

Meeting Summary

Following is a summary of issues discussed at the DHMH Stat on June 7, 2011. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

Follow-Up Items

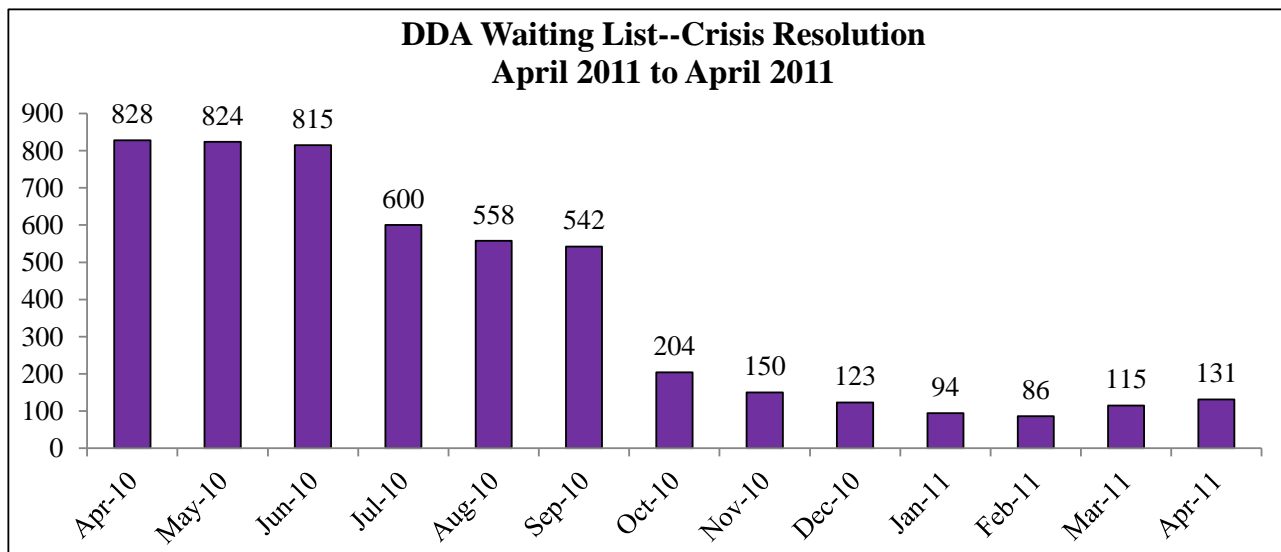
Developmental Disabilities

- **Emergency Placement Review.** On June 2nd, 2011, regional and central staff of the Developmental Disabilities Administration (DDA) and the Department of Human Resources (DHR) held the first emergency placement review. The review of the December emergency placements revealed that DDA does not have a consistent definition of an emergency placement. Some classified as "emergency" are people in Crisis Resolution who are able to enter services as planned, while others are people who must receive intervention within hours or days. For next month's meeting DDA will establish a definition of emergency, review January and February cases, and discuss aging parents as a key policy issue. DDA will use a standard template to obtain data about the cases and seek a legal path to share data with DSS, and is developing an updated list of criteria for referral to Adult Protective Services. For future meetings, DHMH would like to include DHR data about individuals in the discussion, and will review the possibility of doing so with attorneys. Of the six December cases reviewed, three were clearly emergencies, as discussed below.
- \$15 million available through alcohol tax one time only from the Federal government.
- The team is putting together a strategy for spending.
 - This strategy must include proper short term treatment for those on the waitlist because the funding must be used within a short timeframe.
- Recommend shifting funds to other places within the DDA (\$5-\$10 million)

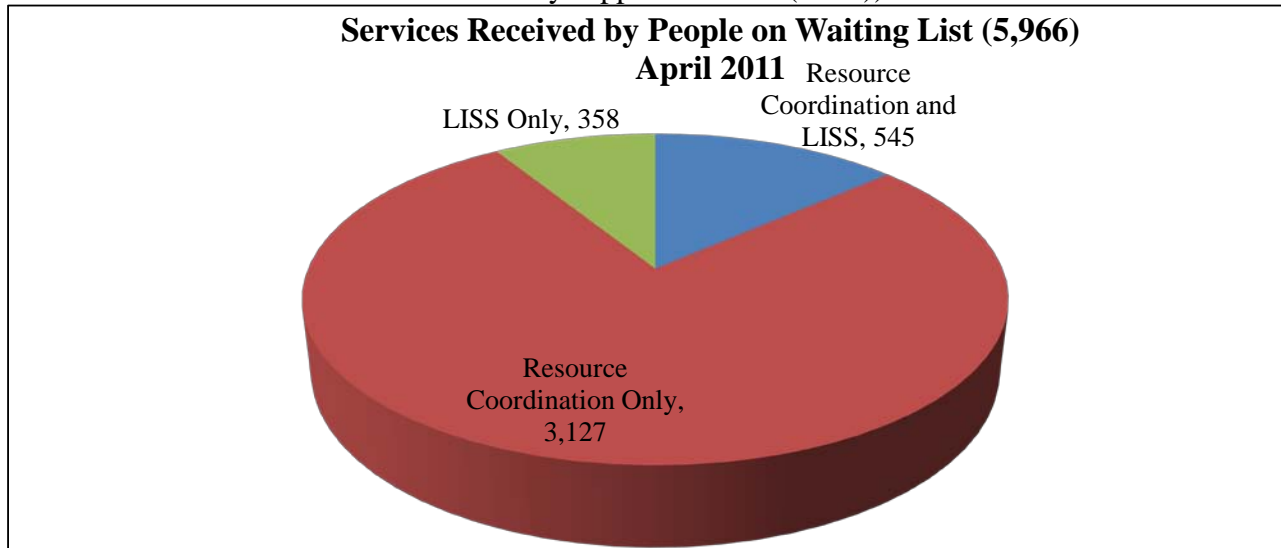
December Emergency Placement Review	
Situation	Action
Man in his 40s moved from living with his grandparents and could not live in new setting.	Information about available services will be shared with health officers, DHR offices, and others.
Individual stopped going to day programs and refused resources coordination for several years before being found in a terrible condition.	The review team discussed criteria for referral to Adult Protective Services, and will develop a guide and share with key staff in the DDA and medical day care community.
Individual on the crisis prevention list lost her job, then her roommate, and then her wheelchair broke and eventually she needed emergency services provided in her home.	Review team felt more resources to support people on the crisis prevention list, even one-time expenses, could have eased this emergency

- **Crisis Resolution.** In April, ten individuals were removed from the Crisis Resolution waiting list, seven of whom were placed into service.¹ The net increase to 131 on the waiting list was due to 26 additions, 16 of whom were moved from crisis prevention or current request.

¹ Of the remaining three, one was inactivated, one was re-categorized to crisis prevention, and one to current request.



- Waiting List.** Of those individuals who were on the waiting list throughout April in each category, over half were receiving resource coordination only (rather than a combination of resource coordination and low-intensity support services (LISS)).

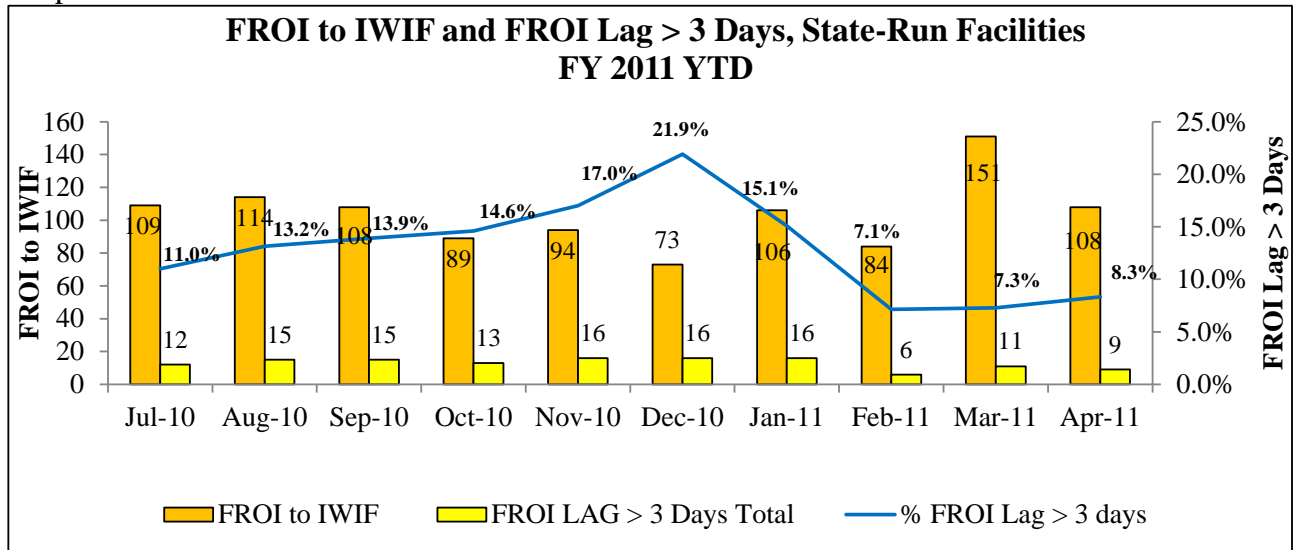


- DDA and Children (follow up item).** DDA services are not limited by age, and the agency is a funder of last resort for children. As a result, individuals who believe that there are certain services they need for their children that are not otherwise provided by medical insurance or the schools can go on the waiting list and ultimately receive services, if appropriate. Outside the waiting list, DDA provides certain other services to eligible children. These include behavioral supports, low intensity support services, and certain specialized services.

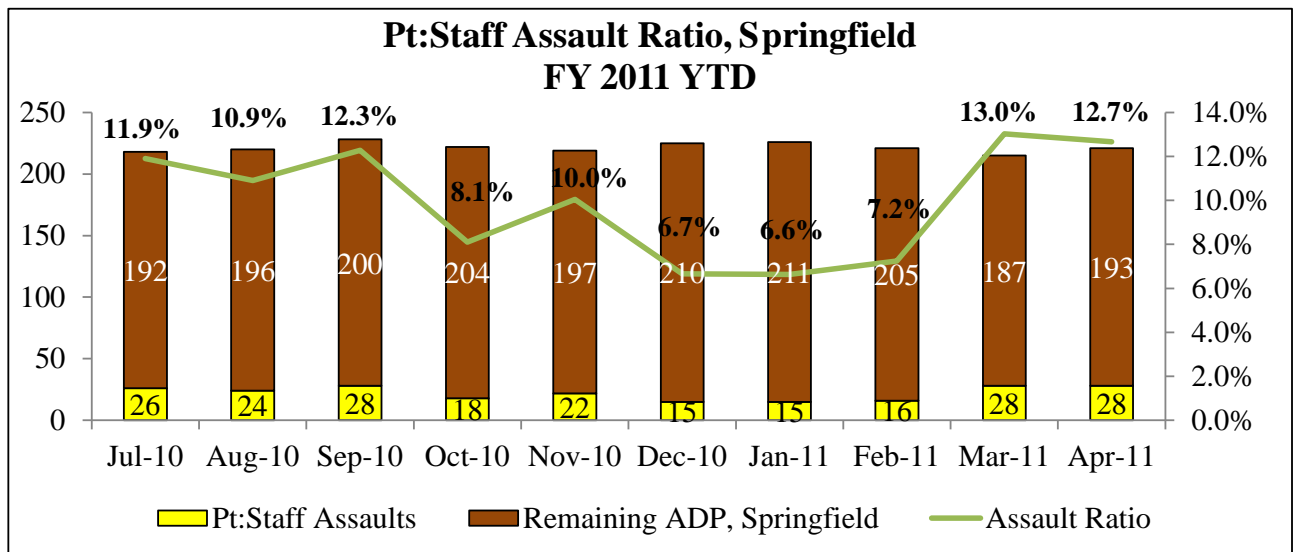
Staff and Patient Safety

- Assault Policy and First Report of Injury Reporting.** DHMH submitted a new injury policy that includes the Prevention and Management of Aggressive Behavior (PMAB) and Behavioral Principles and Strategies (BPS) training discussed at the previous DHMH StateStat meeting. Thomas Kim is leading the negotiations of the training plan with the unions, with an end date of November 2011. In addition to encouraging staff to be trained in prevention and de-escalation, the plan notes that “the employee shall complete a First Report of Injury (FROI) form or be assisted in doing so.” The panel may note that progress has been made in FROI to IWIF in state-run facilities beginning in February, but there was a slight uptick in March and April.

- On September 1st a draft will be ready to share with unions. Then there must be a comment period.



- Assaults.** Patient-on-staff assaults are on the rise at Springfield Hospital Center; the raw numbers and ratio are shown in the chart below.
 - There has been no consent on a definition of assaults.
 - Different types of training may be necessary depending on population.



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

- Home Visiting Program.** Following is a status update of the ACA-funded Home Visiting Program:
 - Step 1--Initial Application.** The DHMH Center for Maternal and Child Health (CMCH) submitted Maryland’s FY 2010 application on July 9th and was approved for \$997,636 on July 27th. Maryland’s total allocation of federal home visiting funding is \$1,036,707 per year for FY 2010-2014. In addition, a new federal announcement for competitive Home Visiting funds was released on June 1, with applications due on July 1.

- **Step 2–Needs Assessment:** Federal guidelines required a needs assessment, which is completed and identified most of Baltimore City and Dorchester Co., and parts of Prince George’s, Somerset, Wicomico and Washington counties. The needs assessment is posted at http://fha.maryland.gov/mch/home_visiting.cfm
 - **Step 3–Comprehensive State Plan:** CMCH has completed the state plan, which it will submit on Wednesday, June 8th.
 - The state may apply for either of two competitive sources of Federal funding: either a highly competitive \$6-\$9 million over four years awarded to five states OR less competitive \$1-\$3 million over 2 years. DHMH prefers applying for the latter alternative
 - There will be two phases: expansion and implementation.
- **Planning Activities.** The Home Visiting plan recommends that Baltimore City be the first to implement the ACA funded home visiting program. The home visiting team decided to initially begin planning work with the six most at risk jurisdictions. Four of the six jurisdictions (all but Wicomico and Somerset) have requested planning funds to complete the local plan. On March 24th, the Children’s Cabinet approved planning grant awards ranging from \$10,000 (Dorchester) to \$50,000 (Prince George’s). In Maryland, highest risk communities will select from the seven federally approved home visiting models the one (or more) best suited to their target population. Local planning efforts are now well underway in all six jurisdictions.

**PROPOSED MARYLAND HOME VISITING BUDGET
FY 2010-2011**

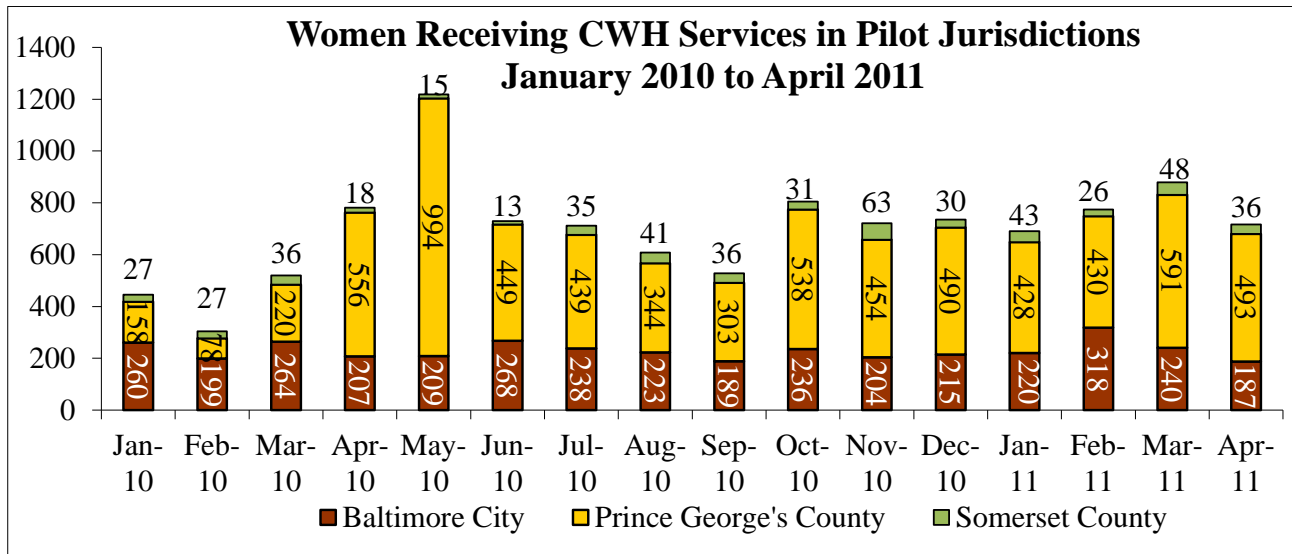
	FY 2010	FY2011
Staffing (Project Director, Epidemiologist and Consultant)	\$129,442	\$208,407
Planning Grants <u>FY 2010</u> <ul style="list-style-type: none"> ● Baltimore City: \$41,850 ● Washington County: \$40,000 ● Dorchester County: \$10,000 ● Prince George’s County: \$50,000 <u>FY 2011</u> <ul style="list-style-type: none"> ● To be determined (warm spot communities) 	\$140,000	\$100,000
Other (including: required travel, supplies and printing, stakeholder/advisory board/planning group meetings)	\$23,000	\$20,000
Implementation Grants <u>FY 2010</u> <ul style="list-style-type: none"> ● Baltimore City: \$702,373 ● Dorchester County: \$41,892 <u>FY 2011</u> <ul style="list-style-type: none"> ● Baltimore City: \$82,000 ● Dorchester County: To be determined ● Other Tier one jurisdictions: To be determined 	\$744,265	\$618,300
Database Development and Consultation		\$90,000
Total:	\$1,036,707	\$1,036,707

Note: Additional competitive funding may be sought in FY 2011.
The DHMH is using the above total funding to evidence-based care.

- **Safe Sleep Video.** Presentation of the Safe Sleep DVD in jury rooms resumed the week of April 17th. DHMH contacted Baltimore City staff following reports that the video was not playing at jury duty. City staff had heard the same report, and were in the process of following up with the courts to get the video playing again when DHMH contacted them. Baltimore City had been told that modifications to the morning jury room processes had affected the showing of the video. StateStat shared contact information with Center for Maternal and Child Health (CMCH) staff members, who are working to contact staff at a number of state agencies (MDOT, DHR, DLLR, DPSCS, etc.) to explore other opportunities for showing the video.
- **Uniform Discharge Protocol.** On the GDU template, DHMH indicated that a draft discharge protocol has been developed and is currently being reviewed by key stakeholders including Maryland birthing hospitals. The form was scheduled to be implemented at birthing hospitals beginning in April.
- They are working backward from referrals. Working on getting data such as low birth weight, NICU, and teen birth from hospitals within 4 months. These are the common factors that affect infant mortality.
- **Accelerated Certification of Eligibility (ACE).** In March, the majority of the ACE applications were processed at Local Health Departments (LHDs). Of the 1,077 ACE applications processed at LHDs, 97 percent were processed within 10 days, compared with 80 percent processed in under 10 days at Departments of Social Services (DSS).

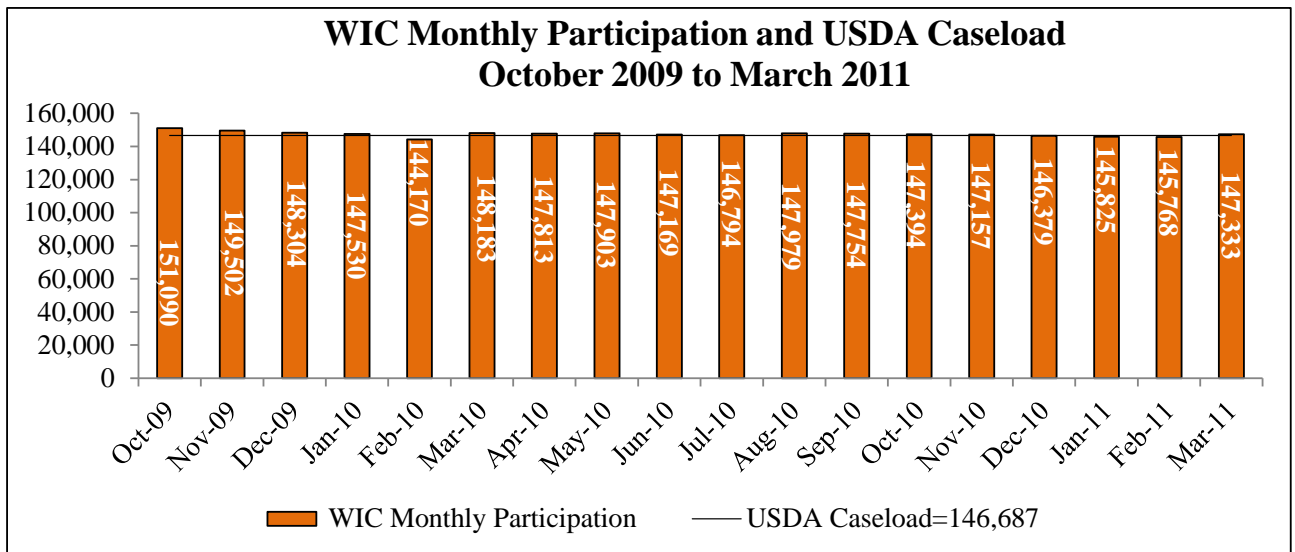
ACE Processing, March 2011				
	Applications Processed in under 10 Days	% Processed in under 10 Days	Applications Processed in more than 10 Days	Total Applications
ALL LDSS	695	80%	170	865
All LHD	1,047	97%	30	1,077
Total State	1,742	90%	200	1,942

- **Comprehensive Women's Health (CWH).** In April, 716 women received CWH services, a decrease from the 879 served in March as shown in the chart below. The April decrease does not appear to be seasonal.



Nutrition (GDU Goal 12: End Childhood Hunger in Maryland by 2015)

- WIC Participation and Applications.** WIC participation fell below the USDA caseload in December, January and February of 2011, but increased in March 2011. The caseload is assigned at the beginning of the federal fiscal year, and represents the number of women, infants and children that DHMH is expected to serve each month. The Department has reported that decreased participation has been a trend nationwide, and that Maryland has seen the lowest decrease of any state in the mid-Atlantic region. The Department has reported that increased availability of food stamps contributes to decreased participation in WIC, particularly when children reach the ages of two through five. However, DHMH data reveals that children comprise the largest proportion of WIC monthly participation in Maryland.
- Things that are working to increase participation are having weekend/evening hours, and having follow-up calls in advance of meetings.
- 45% of those who drop off the program do so because of a lack of redetermination.



WIC Monthly Participation Breakdown October 2009 to March 2011

