Many positive changes in the delivery of services for children with mental health needs have taken place in the last few years. While budget cuts have curtailed some services, federal grants have created new opportunities for children with behavioral health needs to be better-served. We must continue this momentum and ensure that the innovation accomplished over the past several years in the development of Maryland’s system of care for children with behavioral health needs and their families is incorporated into and further developed through Maryland’s healthcare reform and behavioral health integration efforts.

The following pages summarize some of the advancements and opportunities ahead that can be building blocks for ensuring that healthcare reform and behavioral health integration meets the unique requirements of children with behavioral health needs and their families.

Families in the Forefront of Change

The Maryland Coalition of Families for Children’s Mental Health (MCF) is now the statewide family voice for children’s behavioral health. Changing “mental health” to “behavioral health” was done to open the umbrella to families caring for a child with such related conditions as alcohol or drug abuse. Across a range of studies, 54 percent to 95 percent of youth in alcohol and drug treatment have a mental health diagnosis. Nationally and in Maryland, the next two years will be years of healthcare transition that will culminate in 2014 with the implementation of healthcare reform under the Federal Affordable Care Act and the integration of mental health and substance abuse services within the Maryland Department of Health and Mental Hygiene.

Federal Grants

Maryland has been very successful in securing numerous federal grants, bringing in approximately $23.5 million new federal dollars to the State through the Department of Health and Mental Hygiene for children’s mental health.

MD CARES: (Maryland Crisis and At Risk for Escalation diversion Services for Children) An $8.5-million federal grant for children, youth and families served by or at risk of entering the State’s foster care system. Service dollars target the neighborhoods in Baltimore City where the majority of youth and families in foster care reside. The six-year grant was awarded to the State in 2008 and will continue through 2014.

Rural CARES: A federal grant for $9 million focused on serving youth and families in the foster care system in rural communities in the nine Eastern Shore Counties. The grant was awarded in fall 2009 and will continue through 2015.

Healthy Transitions: A five-year $2.4-million grant awarded in fall 2009 to the State to integrate services and supports for youth and young adults 16–25 years old with mental health needs and their families. The grant services transition-age youth in Washington and Frederick Counties.
CHIPRA Quality Demonstration Grant: A five-year multi-state federal grant awarded in 2010 to Maryland in partnership with the States of Georgia and Wyoming and the Center for Health Care Strategies. Approximately $3 million is being awarded specifically to Maryland to focus on improving the quality and cost of care for children with serious behavioral health challenges by expanding the Care Management Entity (CME) provider model for children with serious behavioral health challenges who are enrolled in Medicaid or MCHIP. The grant explores financing mechanisms to improve the overall health of CME participants—including their oral and physical health, supporting the implementation of standards of care for psychotropic medication prescribing practices for CME youth, and other quality improvement initiatives.

Maryland Behavioral Health Collaborative: A one-year $600,000 planning grant, awarded in 2011, to develop a statewide system that meets the co-occurring substance abuse and mental health needs of Maryland’s children and their families by effectively coordinating financing policy and programs between the mental health and substance abuse service delivery systems. This grant will support the development of a model under healthcare reform and through the Department of Health and Mental Hygiene’s behavioral health integrations efforts that will meet the unique needs of children and youth with behavioral needs and their families.

Race to the Top—Early Learning Challenge: A $50-million grant award to the Maryland State Department of Education over four years to implement measures that will ensure that young children are supported to overcome school readiness gaps. The grant will be used to fund initiatives such as addressing the health and behavioral needs of children through a set of early intervention and prevention programs, and will seek to build mental health capacity in primary care (pediatrics and family practice), including early childhood mental health detection and intervention.

Welcome to Our New Website!

MCF is pleased to introduce its newly designed website. The new format makes it easy for families, advocates, professionals and policy-makers to access information about services and resources for families who are caring for a child with behavioral health needs.

To find MCF and other providers of Family Navigation services across the state (there is a Navigator in every jurisdiction in Maryland), click on Services. Family Navigators provide one-to-one support to families; they know about services in Maryland and in their community, and how to apply for them. A Navigator can:
- Listen to concerns
- Attend meetings, when possible
- Assist with completing forms
- Explain rights
- Make connections to appropriate services

The website also gives information about other services provided by MCF, including support groups and advocacy training, along with listings of resources for families of children with special needs.

www.MDCoalition.org
Structural Building Blocks for Healthcare Reform

Regional Care Management Entities: In November 2009, the Governor's Office for Children (GOC), on behalf of the Children's Cabinet, awarded contracts establishing regional Care Management Entities (CMEs). The role of the CME is to provide intake, intensive care management, and development of home- and community-based services for children and youth with complex needs as alternatives to residential care. Maryland's CME Model is an example of a specialty provider-based model for youth with serious behavioral challenges that coordinates care and funding across behavioral health, child welfare, juvenile services, and education with the ability to serve as specialized or designated providers of a health home under healthcare reform. Maryland Choices, Inc., is the CME for the northwest region of the State and Wraparound Maryland is the CME for Baltimore City and the southeast region of the State. Maryland is in the process of redesigning the CME model to be more locally based. Since 2009, over 500 youth with complex mental health needs have been served through the CMEs.

RTC Waiver: (1915 (c) Medicaid Demonstration Waiver) The Residential Treatment Center (RTC) Waiver began enrolling youth in the fall of 2009 who meet the medical necessity criteria for Community-Based Residential Treatment Center (RTC) level of care. The RTC Waiver is a federal demonstration project that enables the State to receive federal Medicaid funds to support a limited number of youth who meet specific eligibility criteria in their homes and communities instead of being placed in an RTC. The RTC Waiver uses the care management entity (CME) structure with a wraparound service delivery model. The RTC Waiver is now available in almost every jurisdiction in the state. Maryland is in the process of drafting a 1915(i) Medicaid state plan amendment, which will ultimately allow CME enrollment and access to specialty home- and community-based services to continue for Medicaid and MCHIP children who have intensive behavioral health needs after the RTC waiver demonstration period ends.

Partnerships to Further Improve Outcomes and Awareness in 2012

Children’s Mental Health Awareness Campaign: The statewide Children's Mental Health Matters! Campaign brings together more than 80 agencies, schools, non-profits and other partners to hold dozens of educational and public awareness events. Organized by MCF and the Mental Health Association of Maryland, with support from the Mental Hygiene Administration, MD CARES and Rural CARES, the Campaign goals are to raise public awareness of the importance of children's mental health and to help connect Maryland families with the resources they need. Planning for the 2012 Campaign is underway for the week of May 7–11, 2012—mark your calendars!

Medication Monitoring: Maryland Medicaid Pharmacy Program (MMPP), in partnership with the Mental Hygiene Administration and the University of Maryland Medical Schools of Pharmacy and Medicine, established the new procedure as a result of concerns about unhealthy weight gain and/or high cholesterol in young children taking psychotropic drugs. Medicaid will require appropriate monitoring, including weight and laboratory tests every 90 days, before reauthorizing the medication. Physicians throughout Maryland have been notified of this new procedure.
Maryland’s System of Care is Based on a Set of Values and Principles

Core Values
1. The system of care should be child-centered and family-focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.

Guiding Principles
1. Children and youth should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
2. Children and youth should receive individualized services in accordance with the unique needs and potentials of each child, guided by an individualized service plan.
3. Children and youth should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children and youth should be full participants in all aspects of the planning and delivery of services.
5. Children and youth should receive services that are integrated, with linkages between child-serving agencies and programs, and mechanisms for planning, developing and coordinating services.
6. Children and youth should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children and youth should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children and youth should be ensured smooth transitions to the adult services system as they reach maturity.
9. The rights of children and youth should be protected, and effective advocacy efforts for children and youth should be promoted.
10. Children and youth should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.