



CBH
Community Behavioral Health
Association of Maryland

2008 ANNUAL REPORT

EXECUTIVE DIRECTOR'S REPORT

For a state association like CBH, the first rule of advocacy is “*get the money.*” The second rule is “*keep the money.*” With the tremendous involvement of the CBH family, we managed to do both this past year.

The year presented more threats than opportunities to the vital missions of our members. During the special General Assembly session last fall, for example, our cost-of-living adjustment (COLA) law came very close to being repealed. The mental health carve-out that has served Marylanders with mental illness well since 1997 was also on the table for elimination. Yet our collective commitment and energy preserved both, and then during the 2008 session fended off budget cuts and turned a proposed 1.5% COLA into a 3% COLA. This would not have been possible without the tremendous leadership of great friends in the legislature and the advocacy of our colleagues in the mental health community and in the developmental disability community. We thank them and we thank you, our members.

While we continued to fight the policy and budget battles, I'm very proud that we also expanded our training and professional development efforts and reinforced our partnerships with stakeholders toward a more recovery-oriented service system. One glowing example is the way CBH member agencies have embraced the new Consumer Quality Team program and made concrete and responsive changes based on what service recipients report during CQT visits. If only other alleged quality improvement processes were as collaborative and constructive.

I'd like to express my personal gratitude to the CBH Board for its hard work, direction, and wisdom, with special appreciation to outgoing President Eileen Hastings for sharing her professionalism, clinical expertise, and great spirit with all of us; to CBH's Director of Public Policy and lobbyist par excellence Lori Doyle who worked her special magic above and beyond the usual call of duty this year; and to Director of Administration JoAnn Clarke, who has been the driving force in upgrading both our training mission and technological capabilities while at the same time paying the bills, improving the CBH property, telling me where to go (in more ways than one) and keeping the wolves from the door.

FY08 Highlights

Public Policy and Program:

- The state law requiring an annual cost-of-living adjustment (COLA) in community mental health service rates (subject to budget limitations) was nearly repealed during the fall 2007 special legislative session but advocacy by CBH and other stakeholders saved it
- The mental health carve-out was also threatened during special session but advocacy preserved this too
- Initiated legislation during the 2008 General Assembly session to strengthen the COLA mandate by eliminating the phrase “subject to the limitations of the state budget” from state law (SB242/HB210)
- While the COLA bill did not pass, attention created by the bill – and the strong advocacy of CBH members and others – led to action by the General Assembly to increase the 1.5% COLA requested by the Governor to 3%
- In addition to doubling the COLA, CBH helped fend off cuts in the FY09 community mental health budget despite cuts made to the overall state budget of \$440million

- Made presentations on the workforce crisis in community mental health, and rate-setting parity as the ultimate solution, to the House and Senate budget subcommittees on health, the Joint Committee on Access to Mental Health Services, and the House Health and Government Operations Committee
- Initiated successful legislation (SB305/HB1059) to renew the Community Services Reimbursement Rate Commission which recommends the annual COLA amount to the Governor among other duties
- CBH advocacy was a factor in the defeat of a potentially harmful bill dealing with false healthcare claims (SB215) and in passage of a bill (SB595) to require insurance companies to reimburse providers awaiting credentialing approval
- Ensured that legislative proposals on health care access expansion included consideration of mental health and the impact on the public mental health budget
- A cadre of CBH members participated in National Council for Community Behavioral Healthcare (NCCBH) Capitol Hill Day and visited seven members of Maryland's Congressional delegation. CBH and NCCBH advocacy helped win approval of a moratorium until April 2009 on harmful federal regulations affecting rehabilitation and case management services
- Met with the state Board of Social Work Examiners to urge a more flexible process for social workers licensed in other states to become licensed in Maryland – a work in-progress
- Met with the state Office of Health Care Quality to press for a more effective, better targeted, less burdensome review process of community mental health programs – clearly another work in-progress
- Facilitated CBH member involvement in and advocacy around revisions to state mental health regulations and to proposed CMS regulations governing the Medicaid rehabilitation option
- Participated in MHA workgroups on transition age youth, the state's Money Follows the Person federal grant, psychiatric rehabilitation program (PRP) services for uninsured (gray zone) consumers, and mental health system transformation among many others
- The CBH Child & Adolescent Committee began serving as the provider subcommittee for a study of child PRP services by the state's child evidence-based practice institute; the Committee is leading CBH advocacy around interpretation of child PRP regulations and is participating in ongoing meetings of state "blueprint" subcommittees on workforce and school-based mental health services
- The CBH Clinical Committee took the lead in negotiations with MHA over revised OMHC regulations and continued its work on Outcomes Measurement System (OMS) reports among other accomplishments
- The CBH Provider Business Affairs Committee, along with CBH involvement with a state-level Provider Council, ensured ongoing dialogue with MHA and MAPS-MD on policies and procedures for service authorization, billing and payment and related operations
- The CBH Task Force on Integrated Care continued its work to improve consumer access to somatic care, including meetings with policy-makers and exchange of integrated care practices and materials within the membership
- The CBH Vocational Committee worked with MHA, DORS and others on implementing the Employed Individuals with Disabilities Program and new Ticket to Work procedures, and managing the supported employment funding shortfall within DORS
- Continued to participate on the steering committee of the new Consumer Quality Team (CQT) process and in monthly feedback meetings held to discuss site visits to community programs
- Ensured involvement, participation and/or influence in a variety of other policy-related bodies including but not limited to: the Mental Hygiene Advisory/Planning Council; the Medicaid Advisory Committee; the Maryland Statewide Commission on

the Shortage in the Healthcare Workforce; the Community Health Resources Commission; the Community Services Reimbursement Rate Commission; the Maryland Coalition for Work Incentives Improvement; the HB281 workgroup established by the legislature to break the cycle of rearrest and reincarceration of persons with mental illness; the Coalition for the Civil Rights of Marylanders with Disabilities; the Mental Health Association's Mental Health Coalition and its Coalition on Mental Health and Aging; and MedicaidMatters!Maryland.

Training, Professional Education and Communication:

- Through the work of the CBH Professional Development and Training Committee (PDTC) and its curriculum development subcommittee, 15 CBH-created training modules are now uploaded to Essential Learning and are also made available to all members not enrolled in Essential Learning
- One Middle Management Academy was held in collaboration with the National Council for Community Behavioral Healthcare (NCCBH)
- Conducted well-attended trainings on Dialectical Behavior Therapy for clinicians and written communications for paraprofessionals
- Co-sponsored a Medicaid compliance training featuring NCCBH consultant Mary Thornton
- Held a train-the-trainer session with the Crisis Prevention Institute (CPI)
- Sponsored a "Practical Risk Management" training and co-sponsored forensic trainings held by Key Point and Vesta
- Co-sponsored the Annual Maryland Schizophrenia Conference
- PDTC members represented CBH in MHA planning workgroups on recovery trainings and the annual MHA conference
- Added *The Fish Philosophy* materials to the CBH library as a new management training resource
- Negotiated member discounts to two management trainings conducted by *Open Minds*
- Organized two demonstrations by companies offering electronic health record systems, Medi-Notes and Avenues, and established an IT Task Force to facilitate possible multi-agency purchase
- Conducted and distributed an annual salary survey of PRP and OMHC staff
- Provided frequent, sometimes daily information to members via email updates on public policy, training opportunities and other topics

Organizational Development:

- The CBH Task Force on Strategic Planning completed its work via distribution of a final member questionnaire on CBH's current and future priorities. At the annual CEO/Board Retreat in November, it facilitated agreement on action steps related to membership growth and CBH training
- Work by the CBH Administration Committee led to a change in health insurance coverage for CBH employees to an HSA, additional investments in consultation with a financial consultant, and preparation of the CBH budget
- Created a "members-only" section to the CBH website and contracted with a new toll-free teleconference service
- CBH continued its involvement in and oversight of the MARFY/CBH Self-Insured Workers' Compensation Group, which is completing its 3rd year of increasingly successful operation
- Provided ongoing support to the CBH Board and its Committees and Task Forces.