MEMORANDUM REPORT

December 7, 1999

TO: County Council

FROM: Jennifer Kimball, Legislative Analyst JK
Leslie McDowell, Research Assistant LM
Office of Legislative Oversight

SUBJECT: ***OLO Memorandum Report on Public Mental Health Services for Children in Montgomery County's Child Welfare Services***

During the FY 2000 budget worksessions, the Health and Human Services Committee expressed concern about how effectively the public mental health system meets children's needs. The County Council agreed with the Health and Human Services Committee's recommendation to request two studies that provide information and analysis of the child mental health system in Montgomery County.

First, the Council requested that the Department of Health and Human Services (DHHS) submit a broad overview of the public mental health system for children. DHHS' review describes the actors involved in the system, the mental health services available, and the funding sources. The DHHS product also describes the County's efforts to fill gaps in service. The Health and Human Services and Public Safety Committee members received the DHHS report on October 27th. The Committees will discuss DHHS' report during the December 9 worksession.

Second, the County Council included a related project on the Office of Legislative Oversight's FY 2000 Work Program. Specifically, the Council asked the Office of Legislative Oversight (OLO) to review access to the public mental health system for children served by DHHS' Child Welfare Services. OLO's memorandum report:

- Describes the Maryland public mental health system and how Montgomery County's Child Welfare Services uses the system;
- Summarizes the problems, voiced by Department of Health and Human Services staff, accessing public mental health services for Child Welfare Services clients;
- Reviews County and State efforts to improve the public mental health system; and
- Identifies methods for evaluating performance of public mental health services for children and current efforts to evaluate performance in Montgomery County.

OLO's memorandum report is organized as follows:

Part I - Background

A. Methodology

OLO conducted background research and interviews to gather information for this study. OLO began by collecting information about the State public mental health system generally. Next, OLO researched how DHHS' Child Welfare Services interfaces with the Maryland public mental health system and problems encountered with the system. OLO also collected information about County and State efforts to address problems associated with the system and ways to evaluate mental health services.

Background information about the State public mental health system came primarily from Department of Health and Human Services and County Council staff documents. Research about evaluating and measuring performance of mental health systems came from the Child Welfare League of America, publications on specific standardized assessment instruments, and interviews with DHHS' Office of Accountability and Customer Service staff. Appendix A (©2) includes a list of resources.

OLO also interviewed individuals in the Department of Health and Human Services, including six staff in the Core Service Agency, one staff person from Child and Adolescent Services, and 12 staff members from Child Welfare Services. OLO

interviewed staff from DHHS' Customer Service and Accountability and the Collaboration Council regarding measurement and evaluation of child mental health services.

Part III of this report describes problems that DHHS staff reported related to access to services for Child Welfare Services clients. Since data related to the problems and issues reported by DHHS staff was not available, Part III of this report relies on the staff impressions reported to OLO.

OLO did not interview individual mental health service providers, but gathered general information about the service providers' perspective from DHHS documents and interviews with DHHS staff. OLO also heard from some providers at a Provider Council meeting. OLO recognizes that this information may not reflect the thoughts of all of the service providers involved in the State public mental health system.

OLO appreciates the assistance of Department of Health and Human Services staff in completing this report. DHHS provided extensive information about the State public mental health system generally and the issues encountered by the County's Child Welfare Services. OLO thanks Bennett Connelly, Zrinka Tomic, and Agnes Leshner from Children, Youth and Family Services, as well as the supervisors and social workers in Child Welfare Services. OLO also thanks Mildred Holmes Williams, Alease Black, Martin Janowitz, Teresa Bennett, Robert Wright, Ellen Brown, and Stacey Greenberg, with the Core Service Agency, for their assistance.

B. Overview of the Maryland Public Mental Health System

In July 1997, the State of Maryland implemented a major modification of its public mental health services, replacing historical grant funding with a fee-for-service approach. In the previous system, public mental health services in Maryland were funded with Federal Medicaid funds and State Mental Hygiene Administration (MHA) grants. The State distributed the grant funds to the counties, who then distributed the funds to individual service providers. The Montgomery County Government supplemented those grant funds with County general funds.

Following public forums, hearings, and state legislation, the State replaced the grant funding system with a fee-for-service approach. Under this system the Federal Medicaid and Mental Hygiene Administration grant funds are merged under the authority of the Mental Hygiene Administration. The Mental Hygiene Administration uses these funds to reimburse mental health providers for authorized services based on a fee structure established by the State.[1] The State reimburses authorized providers for a range of services including outpatient mental health services, residential services, and vocational services. The State contracts with Maryland Health Partners to register participating providers, authorize services, and reimburse providers.

[1] The State still distributes limited grant funds to counties for services not reimbursed through the fee-for-service system. The county Core Service Agencies distribute these grant funds to mental health providers.

The stated intent of the change too a managed care environment was to ensure that consumers of public mental health services have the same breadth of choice in selecting providers as privately insured consumers. For example, most public mental health clients used to receive outpatient mental health services from Montgomery County mental health clinics. Now individuals can receive public mental health services from any private provider registered to participate in the system.

Prior to the State's shift from grant funding to the fee-for-service arrangement, Montgomery County's Department of Health and Human Services (DHHS) operated five adult and three child and adolescent outpatient mental health clinics. A variety of factors led DHHS to discontinue its role as a direct provider of outpatient mental health treatment and gradually transition clients to private providers participating in the fee-for-service system.

First, an extensive analysis of the County's personnel costs indicated that reimbursements through the State fee-for-service rate system would not cover the costs of operating the County outpatient clinics. In addition, there was agreement at the time that County funds should not be increased to subsidize services that are the responsibility of the State. Finally, the Council's Health and Human Services policy states that the private sector is generally the preferred service deliverer.[2]

By FY 1999, DHHS had transitioned adult and child clients from seven County clinics to other providers. In the FY 2000 budget, the County Executive recommended transitioning the clients served at the remaining Silver Spring Child and Adolescent Clinic to private providers. The Council decided instead to appropriate $526,000 to continue operating the Silver Spring County clinic in FY 2000.

C. Roles and Responsibilities in the Public Mental Health System

1. Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration The State of Maryland's Department of Health and Mental Hygiene (DHMH) establishes general policy for and adopts standards to promote and guide the development of the State's physical and mental hygiene services. The Mental Hygiene Administration (MHA), a division of Department of Health and Mental Hygiene, oversees the public mental health system.

2. Montgomery County Department of Health and Human Services

Different sections of the Montgomery County Department of Health and Human Services work together to coordinate mental health services for children in the County, including Child and Adolescent Mental Health Services and Child Welfare Services in the Children, Youth, and Families service area and the Core Service Agency in the Adult

[2] In February 2000, the Council's Health and Human Services Committee will begin reviewing the Health and Human Services policy that was developed in 1994.

Mental Health and Substance Abuse service area. Appendix B presents an organizational chart for the Department of Health and Human Services.

Child and Adolescent Mental Health Services Staff in the Child, Youth, and Families service area coordinate mental health services for children who have serious mental health, substance abuse or behavioral problems and operate the Silver Spring Child and Adolescent Outpatient Mental Health Clinic. Children, Youth, and Families staff work closely with the Core Service Agency and Child Welfare Services to ensure integration of child mental health services into broader efforts on behalf of children and their families.

Core Service Agency The Code of Maryland Regulations requires each county to establish a Core Service Agency (CSA) to manage mental health services. Counties may establish the Core Service Agency within the local government, as a private non-profit organization, or as a quasi-government entity. Only Montgomery, Prince George's, and Allegheny Counties placed the Core Service Agency within the county government. Montgomery County placed the Core Service Agency within DHHS' Adult Mental Health and Substance Abuse Service Area.[3]

The Montgomery County Core Service Agency plans, manages, monitors and evaluates the County's public mental health system, including managing all federal, state and local funds for mental health services. The CSA does not provide any direct services. Together with the Mental Hygiene Administration, the CSA determines criteria for provider eligibility, performance standards, and evaluation criteria. The CSA also:

- Assures consumer access to services and consumer rights,
- Assesses local service needs and plans the implementation of a delivery system that meets those needs,
- Processes complaints, grievances and appeals, and
- Analyzes data.

Child Welfare Services Child Welfare Services (CWS) is a program area within DHHS's Children, Youth and Family Services (see Appendix B). The Child Welfare Services staff identify and address cases of child abuse and neglect, provide services to prevent child abuse and neglect, and provide an alternate plan of care for children when necessary. In many cases, these tasks involve accessing mental health evaluations and/or treatment for the children and their families.

[3] In 1997, the Council asked DHHS to review the Core Service Agency structure in Montgomery County and identify potential changes to the organization.

Child Welfare Services staff are organized into five units:

- Assessment Unit – receive and process referrals of suspected abuse and neglect, investigate cases, and provide time-limited, intensive, home-based services to families in crisis when children are at risk of out-of-home placement.
- Continuing/Treatment Unit – provide ongoing social services for children and their families (including children in foster care and residential facilities) and provide time-limited, intensive services in an effort to reunify separated families.
- Adoption Unit – handle the social services component of adoption proceedings.
- Resources – coordinate recruitment, training, and supervision of foster and adoptive parents.
- Silver Spring and Germantown Units – bring the other child welfare services and resources into the Silver Spring and Germantown communities to increase convenience for clients and facilitate relationships with clients.

3. Maryland Health Partners

The Mental Hygiene Administration contracts with Maryland Health Partners (MHP) to assist the Core Service Agencies in managing the public mental health system. Maryland Health Partners is a limited liability corporation formed by two Maryland-based managed behavioral healthcare organizations. MHP's responsibilities include:

- Determining client eligibility for services,
- Authorizing providers to participate in the system,
- Referring clients to providers,
- Authorizing treatment protocols,
- Conducting utilization reviews to ensure quality and effectiveness,
- Processing payments to providers, and
- Collecting and analyzing data to aid in systems evaluation.

4. Mental Health Service Providers

Individuals who provide mental health services may be licensed psychiatrists, psychologists, social workers, professional counselors, or clinical nurse specialists. Three groups of individuals provide services through the State and County funded public mental health system. The first group consists of private mental health care professionals registered with Maryland Health Partners to participate in the fee-for-service system. They provide services in individual private practices or mental health clinics. Examples of services include outpatient mental health services, residential treatment services, and psychological testing services.

The second group consists of professionals and organizations under contract to the County, who provide specialized services not funded through the fee-for-service system. Examples of programs in this category include the Court Appointed Special Advocate program, Bridges to Pals, and the Monroe Street Shelter.

The third group consists of County employees who work in mental health care and educational programs. Examples of services provided by County employees include the Silver Spring Child and Adolescent Mental Health Clinic, the Crisis Center, and the Child and Adolescent Forensic Evaluation Services program[4].

Part II - Public Mental Health Services for Child Welfare Services Clients

The Department of Health and Human Services submitted a report to the Public Safety and Health and Human Services Committees that provides a broad overview of the public mental health system for children. This Office of Legislative Oversight memorandum report focuses on public mental health services for children involved in DHHS' Child Welfare Services (CWS).[5] These children represent one portion of the County's child population receiving services through the public mental health system.

A. Children Receiving Services

According to Child Welfare Services staff, at any given time, there are approximately 1,200 open CWS cases. Each CWS case may involve a multiple number of children. Although Child Welfare Services does not compile data on the specific number of cases, staff estimate that 80% of the open cases involve provision of mental health services. Some children only receive mental health evaluations, while others receive extensive outpatient treatment or residential services. Child Welfare Services staff report that children served by the Family Preservation, Sex Abuse, and Residential Services programs are more likely to need mental health services than children receiving other CWS services.[6]

1. Eligibility

Although CWS does not track data on the proportion of CWS children that receive mental health services through the public mental health system versus private insurance, staff report that the vast majority of CWS clients rely on the public system.

---

[4] State community mental health dollars and County dollars fund the Child and Adolescent Forensic Evaluation Service program. County employees operate the program.

[5] The Code of Maryland Regulations defines "child" as an individual under 18 years old (COMAR 07.02.07.02).

[6] The Family Preservation Team provides intensive services for children who are at risk of out-of-home placement.

The State of Maryland bases eligibility to receive public mental health services through its fee-for-service system on financial and medical necessity criteria.[7]

To meet the medical necessity criteria a child must have a psychiatric disorder of thought, affect and/or personality that results in at least mild impairment in his or her academic, social or occupational functioning. Children who are certified as Medicaid-eligible (based on family income and size) or identified as gray zone consumers meet the financial eligibility criteria. Gray zone consumers are individuals for whom, because of the severity of their mental illness and financial need, the cost of medically necessary and appropriate mental health services will be subsidized by the State Mental Hygiene Administration.

2. Mental Health Needs

The Core Service Agency reports that disorders commonly diagnosed in children include psychotic, affective (i.e., bipolar disorder, depression), adjustment, attention, conduct, and personality disorders. A 1997 review by the Child Welfare League of America identified the problems or conditions of a sample of children whose cases of alleged abuse were investigated by Montgomery County's Child Welfare Services. Table 1 lists the problems and conditions reported. This information provides an overview of the conditions for which CWS children may need mental health services.

Table 1 – Alleged Problems/Conditions in a Sample of Cases Investigated by Child Welfare Services

Problems/Conditions	# of Investigated Cases (N=91)	% of Investigated Cases
Alcohol/drug abuse	2	2.2%
Serious mental illness	3	3.3%
Developmental delay	10	11.0%
Serious physical illness/ disability	4	4.4%
Running away behavior	3	3.3%
Serious behavioral problems	24	26.4%
Sexual acting out	2	2.2%
Physical aggression	8	8.8%
Depression	5	5.5%
School discipline issue	11	12.1%
Truancy	2	2.2%
Delinquent offenses	4	4.4%
Total Cases	**91***	**100%***

Source: Health and Human Services Committee Briefing: Child Welfare League of America Report, Joan Planell and Stefanie Zaring, April 14, 1998.
*The data in these columns do not add up to the totals because some of the children whose cases were investigated had none of the above conditions/problems.

[7] Eligibility to receive other mental health services through the County government and providers that DHHS contracts with vary by provider and program.

B. Identification and Referral to Service Providers

1. Identification

After receiving information alleging a case of abuse or neglect, Child Welfare Services (CWS) staff determine whether the case warrants additional involvement by CWS. According to the Code of Maryland Regulations, "In cases where a report of suspected child abuse or neglect is found to be indicated, the local department shall make a determination of any needed services to meet the identified needs of the child within 60 days of the receipt of the initial report of suspected abuse or neglect."[8]

Child Welfare Services staff assess each case and make clinical decisions about what specific services the child needs. CWS staff report that in a majority of the cases, the children require some form of mental health services. The mental health services range from a psychological evaluation with no follow-up therapy, to outpatient therapy, to residential treatment or hospitalization. CWS staff often also access mental health and other services for the child's parent, caretaker, or other family members.

2. Referral to Services Funded Through the Fee-for-Service System

Before July 1997, Child Welfare Services staff usually contacted one of the County-run mental health clinics (for outpatient mental health services), other County operated mental health programs, or County contractors who provide mental health services to connect a child with the necessary services. For services not available from County staff and contractors, the social worker contacted a private provider with the necessary skills. CWS used state grant funds to pay for those services.

When the state shifted to the current fee-for-service system, the process for referring children to mental health providers changed. Under the new procedure, social workers are instructed to call Maryland Health Partners (MHP) for referrals to private service providers, for the majority of mental health service needs.

Maryland Health Partners, the administrative arm of the new fee-for-service system, operates a 24 hours a day, 7 days per week 800-telephone number to receive referrals. Callers initially speak to a client service representative who collects background information and determines if a child is eligible to participate. If the child qualifies to participate in the public fee-for-service system, then the caller speaks to a care manager who refers the caller to a list of service providers or other community resources. The care manager identifies providers authorized to participate in the fee-for-service system that are located near the child's residence and that provide the specific services the child needs.

The number of providers that the CWS staff person receives varies based on the location and type of service needed. Next, the CWS staff person calls providers on the

[8] COMAR 07.02.07.14 Protective Services for Neglected and Abused Children; Reports, Service Decisions, and Plans.

list to find one that is appropriate and available to see the child. If none of the providers from Maryland Health Partner's list are available or appropriate for the child's needs, the social worker contacts Maryland Health Partners again for additional potential providers.

Child Welfare Services staff usually follow this procedure but may also contact DHHS' Access Team to identify a mental health provider for a child. The Core Service Agency developed the Access Team to assist CWS staff to locate appropriate mental health providers. Part IV of this report describes the Access Team in detail (see page 25). In some cases, the Child Welfare Services staff call a service provider directly to see if he or she participates in the fee-for-service system and can serve a child.

When a service provider receives a new child client through the public mental health system, he/she automatically receives authorization for 12 outpatient visits with the child.[9] In some cases children only need one visit to conduct an evaluation. In other cases the child uses all 12 of the initial outpatient visits. The length of time that a child receives treatment varies significantly from client to client. CWS does not maintain data on the length of treatment for children in CWS.

If the provider believes that the child requires services in excess of the initial 12 outpatient visits, then he or she must obtain authorization from Maryland Health Partners to continue or expand services. Authorization for continued services requires the submission of a Uniform Treatment Plan and establishment of medical necessity. To establish medical necessity, the provider must document that the child has a psychiatric disorder of thought, affect and/or personality that results in at least mild impairment in his or her academic, social or occupational functioning. The treatment plan documents the diagnosis with symptom indicators and proposes a plan of treatment.

3. Referral to Public Mental Health Services Outside the Fee-For-Service System

Child Welfare Services staff also coordinate public mental health services not included in the fee-for-service system. These services are funded through a combination of Federal, State and County funds, but are not reimbursable through the fee-for-service system. For example, CWS may refer children to services provided by professionals contracted with DHHS (e.g., Mental Health Association) or services available through the County Government (e.g., the Crisis Center). In these cases, social workers contact the service provider directly to make a referral. Each of these programs and providers have different procedures for accepting and processing referrals.

Child Welfare Services staff report that in some cases children need mental health services that CWS cannot attain through the fee-for-service system, County employees,

---

[9] Registration with Maryland Health Partners (MHP) is required to ensure 100% reimbursement for services. Ideally, consumers are registered with MHP before the first visit with a provider. If the CWS staff connect a child to a provider without contacting MHP, the client can have an initial visit with the provider before registering. The client or provider must then contact MHP to ensure that the consumer is eligible to receive services and to formally register with MHP.

or County mental health contractors. For example, CWS staff report that when they need a Vietnamese speaking therapist they must send children to a provider located in Northern Virginia. CWS uses flex funds from the State Department of Human Resources, designed to meet unique and special needs for children in CWS, to fund these services. In FY 99, CWS received a $76,500 grant from DHR for these and other special needs of CWS children.

C. Mental Health Services and Providers

Children involved with Child Welfare Services receive a variety of mental health services through a combination of funding sources and service providers. While some receive services through private insurance providers, this section of the report describes the services and providers that serve children through the public mental health system.

The type of service(s) received depends on each child's medical need and is based on a clinical decision by the CWS staff. According to CWS staff, the types of services often associated with their clients include:

- Psychological evaluations,
- Family evaluations,
- Individual therapy,
- Family therapy,
- Therapeutic groups,
- Play therapy for children under two years of age,
- Medication management, and
- Residential treatment services.

1. Services Provided through the Fee-For-Service System

The fee-for-service system primarily provides treatment services. Federal Medicaid funds and State Mental Hygiene Administration (MHA) grants fund these services. Reimbursable services include:

- Outpatient Services (individual, group, family, or occupational therapy)
- Emergency Services
- Residential Crisis Services
- Residential Treatment Services
- Partial Hospitalization Services
- Inpatient – Hospital Psychiatric Services
- Psychiatric Rehabilitation Program
- Psychological Testing Services
- Respite Services
- Targeted Case Management
- Mobile Treatment Services
- Enhanced Support
- Vocational services

Private providers who participate in the fee-for-service system must register with Maryland Health Partners. To register, a provider must be a licensed mental health professional, possess professional liability insurance, and submit a provider application to Maryland Health Partners. Upon Maryland Health Partners approval of an application, the provider signs a contract with the Mental Hygiene Administration and is authorized to participate in the public mental health system. Maryland Health Partners requires that providers register and sign a contract annually.

Private providers participating in the State system may operate individual private practices or outpatient mental health centers. Individual providers typically provide general outpatient services. The centers or clinics provide a more comprehensive set of mental health services.[10] Maryland Health Partners reimburses health centers at higher rates than individual providers. All participating providers bill Maryland Health Partners for the services rendered to Medical Assistance eligible and gray zone consumers.

Outpatient Mental Health Services The majority of the registered participants provide outpatient mental health services. According to DHHS, there are approximately 400 private mental health providers registered to provide outpatient mental health services through the state fee-for-service system. DHHS reports that approximately 253 providers, or 63% of the 400 registered providers, currently bill Maryland Health Partners for services rendered to Medical Assistance eligible and/or Gray zone clients. In other words, just over half of the providers who are authorized to serve clients in the system currently do so.

According to DHHS, approximately 170 of the outpatient mental health service providers that currently bill Maryland Health Partners for clients in the public system serve children. DHHS' list of registered providers who provide outpatient services to children is included in Appendix C (beginning at © 3) of this report. The provider list indicates that 18 of the 170 providers that serve children are mental health centers or clinics.[11] They are:

- CPC Health – 5 sites
- Family Trauma Services – 2 sites
- St. Luke's House – 2 sites
- Montgomery General Hospital-Addiction – 2 sites
- Mac Associates – 1 site
- Reginald Lourie Center – 1 site
- Jewish Social Services Center – 2 sites
- Montgomery General Hospital – 1 site
- Washington Assessment and Therapy Services – 2 sites

[10] Registration requirements are more stringent for mental health centers than for individual private practitioners. For example, MHP requires that mental health centers have a minimum number of licensed staff members.

[11] Other clinics or health centers located in Montgomery County only serve adults.

Other Mental Health Services As indicated earlier, the State fee-for-service system reimburses providers for a variety of services in addition to outpatient mental health services, e.g., partial hospitalization services, residential treatment services. The table in Appendix D (©11) lists the providers registered to provide each of these other reimbursable services. The providers listed operate mental health centers because all of the private practitioners participating in the public mental health system provide only outpatient mental health services.

2. Services Provided by Montgomery County Employees and County Contractors

Mental health services provided through County employees and County contractors usually focus on prevention and early intervention activities. They also fill the gaps in services needed in Montgomery County but not reimbursable through the state fee-for-service system. A number of programs fall under this category and cover a range of types of service. County general funds, state grants, and federal grants fund these services. Appendix E (©13) of this memorandum report lists the child mental health programs operated by Montgomery County employees and County contractors. Child Welfare Services staff may arrange for children to receive one or a combination of these services.

Part III – DHHS Reported Obstacles Accessing Public Mental Health Services

This part of the memorandum report describes obstacles to accessing public mental health services for children, voiced by Department of Health and Human Services staff. [12] Part IV of the memorandum report describes efforts by the State and the County DHHS to address the problems described here.

Methodology OLO collected this information through interviews with DHHS staff. Data to support the information reported by DHHS staff are not currently available from the Department. The short time line and confidentiality issues precluded OLO from doing independent data collection. As a result, the information reported relies heavily on information reported by the Department.

Overview According to the DHHS Core Service Agency, the majority of children and adults seeking public mental health services through the fee-for-service system access services without problems. Interviews with DHHS staff indicate that children involved with Child Welfare Services represent one portion of the population that has encountered difficulties accessing services under the new system.

[12] This report focuses on problems reported with the fee-for-service portion of the public mental health system. It does not specifically address problems with access to services provided by the County government or County contractors.

It is difficult to ascertain which problems reported by Child Welfare Services and other DHHS staff are directly attributable to the structure of the new managed care system. While problems seem to have intensified since the transition to managed care, the Department of Health and Human Services and the County Council received complaints about the old system as well. Also, it is likely that some of the reported problems are a result of a normal aversion to any change and will require time for adjustment. In addition, some of the reported problems are inherent in any managed health care system. They are similar complaints in private health care, in response to the widespread shift to managed care across the country.

Nonetheless, some problems associated with the fee-for-service system, particularly those involving the Child Welfare Services population, appear more complicated and systemic. This portion of the memorandum report focuses on the difficulties reported by Child Welfare Services staff related to the structure of the fee-for-service system. In sum, CWS staff report difficulty:

A. Finding providers who participate in the fee-for-service system and are willing to serve the clients involved with CWS;
B. Identifying qualified providers with the needed skills and services;
C. Identifying providers with offices located near the child's residence; and
D. Referring children to mental health services in a timely manner.

Part IV of this memorandum report identifies efforts to address these difficulties.

A. Finding Providers who Participate in the Fee-For-Service System and are Willing to Serve Clients Involved with CWS

Provider participation is an important aspect of the public mental health system. A large pool of providers, with skills in a variety of mental health specialties and with convenient locations, is necessary to give consumers quality mental health care.

Providers registered to participate in the fee-for-service system are not required to treat public clients. In some cases, providers register with Maryland Health Partners, but decline clients when contacted by Child Welfare Services staff. A variety of factors impact a provider's decision about whether to participate in the fee-for-service system and to serve Child Welfare Services clients in particular. DHHS staff believe that primary factors include the significant investment required to learn how to use the system, the negative impacts it can have on a provider's income, and the complexity of Child Welfare Services cases.

1. Learning to Use the Fee-For-Service System Correctly

Participation in the fee-for-service system requires significant investment in learning to use the system correctly. When providers register with Maryland Health Partners (MHP), they receive a manual of guidelines for participating in the system. DHHS staff report that the manual is not "user friendly". Failure to learn the system

correctly may create confusion and frustration about what services are reimbursable or the paperwork required for reimbursement. After facing red tape and other obstacles several times, some providers choose to drop out of the system rather than invest more time in making the system work for them.

A common problem reported by DHHS staff relates to reimbursement claims submitted by providers. DHHS reports that the claims paperwork that providers submit to get reimbursed by Maryland Health Partners must be completed accurately and precisely according to MHP instructions. If any information is missing or incorrect, then the provider will not be reimbursed. According to DHHS staff, MHP does not provide sufficient explanation of rejected claims to help providers rectify the billing problem.

This kind of administrative difficulty creates problems for providers. The Core Service Agency provides assistance to providers who run into these types of problems. Part IV of this report describes Core Service Agency efforts to educate participating providers and help them handle complications and misunderstandings.

2. Impacts on Provider Revenue

Predictability of the Revenue Stream According to DHHS staff, the shift from grant funding to a fee-for-service system resulted in a less predictable revenue stream for providers. This can create a disincentive to participate. Under the grant funded system, the provider received a set amount of money regularly from the County. Under the fee-for-service system, the providers' revenue streams depend on the number of clients served and the types of services provided. The Core Service Agency reports that the CSA staff work with individual providers and Maryland Health Partners to help providers encountering problems in this area (see Part IV).

The nature of the Child Welfare Services cases makes revenue from public clients particularly unpredictable. For example, the population served by Child Welfare Services, due to a variety of problems, often miss appointments. The providers lose revenue when clients miss appointments because Maryland Health Partners only reimburses providers for services delivered. To avoid this, some providers choose not to serve CWS clients or implement a policy to drop clients who miss more than three appointments. The Core Service Agency encourages providers to adopt other innovative policies to better meet the needs of CWS clients (i.e., weekend hours or drop-in therapy groups). The capacity of providers to implement these types of policies varies. Generally, mental health clinics can adopt these innovative policies more successfully than individual private providers.

To make participation in the fee-for-service system financially feasible, providers maintain a "payer mix" that includes clients with commercial insurance and clients served through the public mental health system. To maintain an appropriate payer mix providers designate a set number of "client slots" for public mental health system clients and reserve the other slots for commercially insured or private pay clients.

Child Welfare Services staff report that providers' public client slots fill up sometimes. They also report that they lack information about which providers have spaces available, forcing them to contact multiple providers in search of available spaces. The Core Service Agency's Access Team is working to develop an awareness of the available slots for public consumers. Part IV of this report provides additional information about the Access Team.

Reimbursement Rates Other difficulties related to revenue include the level of reimbursement rates and items that are not reimbursable. According to some DHHS staff, low reimbursement rates compared to the rates of private health insurance companies discourage providers from participating in the public mental health system. Other staff reported that reimbursement rates are sufficient but perceived red tape discourages providers from participating. The state has increased reimbursement rates since the system was implemented in July 1997 and plans to increase them again during the beginning of calendar year 2000. Part IV of this report describes the rate changes in more detail.

OLO collected comparative data on reimbursement rates for child mental health services. Table 2 compares reimbursement rates for outpatient individual psychotherapy visits and Psychiatric Diagnostic Interviews. Table 2 indicates that the mean payment for non-HMO private provider and HMO private provider outpatient individual psychotherapy visits are similar, at $83 and $79 respectively. The Maryland public mental health system rate is somewhat lower at $71 for children and $65 for adults. The difference in reimbursement rates is higher for Psychiatric Diagnostic Interviews. Non-HMO private providers receive $19 more than providers serving children in the Maryland public mental health system.[13]

Table 2 - 1997 Reimbursement Rates for Outpatient Individual Psychotherapy Visits and Psychiatric Diagnostic Interviews

Payment Source	CPT Code	Mean Payment: Outpatient Individual Psychotherapy Visits	CPT Code	Mean Payment: Psychiatric Diagnostic Interviews
Non-HMO Private Payments in MD	90844	$ 83	90801	$ 103
HMO Fee-For-Service Private Payments in MD	90844	$ 79		N/A
MD Public Mental Health System Rate-Adults	90844	$ 65 (flat rate)	90801	$ 78 (flat rate)
MD Public Mental Health System Rate-Children	90844C	$ 71 (flat rate)	90801C	$ 84 (flat rate)

Source for both tables: Maryland Health Care Commission, "*Practitioner Expenditures and Utilization: Experience from 1997*", 1999 and Maryland Public Mental Health System Rate List, 4/17/97

[13] Federal Medicaid's reimbursement rates for all health care services are routinely half or slightly more than half the rates of the private sector. In Maryland however, State funds supplement federal Medicaid funds, making the overall reimbursement rate for most services more competitive with the private sector.

Reimbursable Services The State did not establish reimbursement rates for some tasks performed regularly by mental health services providers. The CSA created a survey in 1999 that asked providers participating in the Provider Council to identify services that they currently provide but are not reimbursable. The CSA compiled the results in a report for the Mental Hygiene Administration that summarizes the providers concerns. The report is attached at Appendix F.

Interviews with DHHS staff indicated that providers are particularly concerned with reimbursements for administrative tasks and case management. For example, the Child Welfare Services cases require significant case management because they are usually complex and require a combination of different services. As a result, the cases require significant integration and coordination with different actors in DHHS, Montgomery County Public Schools, law enforcement, the courts, and other service providers.

Maryland Health Partners does not reimburse providers for time invested in case management and administrative tasks, but reports that rates for other reimbursable services include extra dollars to cover those costs. The Core Service Agency sought and secured additional State grant dollars for Montgomery County to cover other costs that are not reimbursable through the fee-for-service system. Part IV of this memorandum report describes these efforts.

3. Complexity of the Cases

Some providers choose not to serve children involved with Child Welfare Services due to the difficult and complex nature of the cases. CWS staff note that serving this population takes particular skills that professionals not used to working with this population may not possess. CWS clients also require some non-traditional services such as home visits and weekend appointments. Other providers avoid Child Welfare Services cases because they do not want to get involved with the court system. The Core Service Agency has attempted to address this problem by obtaining state funds to cover non-reimbursed court related services.

B. Identifying Qualified Providers with the Needed Skills/Specialties

1. Provider Skills and Characteristics

The majority of the private providers participating in the state fee-for-service system provide general outpatient mental health services (e.g., individual therapy, group

therapy, medication management). DHHS staff report more difficulty accessing certain specialized services for Child Welfare Services clients, including:

- crisis services,
- sexual abuse therapy,
- one-time psychological evaluations,
- respite care,
- treatment for attachment disorders, and
- services for children with a combination of physical, mental, and emotional disabilities.

Another reported problem, which existed prior to the shift to managed care, is lack of cultural diversity among providers. Given the diversity of the County population, Child Welfare Services staff often need providers of different ethnicities to best serve the children's needs. According the CWS staff, the providers currently registered to participate in the fee-for-service system do not have the diversity that DHHS needs. For example, staff reports a high demand in Child Welfare Services for African American male therapists and therapists who speak Spanish and Vietnamese.

Given the characteristics of the children in Child Welfare Services, the traditional means of providing services are not always sufficient. According to DHHS staff, CWS needs providers to adopt policies such as providing in-home services, setting evening and weekend appointments, and allowing unlimited missed appointments. The Core Service Agency educates providers about these policies and encourages providers to adopt them.

2. Provider Quality

Child Welfare Services staff also report concerns with the level of provider quality control built into the new fee-for-service system. To meet Maryland Health Partner requirements for eligibility, providers must be licensed mental health professionals and possess professional liability insurance. Maryland Health Partners tracks general information on provider specialties, but does not verify this self-reported information. Detailed information about the provider's experience and quality is not available through Maryland Health Partners.

Child abuse and neglect cases require clinicians with a high level of expertise. Child Welfare Services staff report that, prior to the shift to managed care, they had working relationships with providers who have the skills necessary to work with the CWS population. While some of those providers now participate in the fee-for-services system, there are also many new providers that CWS staff do not know. CWS staff report that they are not always comfortable referring children to providers that they know little about.

Provider expertise and qualifications are particularly important when Child Welfare Services cases involve the court system, which frequently occurs with cases of child abuse or neglect. According to Child Welfare Services staff, when they take a

child's case to court, CWS is largely dependent on the provider's qualifications and expertise to win the case.

While CWS staff voice a preference to refer children to providers that they have worked with in the past, there is no data to indicate that the new providers participating through the fee-for-service system do or do not provide adequate services. The Core Service Agency's Access Team (described beginning at page) plans to collect information about CWS staff experience with different providers to share with other DHHS staff.

3. Individual Practices Versus Clinic Type Providers

Core Service Agency and Child Welfare Services staff report benefits to referring CWS involved children to mental health centers rather than individual providers. Health centers provide more services and employ more providers with diverse specialties, experience, and characteristics. A center provides staffing and scheduling flexibility that is helpful for working with children involved in CWS. Mental health centers are also more likely to take appointments during the evenings or weekends to accommodate CWS clients who have difficulty making regular weekday appointments. CWS staff also noted that it is easier for them to develop relationships with and coordinate with multiple providers at one center than with several separate individual practitioners.

According to DHHS staff, health centers or clinics are more likely to thrive financially than individual private practitioners under the fee-for-service system. The State established higher reimbursement rates for health centers than for individual providers rendering the same service[14]. Also, individual providers usually only provide outpatient mental health services, while health centers have the capacity to provide a wide range of services that are reimbursable at different rates.

C. Identifying Providers with Offices Located Near the Child's Residence

DHHS staff report that the location of public mental health service in Montgomery County for Child Welfare Services staff has been a problem since before the transition to managed care. Providers are concentrated in some portions of the County with much fewer providers located in other parts of the County. Table 3 shows the number of sites where mental health services are provided to Medicaid-eligible and gray zone consumers by location. The table indicates that 66% of the Montgomery County sites are located in Rockville, Silver Spring and Bethesda. Sites located north of Rockville constitute 20% of the total County sites.[15]

---

[14] Maryland Health Partners imposes strict requirements to register as a mental health center, including employing a minimum number of licensed staff.

[15] Table 2 does not indicate the specific services available or the number of public client spaces available at each site, which further impact access to services.

Table 3 - Location of Public Mental Health Service Providers

Location	Number of Individual Provider Sites	Number of Health Center Sites	Total Sites
Montgomery County Locations:			
Rockville	50	4	54
Silver Spring	37	6	43
Bethesda	27	2	29
Gaithersburg	24	2	26
Wheaton	8	1	9
Kensington	7	0	7
Olney	5	1	6
Chevy Chase	5	0	5
Takoma Park	4	0	4
Germantown	2	1	3
Montgomery Village	2	0	2
Washington Grove	1	0	1
Garrett Park	1	0	1
Total Montgomery County Locations	**173**	**17**	**190**
Other Locations:			
Baltimore	2	0	2
Clinton	2	0	2
Columbia	2	0	2
Frederick	3	0	3
Greenbelt	3	0	3
Gronusoile	1	0	1
Hagerstown	1	0	1
Hyattsville	1	0	1
Landover	2	1	3
Landover Hills	1	1	2
Towson	1	0	1
Washington D.C.	12	0	12
Total Other Locations	**31**	**2**	**33**

Some jurisdictions outside of Montgomery County are included on the list because sometimes they are convenient locations for families to have appointments. Some individual mental health providers operate offices in two locations, increasing flexibility for those providers' clients. Of the 170 providers currently serving children in the public mental health system, approximately 52 operate offices in multiple locations.

The concentration of providers in certain locations creates a problem for Child Welfare Services involved children and families who live outside those areas and lack

convenient transportation. If the services a child needs are not located near the child's residence, then the CWS staff must invest time in identifying transportation options.

Child Welfare Services has five full-time transportation aides to transport clients to mental health and other appointments. These aides provide a valuable service to the department but cannot serve all the children and families that need transportation assistance. When the transportation aides are not available, the social worker assigned to the case often drives clients to mental health and other appointments.

According to the Core Service Agency, some State dollars originally budgeted to provide payment for mental health services for undocumented children will be shifted to fund transportation services. This re-alignment is possible because the number of undocumented children needing services is lower than anticipated. The Core Service Agency expects this shift of resources to provide some resolution to the provider location problem.

D. Referring Children to Mental Health Services in a Timely Manner

1. Maryland Health Partners' Database of Providers

Maryland Health Partners keeps a database of mental health service providers registered to participate in the State's fee-for-service system. The database includes names, addresses, and information on the general types of services available from each provider. Maryland Health Partners' case managers refer Child Welfare Services staff and others seeking public mental health services to providers selected from this database.

DHHS staff report that the information on the Maryland Health Partners database is not accurate. First, some providers submitted erroneous information to Maryland Health Partners when they registered to participate in the system. Second, the information in the database is not updated on a regular basis. As a result of these two factors, CWS staff report frequently receiving inaccurate information from Maryland Health Partners, such as names of providers no longer in business or no longer registered to participate. In other cases, the specialties listed for the providers are incorrect, or a provider's location has changed.[16]

Mistakes in the database create problems for CWS staff because they waste time contacting providers who are not appropriate and/or available. Part IV of this report describes the Access Team, which the Core Service Agency established to assist Child Welfare Services staff and others to access public mental health services. The Access Team is developing an updated and accurate list of providers in Montgomery County, so that CWS staff will not need to rely solely on Maryland Health Partners for provider information.

---

[16] MHP's Guide to using the public mental health system includes a Provider Action Request form that providers can use to update their information in MHP's database. It is unclear how often providers submit this updated information to MHP or how often MHP updates its database.

2. Timing Issues

Child Welfare Services staff report that inaccuracies in the Maryland Health Partners database, as well as other factors already discussed, often lead to problems of timeliness. The time it takes to access mental health services is of particular concern because CWS cases are frequently very time sensitive. For example, a social worker may need a mental health evaluation to prepare for an immediate court appearance. CWS staff also report an 'attention capture period' with parents. That is, immediately following a crisis, parents tend to be very concerned about a child's condition and are motivated to cooperate in the process of getting mental health care for the child.

Most of the timeliness issues relate to the process of identifying appropriate providers. In some cases, CWS staff invest significant time contacting a long list of providers from Maryland Health Partners. As explained earlier, inaccuracies in the database complicate this process. In other cases, CWS staff must invest significant time because providers with the needed specialized services are rare and difficult to find.

CWS staff also report that it can take a long time to get an appointment for a child to see a mental health provider. The length of time depends on the type of service sought. For example, it can take significantly longer to get an appointment with a provider of specialized care that is rare among local providers. Conversely, CWS staff report that it is easier to make appointments at mental health centers or clinics because multiple staff are available to serve clients. The fact that CWS staff are trying to work appointments around school schedules can also complicate or lengthen the appointment setting process. Child Welfare Services does not keep data on the length of time required to get a mental health service appointment.

DHHS expects that as the Access Team completes its database of providers and more Child Welfare Staff use that resource, the time required to locate a provider to shorten. Additional information about the Access Team database begins on page 26.

Part IV – DHHS' Efforts to Address Problems Accessing Public Mental Health Services

The Montgomery County Core Service Agency assures the effective delivery of mental health services for children, adults, and seniors in Montgomery County. The Core Service Agency and the State Mental Hygiene Administration help County government staff and consumers, particularly in Child Welfare Services, transition to the State's new managed care system.

The Core Service Agency and Mental Hygiene Administration meet regularly to discuss the implementation of the public mental health system and to respond to feedback from consumers and providers. In addition, Montgomery County Core Service Agency staff participate on Maryland Association of Core Service Agencies committees that discuss systematic problems in the system. The Core Service Agency also works with

DHHS' Children, Youth and Family service area to ensure that the State funded child mental health system is integrated into the broader efforts on behalf of children and their families in Montgomery County.

A. Increase Provider Participation

In an effort to increase access to public mental health services in Montgomery County, the Core Service Agency encourages non-participating providers to register with Maryland Health Partners and serve children in the public mental health system. In particular, the Core Service Agency communicates with providers that served Child Welfare Services clients before the shift to fee-for-service to encourage their participation. The CSA also plans to hold a formal meeting with non-participating providers to discuss the public mental health system and encourage their participation.

In terms of ethnic diversity, the State Mental Hygiene Administration recognizes that the mental health providers in Maryland under-represent a number of ethnic and language minority groups. MHA encourages all providers to enhance their cultural competency and has sponsored several major conferences and workshops regarding the issue of cultural competency in mental health care.

The Core Service Agency also encourages participants and non-participants to provide services in geographic areas not well served. To this end, the Department of Health and Human Services may allow private mental health providers with offices down-County to serve clients in up-County health centers after regular health center hours. The Core Service Agency and the State Mental Hygiene Administration also uses provider education and adjustments to reimbursement rates to encourage provider participation in the fee-for-service system.

1. Education

One strategy to encourage providers to participate and to retain current participants is to teach users how to use the system effectively. Each provider registered to participate in the public mental health system receives an extensive manual that explains the system and the provider's responsibilities. According to Core Service Agency staff, providers that fail to invest time in learning to use the new public mental health system correctly often encounter problems.

CSA meets regularly with individual providers who are having difficulties to work out the problems. These meetings often include representatives from the State Mental Hygiene Administration and Maryland Health Partners. The Core Service Agency also holds training sessions for providers on specific topics such as case management, respite care, and how to become certified to provide additional needed services.

The CSA is considering convening training sessions for providers regarding the special dynamics and issues confronted in the treatment of children involved with Child

Welfare Services (e.g., repeated "no-shows"). These sessions would provide an opportunity to explain the CWS staff's needs, such as regular feedback about client attendance and participation in treatment.

2. Reimbursable Services and Rates

Reimbursement rates play an important role in how the public mental health system functions. According to the Mental Hygiene Administration, State reimbursement rates are based on the mean rate of private insurance carriers.[17] State rate setting decisions are also a function of the Federal Medicaid match. MHA designed the fee-for-service system to maximize Federal match dollars. Therefore, MHA only reimburses providers for services for which the State can receive a Federal Medicaid match.[18]

For example, providers request reimbursement for administrative costs related to the public mental health system. Since the Federal Government does not match dollars for administrative costs, the Mental Hygiene Administration does not reimburse providers for those costs directly. Instead, MHA reports that administrative costs are included in the calculation of rates for other services that qualify for a Federal match.

Rate Increases To address concerns raised by providers and Maryland counties, the State increased the reimbursement rates for children's outpatient mental health services and targeted case management by 30% between FY 97 and FY 98. The Mental Hygiene Administration reported in October 1999 that rates for child outpatient mental health services, supported employment, and psychiatric rehabilitation will increase another 20% in early 2000.[19] The State has also adjusted rates for some adult services. The State sets rates for children's services higher than adult rates to recognize the coordination and collaboration essential in providing services to children.

Process Improvements The accuracy of reimbursements from Maryland Health Partners and the length of time to receive reimbursements also concern providers. The Core Service Agency helps providers deal with problems in these areas. First, the CSA developed an Authorization, Billings and Claims Review Panel to facilitate the resolution of disputes related to service authorizations, billings and claims for reimbursement.

Second, in 1997, the Mental Hygiene Administration approved "advance payments" to providers to ensure adequate cash flow during the transition from grant funding to the fee-for-service system. Providers were required to repay these one time funds within an approved time frame. Currently, if a provider has a cash flow problem due to the State reimbursement process, the Core Service Agency and Mental Hygiene

---

[17] For all services, MHA sets higher rates for services to children than for adults. Private insurance carriers do not set different rates for children and adults.

[18] Gray zone consumers do not qualify for Medicaid, so the State does not receive a Federal Medicaid match for services rendered. The State funds services for gray zone consumers, who are eligible for public mental health services based on financial and medical necessity criteria. Gray zone consumers pay a co-pay based on a sliding fee scale.

[19] These rate changes do not apply to hospitals because the Health Services Cost Reimbursement Commission determines those rates.

Administration can authorize Maryland Health Partners to pay the provider a "pre-payment" based on the dollar amount of provider claims submitted but not yet processed.

Funding Non-Reimbursable Services In 1998, DHHS convened a child mental health task force, with participants from the Collaboration Council, Child Welfare Services, Core Service Agency, and Children, Youth, and Families service area. The task force identified needs for improvements in the public mental health system. In response, the Core Service Agency requested and secured a $300,000 Maryland Department of Health and Mental Hygiene grant to fund some mental health services not reimbursable through the fee-for-service system.[20]

The Core Service Agency used $125,000 of the State grant to pay providers for treatment of undocumented individuals. These foreign-born children are not eligible for services through the public mental health system because of the legal status of their parents. Another $100,000 of the State grant reimburses providers for court-related activities. No mechanism currently exists within the fee-for-service system to reimburse providers for preparing court reports, appearing in court, or traveling to court appearances. The County used some of the grant funds for these tasks because so many Child Welfare Services cases involve the courts.[21]

Some of the Child Welfare Services-involved children fall under the gray zone consumers category. Unlike Medicaid eligible clients, providers collect co-payments from gray zone clients. Some providers are reluctant to serve these consumers because the consumers cannot always pay the co-payments. According to DHHS, a significant number of providers has complained that they cannot bear the resulting cumulative loss of revenue. In August 1999, the Core Service Agency responded by developing a co-payment waiver policy. Under this policy, if a consumer is unable to pay, the provider can apply to the Core Service Agency for a review of the consumer's financial situation. Upon approval by the Core Service Agency, Maryland Health Partners reimburses the provider for the co-payment.

B. Streamlining the Provider Identification and Referral Process

According to Child Welfare Services staff, the process of identification and referral process in the public mental health system is too labor intensive and time consuming. DHHS has taken steps to begin to alleviate this problem, in particular, by developing the Access Team. The Access Team, established in January 1999, assists Child Welfare Services staff to identify mental health services providers. Over time, DHHS expects the Access Team to serve as the central clearinghouse in the County for accessing all child and adult mental health services.

---

[20] The state DHMH has acknowledged and approved this request as part of the Core Service Agency's FY 2000 budget.

[21] DHHS did not use all of the funds for court related expenses and services for undocumented children in FY 99. DHHS was delayed in beginning to use the funds because the State awarded the grant part way through the year and DHHS needed to amend contracts in order to use the funds.

Two staff members currently make up the Access Team. Approximately $75,000 of the $300,000 State grant funds a full-time employee on contract with the Family Services Agency. The contract is scheduled to terminate in June 2000. The Core Service Agency requested funds for a full-time position in the FY 01 State budget submission. A part-time (24 hours/week) merit employee, funded by the County, provides management information support for the Access Team. The CSA anticipates detailing a community service aide from another DHHS program to provide additional support FY 2001.

1. Access Team Database

The Access Team's first task was to develop an accurate list of service providers in Montgomery County who participate in the public mental health system and provide outpatient services to children. As mentioned above, DHHS staff report that the Maryland Health Partners' provider database is not accurate or updated. To this end, the Team developed and distributed a survey to the 400 mental health service providers in the County who are registered to participate in the public mental health system. The Team distributed the survey in April 1999, followed up with phone calls, and redistributed the survey to non-respondents in August.

The survey is attached at Appendix G. It requested extensive data of interest to Child Welfare Services about child outpatient service providers, for example:

- Willingness to serve children involved with the juvenile justice system or child welfare services,
- Availability of appointments after 5 p.m. and on weekends,
- Information about provider education, including areas of post graduate or specialized training,
- Willingness to testify in court, and
- Cultural background and languages spoken.

The survey results were entered in a database, creating an up-to-date, accurate source of information about the providers participating in the public mental health system in Montgomery County. At the beginning of the calendar year the DHHS information technology staff will begin developing targeted reports from the database. For example, a report that lists the names, addresses and office hours of all providers who specialize in therapy for victims of sexual abuse.

Updating the database is a critical issue. The Access Team reports that most of the updates will come through informal contact with the providers with whom they communicate frequently. For those providers that the Team does not interaction with frequently, it plans to develop a system to contact them regularly to get updates. The Core Service Agency has requested $115,300 in State grant funding in FY 01 for a state of the art data system that will ease the process of accessing and updating the data.

2. Referrals

The Access Team uses the information in the database to assist Child Welfare Services staff and others who contact the Team looking for mental health providers. Currently, the Team receives inquiries primarily from Child Welfare Services staff, Department of Juvenile Justice staff, the Crisis Center, and Montgomery County Public Schools. The Team helps callers identify appropriate mental health service providers, calls providers to make sure that they will accept public clients, and confirms their areas of specialization. The individual seeking services contacts the provider and sets an appointment.

It is unclear how often the Child Welfare Services staff take advantage of the Access Team. Some CWS staff report that they still contact Maryland Health Partners or providers directly to access services. [22] Since Child Welfare Services does not keep data on the total number of CWS clients that receive mental health services, DHHS cannot calculate the proportion of the total referrals that use the Access Team's assistance.

The Access Team does keep track of the source of calls for assistance. Table 4 indicates the proportion of total Access Team requests for referrals that came from Child Welfare Services staff since January 1999. The table indicates that the majority of the calls to the Team came from Child Welfare Services staff. Data is not available on the total CWS referrals to mental health services during those months.

Table 4 - Access Team Referrals

Month	Total Referrals	Number from CWS	CWS-referred as % of total
Jan./Feb.	28	23	82
March	30	26	87
April	42	35	83
May	29	13	45
June	33	21	64
July	27	21	78
August	30	23	77
September	23	22	96
Total	**242**	**184**	**76**

Source: DHHS, Access Team Monthly Reports, January 1999-September 1999

The Department plans to establish a system of follow-up so that the Access Team can collect information from Child Welfare Services staff and others about their experience working with specific providers, including the quality of the providers' work. The Access Team also wants to collect data about services accessed without assistance from the Access Team.

---

[22] CWS uses a contractor at the Shady Grove Sexual Abuse Center to help identify mental health provider for children evaluated at the Sexual Abuse Center. The contractor primarily handles referrals for children with commercial insurance but works with the Access Team to access services for public mental health system clients.

According to the Core Service Agency, the Access Team database will eventually have information about providers of mental health services for adults and seniors. This will make the Team a central repository of information about referrals to child and adult mental health providers. At that point, DHHS will formally advertise the service to all County employees and citizens. DHHS will encourage citizens and County employees to contact the Team to access public mental health services. The Team will identify appropriate providers and follow up with individuals to be sure they found a provider.

C. Increase Communication Between the Core Service Agency and Providers

The CSA established a Provider Council to create a forum for discussion of issues related to the new public mental health system. The Provider Council meets every other month to clarify rules and procedures, learn about changes to the system, and discuss problems and concerns. Participants represent the adult and child mental health system and include:

- Chief executive officers, directors, and program managers from local hospitals; mental health centers/clinics; psychiatric rehabilitation programs; residential, vocational, consumer, and supported employment providers,
- Core Service Agency and other DHHS staff,
- Mental Health Advisory Committee members, and
- The CSA Liaison from Maryland Health Partners.

Part V – Evaluating Public Mental Health Services for Children

Public agencies are increasingly challenged to demonstrate the effectiveness and efficiency of service delivery. With respect to mental health services, administrators most often measure a program's increased effectiveness and efficiency in terms of lower costs, improved process of delivery, and improved mental health of clients served.

Identifying performance measures that accurately gauge the success of child mental health services is challenging. Complicating the effort is the variety of different instruments available to measure mental health care performance and outcomes. Research indicates little consistency in the ways that different agencies and practitioners involved in the public mental health system measure results. This makes comparison across clients and programs, and progress over time difficult.

Other factors also complicate efforts to measure the outcomes of public mental health services. In particular, during treatment, children and their families are subject to a host of other influences in their home, school, work and recreational environments. Such social, cultural, and institutional factors can have a significant effect on a client's mental health. It is difficult to separate the effect of these influences from the impact of the public mental health services provided.

This part of the memorandum report presents information related to evaluating public mental health services for children. The available research speaks primarily to evaluating mental health services for children generally, rather than children involved in Child Welfare Services specifically. Section A provides examples of performance measures that assess child mental health services, including output, client satisfaction, and outcome measures. It also describes some standardized assessment scales used to measure outcomes or results. Section B reviews data collection efforts within Montgomery County. Section C reviews current and planned efforts by various actors to measure and evaluate the effectiveness of the Maryland public mental health system.

A. Performance Measures of Child Mental Health and Well-Being

1. Output Measures

Output measures provide data on the process of service delivery rather than the impact of services on clients. They generally indicate the amount of service provided by an organization or program, for the example the number of clients served and types of services provided. Additional examples of output measures, from the Child Welfare League of America's publication "Outcomes in a Managed Care Child Welfare Environment", include:

- Average time elapsed between referral and initial treatment,
- Percent of services not available in the network that require out-of-network, out-of-area placement,
- Percent of providers that are certified clinics or licensed individual practitioners,
- Actual vs. projected unit costs and per episode of care costs, and
- Number and percentage of claims that require reconciliation.

2. Service Quality Measures

Service quality measures assess client satisfaction with and quality of a service or program. The Child Welfare League of America defines client satisfaction as "the degree to which services have fulfilled the client's needs, expectations, or wishes". Client satisfaction surveys reflect how services have been perceived by clients. Examples of service quality measures from "Outcomes in a Managed Care Environment" include:

- Number and percent of parents/caregivers who report that the services they received were sufficient for their needs and/or their children's needs,
- Number and percent of parents/caregivers who report that the services they received were culturally competent, and
- Number and percent of parents/caregivers who report that they received assistance from the agency in a timely manner, especially during an emergency or crisis situation.

3. Outcome Measures

Outcome measures (or results measures) gauge the impact of services on the mental health and well-being of clients. This requires establishing benchmarks of desired outcomes. Outcome measures use commonly accepted indicators of child mental health and well-being to measure improvements in child functioning, e.g. regular school attendance and academic achievement; reduction in substance abuse, incarceration and arrests; improvements in family functioning; and personal satisfaction with life. Examples of outcome measures used by the Child Welfare League of America include:

- Number and percent of children who demonstrate significant improvement in functioning using a standardized assessment scale (see page 33),
- Rate of improvement in mental/emotional health status of children as a result of treatment, and
- Number and percent of children that show a significant decrease in maladaptive behavior, i.e. disciplinary actions in school, incarcerations, arrests.

B. Current Data Collection Efforts in Montgomery County

1. Measuring Output

Crystal Reports According to its contract with the State Mental Hygiene Administration, Maryland Health Partners must provide data to help the Core Service Agencies manage the public mental health system. This includes data on the type of services requested and approved, and the dollars expended on public mental health services.

The Montgomery County Core Service Agency staff report that the Maryland Health Partners data is inadequate. In particular, CSA staff cannot access data disaggregated by individual County. The data also fail to distinguish between adults and children seeking and receiving services. Finally, CSA staff report finding evidence of inaccuracies in the Maryland Health Partners' data.

To address these shortcomings, Maryland Health Partners is developing a software application called Crystal Reports to produce more accurate and timely data reports. Core Service Agency staff across the state worked with MHP to design the Crystal Reports' structure. The reports will compile data about providers registered to participate in the system, consumers receiving services, and consumer claims. MHP is expected to produce and distribute selected reports regularly to the CSAs and produce

other reports by special request. The Core Service Agency indicated that examples of information that is expected to be available through the Crystal Reports include:

- County consumer listings;
- Claims list by consumer;
- Cumulative costs per diagnosis by age group;
- Cumulative costs per diagnosis by age group and service type; and
- Summary of costs by provider and service category.

Access Team Data Collection The Access Team has begun to collect output data on access to public mental health services in Montgomery County. Access Team staff currently develop monthly reports that indicate the:

- Source of calls to the Team for assistance accessing services,
- Number of callers referred to each provider participating in the fee-for-service system, and
- Number of callers referred to providers outside the fee-for-service system.

The Access Team database includes information about provider location, specialization, office hours, and languages spoken. DHHS information technology staff plan to develop the capability to produce reports based on these provider characteristics early next year. DHHS staff would also like to expand the database in the future to track additional information useful to Child Welfare Services staff, such as:

- Type and number of services requested and provided,
- Length of time to get an appointment, and
- How often providers decline a public client and why.

Additional funding is necessary to expand the database to include these capabilities.

County Wide Mental Health Needs Assessment The State Department of Health and Mental Hygiene requires all Core Service Agencies in Maryland to conduct a county-wide mental health needs assessment. The Montgomery County Core Service Agency contracted with the Mental Health Association (MHA) to undertake this project. MHA expects the needs assessment, scheduled for completion in February 2000, to serve as a reference for elected officials making budget decisions.

According to the Mental Health Association, the needs assessment will investigate what is working and not working in the public mental health system and identify gaps in services. Mental Health Association staff will conduct focus groups with providers[23] and consumers to hear their perspectives and identify difficulties they have with the system. The first consumer forum was held on November 19, 1999. Topics discussed dealt exclusively with adult mental health care issues.

[23] Focus groups will include providers participating in the fee-for-service system and providers contracted with the County to provide services outside the fee-for-service system.

MHA also plans to integrate information from other reports into the needs assessment. One such report is being conducted by Federation for Families, a consumer and advocacy group in Montgomery County, which will be holding focus groups with parents of emotionally disturbed children.

2. Measuring Customer Satisfaction

Report on Maryland Public Mental Health System: Consumer Satisfaction and Outcomes 1998 During FY 98, Maryland Health Partners contracted with R.O.W. Sciences, Inc. to collect and analyze data about the perception of the Maryland public mental health system from consumers across the state. The report, released in February 1999, represents the first systematic, statewide baseline assessment of reports of satisfaction and outcomes by consumers of publicly financed mental health services in Maryland.

R.O.W. Sciences collected data through telephone interviews with 867 adults and older adolescents, and 492 parents or caregivers of children under age 16. The data included information about:

- The demographics of the clients;
- Mental health services received;
- Improvements in symptoms, housing, family and social situations, independence and other outcomes.

R.O.W. Sciences reported the results of the survey for the entire state, and did not disaggregate the data by county. For children, the survey asked about satisfaction with outpatient services, inpatient services, residential treatment centers, and family support services. According to the report, most respondents statewide (76% child/family; 78% adult) indicated either agreement or strong agreement with the statement "I am satisfied with the mental health services received."

Some of the statewide citizen satisfaction results indicated concerns and dissatisfaction. For example, 61.8% of the respondents agreed or strongly agreed with the statement "I feel I had a choice in selecting my child's service provider." Approximately 36% of the respondents answered "yes" to the question "Do you feel like you currently have any unmet mental health service needs?". Approximately 7% of the respondents indicated that the clinic where their child had received services had closed. The R.O.W. Sciences report states that,

"In probing to understand the impact of the closure, one typical response was that the closure resulted in needing to travel a longer distance to receive services. However, in many cases, while closure was reported, the overall impact of closure was reported to be negligible, and in some cases services received at the new site were reported to be better or more responsive to individual needs. In some cases, however, respondents reported that the closure resulted either in the substitution of a less satisfactory service for one that

had been successfully addressing the needs of the respondent or termination of the services."

Because the data was not disaggregated by county, these responses cannot necessarily be attributed to Montgomery County respondents.

C. Evaluating Outcomes

1. Standardized Assessment Scales

Standardized assessment scales are measurement instruments used by mental health care practitioners, public and private agencies serving at-risk children, school systems, and parents to quantify levels of functioning, behavior, and mental health status. The scales measure individual child and group progress over time, and compare children to an aggregate "norm". Four scales commonly used by public agencies across the country to measure client functioning and mental health are described below.

Child Behavior Checklist (CBCL) The CBCL is a standardized assessment instrument designed to record the behavioral/emotional problems and competencies of children aged 4 through 18, as reported by their parents or caregivers. Parents/caregivers or independent interviewers may administer the test. It has 118 questions describing specific behavioral and emotional problems, which parents rate on a scale from "not true" to "often true". The test has two open-ended questions for reporting additional problems. Problem questions are grouped into eight syndromes: aggressive behavior, anxious/depressed, attention problems, delinquent behavior, social problems, somatic complaints, thought problems and withdrawn. The CBCL also has a related test for 2-3 year olds, and companion tests designed to be filled out by a child's teacher, a clinician and by the child.

The CBCL has been shown to have high inter-rater reliability[24] and content validity, meaning it accurately measures what it is designed to measure.

Child and Adolescent Functional Assessment Scale (CAFAS) The CAFAS measures degree of impairment in children aged 6 – 17, with emotional, behavioral, psychiatric, psychological or substance abuse problems. A parent, teacher, therapist, other relative, or anyone knowledgeable about the child answers questions from the following subject areas: school, home, community, behavior toward others, mood/emotions, self-harmful behavior, substance use, and thinking problems.

Results generated by the CAFAS include a child's total score which can be compared to data available on other clinical samples; a degree of overall dysfunction based on a child's total score; scale scores for each of the subject areas assessed; and other outcome indicators useful for clinical and administrative managers.

---

[24] Each score on a scale has objective meaning independent of individual raters' opinions, such that all raters are using the terms and scales consistently.

Like the CBCL, the CAFAS has been shown to have high inter-rater reliability and content validity. Further, the CAFAS has proved to be sensitive to measuring change in children's conditions over time.

Behavioral Assessment System for Children (BASC) The BASC is a coordinated system of instruments that evaluates the behaviors, thoughts and emotions of children and adolescents, aged 4 – 18. The Parent Rating Scale and Teacher Rating Scale measure adaptive and problem behaviors of children in the school, home, and community settings. Each item is a brief description of behavior, which the respondent rates on a scale ranging from "never" to "almost always". These scales rate children in such areas as externalized problems (aggression, hyperactivity, conduct), internalized problems (anxiety, depression), adaptive skills (adaptability, leadership, social skills, study skills).

The Self-Report of Personality (SRP), for ages 8 – 18, provides insight into children's thoughts and feelings about themselves and their environments through a series of true/false questions. The Student Observation System provides a form for coding and recording direct observations of a child's behavior through observations.

Unlike the CBCL and the CAFAS, the BASC incorporates strength-based measures into its scales, identifying positive behavior and functioning, as well as problems. The BASC scale is currently used by Montgomery County Public Schools.

Global Assessment of Functioning Scale (GAF) The GAF reports the clinician's judgement of an individual's overall level of functioning. It is a quick demographic snapshot of a person's functioning, not intended as a comprehensive analysis of functioning and well-being.

The GAF rates psychological, social and occupational functioning on a continuum scale from 0 –100. After interviewing an individual, the clinician assigns a score. A score of 100 denotes "Superior functioning in a wide range of activities" or "No symptoms". A score of 50 indicates "Serious symptoms (e.g. suicidal depression, severe obsession rituals)" or "Serious impairment in social, occupational, or school functioning (e.g. no friends, unable to hold a job)". A score of 10 indicates "Persistent danger of severely hurting self or others" or "Persistent inability to maintain minimal personal hygiene" or "Serious suicidal act with clear expectation of death".

2. The Substance Abuse and Mental Health Service Administration (SAMHSA) Grant

Outcomes evaluation is a major part of a grant awarded in October of 1999 to Montgomery County's Department of Health and Human Services by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The grant, called "Comprehensive Community Mental Health Services for Children and Their Families", awards $7 million over a five year period to implement a broad array of local, community-based services for children with serious emotional disturbances, and their families. Led by the Collaboration Council, the grant will augment current efforts to

integrate various services provided to this population into a local comprehensive system of care, e.g., health, mental health, substance abuse treatment, child welfare, education, and juvenile justice.

The grant requires that the Department develop an evaluation program for the systems of care, including a longitudinal study of the outcomes of services. DHHS' Office of Accountability and Customer Services will administer the evaluation work. Approximately 400 at-risk children, aged 5 – 13, will participate in the evaluation program over the course of five years. According to DHHS, most of the participants will be involved with Child Welfare Services, the MD Department of Juvenile Justice, and/or other public agencies.

The SAMHSA grant specifies that the Children's Behavior Checklist and the Child and Adolescent Functional Assessment Scale (described on page 33) be used to measure outcomes in children's mental health and behavior. All SAMHSA grant recipients nationwide are required to use the CBCL and the CAFAS. In addition, several other measurement instruments designed to assess the family situation and response to services will also be used. Beginning in March, 2000, the whole measurement apparatus will be administered to a child and his/her family every six months for the life of the grant. A trained lay interviewer will conduct an hour and a half structured interview, comprising all the various measurement instruments to be included.

Data derived from the Children's Behavior Checklist and the other measurement instruments is expected to serve several purposes. First, staff expect to use the collected data to evaluate the overall success of the system in improving the mental health and well-being of children over time. It should also enable all relevant agencies to access data on services and results for every child involved in the evaluation process. Agencies could then use the information for case management and monitoring and to coordinate care between agencies. The evaluation will also provide aggregated data on populations of children in a consistent format.

DHHS' Accountability and Customer Service (ACS) staff hope to build a comprehensive system of evaluation on the foundation laid by the SAMHSA outcomes evaluation program. Using the infrastructure and knowledge gained during the SAMHSA study, ACS staff hope to have the resources necessary to create a permanent evaluation program for the children's public mental health care system. The goals are to develop a system that is easily accessible by all parties involved in children's mental health and welfare, use standardized measurement instruments common across agencies, and support continuous improvement of the public mental health system in Montgomery County.

3. SumOne for Kids-Maryland

In October, 1996 the Maryland Association of Resources for Families and Youth (MARFY), launched an outcome evaluation program called SumOne for Kids – Maryland. MARFY is a non-profit association of private organizations and agencies that

serve children and their families. There are currently 45 agencies participating in the program, all of them licensed by the state of Maryland and on contract with their respective counties to provide services.[25] The majority of the organizations are foster care placement agencies, residential treatment centers or group homes, which provide a variety of mental health services to children. Two participating agencies provide outpatient mental health services exclusively.

The SumOne for Kids Outcome Evaluation System is based on SumOne© software designed by the Pittsburgh-based Corporation for Standards and Outcomes. The three step evaluation process involves collecting basic demographic information on the child, rating the child's level of functioning using the CAFAS scale (see page 33), and conducting outcome interviews.

The agencies evaluate the child when admitted into care, at quarterly intervals throughout the year, and at the time of discharge from care. Agency staff enter the data into the SumOne software system and export the aggregate data (in encrypted form for purposes of anonymity) on all children in the agency's care to MARFY. MARFY personnel analyze this data and produce reports by service level for individual agencies, and aggregate reports for all participating agencies. Agencies can use the aggregate reports to benchmark performance in delivering services and promoting child well-being.

Each agency signs a three-year contract with MARFY and pays an annual subscription fee of between $2,500 – $3,200, depending on size. Participation in the SumOne system satisfies certification criteria by independent accreditation organizations, such as the Council on Accreditation and the Joint Commission for the Accreditation of Health Care Organizations (JCAHCO). Where Maryland state licensing requires outcome evaluations, the SumOne system meets these criteria as well.

MARFY member agencies have experienced difficulty implementing the system as it was first envisioned. First, both MARFY and member agencies underestimated the technical resources and manpower necessary to run the system effectively. Many agencies didn't have computer systems sophisticated enough to carry the software, or sufficient adequately trained staff to operate the system. Until recently, MARFY has not had sufficient data to produce reports tracking outcomes because many agencies were only implementing parts of the system, (such as the CAFAS scale). MARFY now reports that many of the technical and manpower difficulties have been solved, and that the system is now running close to how it was originally intended.

4. Potential Pilot Outcomes Evaluation Program in Montgomery County

Core Service Agency staff are currently in dialogue with the state's Mental Hygiene Administration to consider developing a pilot outcomes evaluation program in Montgomery County. The Access Team's database currently contains an up-to-date list of the mental health care providers participating in the fee-for-service system, and their specific services. The potential pilot program would build on data currently collected by

[25] Participation in SumOne is required for membership in MARFY.

the Access Team by evaluating whether the services are improving the mental health status of the clients.

As envisioned, the pilot program would involve providers using the Child Behavior Checklist, or a similar standardized assessment instrument, to measure their clients' mental health improvements. Providers would report data to the Access Team. The Core Service Agency is considering offering a cash incentive or some form of grant funding for providers who participate in the pilot. The CSA is still discussing the details of the potential pilot evaluation program with the state's Mental Hygiene Administration.

Part VI – Findings and Recommendations

This portion of the report identifies key findings and recommendations from OLO's review of public mental health services for children in the County's Child Welfare Services program. The section is organized into six topics, each describing a finding and related recommendation(s).

The recommendations focus on gaining a better understanding of the problems encountered by Child Welfare Services (CWS) staff in accessing mental health services. OLO's analysis identified a lack of data to quantify the reported problems regarding access to services or to measure the outcomes on children's' mental health status. The Council needs this type of information to make prudent policy and fiscal decisions about child mental health services for CWS clients. The Council also needs reliable data to present to the State to suggest adjustments to the system and/or to secure funds to make changes in Montgomery County.

In sum, OLO recommends that:

- DHHS continue its current efforts to address the concerns of CWS staff,
- DHHS collect data about the mental health needs of CWS children, the process of accessing services, and the results or outcomes of the mental health services provided,
- The County Council and DHHS obtain more feedback from providers about participating in the public mental health system, and
- The County Council regularly review mental health services for CWS clients.

A. OLO recommends that the Department of Health and Human Services continue to address Child Welfare Services staff concerns regarding access to public mental health services.

Finding

Since shifting in 1997 to a fee-for-service system for providing public mental health services, the State Mental Hygiene Administration and Montgomery County Core Service Agency have worked to adjust and refine the system to meet the consumers'

needs. For example, the State increased rates for outpatient child mental health services in FY 1998 and reports that the rates will increase again during FY 2000. The Core Service Agency established ways to communicate with and support participating providers during the transition to the fee-for-service system.

Some of the efforts to improve the public mental health system specifically focus on the needs of children in Child Welfare Services (CWS). Individuals involved with CWS expressed concerns with the new system from its inception. The Core Service Agency (CSA) has and continues to respond to these concerns. For example, the CSA secured additional grant funds in FY 2000 to pay providers for needed services that are not reimbursed through the fee-for-service system (i.e., court related services). The CSA created the Access Team to address CWS difficulty accessing accurate information about providers.

Recommendation

OLO recommends that the Core Service Agency work with DHHS' Children, Youth, and Families service area and the State to continue addressing the complex mental health needs of children involved with Child Welfare Services. In particular, OLO recommends that :

- The Core Service Agency regularly communicate with Child Welfare Services staff regarding access to public mental health services for CWS clients, including CWS staff concerns and Core Service Agency efforts to address those concerns;

- The Core Service Agency continue encouraging providers to participate in the fee-for-service system, particularly those providers with the specialties and in the geographic locations that meet Child Welfare Services needs; and

- The Core Service Agency and Child Welfare Services staff educate providers about the unique and complex needs of CWS clients, and how to best meet those children's mental health service needs.

B. OLO recommends that the Department of Health and Human Services quantify the mental health needs of children involved in Child Welfare Services and the difficulties related to access to care for that population.

Finding

DHHS has addressed multiple problems with the public mental health system reported by Child Welfare Services staff since the shift to managed care. Even with these efforts, CWS staff reported to OLO that they still encounter some problems accessing child mental health services. In particular, CWS staff report difficulty accessing providers willing to service complex CWS cases, providers with certain specialized skills, and providers with offices in certain regions of the County.

According to the Core Service Agency, other users of the Maryland public mental health system do not encounter these difficulties. Rather, the problems appear indicative of the complex needs of CWS clients and their lack of resources to effectively operate within a managed care system. Since registered providers can refuse to serve CWS clients and the County no longer operates public mental health clinics, there is no safety net for children that cannot find appropriate services through the fee-for-service system.

DHHS does not currently collect data on the mental health needs of children served by Child Welfare Services or data that quantifies the problems reported by Child Welfare Services staff. Without data to quantify the reported perceptions, it will be difficult to make a valid and supportable argument to the State for additional resources or changes to the public mental health system.

Recommendation

OLO recommends that the Department of Health and Human Services collect data on the mental health needs of children involved in Child Welfare Services and the process of accessing services for those children. Access Team staff reported that they would like to collect this type of information in the future. OLO recommends that DHHS collect data on:

- The number of cases that CWS staff refer to public mental health services,
- The types of mental health services that CWS clients need, including specific language needs,
- The geographic location of CWS children that need mental health services,
- The reasons reported by providers for not taking Child Welfare Services clients (e.g., not participating in the State public mental health system, no spaces left for public mental health system clients, don't provide the needed service or specialty),
- The number of days between the initial contact with the provider and the appointment with the client,
- The number of clients treated by a provider outside the state fee for service system because a suitable provider was not available within the fee-for-service system, and
- The types of services delivered by providers outside the fee-for-service system.

This data represents the first step toward obtaining a comprehensive understanding of public mental health services for children involved with Child Welfare Services. It quantifies the number of CWS children receiving mental health services and the kinds of services. It also quantifies some of the difficulties accessing services that CWS staff reported. The next two recommendations addresses additional critical

information about the providers and services available through the public mental health system and the outcomes of the system.

C. OLO recommends that the Department of Health and Human Services continue to use the Access Team to address problems identified by Child Welfare Services staff and to collect data on the services and providers available through the public mental health system.

Finding

DHHS created the Access Team to address the Child Welfare Service staff's reported difficulties accessing public mental health services. In particular, CWS staff reported that inaccuracies in the Maryland Health Partners provider database created inefficiencies in the provider identification and referral process. In response, the Core Service Agency asked the Access Team to develop an accurate database of providers in Montgomery County that serve children in the public mental health system.

The Access Team is also available to assist Child Welfare Services staff to maneuver through the Maryland Health Partners provider identification and referral process. Upon a CWS staff request, the Access Team will use their updated provider database to identify potential providers that meet CWS needs. The Access Team will also take over coordination with MHP, as necessary, to free up CWS staff time.

According to DHHS, since the County stopped operating all but one of the public mental health clinics, consumers have encountered difficulties accessing general information about mental health services in Montgomery. Over time, DHHS expects the Access Team to meet this need, as a single point of information about adult, senior and child public mental health services in Montgomery County. All DHHS staff and County citizens will call the Access Team for general information about public mental health services or to begin the process of provider identification and referral for children, adults and seniors.

The Access Team also collects data on the outpatient mental health services available to CWS clients through the public mental health system, including:

- Providers registered to participate and willing to accept CWS clients,
- Types of services provided and provider specialties,
- Services available in other languages,
- Provider office hours, and
- Provider office locations.

In the future, DHHS staff report that they would like to expand the database to include such information as the types of services requested vs. the types of services provided; length of time required to get an appointment; and why and how often providers decline a public client. This information is critical to obtaining a

comprehensive and ongoing understanding of any gaps in services for CWS clients and other problems associated with accessing services.

Recommendation

OLO recognizes that the Access Team can potentially ease difficulties encountered by Child Welfare Services staff in accessing mental health services. OLO recommends that DHHS make the expansion and completion of the Access Team provider database a priority, and encourage communication between Child Welfare Services staff and the Access Team.

OLO also recommends that after the database is completed, DHHS develop a consistent policy for CWS staff to use the Access Team to access public mental health services. Currently, CWS staff use different strategies to access services. Depending on the client and the situation, CWS staff identify providers by contacting Maryland Health Partners, the Access Team, or the providers directly.

OLO also recommends that DHHS take advantage of the Access Team's capacity to collect and analyze data. Combining the data on the needs of CWS children with current Access Team information about available services and providers will provide quantitative evidence of the gaps in service in Montgomery County. For example, the Access Team could analyze data on the number of CWS kids needing sexual abuse therapy and the number of providers in Montgomery County with that specialization.

D. OLO recommends that the Department of Health and Human Services measure the outcomes of public mental health services for children involved in Child Welfare Services.

Finding

Measuring results (outcomes) represents an essential component of information necessary to evaluate the effectiveness of the public mental health system for children involved with Child Welfare Services. OLO's research indicates that various projects are underway to quantify the outcomes of mental health services to children. Few of the current projects focus specifically on public mental health services for children served by Child Welfare Services.

For example, the Substance Abuse and Mental Health Service Administration Grant (see page 34) includes an evaluation of the effect of a variety of different services on emotionally disturbed children. According to DHHS staff the children evaluated will include some Child Welfare Services clients. The evaluation will not distinguish between children that receive mental health and other services through commercial insurance versus the public mental health system. Also, the evaluation will not distinguish the effect of the mental health services versus other social services provided (e.g., health, education, juvenile justice).

Recommendation

OLO recognizes that many efforts are currently underway to evaluate the effect of mental health and other services on children in Montgomery County. While these projects will produce useful information for the Department of Health and Human Services and the County Council, they do not focus on public mental health services for children in Child Welfare Services. OLO recommends that the Councilmembers consider whether this type of information serves their needs or if they want to establish a separate evaluation system that monitors the outcomes of public mental health services for children in Child Welfare Services specifically.

The potential pilot program identified by the Core Service Agency (see page 36) would evaluate the mental health outcomes of children served through the Maryland public mental health system. This program may better meet the Council's evaluation needs. OLO recommends that the Council discuss with DHHS how to assure that this pilot moves forward, as well as the possibility of separately collecting and reporting data on services received by Child Welfare Services children.

OLO also recommends that DHHS coordinate the pilot program and any other outcome evaluation efforts closely with other agencies that serve children (e.g. Department of Juvenile Justice, Montgomery County Public Schools), and with the SAMHSA grant program, to ensure that they use common systems and instruments to assess results. A common instrument would avoid duplication of effort and support coordinated service delivery.

The combination of information that OLO recommends DHHS collect will provide a comprehensive understanding of the status of public mental health services for CWS clients. It includes data on the mental health needs of CWS children, the services and providers available through the public mental health system, and the outcomes or results of the services. DHHS and the Council can use this kind of information, as appropriate, to support requests for additional State funds and suggested adjustments to the Maryland public mental health system.

E. OLO Recommends that the Council and DHHS obtain more feedback about working within the public mental health system from individual private practitioners.

Finding

Given the scope and timing of this study, OLO relied on interviews with DHHS staff for information about the service providers' perspective of the Maryland public mental health system. Understanding the providers' perspective is critical to addressing issues raised by Child Welfare Services staff. Of particular interest is information regarding providers' decisions about whether to participate in the public mental health system and whether to accept CWS clients.

The Core Service Agency communicates regularly with some of the providers that participate in the public mental health system. The CSA also created the Provider Council to established a forum to discuss the public mental health system. The Provider Council includes representatives from local hospitals; mental health centers/clinics; psychiatric rehabilitation programs; residential, vocational, consumer, and supported employment providers. Individual practitioners appear to be under-represented.

Council staff will meet on December 15, 1999 with a group of providers registered to participate in the public mental health system. The providers offer a variety of services in individual practices and mental health clinics. Some of the topics that Council staff plan to discuss with the providers include:

- The number of public mental health system children served,
- Obstacles to providing services in the fee-for-service system,
- Positive aspects of the fee-for-service system,
- Suggested changes or improvements to the system, and
- Steps the County could take to encourage additional provider participation.

Council staff will report to the Health and Human Services Committee on the discussion in February 2000.

Recommendation

OLO supports the Council staff's December 15 initiative to learn more about the service providers' perspectives. Following that session, OLO recommends that Council staff determine whether similar meetings with additional providers or other efforts are necessary to obtain more provider feedback.

OLO recommends that DHHS formally pursue additional information on the perspective of individual private practitioners participating in Maryland's public mental health system. For example, DHHS could enhance efforts to include individual practitioners on the Provider Council. Their perspective is particularly important, because DHHS reports that individual private providers experience more difficulty serving CWS clients in the public system than providers at mental health centers.

F. OLO recommends that the Council maintain an on-going review of data about the public mental health system for children in Child Welfare Services.

Finding

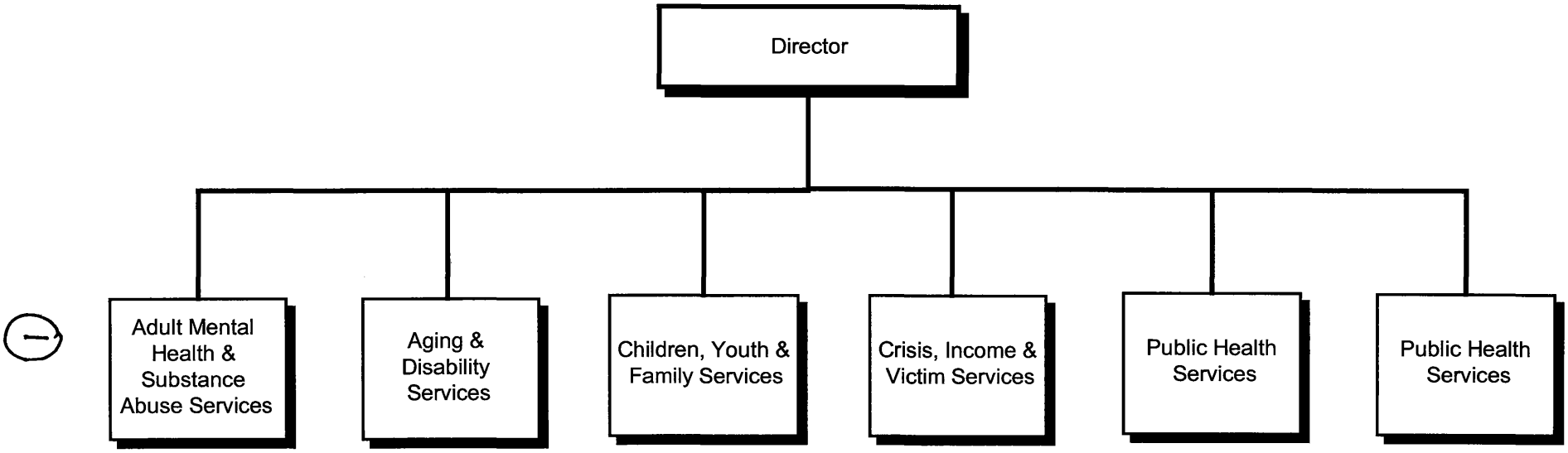
This memorandum report provides the County Council with background information about public mental health services for Child Welfare Services clients. It also provides an overview of the difficulties reported by Child Welfare Services staff and the Core Service Agency initiatives in response to reported problems.

During the remainder of FY 2000, the County and others will move forward and complete initiatives related to child mental health services. For example, the Access Team will collect data and produce reports about mental health providers in the County. The Access Team will also continue to assist Child Welfare Services staff to access services. In addition, the Mental Health Association will complete a mental health needs assessment for Montgomery County, and the State Mental Hygiene Administration will increase some reimbursement rates.

Recommendation

Since additional information and data that will be available through the remainder of FY 2000, OLO recommends that the Council revisit this issue during the summer of 2000 and regularly thereafter. The Council should review data collected about the public mental health system and the results of efforts to address Child Welfare Services staff concerns. This information will help the Council assess the adequacy of the system and identify potential changes and improvements. This information is critical when approaching the State for system adjustments and additional funds. To learn information not apparent in the data, OLO recommends that the Council staff continue to convene groups of service providers, Core Service Agency staff, and Child Welfare Services staff, to obtain their feedback about the system.

Appendix A: Organization of the Department of Health & Human Services



- Addiction Services Coordination
- **Core Service Agency**
- Jail Addiction and Community Re-Entry Services
- Outpatient AddictionTreatment
- Adult Outpatient Mental Health Services
- Service Area Administration

- **Child and Adolescent Mental Health Services**
- Child Care
- Children and Youth Community Services
- **Child Welfare Services**
- Conservation Corps
- Infants and Toddlers Program
- Linkages to Learning
- Educational Alternatives
- School Health Services
- Systems Reform Initiative
- Service Area Administration

Appendix B – List of Resources

Behavior Assessment System for Children (BASC), American Guidance Services, Inc., Circle Pines, MN, 1992.

Briefing – Privatization of Mental Health Services, HHS Committee Briefing Packet, Joan Planell and Essie McGuire, April 1, 1999

Child and Adolescent Functional Assessment Scale (CAFAS), Functional Assessment Systems, L.L.C., Ann Arbor, MI

Child Behavior Checklist (CBCL), The Achenbach System of Empirically Based Assessment (ASEBA), 1983, http://checklist.uvm.edu

Child Mental Health Service in Montgomery County – Report Submitted to the County Council by the Department of Health and Human Services, October 6, 1999

Current List of Private Providers, Department of Health and Human Services, October 5, 1999

Diagnostic and Statistical Manual of Mental Disorders, IV Edition, American Psychiatric Association, Washington, D.C.

Fiscal Year 1999 Annual Report – Accomplishments, Challenges and Preparing for Future Needs, Core Service Agency, DHHS

Fiscal Year 1999 Operating Budget Worksession Packet for the Health and Human Services Committee, Joan Planell, May 4, 1999

Fiscal Year 2000 Operating Budget Worksession Packet for the Health and Human Services Committee, Joan Planell and Essie McGuire, April 21, 1999

Maryland Public Mental Health System Rates, Mental Hygiene Administration, DHMH, 1997

Mental Health Plan FY 1999-2001, Montgomery County Core Service Agency, August 1998

Office of Legislative Oversight Budget Project: Child Welfare Workload Analysis, Office of Legislative Oversight, April 17, 1998

"Outcomes in a Managed Care Child Welfare Environment", C. McCullough and B Schmitt, Child Welfare League of America, 1998

"Practitioner Expenditures and Utilization: Experience from 1997", Maryland Health Care Commission, Baltimore, MD, www.mhcc.state.md.us, 1999

Update on Mental Health Services: Medicaid Reform and the Privatization of Selected Mental Health Clinics, HHS Committee Briefing Packet, Joan Planell, September 17, 1997

Appendix C – DHHS List of Participating Providers

The providers on this list currently provide outpatient mental health services to children in the public mental health system. The Department of Health and Human services reports that 170 providers meet these criteria. The attached list contains 223 names because providers that operate multiple offices or locations have every location listed. The list contains 170 names when multiple offices are removed.

FName	LName	Address	City	State	ZipCode	Phone
Diane	Hanek	650 Pennsylvania Ave. SE #404	Washington	DC	20003	(202) 544-5440
Marilyn	Benoit	770 M St. SE	Washington	DC	20003	(202) 547-3870
Ralph	Wadeson Jr.	1800 Eye St. Suite 301	Washington	DC	20006	(301) 868-8291
Beth	Altman	918 16th St. NW #703	Washington	DC	20006	(202) 686-6307
Alice	Lazar	3000 Conn Ave. NW #201	Washington	DC	20008	(202) 537-2000
Diane	Hanek	1536 U St. NW	Washington	DC	20009	(202) 671-1275
Joseph	Petrizzo	111 Michigan Ave., NW	Washington	DC	20010	(202) 884-4716
Monica	Baruch		Washington	DC	20015	(301) 989-4680
Genevieve	Connell	3616 Rittenhouse St. NW	Washington	DC	20015	(202) 966-0464
Allan	Schwartzberg	4545 42nd St.	Washington	DC	20016	(301) 590-9000
Joan	Goldberg	1921 Sunder Land Pl. NW	Washington	DC	20036	
Robert	Kayton	2424 Pennsylvania Ave., Suite 116	Washington	DC	20037	(202) 467-6320
Mikhael	Taller	6615 Reistershown Rd. #205A	Baltimore	MD	20215	(410) 908-7215
Sharon	Strand	9015 Woodyard Rd. #209	Clinton	MD	20735	(301) 856-3636
Ralph	Wadeson Jr.	9135 Piscataway Rd. #235	Clinton	MD	20735	(301) 868-8291
Madeline	Karpel	9111 Edmonston Rd., Suite 100	Greenbelt	MD	20770	(301) 614-1444
George	James	9111 Edmonston Rd. #200	Greenbelt	MD	20770	(301) 614-1444
Andrea	Morenoff	7215 Hanover Pkwy, Suite A	Greenbelt	MD	20770	(301) 345-7077
Maureen	Ritz	5126 Baltmore Ave.	Hyattsville	MD	20781	(301) 779-7010
Family Trauma	Services	6200 Annapolis Rd. Suite 300	Landover Hills	MD	20784	(301) 386-9022
Doris	Strange	6200 Annapolis Rd. #421	Landover Hills	MD	20784	(301) 772-5200
Washington As	sessment (WATS)	Landouer Mall, West Office Bldg. #203	Landover	MD	20785	(301) 322-4243
Joel	Ganz	Landover Mall	Landover	MD	20785	(301) 322-4243
Sherlyn	Satterwhite	3 Brightseal Rd. #903	Landover	MD	20785	(301) 574-1644
Alorin	Harris	5411 W. Cedar Lane, Suite 207A	Bethesda	MD	20814	(301) 471-9782
Robert	Kayton	4405 East West Highway #507	Bethesda	MD	20814	(301) 656-6296
Neal	Morris	4641 Montgomery Ave., Suite 210	Bethesda	MD	20814	(301) 907-3471
Howard	Pressman	4608 Glenbrook Pkwy.	Bethesda	MD	20814	(301) 215-6945
Edward	Turner	4848 Batteru Lane #101	Bethesda	MD	20814	(301) 654-4029
Ronald	Redmond	7925-9B Glenbrook Rd.	Bethesda	MD	20814	(301) 460-5037
Ellen	Schaefer-Salins	4401 East West Hwy #306	Bethesda	MD	20814	(301) 384-3631
Barry	Mendelsohn	4401 East-West Highway, Suite 306	Bethesda	MD	20814	(301) 961-8806
Juan	Saavedra	5413 W. Cedar Lane	Bethesda	MD	20814	(301) 564-6320

(4)

FName	LName	Address	City	State	Zipcode	Phone
Juan	Saavedra	9510 Kingsley Ave.	Bethesda	MD	20814	(301) 564-6320
Susan	Stevens	4308 Montgomery Ave.	Bethesda	MD	20814	(301) 588-8223
Richard	Wolff	10401 Old Georgetown Rd.	Bethesda	MD	20814	(301) 530-4550
St. Luke's House		6040 Southport Dr.	Bethesda	MD	20814	(301) 493-4200
Rose Marie	Tierney	5000 Battery Lane, Suite 104	Bethesda	MD	20814	(301) 656-4087
Andrea	Morenoff	5411 W. Cedar La. #207A	Bethesda	MD	20814	(301) 897-8990
Arthur	Horton	5903 Lone Oak Drive	Bethesda	MD	20814	(410) 823-6030
Robert	Simon	7921 Glenbrook Rd.	Bethesda	MD	20814	(301) 652-0010
Nicholas	Kirsch	4809 St. Elmo Ave.	Bethesda	MD	20814	(301) 907-8934
Marilyn	Benoit	4600 East-West Hwy. #900	Bethesda	MD	20814	(301) 654-3903
Donna	Small	5411 W. Cedar Lane #209A	Bethesda	MD	20814	(301) 581-0551
CPC Health Co		8311 Wisconsin Ave., C-19	Bethesda	MD	20814	
Debra	Schmal	7317 Summit Ave.	Chevy Chase	MD	20815	(301) 656-4560
Joyce	Hadl	2802 Washington Ave.	Chevy Chase	MD	20815	(301) 495-5981
Barbara	Oppenheimer	3210 Pauline Drive	Chevy Chase	MD	20815	(301) 654-6067
Ann	Aukamp	2 Wisconsin Circle #700	Chevy Chase	MD	20815	(202) 622-3075
Janice	Krupnick	5480 Wisconsin Ave. #220	Chevy Chase	MD	20815	(301) 654-2142
Audrey	Kramer	5909 Searl Terrace		MD	20816	(301) 229-1076
Beryce	Maclennan	6307 Crathie Lane		MD	20816	
Patricia	Heiber	6312 Democracy Blvd.	Bethesda	MD	20817	(301) 530-5336
Joan	Goldberg	8303 Whittier Blvd.	Bethesda	MD	20817	(202) 785-4925
Euthymia	Hibbs	7302 Durbin Terrace	Bethesda	MD	20817	(301) 652-5552
Stewart	Zelman	5410 McKinley Street	Bethesda	MD	20817	(301) 593-8333
Beverly	Zeidenberg	8200 Thoreau Dr.	Bethesda	MD	20817	(301) 365-3679
Patricia	Fitzpatrick	9300 Fernwood Rd.	Bethesda	MD	20817	(301) 467-5992
Joyce	Derby	2915 B Olney-Sandy Spring Rd.	Olney	MD	20832	(301) 570-7500
MGH-Addiction		18101 Prince Philip Drive	Olney	MD	20832	(301) 774-8800
Irwin	Papish	Montgomery General Hospital	Olney	MD	20832	(301) 774-8860
David	Levin	3204 Sandburg Terrace	Olney	MD	20832	(301) 774-5814
Sarah	Arness	1 West Deer Park Rd. Suite 101	Olney	MD	20832	(301) 590-9860
Joyce	Derby	4900 Continental Drive	Olney	MD	20832	(301) 570-1513
Cecil	Harris	One Church Street #102	Rockville	MD	20850	(301) 340-0707
Francine	Berger	50 W. Montgomery Ave.	Rockville	MD	20850	(301) 251-8965

(5)

FName	LName	Address	City	State	ZipCode	Phone
James	Holmes	14801 Physicians Lane, Suite 273	Rockville	MD	20850	(301) 315-0285
Jane	Cantor	932 Hungerford Dr. #5B	Rockville	MD	20850	(301) 315-2435
Melissa	Regan	50 W. Montgomery Ave. #110	Rockville	MD	20850	(301) 251-8965
Cindy	Pagella	932 Hungerford Dr. #5B	Rockville	MD	20850	(301) 315-2435
David	Posner	50 W. Montgomery Ave. #110	Rockville	MD	20850	(301) 251-8965
Robin	Mustain	500 West Montgomery Ave.	Rockville	MD	20850	(301) 424-8300
Kathleen	Connell	14801 Physician Lane Suite 17	Rockville	MD	20850	(301) 217-5449
Irwin	Papish	1301 Piccard Dr.	Rockville	MD	20850	(240) 777-4229
Robert	Olson	100 Park Ave., Suite 100	Rockville	MD	20850	(301) 309-8200
Bert	Nayfack	500 W. Montgomery Ave.	Rockville	MD	20850	(301) 424-8300
Murry	Kramer	100 Park Ave. Suite 100	Rockville	MD	20850	(301) 309-8200
Robert	Kirkhorn, Jr	6280 Montrose Rd.	Rockville	MD	20850	(301) 236-5449
Edgerdo	Menvielle	14804 Physicians Lane, Suite 122	Rockville	MD	20850	(301) 424-1755
William	Shore	100 Park Ave., Suite 100	Rockville	MD	20850	(301) 309-8200
Catherine	McAllpine	303 Baltimore Rd.	Rockville	MD	20850	(301) 315-0675
Louise	Volk	932 Hungerford Dr. Suite 37A	Rockville	MD	20850	(301) 294-3106
Cathy	Friedman	557 Monet Drive	Rockville	MD	20850	(301) 279-9722
Rose	Murdock	50 West Montgomery Ave.	Rockville	MD	20850	(301) 251-8965
Anne	Menotti	100 Park Ave. #100	Rockville	MD	20850	(301) 309-8200
Sandra	Epstein	50 W. Montgomery Ave. Suite 110	Rockville	MD	20850	(301) 949-2722
Patricia	Grodin	100 Park Ave. Suite 100	Rockville	MD	20850	(301) 309-8200
Mac Associates		303 Baltimore Rd.	Rockville	MD	20850	(301) 315-0675
Sandra	Epstein	50 W. Montgomery Ave. Suite 110	Rockville	MD	20850	(301) 251-8965
Miles	Goldstein	77 S. Washington St. #307	Rockville	MD	20850	(301) 738-2078
Robert	Kurtz	500 W. Montgomery Ave.	Rockville	MD	20850	(301) 424-8300
Faustina	Shore	100 Park Ave., Suite 100	Rockville	MD	20850	(301) 309-8200
CPC Health Co		500 W. Montgomery Ave.	Rockville	MD	20850	
Wroya	Afshar	100 Park Ave. Suite 100	Rockville	MD	20850	(301) 309-8200
Hemanjani	Gonchigar	100 Park Ave. Suite 100	Rockville	MD	20850	(301) 309-8200
Kathryn	Maday	5411 Grove Ridge Way	Rockville	MD	20852	(301) 530-3545
Joel	Ganz	11420 Strand Dr.	Rockville	MD	20852	(301) 881-8813
Reginald Lourie		11710 Hunters Lane	Rockville	MD	20852	(301) 984-4444
Alice	Lazar	11426 Rockville Pike, Suite316	Rockville	MD	20852	(301) 468-8898

FName	LName	Address	City	State	ZipCode	Phone
Betsy	Hirschel	6308 Cameo Court	Rockville	MD	20852	(301) 530-2227
Jewish Social Services		6123 Montrose Road	Rockville	MD	20852	(301) 881-3700
Anne	Rafal	4915 Aspen Hill Rd.	Rockville	MD	20852	(301) 933-9033
Ellen	Dye	6325 Exective Blvd.	Rockville	MD	20852	(301) 770-0275
Mikhael	Taller	6201 Executive Blvd.	Rockville	MD	20852	(301) 765-0396
Sharon	Strand	13511 Crispin Way	Rockville	MD	20853	(301) 871-3845
Mari	Craig	4064 Norbeck Square Dr.	Rockville	MD	20853	(301) 929-9332
Jolie	Golomb	4915 Aspen Hill Rd.	Rockville	MD	20853	(301) 933-9033
Susan	Cooper	917 Willowleaf Way	Rockville	MD	20854	(301) 294-7912
Trudy	Summers	10048 Colebrook Ave.	Rockville	MD	20854	(301) 251-4188
Nancy	Clark	10125 Darmuid Green Dr.	Rockville	MD	20854	(301) 983-3173
Wroya	Afshar	8807 Quiet Stream Ct.	Rockville	MD	20854	(301) 299-3996
Haralyn	Schwartz	8516 Hunter Creek Trail	Rockville	MD	20854	(301) 983-9810
Harriet	Breslow	8712 Harness Trail	Rockville	MD	20854	(301) 983-1321
Haralyn	Schwartz	8516 Hunter Creek	Rockville	MD	20854	(301) 983-9810
Robert	Kurtz	10140 Gavy Rd.	Rockville	MD	20854	(301) 299-8428
David	George	10400 Joiners Ln.	Rockville	MD	20854	(301) 424-7462
Praymol	Varghese	5920 Hubbard Dr.	Rockville	MD	20854	(301) 984-9791
Burke	Mealy	15817 Crabbs Branch Way	Rockville	MD	20855	(301) 948-2280
CPC Health Co		12900 Middlebrook Road	Germantown	MD	20874	
Mary	Mahoney	10900 Middlebrook Rd.	Germantown	MD	20874	(301) 972-0307
Robin	Mustain	4400 East-West Highway, Suite 720	Germantown	MD	20874	(301) 652-3744
Laurie	Kaslove	933D Russell Ave.	Gaithersburg	MD	20875	(301) 254-4650
Maryrose	Rogolsky	16200 Frederick Rd., #502	Gaithersburg	MD	20877	(301) 978-9750
Alison	Rosenberg	16220 Frederick Rd., #502	Gaithersburg	MD	20877	(301) 978-9750
Alorin	Harris	9053 Shady Grove Ct.	Gaithersburg	MD	20877	(301) 417-9782
Allan	Schwartzberg	9021 Shady Grove Court	Gaithersburg	MD	20877	(301) 590-9000
Lee	Goldman	9037 Shady Grove Ct.	Gaithersburg	MD	20877	(301) 721-9324
Debra	Tasman	8943 Shady Grove Ct.	Gaithersburg	MD	20877	(301) 548-9596
Bonnie	Tyler	16220 Frederick Rd., #502	Gaithersburg	MD	20877	(301) 978-9750
Nicholas	Rock	9021Shady Grove Ct.	Gaithersburg	MD	20877	(301) 231-7022
Daniel	York	16031 Comprint Circle	Gaithersburg	MD	20877	(301) 258-2717
Laura	Ting	16220 Frederick Rd., #502	Gaithersburg	MD	20877	(301) 978-9750

(5)

FName	LName	Address	City	State	ZipCode	Phone
Rosalind	Goldfarb	424 N. Frederick Ave. #8A	Gaithersburg	MD	20877	(301) 258-2626
CPC Health Co		15444 Luanne Drive	Gaithersburg	MD	20877	
Ruth	Simon	16220 Frederick Rd. #502	Gaithersburg	MD	20877	(301) 978-9750
Genevieve	Connell	16220 Frederick Road	Gaithersburg	MD	20877	(301) 978-9750
Sheila	Cohen	8943 Shady Grove Ct.	Gaithersburg	MD	20877	(301) 590-9000
Rosalind	Goldfarb	424 N. Frederick Ave. #8A	Gaithersburg	MD	20877	(301) 258-2626
Victoria	Bailey-Daniels	16220 Frederick Rd. #330	Gaithersburg	MD	20877	(301) 379-8446
Walter	Siggers	9077 Shady Grove Ct.	Gaithersburg	MD	20877	(301) 963-4935
Beth	Altman	9077 Shady Grove Ct.	Gaithersburg	MD	20877	(202) 686-6307
Marcia	Moss	16220 Frederick Rd., #502	Gaithersburg	MD	20877	(301) 978-9750
Saul	Lieberman	9053 Shady Grove Ct.	Gaithersburg	MD	20877	(410) 730-2633
Janet	McKee	16220 Frederick Rd. #502	Gaithersburg	MD	20877	(301) 978-9750
Jewish Social Services		11B Firstfield Road	Gaithersburg	MD	20878	(301) 990-6880
Uma	Devi	915-A Russell Ave.	Gaithersburg	MD	20879	(301) 948-1769
Joseph	Petrizzo	981 North Russell Ave.	Gaithersburg	MD	20879	(301) 948-2123
Thomas	Reynolds	8620 Oakmont St., Box 218	Washington Grove	MD	20880	(301) 258-5028
Gerald	Kitay	19590 Clubhouse Rd.	Montgomery Village	MD	20886	(301) 977-0522
Lori	Churchill	19630 Clubhouse Rd. #715	Montgomery Village	MD	20886	(301) 869-1017
George	James	3720 Farragut Ave. #103	Kensington	MD	20895	(301) 309-8200
Robert	Olson	3720 Farragut Ave., Suite 102	Kensington	MD	20895	(301) 933-9701
Audrey	Kramer	3930 Knowles Ave. Suite 200	Kensington	MD	20895	(301) 537-3478
David	Lockwood	9600 Glencrest Lane	Kensington	MD	20895	(301) 946-5575
David	Sommers	3750 University Blvd.	Kensington	MD	20895	(301) 933-3018
Madeline	Karpel	3720 Farragut Ave., Suite 102	Kensington	MD	20895	(301) 933-9701
Debra	Schmal	3720 Farragut Ave.	Kensington	MD	20895	(301) 933-9701
Bonnie	Tyler	10915 Kenilworth	Garrett Park	MD	20896	(301) 933-4876
Katherine	Dougherty	111 Northwood Ave.	Silver Spring	MD	20901	(301) 681-7818
Gretchen	Gaines	11433 Encore Dr.	Silver Spring	MD	20901	(301) 681-5964
Judith	Friedman	11249 Lockwood Dr.	Silver Spring	MD	20901	(301) 596-6952
Louise	Klok	901 Heron Drive	Silver Spring	MD	20901	(202) 483-2660
Barbara	Claxton	11235 Oak Leaf Drive, Suite 110	Silver Spring	MD	20901	(301) 593-4286
Jermaine	Boston	9601 Colesville Rd.	Silver Spring	MD	20901	(301) 589-8444
Margaret	Crockett	11235 Oakleaf Dr. #110	Silver Spring	MD	20901	(301) 593-3100

(8)

FName	LName	Address	City	State	ZipCode	Phone
Faith	Himberger	11235 Oak Leaf Dr. #110	Silver Spring	MD	20901	(301) 593-4364
James	Gormally	806 E. Frawklin Ave.	Silver Spring	MD	20901	(301) 587-6205
Lynda	Joslyn	10 Lauer Terrace	Silver Spring	MD	20901	(301) 587-6071
Lynda	Joslyn	8811 Colesville Rd., Suite 105	Silver Spring	MD	20901	(301) 587-6071
Mary	Lawrence	11235 Oak Leaf Drive Suite 110	Silver Spring	MD	20901	(301) 681-1229
Richard	Ruth	11303 Amherst Ave., Suite 1	Wheaton	MD	20902	(301) 933-3072
Maureen	Ritz	11510 Geogia Ave.	Wheaton	MD	20902	(301) 942-9400
Gavin	Behrens	1370 Lamberton Dr.	Wheaton	MD	20902	(202) 364-0411
Gavin	Behrens	2424 Reedie Dr.	Wheaton	MD	20902	(301) 656-5220
Marvin	Chelst	922 Brentwood Lane	Wheaton	MD	20902	(301) 649-6185
Aphrodite	Matsakis	10863 Bucknell Dr.	Wheaton	MD	20902	(301) 649-3069
CPC Health Co		2424 Reedie Dr.	Wheaton	MD	20902	
Marcia	Lang	11160 Veirs Mill Rd., Suite 500	Wheaton	MD	20902	(301) 933-6182
Jolie	Golomb	2424 Reedie Dr.	Wheaton	MD	20902	(301) 941-8289
Louise	Fleischman	10230 New Hampshire Ave. Suite 200	Silver Spring	MD	20903	(301) 439-2900
Doris	Strange	10230 New Hampshire Ave. #202	Silver Spring	MD	20903	(301) 431-2500
Montgomery General		14015 New Hampshire Ave.	Silver Spring	MD	20904	(301) 570-8570
MGH-Addiction		14015 New Hampshire Ave.	Silver Spring	MD	20904	(301) 570-8570
Ann	Aukamp	319 Valley Brook Dr.	Silver Spring	MD	20904	(301) 622-3075
Monica	Baruch		Silver Spring	MD	20904	(301) 989-4680
Barry	Mendelsohn	1032 Tanley Rd.	Silver Spring	MD	20904	(301) 961-8806
Faith	Himberger	15136 Middlegate Rd.	Silver Spring	MD	20905	(301) 236-4839
Ellen	Klosson	13418 Rippling Brook Drive	Silver Spring	MD	20906	(301) 460-5688
Carole	Giunta	1430 Highlaud Drive	Silver Spring	MD	20910	(301) 565-0093
Phyllis	Burson	814 Violet Place	Silver Spring	MD	20910	(301) 588-5191
Cyril	Hardy	9305 Columbia Blvd.	Silver Spring	MD	20910	(301) 585-8702
Nancy	Montagna	1110 Fidler Lane #1417	Silver Spring	MD	20910	(301) 587-5735
Katherine	Richardson	1015 Spring Street, Suite 201	Silver Spring	MD	20910	(301) 588-4183
Heidi	Cohen	700 Roeder Rd.	Silver Spring	MD	20910	(301) 608-8072
Tanya	Alim	8720 Georgia Ave. Suite 308	Silver Spring	MD	20910	(301) 523-9218
James	Taylor	1015 Spring St. #304	Silver Spring	MD	20910	(301) 593-7772
Laurie	Kaslove	1001 Spring St., Suite 211	Silver Spring	MD	20910	(301) 495-2997
Helen	McKibben	1003 Spring Street	Silver Spring	MD	20910	(301) 320-7070

(6)

FName	LName	Address	City	State	ZipCode	Phone
Susan	Stevens	8630 Fenton St. #224	Silver Spring	MD	20910	(301) 588-8223
Sherlyn	Satterwhite	8750 Georgin Ave. Suite 104	Silver Spring	MD	20910	(301) 574-1644
St. Luke's House		8555 16th St.	Silver Spring	MD	20910	
Washington Assessment (WATS)		8830 Cameron Street, Suite 502	Silver Spring	MD	20910	(301) 588-8881
Karin	Weber	9727 Georgia Ave.	Silver Spring	MD	20910	(301) 681-3201
Joel	Kanter	8630 Fenton St.	Silver Spring	MD	20910	(301) 585-6126
Rafael	Collazo-Camun	1001 Spring Street #122	Silver Spring	MD	20910	(301) 585-5876
Affiliated Sante		700 Roeder Road	Silver Spring	MD	20910	(301) 589-1732
Family Trauma	Services	8525 Colesville Rd., Suite 4	Silver Spring	MD	20910	(301) 565-5054
David	Zwerdling	2907 Woodstock Ave.	Silver Spring	MD	20910	(301) 587-3430
Andre	Weiss	800 Pershing Dr.	Silver Spring	MD	20910	(301) 585-2111
Donna	Lentine	611 Deerfield Ave.	Silver Spring	MD	20910	(301) 585-1242
Robert	Lazun	7309 Cedar Ave.	Takoma Park	MD	20912	(301) 587-7654
Jermaine	Boston	700 Hudson Ave.	Takoma Park	MD	20912	(301) 656-3898
Spencer	Porter	6935 Laurel Ave., Suite 208	Takoma Park	MD	20912	(301) 891-2737
Jan	Fritz	7210 Willow Ave.	Takoma Park	MD	20912	(301) 891-4911
Howard	Pressman	15 Rouriq Dr.	Gronusoille	MD	21032	(301) 912-2770
Saul	Lieberman	10630 Little Patuxent Pkwy. Suite 212	Columbia	MD	21044	(410) 730-2633
Andre	Weiss	56438 Smooth Meadow Way	Columbia	MD	21044	(410) 977-3244
Arthur	Horton	120 Sister Pierre Drive, Suite 407	Towson	MD	21204	(410) 823-6030
Louise	Fleischman	5740 Executive Dr., Suite 108	Baltimore	MD	21228	(410) 869-0620
Murry	Kramer	178 Thomas Johnson Drive	Frederick	MD	21701	(301) 696-9262
Victoria	Bailey-Daniels	331 W. Patrick St.	Frederick	MD	21701	(301) 379-8446
Faustina	Shore	178 Thomas Johnson Dr.	Frederick	MD	21702	(301) 696-9262
Nicholas	Rock	265 Mill Street, Suite 800	Hagerstown	MD	21740	(301) 791-2660

10

Appendix D – Reimbursable Services and Authorized Providers in the State Fee-For-Service System

Services	**Providers**
Outpatient Services	All of the registered individual private providers and the following certified outpatient mental health centers: • Affiliated Sante Group, • Boys & Girls Homes of MD, Inc, • Children's National Medical Center, • Community Connections, Inc., • CPC Health, • Family Trauma Services, Inc., • Montgomery General Hospital, • Reginald Lourie Center for Infants and Young Children, and • Washington Assessment & Therapy Services.
Emergency Services	All certified outpatient mental health centers and the following emergency facilities: • Washington Adventist Hospital, • Suburban Hospital, • Holy Cross Hospital, • Montgomery General Hospital, and • Shady Grove Adventist Hospital.
Residential Crisis Services	No residential crisis services facilities located in Montgomery County at this time
Residential Treatment Services	Montgomery County residential treatment centers include: • Regional Institute for Children & Adolescents • Fairbridge Treatment Center (Charter Potomac) • Rose Hill Treatment Center (CPC Health) Some children may be sent to residential treatment centers in other Maryland counties.
Partial Hospitalization Services	• CPC Health • Charter Potomac • Children's National Medical Center

Services	Providers
Inpatient–Hospital Psychiatric Services	The inpatient psychiatric hospitals located in Montgomery County that serve children include: • Charter Potomac • CPC Health
Psychiatric Rehabilitation Program (PRP)	• Institute for Family Centered Services, Inc. • Boys' & Girls' Homes of MD, Inc. • CPC Health
Psychological Testing Services/ Diagnostic Interviews	• All registered licensed private psychologists • Most Outpatient Mental Health Centers
Respite Services	No providers in Montgomery County are currently authorized to provide respite services. The Core Service Agency submitted a Respite Care Initiative proposal in November 1999 to MHA which would allow respite services to be provided to children in Montgomery County. Two providers have indicated an interest in providing these services.
Targeted Case Management	• Community Residences, Inc.
Mobile Treatment Services	The following outpatient mental health centers are authorized to provide mobile treatment services: • Washington Assessment & Therapy Services • Family Trauma Services, Inc. • Affiliated Sante Group
Enhanced Support	All registered outpatient mental health centers and psychiatric rehabilitation program providers are eligible to receive fee-for-service reimbursement for providing enhanced support services.

Source: "Child Mental Health Services in Montgomery County, *Report Submitted to the County Council by the Department of Health and Human Services*", October 6, 1999

Appendix E - County Employee and Contractor Operated Mental Health Programs – October 1999

Contracted Mental Health Programs

Therapy/Counseling/Case Management:
24 Hour Hotline – Mental Health Association
Community & School Based Services – Rockville, Bethesda Youth Services, S.S. YMCA, MHA, GUIDE
ED Support Initiative – MCPS
Open Door Shelter After Care Services – Boys and Girls Home of Maryland
Outpatient Mental Health Services – CPC Health
Project Family Outreach – CPC Health
Sex Offender Counseling Services – Family Therapy Institute
Substance Abuse Counseling – GUIDE

Mentoring:
After School Community Companions Program – Kennedy Institute
Bridges to Pals – Mental Health Association
Dads Advising Dads (DADS) - Mental Health Association
Mothers Offering Maternal Support (MOMS) - Mental Health Association

Residential:
Monroe Street Shelter – Boys and Girls Club
Redl House

Education/Prevention:
Mental Health & Substance Abuse Prevention Services for Children at Risk – Jewish Social Services
Student Help and Academic Resource Program (SHARP) – MCPS and private agencies
Voices vs. Violence - Mental Health Association
Families Foremost Center - Mental Health Association

Other:
Court Appointed Special Advocate
Project Home Rosemary Hills – Silver Spring and B-CC YMCA
Respite Care Home – ARC
Family Learning Solutions

County Operated Mental Health Programs

Access Team Program
Child and Adolescent Forensic Evaluation Services (CAFES)
Crisis Center
Infants and Toddlers Program
Linkages to Learning (LTL)
Silver Spring Child and Adolescent Mental Health Clinic
Silver Spring Mental Health Multicultural Program
Substance Abuse Screening for Children & Adolescents (SASCA)
The Other Way Program (TOW)
Therapeutic Recreation Program (TRP)
Victim Assistance and Sexual Assault Program

Source: "Child Mental Health Services in Montgomery County, *Report Submitted to the CountyCouncil by the Department of Health and Human Services*", October 6, 1999

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH CORE SERVICE AGENCY

TO: Marty Janowitz, CSA
Zrinka Tomic, CYF

FROM: Judith Sitkin, CSA

RE: Non-Billable Services

DATE: September 27, 1999

Please find attached the document developed by service providers currently enrolled in the Public Mental Health System (PMHS) and the CSA via the Provider Council. The purpose of this document is to specify those services providers are performing that are currently not reimbursable in the PMHS. The consensus of service providers who participated in this working process stated that the PMHS procedures and reimbursements that are currently in place are working to their satisfaction.

After lengthy discussion and input, service providers and the CSA agreed to primarily focus on the following non-reimbursable services:

- General Case Management Services
- Interagency Coordination
- Administrative Costs
- Discharge Planning
- Hospital/Administrative Days
- Application Time for Free Medication and Medication/Laboratory

These services are described with justifications and recommended rates in the attached document. I hope this is of assistance in your presentation to the Council on Tuesday September 28, 1999.

Montgomery County
Department of Health and Human Services
Mental Health Core Service Agency

Montgomery County Service Provider Response to Non-Billable Services Survey

August 18, 1999

What kinds of services are you providing at this time that are not being reimbursed in the public mental health system?		What reimbursement rate, per service, would you recommend per consumer?
Services Montgomery County Service Providers Recommend to be Reimbursed	**Why Service Providers recommend these services be reimbursed in the Public Mental Health System.**	**What Reimbursement Rates do Service Providers recommend for these services?**
General Case Management Services	Justifications: Providers report there are consumers that do not meet medical necessity criteria for targeted case management and / or psychiatric rehabilitation services. These same consumers would benefit from General Case Management. This service would include the following groups: • Children • Adolescents • Transitioning Age Youth (18 to 24) • Adults • Seniors • Consumers with co-occurring diagnosis (Mental Illness and Substance Abuse) It is thought that if reimbursement for case management services is expanded to address the needs of the above profiled consumers before they either "fall through the cracks" and or become more acutely dysfunctional, benefits would: • Be more cost effective (reduction in re-current hospitalizations) • Enhance the quality of services to consumers • Allow providers the ability to expand and be innovative to meet the needs of these at-risk consumers	A Public Mental Health System Fee-For-Service rate of $200 Per Adult Consumer per month. A Public Mental Health System Fee-For-Service rate of $250 per child/adolescent consumer per month.
Interagency Coordination	Justifications: Presently, non-billable time is required to coordinate about consumer needs (when consumer not present), to plan, and strategize including but not limited to: • Coordination of documentation from other providers • Telephone contacts and conferences • Letters and documentation to coordinate treatment with other providers Recommend funding for these services when 3 or more agencies are involved	A Public Mental Health System Fee for Service rate based on a 15 minute unit of service: Children/Adolescent rate of $29.00 per unit Adult rate of $24.00 per unit Note: Providers suggested that often Children and or Adolescents require additional time due to increased Interagency coordination (family, schools, multiple agencies).

(19)

Administrative Costs	Justifications: A significant amount of time is required to transverse the PMHS to ensure consumer needs are met and that each provider is compliant with PMHS regulations. These tasks include, but may not be limited to: • Obtaining authorizations & coordination with MHP care managers (phone time) • File Management • Tasks to ensure Quality Assurance • Reconciliations • Copying • Attendance to meetings that pertain to the PMHS • Preparing reports to meet administrative requirement established by the PMHS	A rate of $50.00 per consumer per month. These funds will cover the additional administrative duties of both the clinical and support/technical staff.
Discharge Planning	Justifications: • To ensure consumers are successfully transitioned from the hospital to the community, a significant amount of time is required for discharge planning to programmatically meet the needs of the consumer. It is critical to recognize and fund this service under the Fee-for-Service system. To meet these needs, community based providers must take time to determine the needs of the consumer, and coordinate these services.	A Public Mental Health System Fee-For-Service Rate of : $86.00 per hour for children and adolescents $72.00 per hour for adults
Hospital/ Administrative Days	Justifications: In-patient/acute care hospital providers agreed that acute care facilities are reimbursed at less than cost when a child or adolescent is placed on "administrative days. To compensate for this difference, these providers suggested an additional reimbursable fee be available.	A Public Mental Health System Fee-For-Service Rate of an additional $50.00 per day above the present administrative day rate.
A. Application Time For Free Medication B. Medication / Laboratory	Justifications: A. A critical treatment component for many consumers includes medication. In Montgomery County, the CSA has asked all outpatient treatment providers to utilize medication samples and pharmaceutical companies indigent programs. Reimbursement of tasks that providers must complete to ensure consumers have access to free medication include but may not be limited to: • Documentation and filling out forms to request medication • Regularly meeting with Representatives from drug companies to accumulate medication samples for consumers. • Follow-up call/contacts with consumer to ensure medication availability • Maintaining and monitoring the inventory B. Expand access to medication/laboratory rates for gray zone and Medicare consumers.	A. Flat Rate based upon number of consumers seen on an Out-Patient basis. B. Include the Gray zone and Medicare consumers in the Public Mental Health System Fee-For-Service for medication/laboratory. Note: Providers indicated that providers are often required to do outreach with pharmaceutical companies to obtain a significant amount of sample medications. Once the medications are obtained, management of the medications requires staff to monitor the inventory and provide oversight of all medications to ensure safety standards are maintained. The combination of outreach and medication management tasks can necessitate significant amounts of time. Providers proposed they could possibly share a nurse or staff position to help manage medication needs. Providers suggested this shared position be State Funded.

Appendix G

Department of Health and Human Services
Child and Adolescent Services
401 Fleet Street / Rockville, MD 20850
Tele 240-777-1773 / Fax 240-777-3093

MHP PROVIDER QUESTIONNAIRE

Name: _____
Last First Middle Initial

IF YOU NO LONGER PARTICIPATE WITH MHP PLEASE CHECK ☐, RETURN SURVEY, AND THANK YOU FOR YOU TIME.

Please list all office locations and phone/fax numbers where you see clients.

Office Address: _____
Street City State Zip Code

Phone: 301- _____ **Fax:** 301- _____

Office Address _____
Street City State Zip Code

Phone: 301- _____ **Fax:** 301- _____

Please indicate the following:	Yes	No
Do you work in Private Practice?	☐	☐
Do you work for an Agency? Name of Agency:	☐	☐
Do you provide services after 5PM?	☐	☐
Do you provide weekend hours?	☐	☐

Saturday hours from _____ to _____
Sunday hours from _____ to _____

What is your capacity to serve clients reimbursed by Medicaid/Maryland Health Partners? _____

CLIENTS SERVED:

Children; ages _____years to ____years	☐ Yes	☐ No
Adolescents	☐ Yes	☐ No
Families	☐ Yes	☐ No
Foster Parents/Families	☐ Yes	☐ No

POPULATIONS SERVED:

Please check	Population	Post Graduate Specialized Training	
☐	Physically Abused	☐ Yes	☐ No
☐	Involved in Juvenile Justice System	☐ Yes	☐ No
☐	Involved with Child Welfare	☐ Yes	☐ No
☐	Sexually Abused	☐ Yes	☐ No
☐	Developmentally Disordered	☐ Yes	☐ No
☐	Sex Offenders	☐ Yes	☐ No
☐	Eating Disorders	☐ Yes	☐ No
☐	Attachment Disorders	☐ Yes	☐ No
☐	Other: _____	☐ Yes	☐ No

LEVEL OF SERVICE PROVIDED:

Please check	Service	Yes	No
☐	Psychiatric Rehab Program	☐	☐
☐	In Home Services	☐	☐
☐	Office based services only	☐	☐
☐	Other:	☐	☐

TYPES OF TREATMENT PROVIDED:

Please check	Behavioral Services	Post Graduate Specialized Training	
☐	Psychological Testing	☐ Yes	☐ No
☐	Outpatient Consultation	☐ Yes	☐ No
☐	Individual Therapy	☐ Yes	☐ No
☐	Family Therapy	☐ Yes	☐ No
☐	Group Therapy	☐ Yes	☐ No
☐	Pharmacological Management	☐ Yes	☐ No
☐	Diagnostic Interview	☐ Yes	☐ No
☐	Psychiatric Evaluations	☐ Yes	☐ No
☐	Other: _____	☐ Yes	☐ No
☐	Other: _____	☐ Yes	☐ No

Will you testify in court?	☐ Yes	☐ No
Do you have experience testifying in court?	☐ Yes	☐ No

CLIENT CULTURAL BACKGROUNDS YOU ARE ABLE TO SERVE:

☐	Hispanic	☐	Korean
☐	Vietnamese	☐	Chinese
☐	African American	☐	

LANGUAGES YOU SPEAK OTHER THAN ENGLISH:

☐	Spanish	☐	Korean
☐	Vietnamese	☐	Chinese
☐		☐	

COMMERCIAL INSURANCE COMPANIES THAT YOU ARE A MENTAL HEALTH PROVIDER:

Insurance Company	Yes	No	Insurance Company	Yes	No
MAMSI	☐	☐	Prudential	☐	☐
Blue Cross Blue Shield	☐	☐	Nyl Care	☐	☐
George Washington	☐	☐	Kaiser	☐	☐
United Health Care	☐	☐	Other:	☐	☐

EDUCATION:

Graduate Degree: _____	Year: _____
University: _____	
Doctorate Degree: _____	Year: _____
University: _____	

CERTIFICATION/ LICENSURE:

CERTIFICATION/ LICENSURE	STATE

THANK YOU FOR COMPLETING THIS SURVEY