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Meeting Summary

Following is a summary of issues discussed at the DHMH Stat, held on March 22, 2011. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

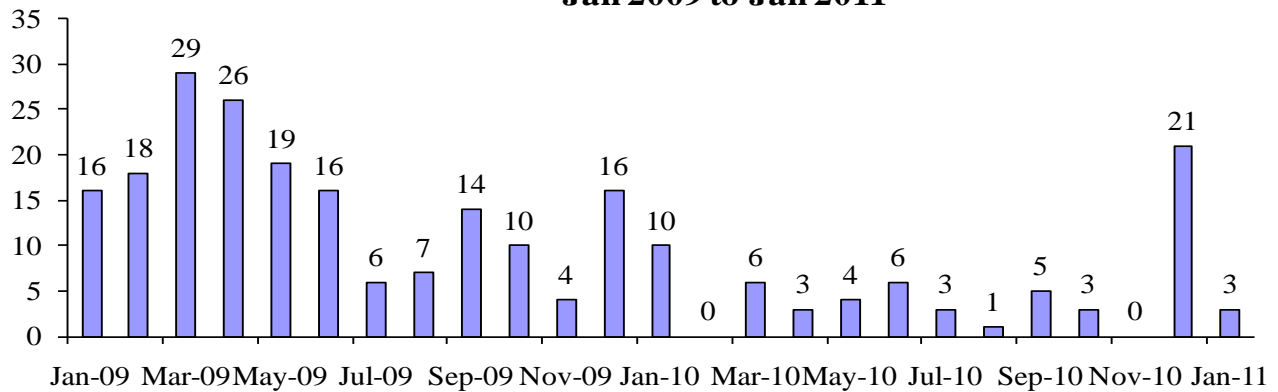
General Observations

- The following issues will be the focus of this executive briefing memo:
- Developmental Disabilities Administration (DDA)
- Assaults/FROI Reporting
- Comprehensive Women's Health

Developmental Disabilities Administration (DDA)

- Emergency Placements.** The Department attributed the increase in emergency placements in December to the work of Resource Coordinators (RCs), and reported that the emergency placement number reflects people placed in services for that month. As a result of the Waiting List Review process which verified current need, the DDA made a commitment to put anyone in the crisis resolution priority in services with available resources, including emergency and attrition funding. The DDA has assigned RCs to work directly with people in the crisis resolution category. RCs work with patients to explore various services, providers, and resource options to both alleviate the immediate crisis and meet their going needs. This process and solutions vary by person. The agency reported that the efforts of RCs will continue as more people submit their plan for services.

**DDA Emergency Placements
Jan 2009 to Jan 2011**



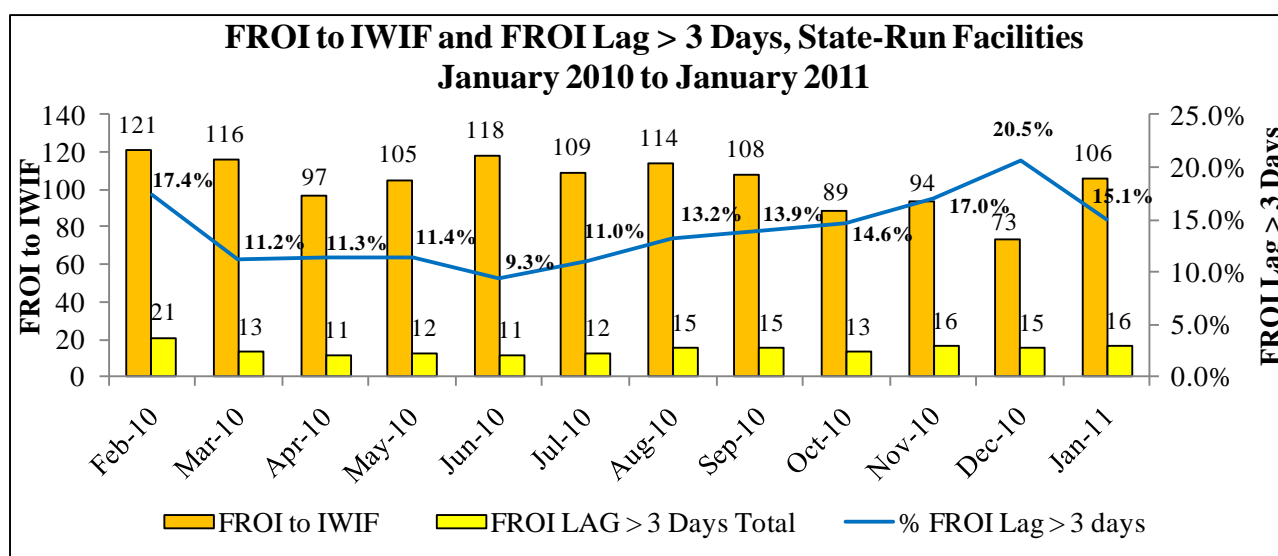
- Waiting List.** The number of individuals on the DDA Waiting List increased in December and January. The increase in the DDA Waiting List is driven by the Current Request category, which increased sharply in January. Meanwhile, the number of individuals in the Crisis Resolution category continues to decline.
 - The agency reported that the reduction in individuals in the crisis resolution category of the waiting list were mostly due to individuals being placed in services, and partially because individuals were moved to other categories.

**DDA Waiting List, by Category
April 2010 to January 2011**



Assaults/FROI Reporting

- FROI Reporting.** The Department reported that it will be contacting institutions to update training and will consult with the CEOs at facilities where late first reports of FROIs appear to be higher than the average. Springfield Hospital Center, which in December and January had the most FROIs in over three days, has been contacted and will provide training to those supervisors identified as submitting late FROIs. Other institutions will be trained with an anticipated completion date of May 15. The state-run facility FROI reporting lag that had been trending upward decreased in January 2011, from 20.5 percent to 15.1 percent as shown in the chart below. The table breaks down the FROI lag by institution for FY 2011 YTD.



Agency	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
Western Maryland Center	0	1	0	0	0	0	1
Deer's Head Center	1	2	0	2	2	0	1
Thomas B. Finan Hospital Center	4	0	2	1	1	3	3
RICA - Baltimore	0	0	0	1	3	0	1
Eastern Shore Hospital Center	0	0	1	0	0	0	1
Springfield Hospital Center	0	0	3	0	1	6	5
Spring Grove Hospital Center	1	3	4	4	2	2	2
Clifton T. Perkins Hospital Center	4	0	3	0	1	4	0
RICA - Gildner	0	0	0	0	1	0	0
Holly Center	0	0	1	0	2	0	2
SETT	2	8	0	4	2	0	0
Potomac Center	0	0	0	1	0	0	0
Brandenburg Center	0	1	0	0	1	0	0
OCME	0	0	1	0	0	1	0
Total	12	15	15	13	16	16	16

- Safety Training Initiatives.** DHMH submitted information on their initiatives related to training and interventions for staff safety. The major training to assist staff in preventing or working through a behavioral incident is Prevention and Management of Aggressive

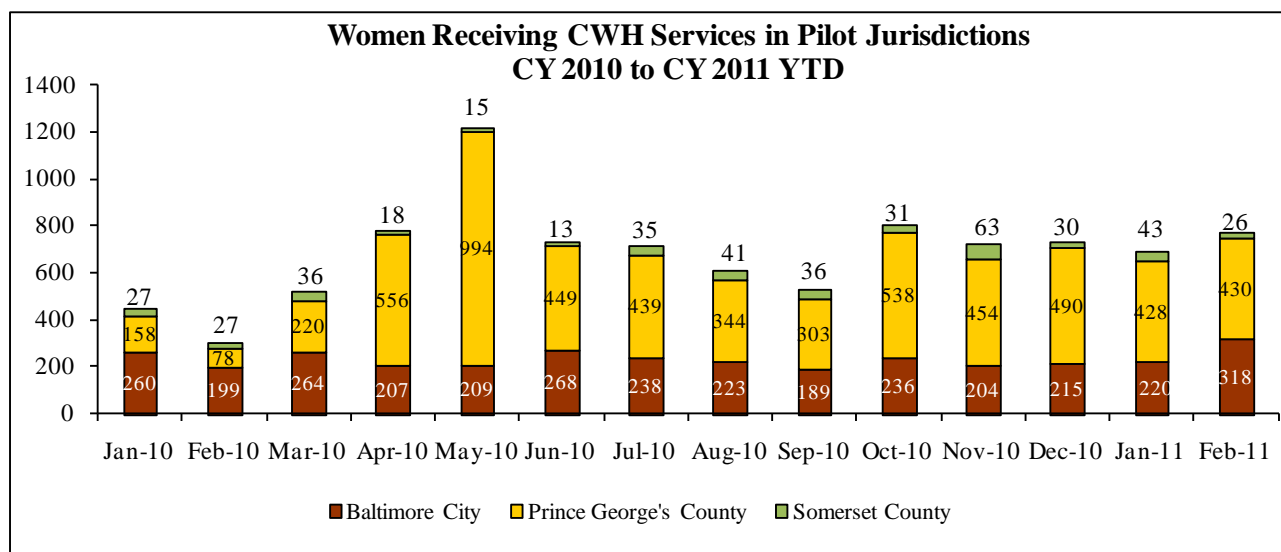
Behavior (PMAB) (used in MHA facilities) and Behavioral Principles and Strategies (BPS) (used in DDA facilities). The major elements are prevention, de-escalation and physical intervention. These are taught through classroom instruction, videos and hands on training in use of physical interventions. The staff must exhibit competencies and pass a written test. At a minimum these training are required for all clinical and direct care staff once a year, but most facilities also offer updates either quarterly or monthly. The agency is committed to increasing this training. Other initiatives include the Triangle of Choices, shown below, and a reduction in restraint and seclusion. In October 2010 Maryland's restraint hours in MHA facilities dropped below the national average as shown in the table below.

- **Union Meetings.** As discussed at the previous DHMH Stat meeting, at the request of the Secretary and Deputy Secretary, Arlene Stephenson, Deputy Director for Facilities has been meeting with facility and union representatives for the last few months. A final plan will be presented to the Secretary and Deputy Secretary by April 1st.

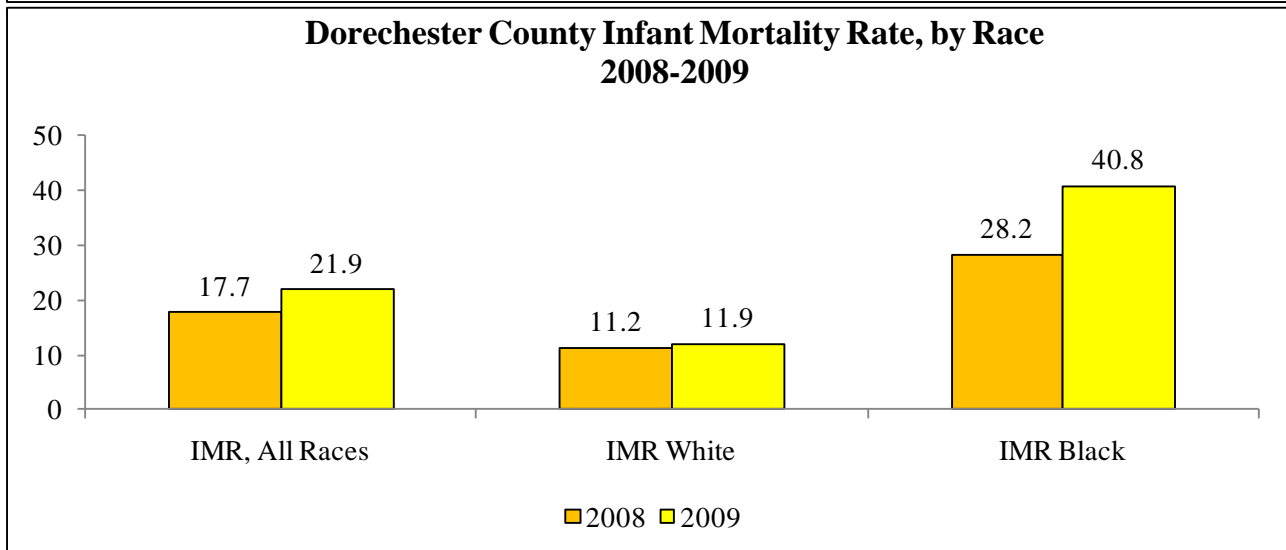
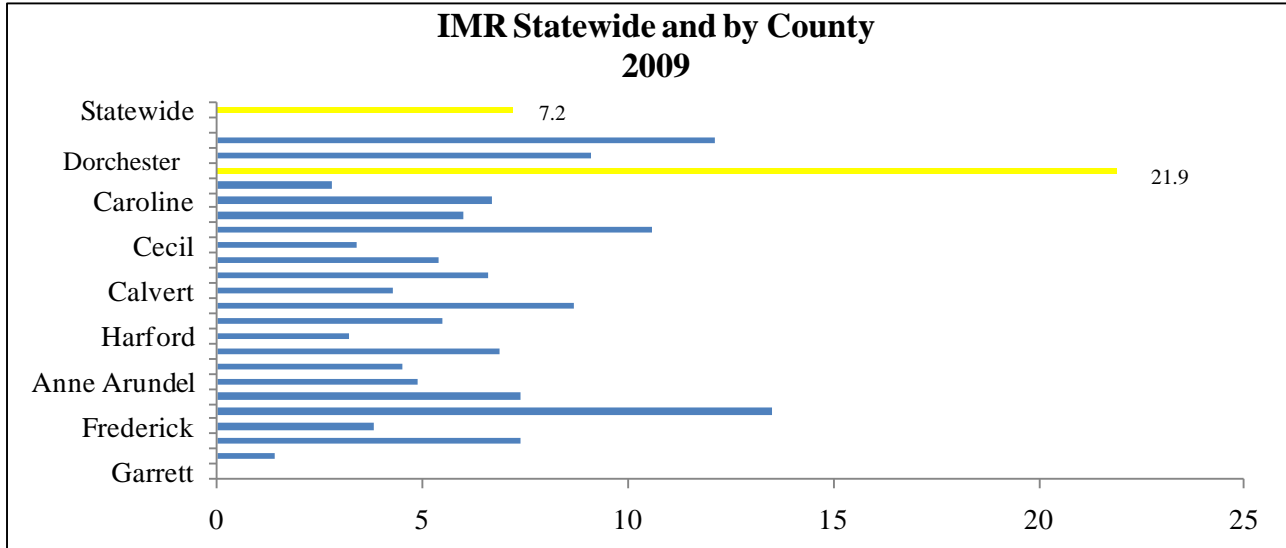
Restraint Hour Rates in MHA Facilities						
	Jul	Aug	Sept	Oct	Nov	Dec
US	0.33	0.36	0.34	0.35	0.37	0.33
MD	0.87	0.85	0.52	0.19	0.18	0.17

Comprehensive Women’s Health Data (GDU Goal 14—reduce infant mortality in Maryland by 10% by 2012)

- Comprehensive Women’s Health Services.** The number of women receiving comprehensive women’s health (CWH) services in pilot jurisdictions increased in February to the highest point since October 2010. The largest proportion of women receiving services is consistently in Prince George’s County. Roll-out of CWH to other jurisdictions for eventual statewide implementation during FY 2012 was announced to health officers in February. The CWH model will be the subject of an upcoming conference call with local health department family planning managers later this month, with staff training planned for late FY 2011 through FY 2012.



- Dorchester County.** Roger Harrell, Chief Public Health Officer for Dorchester County joins us today to discuss infant mortality reduction efforts in his jurisdiction, particularly the expansion of the Comprehensive Women’s Health model (CWH) to Dorchester County. Dorchester County had the highest infant mortality rate of any county in Maryland in 2009 as shown in the first chart below (21.9 deaths per 1,000 live births, while Maryland’s statewide rate was 7.2). In addition to having the highest infant mortality rate of any county in Maryland in 2009, Dorchester County’s IMR increased from 2008 to 2009 as shown in the second chart below. DHMH reports that the Comprehensive Women’s Health model will be implemented in Dorchester County by the end of FY2011.



- Family Planning Expansion.** DHMH reports that the family planning expansion will bring in additional revenue to family planning providers statewide and may result in new providers. Thus, the burden on local health departments should be eased and will allow them to focus on reaching high-risk women with the more comprehensive model. Several FQHCs have expressed interest in adopting the CWH model because it aligns well with their primary care/chronic disease management services. The new federal reimbursement anticipated from the family planning expansion will further encourage FQHCs to adopt the model because more of their clients will be covered under the expansion.
- 10-Day Processing of Medicaid Applications.** DHMH representatives attended the March 11th Department of Human Resources (DHR) Stat to discuss the low rate of processing Medicaid applications for pregnant women in under 10 days at Department of Social Services (DSS) offices. The delay may be caused by front line workers following longer eligibility determination deadlines when applicants applied for associated benefits, even if the applicant was pregnant and thus required 10-day processing. DHR reported that workers prefer to complete the final application once rather than determining temporary eligibility

through ACE, only to go back and finalize the application at a later date. As DHR only sees MCHIP data—of which ACE data is a subset—DHMH has begun sharing this specific data set with DHR.

	Percentage of Pregnant Women's M.A. Applications Processed Within 10-Days					
	Baltimore City		Prince George's County		Somerset County	
	DSS	LHD	DSS	LHD	DSS	LHD
June	77.0%	96.3%	68.2%	95.2%	100.0%	100.0%
July	86.9%	92.4%	74.5%	97.4%	75.0%	100.0%
August	80.0%	97.2%	83.5%	98.4%	66.7%	100.0%
September	88.4%	100.0%	82.1%	98.5%	100.0%	100.0%
October	83.2%	95.5%	87.7%	97.8%	85.7%	85.7%
November	85.3%	98.7%	84.8%	99.0%	100.0%	100.0%
December	78.6%	100.0%	82.7%	98.6%	100.0%	100.0%
January	82.7%	98.5%	84.6%	98.6%	57.1%	100.0%
Average	83%	97%	81%	98%	86%	98%