Mental Health Services for Adults in Baltimore City:

A Guide to Services Available in the Public Mental Health System

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# Mental Health Services for Adults in Baltimore City

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Overview of the Public Mental Health System

- Introduction
- What is the Public Mental Health System?
- What Services Are Available?
- What Are the Guidelines for Accessing Care?
Introduction

Every year in Baltimore City, an estimated 38,000\textsuperscript{1} individuals will experience a serious mental illness such as major depression, bipolar disorder, or schizophrenia. With mental health treatment and support services, many of these individuals can lead productive, meaningful lives.

This guide was written to assist individuals in accessing publicly funded mental health services in Baltimore City. The goal is to help the reader understand the types of services available and the characteristics of individuals who will benefit from each type of service. This guide is intended to be consistent with the Code of Maryland Regulations (COMAR) and the Public Mental Health System’s medical necessity criteria.\textsuperscript{2}

What is the Public Mental Health System?

Maryland’s Public Mental Health System (PMHS) was developed to ensure that individuals with mental illness have access to the mental health treatment and support services they need. The Department of Health and Mental Hygiene (DHMH), the state’s public health authority, oversees Maryland’s health care delivery system. Within DHMH, the Behavioral Health Administration (BHA) is the agency responsible for managing state and federal funds for mental health services, developing state policies and procedures to guide service delivery, and operating state-run psychiatric hospitals. BHA funds the majority of the Public Mental Health System services in Maryland through a statewide fee-for-service Medicaid carve out.\textsuperscript{3}

BHA contracts with an administrative services organization (ASO) to serve as the managed care organization for the fee-for-service Public Mental Health System. The ASO is responsible for connecting consumers to the most appropriate services, authorizing services based on medical necessity criteria, processing reimbursement claims, remitting payments to service providers, and collecting and analyzing data in order to evaluate the Public Mental Health System. ValueOptions is the company currently serving as the ASO for Maryland’s Public Mental Health System.

Behavioral Health System Baltimore (BHS Baltimore) is the local behavioral health authority, or core service agency (CSA), for Baltimore City. BHA delegates to the core service agencies many of the responsibilities associated with managing the Public Mental Health System at the local level. BHS Baltimore is a non-profit agency that was established by Baltimore City for this purpose. In this capacity, BHS Baltimore oversees a network of predominately private non-profit providers that delivers services, totaling over $225 million, to over 45,000 Baltimore City residents each year who are Medicaid and/or Medicare recipients or uninsured. In addition to managing the fee-for-service Public Mental Health System, BHS Baltimore also awards approximately $20 million in grants to over 50 provider agencies. BHS Baltimore does not provide direct services.

\begin{itemize}
\item COMAR can be accessed at http://www.dsd.state.md.us/comar/. Medical necessity criteria can be accessed at http://maryland.valueoptions.com/provider/prv_man.htm.
\item In Maryland, there are seven managed care organizations that provide somatic care and substance abuse treatment to Medicaid recipients. Mental health has been carved out, and services are provided to Medicaid, Medicare and uninsured individuals by a separate network of mental health provider agencies (including some hospitals) that are paid on a fee-for-service basis.
\end{itemize}
This guide describes services and outlines the levels of care available to adult consumers in the fee-for-service PMHS. It does not include the City’s many grant-funded programs. For a more comprehensive description of BHS Baltimore and grant-funded programs, please see BHS Baltimore’s latest Annual Report, located at www.BHSBaltimore.org.

**What Services Are Available?**

The Public Mental Health System offers an array of services for individuals with mental illness, ranging from outpatient mental health treatment to inpatient psychiatric hospitalization. The types of services individuals need depend on a number of factors such as their mental health status, the level of support they require, and their individual goals.

**Acute Care**

Acute care provides services to individuals who are experiencing a crisis or whose mental health becomes so unstable that their symptoms cannot be stabilized in their current level of care. Acute care provides short-term intensive services in a highly monitored environment such as a hospital. In general, the PMHS promotes utilizing the least restrictive setting appropriate. Whenever possible, community-based services are preferred to inpatient settings so that individuals can access family and other social support systems, and be more integrated into the community – which has been shown to support long-term recovery. However, there are times when time-limited, more intensive services are required in order to stabilize individuals experiencing severe mental health problems.

**Ongoing Care**

Ongoing care provides services to support individuals to live a meaningful life in the community. These services are not time-limited. Many individuals with serious and persistent mental illness will require some type of ongoing care, which might include mental health treatment, rehabilitation, and/or case management. Treatment services help individuals manage the symptoms of their mental illness such as mania, depression, psychosis, or disorganized thoughts. Treatment can include medication management and different types of therapy. Rehabilitative services help individuals build life skills and provide meaningful activity. Case management services ensure that individuals are connected to the services, supports, and community resources they need.

**What Are the Guidelines for Accessing Care?**

**Who is Eligible?**

Individuals must meet certain medical necessity and income criteria in order to be eligible for Public Mental Health System services. Individuals must have a mental illness; individuals with a serious mental illness are given priority. Individuals who have Medicaid are eligible for all Public Mental Health System services, while individuals with no insurance are eligible for some services if certain criteria are met and funding is available. The eligibility criteria for uninsured individuals are outlined in Appendix C on page 20. Individuals with mental illness who have private insurance are not eligible for Public Mental Health

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4 Medications are an important part of mental health treatment, and individuals with mental illness need varying levels of assistance with their medications. Medication management refers to a psychiatrist prescribing medication to treat psychiatric symptoms and monitoring its effectiveness. Medication administration refers to a medical professional giving the correct medications and dosages to the individual. Medication monitoring refers to a mental health professional monitoring the individual to ensure that they are taking medication as prescribed.
System services. For more information on eligibility related to diagnosis, see Appendix B on page 19. For specific medical necessity criteria, please visit ValueOptions’ website at http://maryland.valueoptions.com/provider/prv_man.htm.

ValueOptions, Maryland’s Public Mental Health System administrative services organization, can help determine an individual’s eligibility for services, and can be reached at 1-800-888-1965.

**Which Services Can Clients Access Concurrently?**

The Public Mental Health System will not reimburse similar services for the same individual at the same time. Individuals receiving services that provide a comprehensive range of interventions such as Assertive Community Treatment (ACT) are not permitted to access additional services similar to those already included. The more comprehensive the service type, the fewer additional services individuals need. Because acute care services are time-limited, individuals are permitted to receive these services while also enrolled in ongoing care services. See the Concurrent Service Use section on page 14, which shows how services can overlap.

**How Quickly Can Services be Accessed?**

Availability of services is dependent upon program capacity and service demand. There may be times when a program is full, and individuals are unable to enroll in the program immediately. In particular, the residential rehabilitation programs utilize a waitlist, and individuals often have to wait until there are openings in the program before they can enroll.

**Where Can I Find Assistance For Individuals in Crisis?**

Baltimore Crisis Response, Inc. (BCRI) operates a crisis hotline that anyone can call 24 hours per day, 7 days per week. The phone number is 410-433-5175. Baltimore Crisis Response can provide information about community resources, face-to-face crisis assessment, brief crisis intervention in the community, and residential crisis placement (described on page 8).

**How Long Can Clients Receive Services?**

Individuals utilize acute care for short time periods such as a few hours, days, or weeks, whereas ongoing care may be utilized for several months to years. In all cases, the length of time individuals engage in any particular service is highly individualized and based on individuals’ needs and goals.

**How Are Clients Referred?**

The process by which individuals are referred to programs varies from service to service. Some programs can be contacted directly and others will only accept individuals through specific procedures. Referral processes for different programs and services are listed in Appendix A on page 16.

**Are Services Voluntary?**

All services in the public mental health system are voluntary. This means that individuals must sign a consent form indicating their willingness to participate in the services offered.

**Where Can I Find Assistance for an Individual Who Refuses Voluntary Services?**

A petition can be filed for an emergency evaluation at a local hospital emergency room if there is reason to believe that the individual:
• has a mental disorder and
• presents a danger to the life or safety of himself/herself or others

This petition is called an Emergency Petition (EP). For assistance in filing an Emergency Petition, please refer to the brochure “What to do in a Psychiatric Crisis in Maryland” published by the Maryland Chapter of the National Alliance on Mental Illness (NAMI). This brochure can be found at http://www.namimd.org/help/crisishelp.htm.

**Where Can I Find a Directory of Mental Health Service Providers?**

A useful tool for identifying and accessing mental health and other health-related services in Baltimore City is Network of Care, a website that anyone can access online. Features include a service directory, a resource library, community message boards, legislative and advocacy information, and the capability for users to create their own personalized service pages. Network of Care can be accessed at: http://baltimorecity.md.networkofcare.org/mh/index.aspx.

**Where Can I Find Assistance in Getting Health Insurance?**

Health Care Access Maryland (previously Baltimore Health Care Access) is an agency that assists low-income residents with determining eligibility and applying for public health insurance and other community resources. Health Care Access Maryland can be reached by calling 410-649-0500 or visiting http://www.healthcareaccessmaryland.org/.
Overview of Specific Service Types

- Acute Care
- Ongoing Care
- Concurrent Service Use
Individuals use acute care services to resolve mental health crises and stabilize psychiatric symptoms (e.g. mania, psychosis, severe depression, etc.). These services are short-term and more intensive and restrictive than ongoing care, so individuals who need a high level of support and/or 24-hour monitoring may benefit from acute care. Detailed service descriptions follow the table.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Goal of Service</th>
<th>24-Hour Staffing</th>
<th>Setting</th>
<th>Eligibility</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>• Stabilize and resolve acute psychiatric symptoms</td>
<td>Yes</td>
<td>Hospital</td>
<td>• Medicaid</td>
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<td></td>
<td>• Connect to ongoing, community-based services upon discharge</td>
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<td>• Uninsured*</td>
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<tr>
<td>Residential Crisis</td>
<td>• Stabilize and resolve acute psychiatric symptoms</td>
<td>Yes</td>
<td>Community</td>
<td>• Medicaid</td>
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<td></td>
<td>• Address precipitating factors</td>
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<td>• Medicare</td>
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<td></td>
<td>• Connect to ongoing, community-based services upon discharge</td>
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<td>• Uninsured*</td>
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<tr>
<td>Partial Hospital Programs</td>
<td>• Stabilize and resolve acute psychiatric symptoms</td>
<td>No</td>
<td>Hospital</td>
<td>• Medicaid</td>
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<tr>
<td></td>
<td>• Address precipitating factors</td>
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<td>• Medicare</td>
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<tr>
<td></td>
<td>• Connect to ongoing, community-based services upon discharge</td>
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</tbody>
</table>

*Although individuals who are uninsured can receive inpatient services, the cost of their care is not covered by the Public Mental Health System, and they may receive a bill.

Service Descriptions

Some services provide a similar level of care, and what may distinguish one service type from another is a particular feature of that service, such as the setting or average length of stay. The service descriptions below will delineate the level of care each provides and the unique features of each.

Inpatient Care

Individuals who are experiencing severe distress related to their mental illness and require 24-hour medically supervised intensive psychiatric treatment, may need inpatient care. The care is delivered by a multidisciplinary team and includes: psychiatric evaluation and treatment; clinical assessment; medical and nursing supervision and intervention; diagnostic testing; medical consultation as needed; care coordination with community providers; medication management and monitoring; individual, group and family counseling; and case management to coordinate discharge placement needs.

Frequency of Contact: Daily

Average Length of Stay: 5 days (range: 1 day – 10 days)
Residential Crisis

Individuals who are experiencing a mental health crisis, but do not require a high level of medical supervision may benefit from 24-hour residential crisis services, which provide short-term, intensive psychiatric treatment and support services in a community-based residential setting. These services provide a community-based alternative to psychiatric inpatient care, and can shorten the length of an inpatient stay when used as a step-down disposition. Services include: psychiatric evaluation and treatment; clinical assessment; medical and nursing supervision and intervention; care coordination with community providers; medication management and monitoring; individual, group and family counseling; and case management to coordinate discharge placement needs.

(It is important to note that this service cannot be used solely for housing purposes. While housing is often difficult to access in Baltimore City, there are resources for individuals who need housing, many of which are listed on Network of Care (described on page 5).)

Frequency of Contact: Daily

Average Length of Stay: 6 days (range: 2 days - 3 weeks)

Partial Hospitalization

Individuals who require intensive treatment services to stabilize psychiatric symptoms, but do not require 24-hour monitoring could benefit from partial hospital program (PHP) services, also known as psychiatric day treatment services. Individuals can utilize PHP services as an alternative to 24-hour psychiatric inpatient care or to shorten the length of an inpatient stay. Services are provided in a hospital setting and the individual is expected to return to their residence at the end of the day. Individuals in partial hospitalization will receive: psychiatric evaluation and treatment; clinical assessment; medical and nursing supervision and intervention; care coordination with community providers; medication management and monitoring; individual, group and family counseling; and case management to coordinate discharge placement needs.

Frequency of Contact: Daily

Average Length of Stay: 10 days (range: 4 days - 4 weeks)
## Ongoing Care

Many individuals with serious mental illness require ongoing care services to live productive, meaningful lives. The services described below provide individualized levels of treatment, rehabilitation, and support at a lower level of intensity and restrictiveness than acute care. Detailed service descriptions follow the table. Individuals with Medicaid, Medicare, PAC, and uninsured individuals are eligible for all of these services; however, targeted case management and psychiatric rehabilitation programs have limited spaces for individuals who are uninsured or have Medicare.

<table>
<thead>
<tr>
<th>Service</th>
<th>Type of Service</th>
<th>Goal of Service</th>
<th>24-Hour On-Call</th>
<th>Referral Process</th>
</tr>
</thead>
</table>
| Capitation Project               | Treatment, Rehab., Case Mgmt.            | ● Increase community integration  
                                   |                               | Yes              | Contact BHS Baltimore at 410-637-1900.                 |
| Assertive Community Treatment    | Treatment, Rehab., Case Mgmt.            | ● Increase community integration  
                                   |                               | Yes              | Contact programs directly. See Appendix A on page 16.  |
| Mobile Treatment                 | Treatment, Rehab., Case Mgmt.            | ● Increase community integration  
                                   |                               | Yes              | Contact programs directly. See Appendix A on page 16.  |
| Residential Rehabilitation Programs | Rehab., Case Mgmt                      | ● Develop skills to live in the community  
                                   |                               | Yes              | Contact BHS Baltimore at 410-637-1900.                 |
| Psychiatric Rehabilitation Programs | Rehab., Case Mgmt                      | ● Develop skills to live in the community  
                                   |                               | No               | Contact programs directly. See Appendix A on page 16.  |
| Targeted Case Management         | Case Mgmt                               | ● Connect to treatment and support services  
                                   |                               | Yes              | Contact programs directly. See Appendix A on page 16.  |
| Outpatient Mental Health Clinics  | Treatment                               | ● Promote increased awareness and coping in order to reduce and stabilize symptoms  
                                   |                               | No               | Contact programs directly. See Appendix A on page 16.  |
| Supported Employment Programs    | Rehab.                                   | ● Obtain and maintain competitive employment consistent with interests, preferences, and skills | No              | Contact programs directly. See Appendix A on page 16.  |
Service Descriptions

Some service types provide a similar level of care, and what may distinguish one service type from another is a particular feature of that service, such as the frequency of contact. The service descriptions below will delineate the level of care each provides and the unique features of each. While regulations specify minimum or maximum frequency of contacts for most service types, actual duration, frequency and intensity of services provided is guided by individuals’ needs and goals.

Capitation Project

The Capitation Project is a unique program in Baltimore City that provides a comprehensive range of coordinated services to individuals with a serious mental illness who are able to live in the community, but have difficulty managing their various treatment and service needs independently. Individuals enrolled in Capitation have access to staff 24 hours per day, 7 days per week. Individuals receive: psychiatric evaluation and treatment; clinical assessment; medication management, administration, and monitoring; individual, group, and family therapy; support with daily living skills; assistance with locating housing; entitlements coordination; supported employment services; and case management. Treatment teams use assertive outreach, treatment, and support to assist individuals to live successfully in the community. Caseloads are small and average eight to ten individuals per clinician.

What distinguishes Capitation from other programs is that providers receive a predetermined amount of funding each month to manage and pay for all of an individual’s psychiatric care, including inpatient care. When consenting to Capitation services, individuals are agreeing to a limited benefit package within the PMHS. This means that individuals still have access to the full range of services, but the Capitation provider authorizes and pays for services instead of the administrative services organization.

Frequency of Contact: There is no minimum or maximum contact frequency requirement. The average number of contacts is 19 per month, with a range of 2 - 26.

Assertive Community Treatment and Mobile Treatment

Individuals with serious mental illness who are able to live in the community, but have difficulty managing their mental health independently often benefit from Assertive Community Treatment (ACT) or mobile treatment, which provides an array of services coordinated by a treatment team, similar to Capitation. ACT/mobile treatment and Capitation serve clients with a similar level of need; the biggest difference between these programs is the frequency of contact, which is greater for Capitation.

Individuals in ACT/mobile treatment have access to staff 24 hours per day, 7 days per week. They receive: psychiatric evaluation and treatment; clinical assessment; medication management, administration, and monitoring; individual, group, and family therapy; support with daily living skills; assistance with locating housing; entitlements coordination; and case management.

ACT is an evidenced-based practice model that requires mobile treatment providers to receive specialized training and evaluation by the State of Maryland using the Dartmouth Assertive Community Treatment Scale (DACTS). All ACT providers are licensed as mobile treatment programs and provide mobile treatment services as described above. The duration, frequency and intensity of services provided by ACT are higher than mobile treatment. Some of the services ACT provides, but mobile treatment does not, are substance abuse treatment, supported employment, peer support, daily review of consumer progress toward goals, and the use of more assertive engagement techniques.
The Forensic Assertive Community Treatment Team (FACTT) is an ACT program that provides specialized services for individuals with current involvement with the criminal justice system.

**Frequency of Contact:**

- **ACT:** A minimum of 4 contacts per month, with a home visit every 90 days. The average number of contacts is 7 per month, with a range of 4 - 20.
- **Mobile Treatment:** A minimum of 4 contacts per month, with a home visit every 90 days. The average number of contacts is 4 per month, with a range of 4 - 10.

**Residential Rehabilitation**

Residential rehabilitation programs (RRPs) provide rehabilitative services and housing for individuals with a serious mental illness who need extensive support and a structured living environment. Individuals receive rehabilitative and support services both in the residence (on-site) and in the community (off-site) to help them develop the skills they need to live as independently as possible. Specific services include: psychosocial assessment; medication monitoring; support with daily living skills; and case management. Individuals have access to on-call staff 24 hours per day, 7 days per week.

RRP residents are encouraged to participate in some type of meaningful daytime activity. The majority of RRP residents attend a psychiatric rehabilitation program (PRP); however, attendance at a PRP is not a requirement. Because RRPs only provide rehabilitative and case management services – not mental health treatment – RRP residents usually go elsewhere for outpatient mental health treatment. Four of the City’s eight RRPs serve specific populations: two serve young adults (ages 18 - 23); one serves geriatric individuals (ages 64+); and one serves individuals who are deaf and hard of hearing.

(It is important to note that this service cannot be used solely for housing purposes. While housing is often difficult to access in Baltimore City, there are resources for individuals who need housing, many of which are listed on Network of Care (described on page 5.).)

**Frequency of Contact:** There are two levels of support services available to RRP residents:

1. **General Level:** A minimum of 3 contacts per week with an average of 17 per month.
2. **Intensive Level:** A minimum of 23 contacts per month, with staff available in the residence for a minimum of 40 hours per week.

**Psychiatric Rehabilitation**

Psychiatric rehabilitation programs (PRPs) provide rehabilitative and support services that assist individuals with a serious mental illness to develop independent community living skills, including how to manage their illness while living in the community. Services may be provided on-site at a PRP facility or off-site at an individual’s residence, job, or other location in the community. On-site PRP services provide a structured environment where rehabilitation activities and services are provided predominantly in a group setting. Individuals enrolled in a PRP also receive: case management services, including assistance with securing and maintaining entitlements; transportation to appointments; coordination of services; and liaison with external services like somatic, substance abuse, and mental health practitioners. Because PRPs only provide rehabilitative and case management services – not mental health treatment – PRP participants usually go elsewhere for outpatient mental health treatment.
Frequency of Contact: A minimum of 6 contacts per month. The average range of contacts is 6 – 20 per month.

Targeted Case Management

Targeted case management provides assessment of service needs and coordination of care. It is most beneficial to individuals with serious mental illness who are homeless or transitioning from one level of care to another, including being released from detention or psychiatric inpatient care. It is also helpful for individuals who are residing in independent housing, but need linkage to mental health treatment and other supportive services in order to continue living successfully in the community. Priority is given to individuals who are not linked to mental health services; lack basic supports for shelter, food and income; or are transitioning from one level of care to another. Services include: psychosocial assessment; linkage to resources, including housing; entitlements coordination; linkage to psychiatric, substance abuse, and somatic health treatment; and monitoring of engagement in services. Individuals have access to staff 24 hours per day, 7 days per week.

Frequency of Contact: There are two levels of support services available:

1. General Level: A maximum of 2 visits per month, with a home visit every 90 days.
2. Intensive Level: A maximum of 5 visits per month, with a home visit every 90 days.

Outpatient Mental Health Clinics

Many individuals with mental illness seek outpatient mental health treatment, which can provide: psychiatric evaluation and treatment; clinical assessment; medication management; and individual, group and family therapy. These services are available in outpatient mental health clinics (OMHCs); federally qualified health centers (FQHCs); hospital-based clinics; and private individual or group practices.

Frequency of Contact: A minimum of one (1) contact every 90 days. The average range of contacts is between one (1) time every 3 months and 2 times per week.

Supported Employment

Supported employment programs (SEPs) provide supportive services for individuals with a serious mental illness who are not employed competitively, and for whom employment is a goal. The service includes five components:

1. Pre-placement: Assessment, entitlements counseling, discussion of the risks and benefits of disability disclosure, and job development.
2. Placement in competitive job: Assisting the individual in negotiating with the employer a mutually acceptable job offer and advocating for the terms of employment.
3. Intensive job coaching: Systemic intervention to help the individual: learn to perform job tasks to the employer’s specifications; develop the interpersonal skills necessary to assume the employee role; and be acknowledged as an employee at the job site. This component may also include advocacy, mobility skills training and other support services to promote job stability and social integration within the work environment.

Competitive employment refers to employment that: (1) pays at least minimum wage; (2) takes place in an integrated community setting; (3) is held by the individual worker (not by the program in which he or she participates); and (4) is available to anyone qualified for the job (i.e. not set aside for people with disabilities).
4. **Extended support services**: Proactive employment advocacy and support services at or away from the job site to assist the individual in maintaining continuous, uninterrupted competitive employment, developing an employment-related support system, and managing changes with entitlements related to employment income, including accessing work incentives.

5. **Psychiatric rehabilitation program services**: Psychiatric rehabilitation service interventions needed to assist the individual with symptom management and to develop coping mechanisms to manage his/her illness while on the job.

6. **Treatment coordination**: Regular meetings and collaboration with the individual’s treatment team including case manager, psychiatric rehabilitation counselor, employment specialist, residential specialist, therapist, psychiatrist and any other individual(s) who may be involved in the treatment and rehabilitation of the individual in order to integrate supported employment efforts with mental health treatment.

**Frequency of Contact**: A minimum of 2 contacts per month. The average range of contacts is 2 – 4 per month.
**Concurrent Service Use**

In the table below, check marks indicate which services the Public Mental Health System will reimburse at the same time for a given individual. In general, the Public Mental Health System strives to limit duplicate service utilization and unnecessary expenditures by limiting concurrent use of similar services.

<table>
<thead>
<tr>
<th>Services</th>
<th>Inpt</th>
<th>RC</th>
<th>PHP</th>
<th>Cap</th>
<th>ACT</th>
<th>MTS</th>
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<td>Supported Employment Program (SEP)</td>
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Appendices

- **Appendix A**: How to Refer to Mental Health Services
- **Appendix B**: Eligibility by Diagnosis for Public Mental Health Services
- **Appendix C**: Eligibility Criteria for Uninsured Individuals
- **Appendix E**: Glossary of Terms
Appendix A: How to Refer to Mental Health Services

Directory of Mental Health Services
Network of Care is a publicly available website that lists local behavioral health resources. Features include a services directory, a resource library, community message boards, legislative and advocacy information, and the capability for each user to create their own personalized services page. The site to find services available in Baltimore City can be accessed at the following address:
http://baltimorecity.md.networkofcare.org/mh/home/index.cfm.

ACT and Mobile Treatment
How to Refer: Contact the program directly. *

**ACT teams:**

Bon Secours Baltimore Health System
Mobile Assertive Services Team
3101 Towanda Avenue
Baltimore, MD 21215
443-610-1378

Johns Hopkins Hospital
Assertive Community Treatment Team
405 N. Caroline Street
Baltimore, MD 21205
410-955-2207

People Encouraging People, Inc.
Assertive Community Treatment Team-West
4201 Primrose Avenue
Baltimore, MD 21215
410-764-8560

People Encouraging People, Inc.
Forensic Assertive Community Treatment Team*
4201 Primrose Avenue
Baltimore, MD 21215
410-358-9570
410-764-8560
* Individuals residing in state hospital facilities must refer to FACTT by contacting BHS Baltimore at 410-837-2647.

People Encouraging People, Inc.
Assertive Community Treatment Team-East
4201 Primrose Avenue
Baltimore, MD 21215
410-358-9570

Mosaic
2225 N. Charles Street
Baltimore, MD 21218
410-366-4360

University of Maryland Medical System
Program for Assertive Community Treatment
701 W. Pratt Street
Baltimore, MD 21223
410-328-2564

**Mobile treatment programs:**

Harford Belair Community Mental Health Center
4536 Harford Road
Baltimore, MD 21214
410-426-5650

Johns Hopkins Bayview Medical Center
1821 Portal Street
Baltimore, MD 21224
410-284-5020
410-633-4236

Hope Health Systems
6707 Whitestone Rd Suite 106
Baltimore, MD 21207
410-944-4673
Capitation

How to Refer: Contact BHS Baltimore at 410-837-2647. A copy of the referral form is located on BHS Baltimore’s website at www.BHSBaltimore.org. There are currently 354 slots.

<table>
<thead>
<tr>
<th>Chesapeake Connections</th>
<th>Creative Alternatives</th>
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<tbody>
<tr>
<td>Mosaic Community Services</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>2225 N. Charles Street</td>
<td>1821 Portal Street</td>
</tr>
<tr>
<td>Baltimore, MD 21218</td>
<td>Baltimore, MD 21224</td>
</tr>
<tr>
<td>410-366-4360</td>
<td>410-631-6021</td>
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Inpatient Care

How to Refer: Individuals must go to the emergency room to access inpatient mental health services.

The following seven Baltimore City hospitals have emergency rooms and inpatient psychiatric units:

<table>
<thead>
<tr>
<th>Bon Secours Hospital</th>
<th>Sinai Hospital</th>
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<tbody>
<tr>
<td>2000 W. Baltimore Street</td>
<td>2401 W. Belvedere Avenue</td>
</tr>
<tr>
<td>Baltimore, MD 21223</td>
<td>Baltimore, MD 21215</td>
</tr>
<tr>
<td>410-362-3075</td>
<td>410-601-5000</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Johns Hopkins Bayview Medical Center</th>
<th>Union Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>4940 Eastern Avenue</td>
<td>201 E. University Parkway</td>
</tr>
<tr>
<td>Baltimore, MD 21224</td>
<td>Baltimore, MD 21218</td>
</tr>
<tr>
<td>410-550-0350</td>
<td>410-554-2000</td>
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<thead>
<tr>
<th>Johns Hopkins Hospital</th>
<th>University of Maryland Medical Center</th>
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<tbody>
<tr>
<td>600 N. Wolfe Street</td>
<td>22 S. Greene Street</td>
</tr>
<tr>
<td>Baltimore, MD 21287</td>
<td>Baltimore, MD 21201</td>
</tr>
<tr>
<td>410-955-5964</td>
<td>410-328-6722</td>
</tr>
</tbody>
</table>

| University of Maryland Medical Center, Midtown Campus | |
|--------------------------------------------------------||
| 827 Linden Avenue | |
| Baltimore, MD 21201 | |
| 410-225-8100 | |

The following four Baltimore City hospitals do not have inpatient psychiatric units. However, individuals can receive psychiatric evaluation in the emergency room of one of these facilities, and be transferred to a psychiatric inpatient unit if inpatient care is needed.

<table>
<thead>
<tr>
<th>Good Samaritan Hospital</th>
<th>Mercy Medical Center</th>
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<tbody>
<tr>
<td>5601 Loch Raven Boulevard</td>
<td>301 St. Paul Place</td>
</tr>
<tr>
<td>Baltimore, MD 21239</td>
<td>Baltimore, MD 21202</td>
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<tr>
<td>410-532-4040</td>
<td>410-332-9477</td>
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<tr>
<th>Harbor Hospital</th>
<th>St. Agnes Hospital</th>
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<tr>
<td>3001 S. Hanover Street</td>
<td>900 Caton Avenue</td>
</tr>
<tr>
<td>Baltimore, MD 21225</td>
<td>Baltimore, MD 21229</td>
</tr>
<tr>
<td>410-350-3575</td>
<td>410-368-2000</td>
</tr>
</tbody>
</table>

Outpatient Mental Health Clinics

How to Refer: Contact programs directly. A directory for outpatient mental health clinic providers is listed on the Network of Care website at http://baltimorecity.md.networkofcare.org/mh/resource/searchbycat.cfm?cat=21531.
Partial Hospital Programs
How to Refer: Contact programs directly.

A directory for partial hospital service providers is listed on the Network of Care website at http://baltimorecity.md.networkofcare.org/mh/services/advanced-search.aspx?k=%22Partial+Hospitalization+Program%22&r=5.

Psychiatric Rehabilitation Programs
How to Refer: Contact programs directly.

A resource directory for PRP service providers is listed on the Network of Care website at http://baltimorecity.md.networkofcare.org/mh/services/advanced-search.aspx?k=%22psychiatric+rehabilitation+program%22&r=5.

Residential Crisis
How to Refer: Contact the provider (currently Baltimore Crisis Response) at 410-752-2272 – the City’s 24/7 crisis hotline.

Residential Rehabilitation Programs
How to Refer: Contact BHS Baltimore at 410-637-1900. There are eight RRP providers with a total of 353 beds for which there is generally a waiting list.

Supported Employment Programs
How to Refer: Contact programs directly.


Targeted Case Management
How to Refer: Contact programs directly.

Bon Secours Baltimore Health System
3101 Towanda Avenue
Baltimore, MD 21215
410-383-4942

Mosaic
2225 N. Charles Street
Baltimore, MD 21218
410-366-4360 x402

Baltimore Crisis Response Inc. – Case Mgmt
5124 Greenwich Ave.
Baltimore, MD 21229
410-433-5255

People Encouraging People, Inc.
2002 Clipper Park Rd, Suite 105
Baltimore, MD 21211
410-366-4299

Johns Hopkins Bayview Medical Center
4940 Eastern Avenue D-3
Baltimore, MD 21224
410-284-5020

University of Maryland Medical System
701 W. Pratt Street
Baltimore, MD21223
410-328-2564

Wraparound Maryland, Inc.
1030 N. Charles St., 3rd FL
Baltimore, MD 21202
443-687-9462
Appendix B: Eligibility by Diagnosis for Public Mental Health System Services

Individuals must meet certain diagnostic criteria in order to be eligible for Public Mental Health System services. Individuals with diagnoses designated as “serious mental illnesses” are eligible for all Public Mental Health System services, while individuals with other primary mental health diagnoses (e.g. anxiety and trauma-related disorders) may be eligible for some Public Mental Health System services. Further, individuals with certain primary diagnoses are not eligible for Public Mental Health System services.

Diagnoses Designated as Serious Mental Illnesses

- Schizophrenia
- Schizoaffective Disorder
- Schizoaffective Disorder, Bipolar Type
- Schizoaffective Disorder, Depressive Type
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Delusional Disorder
- Major Depressive Disorder, Recurrent Episode, Severe
- Major Depressive Disorder, Recurrent Episode, With Psychotic Features
- Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
- Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features
- Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
- Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features
- Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
- Bipolar I Disorder, Current or Most Recent Episode Unspecified
- Unspecified Bipolar and Related Disorder
- Bipolar II Disorder
- Schizotypal Personality Disorder
- Borderline Personality Disorder

Diagnoses that Can Disqualify Individuals from Receiving Services (when Primary)

- Mental Retardation
- Learning Disorder
- Motor Skills Disorder
- Communication Disorder
- Pervasive Developmental Disorder
- Tic Disorder
- Sexual Dysfunctions except paraphilias and Gender Identity Disorder
- Relational Problems
- Delirium, Dementia, Amnestic other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Sleep Disorder
- Antisocial Personality Disorder
Appendix C: Eligibility Criteria for Uninsured Individuals

Uninsured individuals who request a service are eligible for Public Mental Health System services if the following criteria are met:

- The consumer requires treatment for a behavioral health diagnosis(es) covered by the PBHS
- The consumer has a verifiable Social Security Number
- The consumer has applied for Medicaid (MA the Health Care Exchange Social Security Income (SSI), or Social Security Disability Insurance (SSDI) if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for 12 months or more). If the consumer is not eligible for MA, SSI, or SSDI, documentation from MA or Social Security stating the reason for ineligibility must be provided and maintained in the consumer’s medical record
- The consumer is a Maryland Resident
- The consumer meets the financial criteria (250% of federal poverty level and not covered by Medicaid (MA) or other insurance.
- The individual meets US citizenship requirement.

Exceptions to the documentation requirements may be made by BHA under extenuating circumstances. The exceptions are related to the type of crisis and type of service. If a consumer is in immediate need for services (such as acutely suicidal) or the consumer’s symptoms prevent that person from being able to provide information and they are being seen by an Assertive Community Treatment team, mobile crisis team, residential crisis program, or other outpatient setting, documentation criteria may be waived.
Appendix D: Glossary of Terms

Acute Care - Individuals may need acute care services to resolve mental health crises and stabilize psychiatric symptoms (mania, psychosis, severe depression, etc.). These services are short-term and provided at a higher level of intensity and restrictiveness than ongoing care, so individuals who need high-level support and/or 24-hour monitoring may benefit from acute care. See detailed service descriptions starting on page 7.

ASO – Administrative services organizations serve as the managed care organization for a specific set of services. In Maryland, the Mental Hygiene Administration contracts with an ASO to manage the State’s fee-for-service Public Mental Health System. The ASO is responsible for connecting consumers to the most appropriate services, authorizing services based on medical necessity criteria, processing reimbursement claims, remitting payments to service providers, and collecting and analyzing data in order to evaluate the Public Mental Health System. ValueOptions is the company currently serving as the ASO for Maryland. See ValueOptions’ glossary listing below for more information.

BHS Baltimore – Behavioral Health System Baltimore is the local behavioral health authority, or core service agency, that directly manages Public Mental Health System services not reimbursable through the fee-for-service Public Mental Health System and oversees the Public Mental Health System in collaboration with the Mental Hygiene Administration. For more information, see BHS Baltimore’s website at www.BHSBaltimore.org. Also see the glossary listing for core service agency (CSA).

Case Management – Case management generally refers to services that assess need and help connect individuals to a full range of community mental health and support services and resources. Many service types outlined in this guide include some level of case management services.

CSA – Core service agencies are the local mental health authorities in Maryland. Each jurisdiction (county or region) has a core service agency that oversees the local Public Mental Health System in collaboration with the Mental Hygiene Administration.

COMAR – The Code of Maryland Regulations contains the rules that describe how health services must be provided.

DHMH – The Department of Health and Mental Hygiene is the state-level public health authority that oversees Maryland’s health care delivery system.

FFS – Fee-for-service refers to a billing system that pays for individual services delivered. In Maryland, Public Mental Health System service providers are reimbursed through this type of billing system.

Medical Necessity – Medical necessity refers to an individual’s need for specific services based on diagnostic criteria and level of functioning, which then determines the individual’s eligibility to receive Public Mental Health System services.

Medicaid – Medicaid is the state program that provides public health insurance to income-eligible individuals. In Maryland, it is called the Maryland Medical Assistance Program, or Medical Assistance (MA) for short. For more information about Medicaid, visit http://www.dhmh.state.md.us/mma/Eligibility/med_medical%20asst%20overview_Doc%202/medasso.html.
Medicare – Medicare (MC) is a federal program that provides health insurance to individuals with disabilities, including mental illness, and to individuals over the age of 65. For more information about the Medicare program, please visit http://www.medicare.gov/.

BHA – The Behavioral Health Administration is a division of Maryland’s Department of Health and Mental Hygiene, and is responsible for managing the State’s Public Behavioral Health System.

Network of Care – Network of Care is a website that provides health resources and service provider directories for areas across the country. Baltimore City’s Network of Care provides a wide range of mental and behavioral health resources, and can be accessed at the following address: http://baltimorecity.md.networkofcare.org/mh/index.aspx.

Ongoing Care – Many individuals with mental illness require ongoing care services to maintain or improve their mental wellness. These services provide varying levels of treatment, rehabilitation, and support, and are provided at a lower level of intensity and restrictiveness than acute care. These services are not time-limited. See detailed service descriptions starting on page 9.

PMHS – The Public Mental Health System refers to the network of publicly funded mental health services and providers that are reimbursed through the fee-for-service system.

PAC – Primary Adult Care was a program in Maryland that provided health coverage for a limited set of health services for income-eligible adults. In January 2014, eligibility for Medicaid expanded and individuals who were previously eligible for PAC are now eligible for full Medicaid benefits.

Rehabilitation – Rehabilitation is a type of service that helps individuals build life and recovery skills. These services also tend to provide structure and meaningful activity.

Serious Mental Illness – Serious mental illnesses are diagnoses designated by the Public Mental Health System as most likely to cause functional impairment. These diagnoses are used to prioritize services for individuals most likely in need of service. For a list of these diagnoses, see Appendix B on page 19.

Treatment - Treatment services help individuals manage the symptoms of their mental illness through the provision of psychiatric evaluation and diagnosis; medication management; and a range of therapeutic interventions including individual, group and family counseling.

ValueOptions – ValueOptions is the company currently serving as the administrative services organization for Maryland’s Public Mental Health System. ValueOptions can help individuals find the most appropriate mental health services by visiting their website at http://maryland.valueoptions.com or by calling them at 1-800-888-1965.