Convenient BH Services</p>	
<p>*Hire Private Insurance Consultant to create plan to increase access to Psychiatrists</p>	<p>Continue efforts into FY 18 per Plan Created by Private Insurance Consultant contracted in FY 17</p>
<p>*Provide Training and Technical</p>	<p>Ongoing: Continue efforts of existing Learning Collaborative</p>

Assistance for BH Provider Accreditation and BH Provider Development	
Improved Public Awareness/Outreach/Education on BH Services	Further Data Development in this area is needed including the use of Howard County Health Department's Local Addictions Agency Service Overview and Number of Clients Served with Goals Completed FY 14-FY 17. (See Appendix C)
*Promote increased information on: Social/Coping Skills; Bullying Prevention/Intervention; BH Services Tailored for Senior Citizens; Awareness of Mentoring and Role Modeling Opportunities; Stress/Stigma Reduction, Early Identification/Intervention Services; Parent/Caregiver Support; Substance Abuse Treatment and Overdose Prevention via social media and other formats	Ongoing: Continue efforts with social media consultant to be contracted in FY 17

TIMELINE FOR HCMHA CONTINUUM OF CARE STRATEGIES FY 18-22

PROGRAM	TIMELINE
Age: Early Childhood (0-5)	
Child Mental Health – Early Childhood Mental Health Project	Ongoing/Plan to seek resources for expansion in FY 18
Age: Elementary – High School (6-17) and Young Adult (17-26)	
Child Mental Health - Family and Children Services	Maintenance of effort after FY 17 start up
The CHOICE Program - UMBC	Program to start in FY 18
Summer Food Access - Roving Radish	Pilot in Summer of FY 18
Strengthening Families	Program Startup in FY 18
Community Enterprise Zone	Program Startup in FY 18
GED/Apprenticeship Pilot	Program Start in FY 18
Age: Adult (27-39)	
Supported Employment/Vocational Needs	Maintain Ongoing/Seek to improve/expand access in FY 18
Age: Middle Aged Adult (40-59)	
Supported Employment/Vocational Needs	Maintain Ongoing/Seek to improve/expand access in FY 18

Age: Older Adult (60+)	
Older Adult Behavioral Health Central Maryland PASSR Program (Position Located in Howard County)	Hire Older Adult Behavioral Health PASSR Position in FY 18