



Behavioral Health Integration: Role of the Locals

Stakeholder Presentation
September 30, 2013

ENSURE ACCESS TO QUALITY SERVICES: Consumer and Family Care Services

Core Service Agencies

- Assist and support consumers and family members in navigating the PMHS
- Coordinate outreach services for individuals who are homeless and experiencing mental illnesses
- Assist in developing transition plans for consumers returning to the community from prisons and jails
- Facilitate discharge planning for children and adolescents in residential placement or residential level services
- Screen individuals for whom admission to an inpatient facility is requested to determine whether a less restrictive alternative can be provided
- Collaborate with acute care and state hospital facilities to facilitate transition to the community for individuals leaving inpatient care
- Grant access to the PMHS for uninsured clients in crisis
- Manage care for high-cost users to ensure they receive the most appropriate care in the least restrictive setting

Local Addictions Authority

- Assists and supports consumers and families in accessing substance use disorder services
- Coordinates with other service systems to provide outreach to homeless persons who are in need of substance use disorder services
- Provides or facilitates pre-trial and community re-entry services to incarcerated individuals returning to the community
- Assesses all individuals requesting residential services for appropriate level of care
- Grants access to residential treatment beds when necessary
- Manages care for all residential clients to assure continuity of care

Questions to Consider

- Should these roles continue?
- Should any roles be added?
- Should any roles be eliminated?
- Are there things the state can do to facilitate better integration?
- How important are these functions?

ENSURE ACCESS TO QUALITY SERVICES: Consumer Information and Public Information

Core Service Agencies

- Respond to calls for assistance
- Provide technical assistance to the community on the services available and how to access the PMHS
- Sponsor community educational events, conferences and trainings pertaining to behavioral and public health issues

Local Addictions Authority

- Responds to calls for information and assistance from consumers, family members, and other agency administrators on availability of and access to the substance use disorder system of services
- Sponsors community education and training events related to prevention and treatment of substance use disorders and behavioral health
- Plans for and informs public on health issues such as Overdose Death Prevention , dangerous drug alerts, under-age and risky drinking informational campaigns, etc.

Questions to Consider

- Should these roles continue?
- Should any roles be added?
- Should any roles be eliminated?
- Are there changes the state can make to ensure better support to consumers at the local level?
- How important are these functions?

ENSURE ACCESS TO QUALITY SERVICES: System Oversight

Core Service Agencies

- Plan, manage, and monitor publicly funded mental health services at the local level
- Act as local agents of the Mental Hygiene Administration in the management of Medicaid funded services, grant funded services and services for individuals who are non-Medicaid eligible.
- Coordinate local service systems to maintain the availability of a comprehensive system of care
- Develop comprehensive mental health plans and annual reports
- Conduct local needs assessments
- Develop and monitor local mental health and/or substance abuse advisory committees

Local Addictions Authority

- Plans for and implement a comprehensive continuum of care for the prevention, intervention, treatment and recovery of substance use disorders in the jurisdiction
- Builds community capacity to reduce the progression of substance abuse, including childhood and underage drinking by partnering with community leaders, agencies, criminal justice system, schools and other partners that strengthen community resilience
- Provides fiscal reporting and accounting of administrative and service dollars that support the required continuum of care
- Conducts local needs assessments
- Submits annually grant narrative that describes the local service delivery system and plans for local system improvement
- Participates in the Local Alcohol and Drug Abuse Advisory Committee's (LDAAC) plan and local survey of resources
- Prepares and implements Local Overdose Prevention Plan

ENSURE ACCESS TO QUALITY SERVICES: System Oversight

Core Service Agencies

- Manage waiting lists and process applications for specialty services
 - Residential Rehabilitation Program
 - Capitation Project (*354 slots*)
- Review and/or authorize Residential Rehabilitation, Supported Employment, Enhanced Client Support, and extended stay Residential Crisis services
- Facilitate provider communication with the ASO
- Work with the provider community to ensure a comprehensive continuum of care at the local level.
- Participate in MHA workgroups and committees to address statewide system issues
- Represent Mental Health perspective on local planning boards and inter-agency committees

Local Addictions Authority

- Addresses gaps in services to insure timely access to evidence-based intervention, treatment and recovery resources
- Authorizes admission to state-funded residential levels of care.
- Assists and advise Health Officer, as directed, in behavioral health system integration.
- Facilitates provider communication with MCO's
- Participates in workgroups, Learning Collaborative, Grantee meetings, etc. to address statewide system issues and planning
- Provides system input through participation in the Provider Advisory Committee.
- Identifies, through data analysis, trends and patterns of substance use that impact the health of the community.
- Represents prevention, intervention, treatment and recovery services on Local Alcohol and Drug Abuse Advisory Board

Questions to Consider

- Should these functions continue at the local level?
- Are there roles that should be added?
- Should any of these functions be eliminated?
- Are there things the state can do to better support integration?
- How important are these functions?

ENSURE ACCESS TO QUALITY SERVICES: Quality Improvement and Assurance

Core Service Agencies

- Monitor Therapeutic Group Homes
- Monitor out-of-state placement facilities when appropriate
- Review and monitor encounter data for community Psychiatric Rehabilitation Programs, including site visits
- Participate in Office of Health Care Quality (OHCQ) site visits
- Participate in compliance audits of service providers
- Assist local programs in developing Performance Improvement Plans and monitor improvement standards
- Monitor and inspect Residential Rehabilitation Programs
- Analyze utilization data for system efficiency and effectiveness
- Develop and monitor outcome data for providers
- Oversee specialty programs like the Capitation Project

Local Health Authority

- Utilizes data for problem identification and system planning
- Develops and monitor all residential and outpatient provider contracts for quality of care
- Monitors provider outcomes for incentives for service improvement and compliance with conditions of Grant Award.
- Provides technical assistance to system service providers
- Assists local programs in developing Performance Improvement Plans and monitor improvement standards
- Develops policies and procedures to insure that priority populations are identified and serviced within specified timeframes
- Participates in trainings, conferences, and workshops that inform on best-practice and innovative process improvement activities

ENSURE ACCESS TO QUALITY SERVICES: Quality Improvement and Assurance

Core Service Agencies

- Resolve complaints/grievances/appeals from all parties
- Review and approve applications of new service providers
- Partner in developing and implementing local community health improvement plans
- Promote evidence-based practices like Supported Employment, Assertive Community Treatment, Family Psycho-Education, and Integrated Dual Disorders Treatment
- Promote and support the concepts of wellness and recovery including support of peer-run services
- Promote, support and manage a comprehensive crisis response system
- Orient local providers to system adaptations and changing cultures (e.g., consumer empowerment, recovery, integration)

Local Addictions Authority

- Participates in final resolution of any consumer complaints/grievances/ appeals as needed
- Participates in State or Accreditation reviews of direct service programs
- Oversees contracts or provide for many specialty services in the community such as Drug court, alternative schools, re-entry services, court evaluations, gambling services, family services, early intervention, anger management, care coordination, etc.
- Promotes the development of recovery oriented systems of care, including housing, care coordination, peer based services and Recovery Community Centers

Questions to Consider

- Should these functions continue?
- How important are these functions?
- Can any of these functions be eliminated?
- Should any related functions be added?
- Is there anything the state should do to facilitate integration?

ENSURE ACCESS TO QUALITY SERVICES: Disaster Planning and Preparedness

Core Service Agencies

- Develop, maintain, and implement local Mental Health Disaster Plans
- Coordinate local mental health response
- Work collaboratively with local emergency operations and health departments to develop public health related response plans
- Participate in local disaster drills and exercises

Local Addictions Authority

- Facilitates the development of emergency preparedness plans for all residential facilities in the event of a natural, facility or program related disaster
- Facilitates and maintains emergency response plans as they relate to the administration of medication assisted treatment services due to natural, facility or program related disaster

Questions to Consider

- How important are these functions?
- Should these functions continue?
- Should any of these functions be eliminated?
- Should any related functions be added?
- Is there anything the state should be doing to facilitate integration?

Role of the CSAs and LAAs in Optimizing Public Funds

- CSAs and LHAs network at the state and local level to meet consumer needs, correct system inefficiencies and ensure consumers receive the least costly, most appropriate services.
- CSA and LHAs bring in additional resources, both from local funding and grants at the local level (federal, state, local and private funders).

Examples of Funding Independently Secured by CSAs and LAAs

- Housing and Urban Development
- Department of Human Resources
- Infectious Disease and Environmental Health Administration
- Private foundations
- Department of Juvenile Justice
- Community Health Resources Commission
- Alcohol and Drug Abuse Administration
- Local governments
- Local Management Boards
- Federal HIDTA
- Governor's Office of Crime Control Prevention
- Federal SAMHSA
- Licensed Beverage Association
- DHMH Family Health Administration (tobacco use prevention & cessation)
- Governor's Office for Children
- Title IV Safe and Drug Free Schools
- Department of Social Services
- Local County Police Department
- Department of Corrections
- The Associated: Jewish Community Federation of Baltimore
- Federal HRSA
- Federal Bureau of Justice Administration
- State Office of Problem Solving Courts
- Maryland State Department of Education
- State Cigarette Restitution Funds
- Federal Drug Free Communities
- State Highway Safety Administration

Optimize the Use of Public Funds

Core Service Agencies and Local Addiction Authorities

- For state grant funded services:
 - Develop conditions of award
 - Develop and monitor criteria for contract performance standards
 - Procure services, i.e. Requests for Proposal development
 - Develop budgets and monitor expenses
 - Monitor service provision
 - Repurpose unspent grant funds to ensure maximum use of funding
 - Conduct reviews for continued need of services purchased

- For PMHS:
 - Monitor care for high-cost users to decrease unnecessary high-cost care (e.g. emergency services, hospitals, etc.)
 - Partner with the ASO, local hospitals, community providers, and other stakeholders to identify, develop and implement programs to reduce avoidable hospitalization and recidivism

- For Residential Substance Use Disorders services:
 - Screen admissions and approve admissions to Residential Substance Use Disorders services (detoxification and intermediate care)
 - Partner with residential providers to monitor use of high intensity services for cost effective alternatives using ASAM Level of Care criteria

Questions to Consider

- How important are these functions?
- Should these roles continue?
- Should any be eliminated?
- Should any be added?
- Are there things the state should be doing to facilitate integration at the local level?

CSAs and LAAs Serve as System Level Partners to Ensure Integrated Service Delivery at the Local Level

- CSAs and LAAs collaborate with a broad range of partners to build and maintain relationships critical in facilitating system development and ensuring access and continuous quality improvement.

CSAs and LAAs serve as System-level Partners

Partner Agencies

- Department of Public Safety and Correctional Services/Local Detention Centers/Department of Juvenile Services/Local and Federal Parole and Probation
- Judiciary/Mental Health/Juvenile, and Family Drug Courts
- State's Attorney Office
- Public Defender's Office
- Police
- Mental Hygiene, Alcohol and Drug Abuse/ DD Administrations
- Workforce Development Partners
- Infectious Disease and Environmental Health Administration
- Local housing authorities
- Department of Aging
- Local governments
- Local Management Boards
- Local City/County Councils; Mayors and County Executives; State and local legislators
- Local Health Departments
- Local Social Services
- Shelter, temporary and permanent housing associations
- Schools, colleges, and universities
- Assisted living providers
- Departments of Social Services, Aging
- Primary care providers
- Local Hospital Emergency Departments
- Health Clinics
- Federally Qualified Health Centers

Questions to Consider

- How important are these roles?
- Should they continue?
- Should any roles be added?
- Should any roles be removed?
- Could the state be doing anything more to be supportive?

Identify/Address Unmet Needs Through Innovation

Core Service Agencies

- partner locally to promote innovative growth and development in the area of community public health. This is achieved through the following:
 - Identify the gaps in service delivery
 - Secure funding for pilot programs
 - Procure services
 - Monitor service provision
 - Evaluate effectiveness of service delivery
 - Seek and secure permanent funding

Local Addiction Authority

- Partners locally to promote innovative growth and development in services provided to the public in the areas of substance use disorders, behavioral and public health. This is achieved through the following:
 - Identifies gaps in service delivery
 - Requests funding for innovative services via grant award application
 - Develops and monitor pilot programs
 - Seeks sustaining funding for programs that demonstrate success

Examples of Local Innovation with Statewide Implications

- Network of Care website that promotes community based care and individual treatment plans
- Integrated Dual Disorders Treatment
- Comprehensive program development for high cost users
- Outcomes monitoring for Assertive Community Treatment teams
- Department of Corrections referrals initiative
- Wellness education in local DSS offices
- Safe Haven Housing
- Telemedicine
- Specialty children's services
- Adolescent (Recovery) clubhouses
- Local Jurisdiction Overdose prevention planning including:
 - Prescription drug disposal box initiatives, overdose fatality review boards , naloxone emergency overdose response training, clinical education to providers on safer CDS prescribing protocols, emergency plans for abrupt disruption of CDS Rx availability, increased access to medication assisted treatment
- Virtual group or individual reality counseling through the use of an AVATAR system
- Computer lab with video capability for Skype/12-step video meetings
- Pilot Projects to train somatic care provider (Urgent Care/Primary Care Organization) on Screening Brief Intervention Referral to Treatment (SBIRT) and
- Collaborative efforts with a local FQHC to integrate somatic care in behavioral health

Questions to Consider

- How important is this role?
- Should this role continue?
- Are there functions that should be eliminated?
- Are there functions that should be added?
- Is there anything the state should be doing to facilitate integration?

Summary of CSA Role

- Core Service Agencies plan, develop and manage a full range of treatment and rehabilitation services for persons in Maryland with serious mental illnesses using its resources in the most effective and efficient manner through collaboration with the MHA, the ASO and other human service agencies to promote wellness.

Summary of LAA Role

- Plan for and implement a comprehensive continuum of care for the prevention, intervention, treatment and recovery of substance use disorders in the jurisdiction.
- Assess and remedy gaps in services to insure timely access to evidence-based intervention, treatment and recovery resources for all citizens.
- Build community capacity to reduce the progression of substance abuse, including underage and risky drinking by partnering with community leaders, agencies, criminal justice system, schools and other partners that strengthen community resilience.