

Community Access

In recognizing the importance of developing a comprehensive, planned and fiscally responsible approach to expanding community access to a broad spectrum of individuals with disabilities, Governor Parris N. Glendening signed an Executive Order on September 25, 2000 establishing the Maryland Community Access Steering Committee. Co-chairs are the Secretary of the Department of Health and Mental Hygiene and the Director of the Governor's Office for Individuals with Disabilities; members include representatives from the Governor's Office, the Secretary of the Department of Budget Management, and six additional appointees, including consumers who have relevant interest and expertise.

The Committee structure is divided into four Task Forces, which will focus on:

- Developmental Disabilities Community Access
- Mental Health Community Access
- Medicaid Community Access
- Systems Integration

The duties and responsibilities of the Committee will be to:

1. Identify effective practices and other proven strategies which have allowed persons with disabilities to expand their community options;
2. Examine the proposed funding and programmatic proposals for each Task Force and formulate an integrated set of final recommendations for consideration by State and local authorities;
3. Make recommendations regarding initiatives which enhance the State's efforts to accelerate placement of persons with disabilities in to more integrated, community-based settings; and
4. Recommend improvements to the evaluation process.

The Committee will submit a Final Report to the Governor with all findings and recommendations on or before June 1, 2001.

Listed below is the **Mental Health Task Force Meeting Schedule**, chaired by MHA's Director:

January 17, 2001
February 21, 2001
March 21, 2001
April 18, 2001
May 23, 2001
June 20, 2001

All meetings will be held at Spring Grove Hospital Center, at the Employees Cafeteria Conference Room, located at Wade Avenue in Catonsville, from 10:00 a.m. – 12:00 noon. These are public meetings; if interested in attending, contact Lissa Abrams at 410-767-5570.

For meeting updates and/or copies of meeting minutes, visit MHA's website www.dhmh.state.md.us/mha or DHMH's website www.dhmh.state.md.us/communityaccess. ■

Note from Editor: Deadline for submission of articles for next issue of *Linkage* is **March 1st, 2001**.

Linkage

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Contributions are welcome, but subject to editorial change. Please send to Editor at above address.

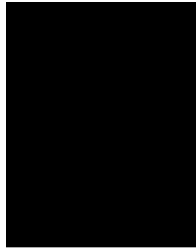
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FROM THE OFFICE OF THE DIRECTOR

Laying the Foundation *By Oscar Morgan*



The Mental Hygiene
Administration,
The Maryland
Department of
Health and
Mental Hygiene

Parris N. Glendening,
Governor

Kathleen Kennedy
Townsend,
Lt. Governor

Georges C. Benjamin, MD
*Secretary,
Department of Health
and Mental Hygiene*

It was just about this time last year that each of us was evaluating our experience with Y2K. Indeed, calendar year 2000 was a year that provided us with time to reflect on our strengths and learn from the past. Now, just across the doorstep of January 2001 we are implementing that which we have learned, both technologically and programmatically. The year offers a time for further review and refinement, allowing our continued growth and improvement.

We have laid a good foundation for building a model public mental health system. Over the past year we have discussed ways of identifying and disseminating information on evidence-based best practice treatment and rehabilitation models. Our continued collaborations with other State agencies, local Core Service Agencies, Maryland Health Partners, citizen advisory boards, advocates, consumers, and their families are yielding the fruits of our labor which were planted more than three years ago.

During this year some of the tasks that we will undertake include:

1. Enhancing the development of a provider network that is more culturally and linguistically diverse,
2. Continuing periodic review of service rates,
3. Continuing our endeavor to help individuals secure

- entitlements,
4. Developing quality respite care for parents and caregivers of children with psychiatric disorders,
5. Enhancing employment opportunities for consumers,
6. Continuing efforts in the coordination of care for individuals with co-occurring disorders,
7. Enhancing community-based services for transition-age youth,
8. Facilitating the development, implementation of mental health screening, assessments and treatment for youth who are in the juvenile justice system,
9. Refining methods of evaluating the appropriateness, quality, and outcomes of mental health services,
10. Exploring ways to create greater opportunities for affordable housing , and expanding the home ownership program,
11. Expanding programs and training in addressing trauma-related mental health needs, and
12. Continuing efforts of reducing the average daily population in State psychiatric facilities and enhancing community placements.

Much of the past year's collaboration has greatly improved our mental health service delivery system, and yet there is always more to be done to continue to refine and improve Maryland's Public Mental Health System. Through these continuing efforts

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Foundation

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emerge not only an increased level of sensitivity, creativity, and accountability, but also an affirmation that we can succeed.

We recognize that over the years, since the implementation of Maryland's newly designed Public Mental Health System, there have been some difficulties. We are hopeful that the transition period is behind us. We will continue to provide technical assistance as needed with the end result of enhancing the provider network and ensuring the continuity of care throughout the system.

Hence, the year 2001 will be a time for continuing to build on a firm foundation.

Housing Options for Consumers

by Ken Wireman

Housing options have historically been a major issue for persons with mental illness. Often times just when the person is experiencing a new-found period of wellness, there are few if any housing options available. A survey done in Maryland shows that consumers of mental health services are concerned about the lack of decent affordable housing (*VanTosh and Lucksted, 2000*). Further, a person with a disability receiving benefits from the government cannot afford to rent decent housing in any housing market in the United States without some type of additional government assistance (*Technical Assistance Center Report, 1999*).

Generally, there are three primary housing options available to mental health consumers.

First, someone can live in *residential rehabilitation housing*. This includes the provision of service, as opposed to simply being a place to live, and usually includes daily rehabilitation service if there is not continuous staff coverage at the housing unit.

Supported housing services are a newer, more community integrated model of housing for persons with mental illness. This is often called a Supported Living model. Supported housing programs are a part of a nationwide paradigm shift in the way mental health services are delivered (*Curtis, Tanzman, McCabe, and Carling, 1991*). This type of housing arrangement is best described as a balance of support between services and housing. In essence, the person takes responsibility for their own life including housing, and has additional supports provided when needed and wanted that are necessary to live in the community.

Finally, *independent housing* is the situation when a person is completely in charge of his or her living arrangement. This person may choose to seek mental health services or not, to have a roommate or live alone, and to be responsible for their own lease. This is the most independent of all situations and is philosophically the most desirable living environment. Yet for the consumer, working toward such an arrangement can be difficult and at times overwhelming.

In communities throughout Maryland, services are designed to be driven by consumer needs. Consumers are encouraged to move through the service delivery system and to obtain as much independence as possible in all

facets of their lives, including housing. A consumer who is living completely integrated into the community will have housing that is 'just housing' and not a part of service or the service delivery system. "Most ex-patients want real homes -- rooms or apartments in which they can live permanently, either alone or with someone of their choice" (*Chamberlin, 1988*).

The way that many organizations are working toward helping consumers become more independent is to establish housing development projects. **On Our Own of Maryland**, in collaboration with the Mental Hygiene Administration, is undertaking such a project that will focus on ways to provide consumers with an additional housing option. Currently, this effort is in its formative stages. In the months to come there are three forums in Maryland that will seek input from consumers regarding housing needs. If you have any questions about this new project, please contact me at 410-646-0262 or toll free at 1-800-794-0262. You can email me at ken@onourownmd.org. I would love to hear your comments and suggestions.

The Mental Hygiene Administration wishes to extend deepest sympathies to the family and co-workers of **Mary Jean Trenter**. Mary Jean passed away in December 2000. She will be long remembered as a dear friend, and for her caring spirit, unyielding commitment to both patients and staff, and devotion to family. Mary Jean was the Director of Social Work for the Thomas B. Finan Center.

Older Consumers and Aging Caregivers: Emerging Issues In Mental Health Care

*by Agnes B. Hatfield, Ph.D.,
Director, Aging Caregiver Project*

As people with serious and persistent mental illnesses age, many of them continue to live with elderly parents or receive substantial social, emotional, and economic support from them. While support and care for a relative can be demanding for parents of any age, it becomes increasingly burdensome when caregivers grow older, undergo physical decline, and suffer physical illnesses associated with old age. When parents pass away, the rest of the family, the consumer, and the service system often face serious problems if plans have not been made for a vulnerable individual with a psychiatric disability.

Despite growing interest in older caregivers of persons with other lifelong disabilities, few efforts have been made to address the problems of older caregivers of relatives with mental illnesses. Members of the National Alliance for Mental Illness (NAMI), however, have long been aware that family caregivers experience considerable anxiety over what will happen to their relative when they are gone. Nearly three years ago, NAMI Maryland decided that a concerted effort to address the concerns of these caregivers was long overdue.

In 1998, NAMI Maryland was awarded a three-year grant by the Mental Hygiene Administration to do a needs assessment of these caregivers and to develop a program for addressing their needs. NAMI surveyed 81 caregivers in Maryland, 65 years of age and older. Responses to

the survey indicated that only 19% of families had completed future plans for their relative and 38% had not begun the planning process.

Families cited overwhelming anxieties about the future, lack of knowledge about how to go about planning, and lack of understanding of how to access the service system as the major reasons for their delay in planning. In response to these needs, NAMI developed a four-hour workshop to teach families throughout the community, and how to develop "special needs" trusts.

During the workshops with families, a number of issues have arisen which indicate a need for NAMI to work more closely with service providers. In the survey nearly half of the caregivers said that their relatives' "resistance to making changes" and their "refusal to use mental health services" interfered with their ability to develop future plans for them. NAMI is now initiating discussions with staff of various agencies about ways families and service providers can work together in the planning process. It is eagerly seeking invitations to meet with agency staff during the coming year.

Other questions have arisen as the older caregiver project has moved forward. When parents pass away, the issue of what role siblings might play invariably arises. However, little research has been done about the sibling dilemma. The kinds of difficulties that siblings may have balancing multiple roles, and what families and service providers can do to lessen the burden for them, is not known. NAMI is now seeking information on

these issues through a sibling survey that is circulating throughout the State. Service providers who have contact with their client's siblings can help by giving them the survey to complete. Providers who are themselves siblings of a disabled relative are also urged to take part in the survey.

Finally, little is known about how well most consumers adjust when a major caregiver passes away, and what factors in the life of the person seem to be associated with a relatively good rather than a relatively poor outcome. NAMI is interested in trying to collect that kind of information. If there are consumers who have lost a parent in the past couple of years and are willing to talk about their experience, NAMI would like to hear from them.

If you can contribute to the aging caregiver project in any of the ways discussed above, please contact me by phone at 301-925-7373 or e-mail agneshatfield@cs.com.

People to People Ambassador Programs

People to People Ambassador Program, a private non-profit organization which promotes friendly relations among all countries throughout the medium of scientific, professional and technical exchange, has asked Maryland to participate in such an exchange with China.

The trip to the Republic of China will be a 12-day experience of networking with international colleagues about various aspects of mental health. The program

Continued

People to People Ambassador Programs *Cont.*

offers a tremendous opportunity to share ideas and expertise in the mental health arena through roundtable discussions, seminars, symposia, site visits to facilities and institutions, and briefings. Continuing education credits are available for selected professions. Along with the extensive professional program, each delegate will have a chance to experience the fascinating culture and visit historic sites.

The delegation convenes in San Francisco on September 14, 2001 and returns on September 26, 2001. The cities to be visited are Beijing, Xi'an, and Shanghai.

If this sounds like an exciting opportunity, and you are interested in participating in the upcoming **People to People Ambassador Program** to China, please contact Ms. Sherry Shaver at 800-669-7882 ext. 411 or e-mail sherrys@ambassadorprograms.org.

For more information on the **People to People Ambassador Program**, we invite you to visit their Web Site www.ambassadorprograms.org.

CONGRATULATIONS!

Congratulations to **Thomas Pukalski** on his appointment as Chief Executive Officer (CEO) for RICA Rockville (effective January 10, 2001). Mr. Pukalski has served as the Assistant Superintendent of RICA-Rockville for the past 17 years. Since May 1999, he has been serving as the Acting CEO of the facility. He has tremendous experience in hospital management, budgeting, policy and procedures.

CONGRATULATIONS!

On October 26, 2000, **Georgia Stevens, Ph.D., R.N., CS**, received an American Psychiatric Nurses Association (APNA) award as one of this year's *Best Practices in the Treatment of Dementia* winners. This award highlights programs providing outstanding service and resources to individuals with dementia. Dr. Stevens has implemented a qualifying program as part of a long-standing project with the Mental Hygiene Administration's Division of Adult Services.

The program provides aftercare services to facilitate the transition of elderly individuals with mental illness from State hospitals to nursing homes and community placements. The goal is to facilitate appropriate care that promotes optimal functioning in activities of daily living (ADLs). The program focuses on the direct caregivers, stress management, empathy training, and training in behavioral management. The strengths of the transition management program are evidenced in a number of outcomes, quality of life indicators, caregiver training outcomes, and receptivity to increasing placements.



Maryland Reaffirms Commitment to Children's Mental Health

On September 20, 2000 Mental Hygiene Administration staff, and many individuals from the mental health community joined Maryland's First Lady, Frances Hughes Glendening, for a group photo reaffirming their commitment to children's mental health.

"For our children to reach their potential, we must work together to promote and care for both their mental and physical health. I pledge my continued support to the mental health community to help bring healthier, happier lives to Maryland families."

-- Maryland's First Lady Frances Hughes Glendening

May 5th — MENTAL HEALTH MONTH KICK-OFF!

The **Mental Hygiene Administration** has joined with **Port Discovery -- the Kid-Powered Museum** as co-sponsors of the annual Mental Health Month Kick-off. The event sends a two-fold message to help children achieve their dreams: by ensuring good mental health, a child has a better opportunity to succeed in life. Port Discovery honors many of Maryland's young people in their efforts towards achieving their dreams and succeeding in their Dream Catcher Program by hosting an annual celebration. This year's formal theme is *"Dream Catcher's Day — A Celebration of Achieving Dreams and Positive Mental Health."* The theme was selected to emphasize the Dream Catcher and Mental Health Month message that "anything can be possible with improved mental health."

Beginning at 11:00 a.m., the program begins with a brief welcoming address, followed by the One-Mile Awareness Walk. Following the Walk there will be a presentation by invited speakers, and refreshments will be available. The afternoon will highlight local talent and provide opportunities to dialogue with exhibitors.

We invite everyone to join us, as participants and exhibitors alike. Call 410-767-6629 or 410-402-7517 for more information, to register for the walk, and/or to exhibit.

Report on the Maryland Public Mental Health System: Consumer Satisfaction and Outcomes – 1999 (Condensed Report, 6/2000)

In 1998, Year 1, 867 adults and 492 parents or caregivers of children and adolescents were interviewed via telephone regarding their outcomes and satisfaction with the Public Mental Health System. In 1999, Year 2, 971 adults and 872 parents or caregivers of children and adolescents were interviewed. The same telephone survey instruments were used both times to allow for a comparison of results. These survey instruments were adapted from the consumer survey tool developed by the Mental Health Statistics Improvement Program. In both Year 1 and 2, results indicated that 78% of adults were satisfied with the mental health services they received. Similarly, 76% in Year 1 and 78% in Year 2 of parents and caregivers of children and adolescents were satisfied with the mental health services they received. Furthermore, in both Years 1 and 2, approximately 70% of adults agreed both that they deal more effectively with daily problems and that they feel better about themselves as a result of mental health services received. In both Years 1 and 2, approximately 60% of parents and caregivers of children and adolescents agreed that their child both deals more effectively with problems and feels better about him/herself as a result of mental health services received.

Maryland Public Mental Health System: Survey Results

In 1998, in person, face-to-face interviews with 158 adults with serious mental illness were also conducted. These interviews assessed health status, symptoms, and functioning, as well as outcomes and satisfaction. The same individuals who completed the first interview were contacted approximately ten months later and asked to participate in a second face-to-face interview, during which the same survey instrument was administered. Of the 101 individuals who were interviewed both times, 78% at Time 1 and 89% at Time 2 were satisfied with the mental health services they received. Furthermore, at both points in time, approximately 75% agreed that they deal more effectively with daily problems as a result of mental health services received.

Director's note: Sincere thanks to the many consumers and family members who shared their time and insight with us in completing this evaluation process. And, continued appreciation to R.O.W. Sciences and Maryland Health Partners, and members of MHA's own Office of Planning, Systems Development and Analysis, who undertook such a task.

Maryland's Public Mental Health System Individuals Receiving Services -- FY 2000 Overview

- approximately 70,000 individuals received services
- 38% of those served were children and adolescents
- transition-aged youth (ages 18-21) represented 4% of the total enrollment
- adults 22-64 years of age were 52%, with an additional 6% aged 64 years and older

The PMHS serves a diverse population:

- 42.4% African American
- 1.5% Hispanic
- 0.2% Native Americans
- 49.5% Caucasian
- 0.8% Asian/Pacific
- 5.6% unknown

Approximately 12% of consumers were classified as "gray zone", indicating that they were eligible for State-only funding on a sliding scale based on their family income.