



**Site Visit – Baltimore**  
September 30–October 1, 2007  
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# Site Visit Report

## Children’s Behavioral Health Services in Baltimore: Walking the Continuum

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC

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## ACKNOWLEDGMENTS

“Children’s Behavioral Health Services in Baltimore: Walking the Continuum” was the first National Health Policy Forum site visit in recent years to be focused exclusively on mental and behavioral health services. This program was made possible by the generosity of the John D. and Catherine T. MacArthur Foundation, which has provided ongoing funding for the Forum to shed light on policy issues affecting the delivery and financing of mental health services.

The Forum is grateful to everyone in the Maryland policy community for the warm reception, candid conversations, and hospitality that made this site visit a success. We would specifically like to thank Dr. Joshua Sharfstein, Baltimore’s health commissioner, for his time and insights as we developed our site visit program; and Secretary John Colmers, Susan Tucker, and Dr. Al Zachik of the Department of Health and Mental Hygiene for their assistance and participation in the site visit; Drs. Jacquelyn Duval-Harvey and Mark Weist for their helpful insights into the school-based mental health system and for identifying school principal, Phoebe Shorter, who provided an important perspective for our group.

Several individuals and organizations were kind enough to host and facilitate on-site meetings, allowing site visit participants to view the continuum of mental health services through a “real world” lens. For their hospitality, the Forum thanks the staff of the Kennedy-Krieger Institute, and Dr. Robin Church in particular, for organizing our visit; Jane Walker and Gerry Grimm and the “Wraparound” families we were privileged to talk with over lunch; and Dr. Steven Sharfstein, Bonnie Katz, Dr. Meena Vimalananda, and Dr. Michael Bogrov for the engaging overviews and tours of the inpatient and day hospital wings at Sheppard-Pratt Health Systems. Finally, we are grateful to Catherine Fine for organizing and facilitating a session of “Operation Safe Kids” for the benefit of the site visit participants; we appreciate the extra effort it took to convene the meeting under unusual circumstances.

A note of thanks also goes to former Forum principal researcher, Eileen Salinsky, who provided guidance and substantive input during the early stages of planning and development and was a helpful sounding board throughout the process.

As always, we are grateful for the time and energy each speaker puts into participating in Forum site visits. The variety of experiences and perspectives never fails to enrich participants’ on-the-ground experience.



*The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at [www.nhpf.org](http://www.nhpf.org).*

# Children’s Behavioral Health Services in Baltimore: Walking the Continuum

Maryland is a state characterized by many contrasts and much diversity. It is small in geographic size but has a population of more than 5 million. Howard County boasts the highest per capita income in the nation, but Baltimore City is home to some of the poorest and most vulnerable families and children. Maryland has the fifth largest concentration (30 percent) of African Americans in the country, after the District of Columbia, Mississippi, Louisiana, and Georgia. As a result of the many types of diversity, state policymakers and legislators must consider a wide range of issues when making budgeting decisions and considering innovations in health care service delivery.

Maryland’s Medicaid program serves 850,000 individuals, including 467,500 children, at a total cost of more than \$5 billion. The state provides comprehensive health coverage for children with family incomes up to 300 percent of the federal poverty level (\$52,800 for a family of three in 2008), including behavioral health services. Estimates for 2006 indicate that less than 10 percent of Maryland’s children were uninsured.

The state delivers mental health care through a variety of pathways including inpatient and outpatient psychiatric settings as well as an increasing number of home and community-based treatment options. Maryland has been effective at leveraging the range of federal funding sources for providing behavioral health services. For example, Maryland was one of the states to qualify for a new ten-state demonstration under the Deficit Reduction Act of 2005 that will enable the Medicaid program to pay for home and community-based services for children who require a residential treatment level of care. [Care provided in residential treatment centers (RTCs) is not otherwise eligible for Medicaid reimbursement.] Since 2001, Maryland has been operating an “Autism Waiver” that enables children who would otherwise qualify for an institutional level of care in an intermediate care facility for the mentally retarded (ICF/MR) to remain in the community. Children enrolled under the Autism Waiver receive specialized services such as early intervention programs, respite care and day habilitation services, as well as assistance in navigating the services available through the school system. There are currently 900 children enrolled in the Autism Waiver, with hundreds more children on a waiting list.

In the fall of 2005, Maryland was one of seven states awarded a Mental Health Transformation State Incentive Grant (MHT SIG) from the Center for Mental Health Services (CMHS) in the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These grants support infrastructure development and efforts to strengthen the mental health service delivery system consistent with the goals of the President’s New Freedom Commission. (MHT SIG funding may not be used to pay

for direct services.) Although still getting underway, current efforts include a Task Force on Self-Directed Mental Health Care, a Child Well-Being Initiative aimed at improving access to mental health services for children, adoption of the Wraparound practice model for Maryland, a workgroup to address the cycle of re-arrest and reincarceration of individuals with mental illness in the criminal justice system, and ten mental health vocational programs for “Supported Employment.”

## PROGRAM

On September 30 and October 1, 2007, a group of 25 site visit participants and National Health Policy Forum staff members explored the range of behavioral health services available for children in the city of Baltimore and in the state more broadly. Participants learned about the challenges of providing an effective continuum of care in the context of complex financing incentives and an overburdened educational and public health care system. The site visit program consisted of a mix of speaker panels convened at the headquarters hotel, the Admiral Fell Inn in Fells Point, and excursions to several sites in Baltimore that “walked” participants through the continuum of care from school-based behavioral health services to nonpublic special education services to inpatient and residential psychiatric services.

The program opened late Sunday afternoon with a panel of speakers summarizing Maryland’s Medicaid program and the complexity of mental health needs, services, and funding streams in the state. The first panel included state officials leading the state’s Medicaid program for children and families and the mental health services administration respectively, as well as a local representative of a statewide grassroots coalition of family and advocacy organizations who spoke to the importance of providing a coordinated system of care that considers the needs of the “whole” child and his or her entire family. This context-setting overview was followed by a panel composed of a long-time state health official, a former Baltimore City mental health agency head, and the current Health Commissioner for Baltimore. The group offered statewide and local perspectives on braiding together local, state, and federal dollars to provide an effective, coordinated system of mental health services for children. Speakers noted that financing streams, rather than service needs, often determine the structure of the service delivery system. The first day concluded with a reception and dinner, giving participants an opportunity to interact informally with the speakers and Forum staff.

The second day began with a panel discussion exploring the prospects and challenges of providing school-based mental health services and the importance of early intervention and prevention. Participants heard from two psychologists and a school principal who explained how a child’s behavioral and mental health is determined by a combination of biological, socioeconomic, and environmental factors. Child development occurs in the context of interactions between the child and his or her environment—which includes the home, family, school, and peers—and virtually every speaker emphasized that effective intervention requires addressing all of these factors simultaneously. Speakers also underscored the significance of accessing services before a behavioral disorder leads to more severe emotional issues and academic failures.

Next, the site visit participants traveled by bus to the Fairmount campus of the Kennedy Krieger Institute (KKI), a non-public school setting that offers a wide range of special education services and supports. The KKI school offers children with severe developmental and emotional disorders an intensive, highly supportive environment with a low student-teacher ratio. A panel of educators and therapists described the range of behavioral and developmental disorders addressed at KKI and the range of therapeutic services—speech and language, physical, occupational, mental health—provided in the school to address the individual needs of each child. Participants then toured a variety of classrooms where therapists, teachers, and aides were observed working with children in the classroom or stepping out as needed to address individual needs in private before returning to practice skills “in vivo” in the classroom.

The group met over lunch with the Maryland Coalition of Families for Children’s Mental Health to learn about Wraparound services for children and youth with multidimensional problems. Wraparound is an approach to implementing individualized, comprehensive services that involves the child and family in identifying a unique set of community services and natural supports to achieve a positive set of outcomes. The wraparound model incorporates both traditional services (counseling, therapeutic foster care) and nontraditional activities (community-based art or music lessons, Big Brother/Big Sister mentoring, recreation and sports) activities to create an environment that helps ensure the child’s safety while improving their ability to thrive in the community. Site visit participants heard from several youth and their families who described the effect of behavioral health disorders on the family structure and overall health of the entire family. Family members also shared their personal experiences with the public mental health system, illustrating how culture, language, stigma, and poverty interact to impede access to mental health services.

After lunch, the group traveled to the main campus of the Sheppard Pratt Health System to tour the inpatient and residential mental health units. Although Sheppard Pratt offers an extensive range of services in both inpatient and outpatient clinical settings, the tours and discussion focused on the most acute level of need. Lead psychiatrists from the child and adolescent inpatient units explained that children arrive at the hospital either via the emergency department or by referral from a physician. Children are hospitalized because they pose an immediate danger to themselves or others and/or need a more secure environment until their condition can be stabilized. The typical inpatient stay is ten days or less; however it is not uncommon for children with more severe disorders to have several inpatient placements during the course of a year. In addition, Sheppard Pratt offers less intensive levels of care, such as residential treatment and day hospital settings where children sometimes stay several weeks or even several months, depending on the complexity of their situation and the external systemic factors that might prevent the child from returning to a stable and healthy home.

Next the group returned to the headquarters hotel to observe Operation Safe Kids, a youth violence prevention program that provides community-based case management and monitoring to juvenile offenders who are at high risk of becoming victims or perpetrators of violence. Participants observed this group considering

real cases and working together to address the needs of at-risk clients. Through this program, the Baltimore City Health Department works closely with managers and field workers from the Departments of Juvenile Services; Social Services; Mental Health; and Children, Youth and Families to ensure these youth have access to needed services. Regular clinical meetings allow this multidisciplinary team to coordinate services on behalf of participating youth and their families, and to track progress. The collaboration also enables the group to overcome systemic and bureaucratic barriers that can be obstacles to keeping high-risk youth on track to becoming productive adults.

The site visit concluded with a short presentation and question and answer session with John Colmers, the secretary of the Maryland Department of Health and Mental Hygiene (DHMH). Secretary Colmers discussed Governor Martin O'Malley's priorities with respect to children's mental health services and health insurance coverage more broadly. DHMH is a cabinet-level agency with a budget of \$7.5 billion and nearly 8,000 employees. DHMH houses both the Medicaid program and its public mental health system in the same agency, providing more opportunities for effective policy collaboration and, in some cases, coordination of funding.

## IMPRESSIONS

Following are a set of "impressions" identified by the site visit participants. These impressions are not intended to represent recommendations for or comments on Maryland's programs and providers; rather, they are overall observations shared by the group during the site visit program.

### The Importance of Early Intervention

**Children's mental health is determined by a combination of factors including biological, socioeconomic, and environmental circumstances.** While many children develop mental or behavioral health issues primarily due to genetic factors, other children are more significantly influenced by their environment. Genetic and environmental causes are often intertwined, and it can be difficult to pinpoint a single cause for behavioral health disorders in children. In order to be effective, the continuum of behavioral health services must be able to address all factors concurrently. Children in Baltimore city are more likely to be facing a number of poverty-related environmental influences that place a strain on their mental and emotional health. In addition, cultural and language issues may delay access to mental health services until problems become severe enough to draw attention from local school, child welfare, and/or police authorities.

**Prevention and early identification of children's mental health needs is critical.** All too often, school is the first opportunity for identification of concerns even though intervention is more effective at an earlier age. When intervention is necessary, school-based mental health services can offer an effective—and socially acceptable—means of assistance for children and families. Schools have the ability to



practice skill-building with children in a familiar setting where they are surrounded by peers. In addition, schools provide easier access for parents who may not have the transportation or work flexibility to attend clinical appointments in traditional medical settings. However, as currently structured and funded, it is rare when the school, health care, and social service systems have the overall capacity and financial stability to meet children’s mental health needs on a broad scale. Despite Maryland’s efforts and commitment of resources, the situation is not ideal.

**In Maryland, as in other states, many systemic barriers to successful prevention and intervention exist.** Because of the financial and administrative challenges facing the special education system, families and public school officials are often hesitant to enroll children in special education programs unless the child’s condition is serious enough to qualify them for a non-public school placement. As a result, many children go unidentified and untreated until they reach a crisis point. Staffing is also problematic. There is a shortage of trained professionals, in general, and especially a shortage of trained professionals from diverse backgrounds that are reflective of children growing up in impoverished communities. Staffing issues are compounded by the reluctance of highly trained professionals to work in troubled neighborhoods and schools that cannot offer competitive salaries.

**Mental health treatment for children necessitates a family focus.** Family dysfunction can exacerbate biologically based vulnerabilities; likewise, biological disorders can engender dysfunction even in relatively strong families. This phenomenon is especially challenging in low-income families who may have difficulty making it to medical appointments and taking time off work. Families often need supports beyond traditional services like income support or public health insurance. Services such as those provided through Wraparound in Baltimore can often make or break a family’s survival.

**Advocacy groups and parental involvement are key to successfully weaving together a safety net of mental and behavioral health services.** Even less-intensive interventions that involve the family in a discussion of needed services can be helpful and sometimes make the difference for a family needing support. But funding is often unstable, difficult to bring to scale, and almost never consistent enough to meet ongoing needs.

### **Financing: Leveraging Federal, State and Local Funding Streams**

**In Maryland, especially at the local level, public health officials have been particularly skillful in coordinating service providers and leveraging funding streams in order to meet the broader mental health needs of the community.** Entities such as Maryland’s core service agencies (CSAs) and local management boards (LMBs) are specifically tasked with aligning and braiding funds in order to operate public health initiatives. Operating at the local level makes these agencies particularly well suited to tailor programs that meet the needs of their communities.

## **IMPRESSIONS**



**Financing streams, rather than service needs, often determine the structure of the service delivery system.** As a result, programs can be fragmented and are often geared toward more severe impairment, creating a system that does not do an adequate job of caring for the “whole child.” At the more global policy level, there is a tension between providing maximum flexibility and the need to ensure accountability. In addition, the need to compete for funding often works in contrast to financing services that address multisystemic needs of the child, both physically and emotionally. Although Maryland’s organizational structure houses the mental health and Medicaid agencies within the same department and the state has been successful in coordinating both policymaking and funding streams, the benefits of this streamlining do not always translate to the community, or to the individual level.

**Medicaid is a significant financing source for mental health care provided to children in Maryland.** The state has engaged in major efforts to coordinate programs and financing streams and to work with families in thinking constructively about how to best meet their needs. The state has been particularly effective at utilizing new options for Medicaid demonstrations and home and community-based services waivers to more effectively finance community-based care and to ensure that providers are paid appropriately for the care they offer to low-income and medically vulnerable children. Providing mental health services as a “carve out” of the broader Medicaid managed care system is intended to help facilitate improved access.

**Federal rules that continue to favor institutionalization have created barriers to effectively coordinating mental health services for children and, in some cases, have limited widespread use of evidence-based practices (for example, multisystemic therapy, MST), but some progress has been made.** The Medicaid demonstration and waiver authorities provide states flexibility to experiment with strategies for treating certain developmental disorders, such as autism, in children. Maryland has had an autism waiver in place for six years and has a request pending with the Centers for Medicare & Medicaid Services (CMS) for a Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration project, which would allow the state to provide Medicaid-funded services in the home or other appropriate community-based setting to children who meet criteria for admission to a residential treatment center (RTC).

**Treating a child as a “family of one” for eligibility purposes has been an important vehicle for more effectively providing the full range of mental health services for children.** Under this policy, certain children are exempt from rules requiring that family income be “deemed” or considered available to them for purposes of determining income eligibility. After 30 days in an inpatient setting, parental income is no longer counted, so children can qualify for Medicaid coverage for services. These rules would otherwise prevent children in families with slightly higher incomes from remaining in the community and receiving behavioral health services through Medicaid. However, if children return home, they are at risk of losing Medicaid eligibility at the point of redetermination because the parents’ income would once again be considered.

## IMPRESSIONS

## Balancing the Continuum

**Although community-based care options are desirable, consumer friendly, and consistent with current policy objectives, inpatient and acute care services play a critical role for children in crisis.** Because reimbursement policies remain largely focused on these “deep end” services, they may prevent the community-based network from being adequately supported. The financial frailty of many small organizations engaged in outreach, mentoring, and family support was alluded to, but time did not permit exploration of this subject in depth. It seems clear that the state and the county are very supportive of such programs, but it does not seem likely that the state will be able to provide the types and levels of funding and other assistance that might bring these efforts to a scale that will meet the level of existing need.

**Limited outcomes data is available to support the efficacy of many existing care strategies; further effort is needed to spur the adoption and financing of evidence-based behavioral health treatments for children.** Evidence-based strategies for mental health are still at the development stages, in many cases due to a lack of financial support and adequate attention to the issues.

**Baltimore is home to two of the premier facilities known nationally for providing behavioral health services for children and adolescents; however, it is important to note that such facilities are not typical of all communities.** Sheppard Pratt and the Kennedy Krieger Institute happen to be two of the most respected providers of behavioral health services in the country. Less appreciated, perhaps, is the degree to which both institutions have worked to augment state and local efforts to deliver care along a broader continuum of outpatient sites. Baltimore and its citizens are fortunate to have these two organizations available as major resources for intensive and high-quality treatments.

## IMPRESSIONS

## Sunday, September 30, 2007

3:30 pm Check-in and Registration [Admiral Fell Inn, 888 South Broadway]

4:00 pm Welcome and Site Visit Overview [Admiral I, Admiral Fell Inn]  
**Judith D. Moore**, *Senior Fellow*, National Health Policy Forum  
**Jennifer Ryan**, *Principal Policy Analyst*, National Health Policy Forum  
**Christopher Loftis, PhD**, *Research Associate*, National Health Policy Forum

4:15 pm CHILDREN’S MEDICAID AND MENTAL HEALTH SERVICES IN MARYLAND

**Susan Tucker**, *Executive Director*, Office of Health Services, Maryland Department of Health and Mental Hygiene

**Al Zachik, MD**, *Director*, Child and Adolescent Services, Mental Hygiene Administration, Maryland Department of Health and Mental Hygiene

**Jane A. Walker**, *Executive Director*, Maryland Coalition of Families for Children’s Mental Health

- How are behavioral health services for children organized and financed in Maryland? How is Maryland different from other states?
- What percentage of the state’s child population is covered by Medicaid and other public programs? How does the prevalence of mental disorders in the Medicaid population compare to that in the general population?
- How does Maryland’s Mental Health Administration interact with the Office of Health Services at the state level and with the local core service agencies in the city of Baltimore?
- What is the provider mix in the public mental health system, and how has provider participation changed over time? What factors contribute to difficulties in recruiting specialty mental health providers?
- What are the state’s current priorities in behavioral health financing and delivery? What appear to be the most promising strategies for improving outcomes while controlling behavioral health care costs? Are these goals synergistic or mutually exclusive?

Agenda / continued ►

## AGENDA

Sunday, September 30, 2007 / continued

- 5:15 pm      **MENTAL HEALTH TRANSFORMATION**  
**Daryl C. Plevy, JD**, *Director*, Maryland Mental Health Transformation Office, Maryland Department of Health and Mental Hygiene  
**Stephen T. Baron**, *Director*, District of Columbia Department of Mental Health  
**Joshua M. Sharfstein, MD**, *Commissioner*, Baltimore City Department of Health
- What are the roles and relationships between state and local governments in providing health and behavioral health services to children? How have these roles changed over time?
  - What are the most pressing current challenges in the organization and funding of mental health services in Maryland and, in particular, in Baltimore? What are some examples of current successes?
  - What are some of the federal and state tensions around financing and delivery of mental health services? How do state and Medicaid rules, regulations, and reimbursement practices work together (or against each other) in the provision of mental health services?
  - What is the demographic profile of children in need of behavioral health services in Baltimore? How is the city working to meet the special needs of this diverse population? What are the socioeconomic barriers, such as lack of transportation, that inhibit individuals from seeking and receiving needed behavioral health care?

6:15 pm      Break/Cocktail Reception

7:00 pm      Dinner [Captain’s Room]

Monday, October 1, 2007

7:30 am      Breakfast available [Admiral I]

- 8:30 am      **SCHOOL DAYS: EXPLORING BEHAVIORAL HEALTH SERVICES IN SCHOOL-BASED SETTINGS**  
**Jacquelyn Duval-Harvey, PhD**, *Director*, Community-Based Services, Division of Child and Adolescent Psychiatry, Johns Hopkins University  
**Mark D. Weist, PhD**, *Director*, Center for School Mental Health Assistance, University of Maryland School of Medicine

Agenda / continued ►

**AGENDA**

Monday, October 1, 2007 / continued

## AGENDA

- 8:30 am      SCHOOL DAYS...continued  
**Phoebe Shorter**, *Principal (retired)*, Franklin Square Middle School (#95)
- What are the most prevalent behavioral health conditions among children in Baltimore city schools? What factors contribute to the high incidence of certain conditions?
  - What kinds of behavioral and mental health interventions can be effectively delivered on school campuses, and what types of needs cannot be met in this setting?
  - How are behavioral health services in schools funded, and what are some of the federal, state, and local school district tensions in financing services?
  - What kinds of providers are needed to meet the varying behavioral health needs of children in mainstream classrooms? And how do these providers coordinate with other providers and services in the community?
  - What efforts are under way to expand school-based mental health programs in Baltimore City? What are some of the challenges that have emerged? To what extent do existing fiscal incentives discourage broader adoption of school-based mental health services?
  - Are special considerations necessary to adapt behavioral services for poor, vulnerable, and racially and ethnically diverse children? How do language and cultural issues affect access to mental health services?
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- 9:30 am      Bus Departure — Kennedy Krieger Institute, Fairmount Campus [1750 E. Fairmount Avenue]
- 
- 10:00 am     ALTERNATIVE PLACEMENTS: HIGH-INTENSITY SPECIAL EDUCATION SERVICES
- Lainy LeBow Sachs**, *Vice President for External Relations*, Kennedy Krieger Institute
- David Stone**, *Director of Operations*, Kennedy Krieger Institute
- Linda Brandenburg**, *Director of School Autism Services*, Kennedy Krieger Institute
- Patrick Millard**, *Director of Education*, Fairmount Campus, Kennedy Krieger Institute
- Aaron E. Parsons**, *Director of Education*, Greenspring Campus, Kennedy Krieger Institute

Agenda / continued ►

Monday, October 1, 2007 / continued

- 10:00 am ALTERNATIVE PLACEMENTS...continued
- What kinds of services do children with developmental disabilities, such as autism or serious emotional disorders, receive in alternative school placements? How are the services provided in a school like Kennedy Krieger different from what can be provided in the traditional school setting?
  - What kind of staff expertise and experience are required to serve children with special needs in alternative school settings?
  - What are the benefits of integrating social, medical, and mental health services? Are costs greatly increased in this model? Why, or why not?
  - How are high-intensity special education services financed, and what proportion of these services is reimbursed by Medicaid?
  - What are the outcomes of children served in alternative special education settings? How many children are eventually mainstreamed back to public schools?

11:30 am Bus Departure for Lunch — Maryland Coalition of Families for Children’s Mental Health [2701 North Charles Street]

Noon WRAPAROUND BALTIMORE: SERVING FAMILIES WHERE THEY LIVE

**Jane A. Walker**, *Executive Director*, Maryland Coalition of Families for Children’s Mental Health

**Gerry Grimm**, *Fiscal Strategies Specialist*, Family League of Baltimore City

- What is the role of the Maryland Coalition of Families for Children’s Mental Health? What types of families are served by the organization?
- What is “Wraparound” and what is the history of this service delivery model? How do families access wraparound services, and what have been their experiences?
- How is the right service mix chosen and how are services coordinated with families and providers?
- How is wraparound financed and what have been the successes and challenges of this emphasis on community-based options?
- What steps have been taken in Maryland to expand and/or improve the capacity of the mental health system?
- What are some challenges to leveraging funding streams to meet the service needs of families?

Agenda / continued ►

## AGENDA

Monday, October 1, 2007 / continued

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|---------|--|
| 1:00 pm | Bus Departure — Sheppard Pratt Health System<br>[6501 North Charles Street]  |
| 1:30 pm | <p>CARING FOR CHILDREN IN CRISIS: INPATIENT AND DAY HOSPITAL SETTINGS</p> <p><b>Steven S. Sharfstein, MD</b>, <i>President and Chief Executive Officer</i>, Sheppard Pratt Health System</p> <p><b>Michael A. Bogrov, MD</b>, <i>Services Chief</i>, Child Unit, Child and Adolescent Services, Sheppard Pratt Health System</p> <p><b>Meena Vimalananda, MD</b>, <i>Medical Director</i>, Child and Adolescent Services, Sheppard Pratt Health System</p> <p><b>Bonnie B. Katz</b>, <i>Vice President</i>, Corporate Business Development, Sheppard Pratt Health System</p> <ul style="list-style-type: none"> <li>■ What types of situations result in placement in inpatient and residential psychiatric care settings?</li> <li>■ What kinds of services are received in inpatient psychiatric hospitals? In day hospital settings? In residential treatment settings? What is a typical length of stay in each of these settings, and what factors influence how long a child stays?</li> <li>■ How do inpatient and residential services fit into the overall behavioral health system?</li> <li>■ How many children are served in inpatient and residential settings at Sheppard Pratt Health System? What is the hospital budget? What is the payer mix?</li> <li>■ How are children and adolescents transitioned back into the community and linked with community-based providers upon discharge? What are some of the special considerations for children in the child welfare system?</li> </ul> |
| 2:15 pm | Tours of inpatient hospital, residential treatment center, and day hospital  |
| 3:00 pm | Bus Departure — Admiral Fell Inn [888 South Broadway]  |
| 3:30 pm | <p>OPERATION SAFE KIDS: HOPE FOR THE FUTURE [Captain's Room]</p> <p><b>Catherine Fine</b>, <i>Director</i>, Operation Safe Kids, Baltimore City Department of Health</p> <p>Additional panelists will include representatives from the Departments of Social Services, Child Welfare, Juvenile Justice, and Mental Health</p>  |

## AGENDA

Agenda / continued ►



Monday, October 1, 2007 / continued

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- 3:30 pm      OPERATION SAFE KIDS...continued
- What is Operation Safe Kids? How and why was the concept developed?
  - What are some common factors that result in children and adolescents being at risk for incarceration or dropping out of school?
  - What role does Operation Safe Kids play in coordinating services for at risk children and adolescents?
  - What are some of the tensions between state and local core service agencies that oversee behavioral health, foster care and juvenile justice systems for these children?
  - What types of performance metrics can be used to ensure that services are effectively coordinated and lead to improved outcomes?
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4:30 pm      LOOKING TO THE FUTURE: KEY PRIORITIES

**John M. Colmers**, *Secretary*, Maryland Department of Health and Mental Hygiene

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5:15 pm      Adjournment

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## AGENDA

## Federal Participants

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*Acting Assistant Director for Social and Behavioral Sciences*  
Office of Science and Technology Policy  
The White House

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*Chief Operating Officer*  
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*Special Assistant to the Director*  
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Centers for Medicare & Medicaid Services

**Lisa Herz, PhD**

*Specialist in Social Legislation*  
Domestic Social Policy Division  
Congressional Research Service

**Jeff Hild, JD**

*Legislative Aide*  
Office of Rep. Pete Stark  
U.S. House of Representatives

**Andy Hunt**

*Project Officer*  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration

**Alice Lam**

*Health Insurance Specialist*  
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**Dawn Nelson**

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Office of Budget  
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Office of Clinical Standards and Quality  
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**Rachel Post**

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Office of Rep. Vern Ehlers  
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*Technical Director*  
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Participants / continued ►

Federal Participants / continued

**Andrea Richardson**

*Senior Analyst*  
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**Eileen Salinsky**

*Vice President for Program and Strategy*  
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**Andy Schneider, JD**

*Chief Health Counsel (D)*  
Committee on Oversight and  
Government Reform  
U.S. House of Representatives

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## Biographical Sketches

## Federal Participants

**Irma Arispe, PhD**, is assistant director for life sciences and acting assistant director for social and behavioral sciences at the White House Office on Science and Technology Policy (OSTP). In her capacity as assistant director, she represents OSTP on National Science and Technology Council subcommittees and interagency working groups in the areas of biotechnology, social and behavioral sciences, scientific collections, and education. In addition, Dr. Arispe currently represents OSTP as ex-officio member of the National Math Panel, the National Cancer Advisory Board, and the U.S.-E.C. Task Force on Biotechnology Research. Before joining OSTP, Dr. Arispe was the associate director for science in the Division of Health Care Statistics at the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). While there, she was responsible for oversight of scientific issues for the National Health Care Survey, a family of provider and establishment-based surveys that collect information about the characteristics of the health care system and utilization of ambulatory, inpatient, and long-term care services. Dr. Arispe also worked to establish the NCHS/AcademyHealth Health Policy Fellowship, a program to foster collaboration between NCHS staff and visiting scholars. Before joining NCHS, Dr. Arispe worked as director of evaluation research at the Johns Hopkins Bayview Medical Center. Before that, she worked at the Agency for Health Care Policy and Research (now AHRQ) on the development of evidence-based clinical performance measures. Dr. Arispe received her PhD degree from the Johns Hopkins School of Hygiene and Public Health (now the Johns Hopkins Bloomberg School of Public Health), in the Department of Health Policy and Management.

**Sheila Avruch** has been an assistant director for health care issues at the Government Accountability Office (GAO) for the last 10 years and was an analyst at GAO for 11 years before that. She is responsible for managing a broad portfolio of work related to management of the Medicare program, the Centers for Medicare & Medicaid Services, and the Centers for Disease Control and Prevention and other issues. One of her current engagements is to evaluate services for young adults with mental illness. In fiscal year 2001, Ms. Avruch's work on deaths and injuries associated with the use of restraint and seclusion in facilities for individuals with mental illness or mental retardation was influential on legislation to protect patients with mental health problems from improper restraint and seclusion use. Her work was also influential in passage of provisions in the Balanced Budget Act of 1997 that established Title XXI of the Social Security Act—the State Children's Health Insurance Program.

**Peter Bernardy** is a program analyst in the U.S. Department of Health and Human Services (HHS) Office of Budget. His portfolio currently includes the programmatic and administrative activities of the Substance Abuse and Mental Health Services Administration and has previously included the activities of the Administration for Children and Families and the Health Resources and Services Administration.

A native of Minnesota, Mr. Bernardy is the author of a capstone paper entitled “Savings to Minnesota Education System from High Quality Preschool,” which he wrote while pursuing his master of public policy degree from the Hubert H. Humphrey Institute of Public Affairs.

**Ondrea Clay** is a health insurance specialist in the Division of Community and Institutional Services within the Disabled and Elderly Health Programs Group (DEHPG) of the Center for Medicaid and State Operations at the Centers for Medicare & Medicaid Services. She works with the Denver Regional Office to review and approve 1915(c) Home and Community-Based Services Waiver applications and state plan amendments. Before joining DEHPG, Ms. Clay worked for seven years in the Private Health Insurance Group, where her responsibilities included enforcement and outreach for the Health Insurance Portability and Accountability Act (HIPAA) as it relates to both the group and individual insurance markets and the Consolidated Omnibus Reconciliation Act (COBRA) as it relates to nonfederal government entities.

**Ralph Cordell, PhD**, is an epidemiologist on the education team in the Division of Partnerships and Strategic Alliances at the Centers for Disease Control and Prevention (CDC), where he is involved in developing programs dealing with out-of-home child care. He also promotes collaborations between various groups at CDC and the child care community. Dr. Cordell is a member of the Healthy Institutions Goal Team, part of the CDC restructuring process, and is committed to increasing CDC’s leadership role in both out-of-home child care and educational and residential facilities for the developmentally disabled. Before joining CDC in 1992, he served as director of the Communicable Disease Control Division with the Cook County Department of Public Health in Illinois. There he was involved with a number of outbreaks and communicable disease issues in various residential and educational settings for the developmentally disabled. Dr. Cordell is a part-time instructor in the Georgia State University Biology Department, where he teaches courses in introductory biology, microbiology, and invertebrate zoology. He received his PhD degree in epidemiology from the University of Illinois School of Public Health.

**Charlene Frizzera** is the chief operating officer of the Centers for Medicare & Medicaid Services (CMS), where she is responsible for overseeing the day-to-day operational activities and the integration and execution of new program initiatives CMS-wide, including the agency’s regional offices. Previously, Ms. Frizzera was the deputy director of the Center for Medicaid and State Operations (CMSO) of CMS, which serves as the focal point for all interactions with states and local governments. She provided leadership in the development and implementation of national policies governing Medicaid, survey and certification, the State Children’s Health Insurance Program, and the insurance reform provisions of the Health Insurance Portability and Accountability Act. Ms. Frizzera also served as regional administrator of CMS’ Philadelphia Regional Office, which is responsible for direct oversight of Medicare and Medicaid contractors for Pennsylvania, Maryland, Delaware, Virginia, West Virginia, and the District of Columbia. During her tenure at CMS, Ms. Frizzera has been recognized for her contributions to the agency’s mission and has been the recipient of the Health Care Financing Administration Leadership Award and the Secretary of Health and Human Services Distinguished Service Award. In October 2003 and in October 2006, she also received the Presidential Rank Award

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for Distinguished Executives, which is selectively given annually to only 50 Senior Executive Service managers in the federal government.

**Jill Gotts** is special assistant to the director of the Office of Legislation in the Centers for Medicare & Medicaid Services (CMS). Before joining the Office of Legislation, Ms. Gotts worked on policy development and implementation of the Medicare Part D low-income subsidy program. She joined CMS in 2002 as a presidential management fellow and has had rotational assignments to CMS' Center for Medicaid and State Operations, the Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services, and the Senate Finance Committee. She holds an undergraduate degree from the University of Michigan and an MPH degree from Columbia University.

**Elicia (Lisa) Herz, PhD**, is a specialist in social legislation in the Domestic Social Policy Division at the Congressional Research Service (CRS). Her primary areas of expertise include Medicaid (eligibility and benefits for children, families, and pregnant women; financing; and managed care), and the State Children's Health Insurance Program (all issues). Before joining CRS in 1998, Ms. Herz was an analyst with The MEDSTAT Group, a private health care research consulting firm. She has over 25 years of experience in the health care field. Ms. Herz holds a PhD degree from Loyola University of Chicago.

**Jeff Hild, JD**, is a legislative aide in the office of Rep. Pete Stark (D-CA). Mr. Hild joined Congressman Stark's staff in July 2006. Mr. Hild's portfolio includes the Subcommittee on Income Security and Family Support of the Committee on Ways and Means, with a focus on education, housing, and Social Security issues. Previously, Mr. Hild practiced law in Maryland and at the Homeless Persons Representation Project, where he represented indigent clients in public benefits, housing, and civil rights matters. Mr. Hild is a graduate of St. Mary's College of Maryland and the University of Baltimore School of Law.

**Andy Hunt** joined the Substance Abuse and Mental Health Services Administration (SAMHSA) in May 2006 as a public health advisor for the Center for Mental Health Services' Child and Adolescent Family Branch. Before joining SAMHSA, Mr. Hunt was with the Indian Health Service (IHS) for 15 years, where he most recently completed a five-year assignment at the National Indian Child Welfare Association in Portland, Oregon. While there, he provided children's mental health systems consultation and onsite technical assistance to tribes across the country. From 1991 to 2000, Mr. Hunt was in a series of IHS assignments at tribally operated health centers and Urban Indian organizations in the Pacific Northwest, where he provided direct mental health services and managed a tribal mental health program. He is a licensed independent clinical social worker in the State of Washington and holds the rank of commander in the U.S. Public Health Service Commissioned Corps. Mr. Hunt is an enrolled member of the Lumbee Indian Tribe of North Carolina and in 2003 was the first Native American to receive the U.S. Public Health Service Social Worker of the Year award.

**Alice Lam** is a health insurance specialist in the Office of Legislation at the Centers for Medicare & Medicaid Services, where she is responsible for a portfolio of issues relating to Medicaid and the State Children's Health Insurance Program. She

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began her civil service career through the Presidential Management Fellows (PMF) program and completed rotations with the Center for Children and Families at the Georgetown University Health Policy Institute, the National Academy for State Health Policy, and the U.S. Senate Committee on Health, Education, Labor, and Pensions. Ms. Lam holds a bachelor of science degree in cognitive science from the University of California, Los Angeles, and a master of public administration degree in health policy and management from the Robert F. Wagner Graduate School of Public Service at New York University. Ms. Lam completed an administrative residency at St. Vincent's Hospital in New York City.

**Dawn Nelson** is a Medicaid policy analyst in the Department of Health and Human Services' Office of Budget, where she has worked for the past four years. She specializes in Medicaid program integrity, children's health, women's health, and acute care. Ms. Nelson received a master's of public administration degree from the George Washington University, and her undergraduate degree from the University of Wisconsin at La Crosse.

**Anita Panicker** is currently the acting deputy director of the Web Project Management Group in the Office of Beneficiary Information Services in the Center for Beneficiary Choices at the Centers for Medicare & Medicaid Services (CMS). Previously at CMS, she served as a senior policy analyst in the Office of Clinical Standards and Quality and as a field supervisor for social work graduate students from the University of Maryland. A registered nurse, Ms. Panicker has held positions in a variety of health care settings, including a hospital, a nursing home, and a residential treatment center.

**Rachel Post** has served as a legislative assistant for Rep. Vern Ehlers (R-MI) for more than four years. Ms. Post handles the Congressman's work on the Education and Labor Committee, and is the principal advisor on health, Medicare, Medicaid, and other social policy issues. She began her time on Capitol Hill as a graduate school intern for Sen. Michael Enzi's (R-WY) Employment, Safety and Training Subcommittee. Previously, Ms. Post conducted social policy research at the Social Security Administration's Office of Disability and Income Assistance Policy and the Center on Health and Disability Research of the National Rehabilitation Hospital. Ms. Post earned a master's degree in public policy from Georgetown University and received her BA degree in interdisciplinary studies (psychology, economics, and biology) from Calvin College.

**Maria Reed** is a technical director in the Division of Coverage and Integration, Disabled and Elderly Health Programs Group, within the Center for Medicaid and State Operations at the Centers for Medicare & Medicaid Services (CMS). Her role includes the review of the Medicaid coverage aspects of state plan amendments that affect elderly individuals and individuals with disabilities. At CMS she has also worked in a variety of program areas, including 1915(b) waivers, PACE, and 1115 demonstrations. She holds a master's degree in social work and a master's degree in dance/movement therapy. Ms. Reed began her federal career at the Department of Veterans Affairs, where her work included both clinical social work and health care administration.

**Andrea E. Richardson** is a senior analyst for the U.S. Government Accountability Office (GAO) in Washington, DC. Current research topics include quality improvement in long-term care settings, measurement of quality in health care settings,

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Medicare payment systems, Medicaid home- and community-based service waivers, end-of-life care, and integrated long-term care programs that provide care to the elderly and people with developmental disabilities. Before joining GAO, Ms. Richardson was a regional director for a nonprofit agency in the metropolitan DC region that provides community-based services to children, adolescents, and adults with developmental disabilities. During this time, she also worked with the Maryland legislature and the Maryland State Department of Education to implement and make improvements to the state's Medicaid Autism Waiver. She received her master's degree in public administration from the George Washington University, with a concentration in statistical modeling and analysis.

**Eileen M. Salinsky** is vice president for program and strategy at Grantmakers In Health (GIH). Before joining GIH in July 2007, Ms. Salinsky was a principal research associate at the National Health Policy Forum, where she led public health and health care safety net activities. She also served as director of public health policy in the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services under both the Clinton and Bush administrations. Before her government service, Ms. Salinsky was a vice president at The Lewin Group. During her eight-year tenure there, Ms. Salinsky's consulting work focused on improving access to care for vulnerable populations, strengthening the public health infrastructure, assessing community health status and health improvement interventions, and developing data systems to support the health information needs of decision makers. Ms. Salinsky received a BS degree in microbiology from Cornell University and an MBA degree in health administration from Temple University. She completed an administrative residency at Our Lady of Lourdes Medical Center in Camden, New Jersey, during which she helped to implement and document the hospital's community benefit activities.

**Andy Schneider, JD**, is chief health counsel, House Committee on Oversight and Government Reform.

**Mona Shah, JD**, is a professional staff member with the Senate Committee on Health, Education, Labor and Pensions and Sen. Barbara Mikulski (D-MD). She handles a diverse portfolio of health policy issues ranging from mental health, women's health, bioethics, and bioterrorism. Ms. Shah received her MPH degree in health policy from Emory University and her law degree, with a certificate of concentration in health law, from the University of Maryland School of Law.

**Emilie Stoltzfus** is a specialist in social legislation with the Domestic Social Policy Division of the Congressional Research Service, where she has worked on child welfare policy since 2001. The primary federal programs included in this policy area are the Foster Care and Adoption Assistance programs (authorized by Title IV-E of the Social Security Act), the Child Welfare Services and Promoting Safe and Stable Families programs (authorized by Title IV-B of the Social Security Act), and the several grant programs authorized by the Child Abuse Prevention and Treatment Act (CAPTA).

**Erin Sutton** is a health insurance specialist in the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS). In that capacity, she prepares testimony for congressional hearings and summarizes major legislative issues for

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the CMS administrator and other expert witnesses. Ms. Sutton received the CMS Administrator Achievement Award for 2007. She also held a position with Avalere Health, LLC, where she conducted research on prescription drug trends, postacute care, and other issues related to Medicare and Medicaid and long-term care. Previously, she held positions at the Ovarian Cancer National Alliance and the Advisory Board Committee. Ms. Sutton received her BA degree in communications from the University of Tennessee, and she holds a master's degree in public health from the George Washington University.

**Herbert Thomas** is a health insurance specialist in the Disabled and Elderly Health Programs Group within the Center for Medicaid and State Operations at the Centers for Medicare & Medicaid Services. During the 4 years Mr. Thomas has been with CMS, he has been involved in several projects to advance the federal Medicaid system. He has served as the technical lead and co-project officer in the development of the Web-based home and community-based waiver application, a financial reporting process and administrative system for the Real Choice Systems Change grants (RCSC), and the Money Follows the Person and Community-Based Alternatives to Psychiatric Residential Treatment Facilities for children initiatives.

**Amy Thornton**, a presidential management fellow with the Department of Health and Human Services, is currently on detail to the Subcommittee on Health of the House Ways and Means Committee. An earlier rotation was to the Office of External Affairs in the Centers for Medicare & Medicaid Services. Previously, Ms. Thornton worked for Allina Hospitals and Clinics, in Minnesota, where she assisted in the legislative policy agenda for the health system. Ms. Thornton received her undergraduate degree from the University of Wisconsin at Madison in sociology and legal studies, later completing a master's degree in public health at the University of Minnesota School of Public Health, where she focused on public health policy and administration.

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# Speakers

**Stephen T. Baron** became the director of the District of Columbia Department of Mental Health in July 2006. For the previous 17 years, he was president of Baltimore Mental Health Systems, Inc. (BMHS), the local mental health authority for Baltimore City. Mr. Baron's more than 30 years' experience as a mental health practitioner and administrator include 8 years spent in the field as a social worker and therapist for Family Services of Montgomery County, Maryland; the Northern Virginia Training Center for the Mentally Retarded; and the University of Maryland Methadone Treatment Program. Mr. Baron has received numerous awards and honors, including the Public Official Award from the Governor's Homeless Relief Advisory Board. He also serves on the Board of Directors for Baltimore Homeless Services, Inc.; Baltimore Substance Abuse Systems, Inc.; the Family League of Baltimore City; and the Maryland Association of Nonprofit Agencies. Mr. Baron holds a master's degree in social work from Howard University.

**Michael A. Bogrov, MD**, is the services chief in the child unit in the department of child and adolescents unit at the Sheppard Pratt Hospital and Health System.

**Linda Brandenburg** is director of school autism services for Kennedy Krieger Institute's School Programs. For the past seven years she has served as director of the schools' Life Skills and Education for students with Autism and other Pervasive behavioral challenges (LEAP) Program. She has chaired the cross-campus autism committee working on issues across the autism continuum that affect all programs and has developed expertise in the training of paraprofessional staff to work with students with severe autism. Ms. Brandenburg served as a coordinator/facilitator on the Maryland State Department of Education's Autism Task Force. She also serves on the Advisory Committee for the state's Autism Waiver under Medicaid. In addition to her work in Baltimore, Ms. Brandenburg has provided training to staff overseas in the areas of functional behavioral assessments and interventions for students with autism. She holds a master's degree in special education from the Johns Hopkins University (JHU), where she is currently a doctoral candidate. In addition, she is an associate faculty member at JHU.

**John M. Colmers** is the secretary of the Maryland Department of Health and Mental Hygiene. This cabinet-level agency has a budget of \$7.5 billion and nearly 8,000 employees. From November 2000 through January 2007, Mr. Colmers was a senior program officer for the Milbank Memorial Fund, an endowed national foundation that provides nonpartisan analysis, study, research, and communication on significant issues in health policy. Before joining the fund, he spent 19 years in Maryland state government where he held various positions, including executive director of the Maryland Health Care Commission and the Health Services Cost Review Commission, the agency overseeing Maryland's all-payer hospital rate setting system. Mr.

Colmers has a BS degree from the Johns Hopkins University and an MPH degree from the University of North Carolina at Chapel Hill. He is a contributing editor of the *American Journal of Public Health*. Mr. Colmers was a director of CareFirst Blue Cross Blue Shield and the chairman of one of its affiliates, CareFirst of Maryland, Inc. He is currently a member of the Board of Academy Health, where he serves as treasurer. He is a past chair of the steering committee of the Reforming States Group, a bipartisan group of executive and legislative leaders.

**Wendy Dechowitz** is the health programs analyst for youth systems for Baltimore Substance Abuse Systems (BSAS). Her work focuses on youth substance abuse programs in Baltimore City. Ms. Dechowitz monitors the programs and performs monthly site visits to assure compliance of state regulations. Before joining BSAS, Ms. Dechowitz' previous experience includes serving as a counselor for adults and adolescents in every treatment modality for substance abuse and working in outpatient and residential treatment, detoxification programs, and assessment with parole and probation. She holds an AA degree in correctional services and a bachelor of science degree in criminal justice.

**Jacquelyn Duval-Harvey, PhD**, is the director of community programs in the Division of Child and Adolescent Psychiatry within the Department of Psychiatry and Behavioral Services at the Johns Hopkins University. Community programs include a school-based mental health program that provides mental health services in 14 public schools for students in general education, an outpatient clinic, a psychiatric rehabilitation program, intensive case management services, a therapeutic after-school program, and several initiatives involving special populations, such as children in the care of the Department of Juvenile Justice and the Department of Social Services. Before joining Johns Hopkins in 1998, Dr. Duval-Harvey served in a variety of management, therapist, research, academic, and consulting capacities in the mental health arena in New York. Her research has included work on the adjustment of Caribbean American adolescents in the New York City school system and innovative approaches to neurological assessment/diagnostic approaches. Her academic appointments include a current post as adjunct professor in the School of Education at the Johns Hopkins University and previous positions at George Mason University and Kean College. Dr. Duval-Harvey received her master's and doctoral degrees in clinical psychology from the Pennsylvania State University and her bachelor's degree in psychology from Hofstra University in New York.

**Catherine Fine** is the director of the Office of Youth Violence Prevention at the Baltimore City Health Department. Her work focuses on overseeing program and policy development for citywide youth violence prevention efforts. Before joining the Health Department, Ms. Fine taught at-risk youth in Rochester, New York, and Boston, Massachusetts; oversaw research and evaluation programs for children and adolescents suffering from psychiatric illness at Massachusetts General Hospital; and was an analyst at CitiStat in the Office of the Mayor of Baltimore. She was a member of Gov. Martin O'Malley's transition team as a co-chair for the Department of Juvenile Services. She is also the co-chair of the Baltimore City Gang Prevention Initiative. Ms. Fine holds a bachelor of arts degree in psychology from the University of Rochester and a master's degree in public health from the Johns Hopkins Bloomberg School of Public Health.

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**Gerry Grimm** is a fiscal strategies specialist with the Family League of Baltimore City, a legislatively mandated governance entity dealing with public policies affecting the well-being of children and youth. Mr. Grimm oversees the development of “wraparound” approaches to working with emotionally disturbed youth and has served on state-level planning bodies seeking to design new funding models for wraparound. Mr. Grimm’s current focus is developing Maryland Opportunity Compacts, an approach that challenges state agencies to return a portion of any savings realized through prevention and early intervention strategies targeted to at risk children and families. Current compacts under way are reducing the length of stay of children in foster care and using multi-systemic therapies (MST) to divert juvenile delinquent youth to community-based placements. Before joining the league, Mr. Grimm spent 15 years with the Maryland Department of Human Resources, working in the foster care division of the Baltimore City Department of Social Services. Mr. Grimm has also run a diagnostic unit for emotionally disturbed young children ages four to ten for Catholic Charities.

**Alexandra Hendershot** is the child and adolescent mental health coordinator for Baltimore Mental Health Systems. She has 10 years of experience working with youth in the mental health community. Ms. Hendershot holds a master’s degree in clinical community counseling from the Johns Hopkins University.

**Bonnie B. Katz** is the vice president for corporate business development at the Sheppard Pratt Health System. Previously, Ms. Katz served as director of marketing, public information, and managed care for the health system. Among other things, Ms. Katz is responsible for the Sheppard Pratt Health System’s growth strategies, including acquisitions and new business opportunities, as well as for the marketing, public affairs, development, and managed care activities of the organization.

**Leyla Layman** is the research analyst for the Office of Youth Violence Prevention at the Baltimore City Health Department. Her responsibilities include analysis of program performance and compliance, development of program policy, coordination of KidStat meetings, and service as a member of the Baltimore City Child Fatality Review team. Ms. Layman holds a bachelor of science degree in human development and psychological services from Northwestern University.

**Lainy LeBow Sachs** is vice president for external relations at the Kennedy Krieger Institute.

**Patrick Millard** is director of education for the Kennedy Krieger School, Fairmount Campus. From 1993 to 2000, he served as director of education for the Kennedy Krieger Extended Therapeutic Day Program, a program designed to meet the intensive needs of high-risk youth with emotional disorders and to provide a community-based alternative to residential treatment. Previously, Mr. Millard was employed by the Forbush School in the Sheppard Pratt Health System, where he taught emotionally disturbed children and adolescents for eight years, supervised a specialized resource room for three years and served as the lower school principal for seven years. In addition, Mr. Millard has provided consultation and staff training to public and private schools in the areas of behavior management, peer mediation, and conflict resolution. Mr. Millard holds a master’s degree in special education from Loyola College in Baltimore.

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**Marla Oros** is president of The Mosaic Group, a management consulting firm, located in Baltimore, that provides technical assistance to health and human service organizations, public agencies, and foundations in the areas of strategic planning, business development, program design, and operations analysis. She has over 20 years of professional experience in community-based health care, program development, and health care administration. Before starting The Mosaic Group, Ms. Oros was the associate dean for clinical affairs at the University of Maryland School of Nursing and was a director of home health and vice president for an inner-city Baltimore health system; she also worked with the late James Rouse of the Enterprise Foundation on the first neighborhood transformation initiative in the country and was the lead consultant for health and human services for this comprehensive community change project. Ms. Oros holds a bachelor of science degree in nursing from the University of Maryland at Baltimore and a master of science degree in health care administration from Towson State University.

**Elizabeth Parker** is an intern at the Baltimore City Health Department Office of Youth Violence Prevention. She works on a range of youth violence-related projects, including a study looking at the trajectory of youth violence in Baltimore City in an effort to identify early points for intervention. She holds a bachelor of arts degree in psychology from St. Olaf College and is a candidate for a master's degree in health sciences at the Johns Hopkins Bloomberg School of Public Health.

**Aaron E. Parsons** is director of education for the Kennedy Krieger School's Greenspring Campus High School program. Previously, he was an administrator in a residential setting for students with emotional disorders. Mr. Parsons has over 15 years of special education experience within private and nonpublic settings and has extensive administrative experience with students with emotional disorders. His experience in behavioral programming for students with significant emotional disturbance has led to a professional interest and expertise in the areas of crisis intervention and the training of staff in crisis management. Mr. Parsons has held an associate faculty position at the Johns Hopkins University, teaching graduate students in the areas of knowledge management and data-based decision making. He holds a master's degree in teaching from the University of Virginia and is currently a doctoral student at Johns Hopkins.

**Daryl C. Plevy, JD**, is the project director for Maryland's Mental Health Transformation State Incentive Grant. Previously, she served as chief of behavioral health and crisis services and of accountability and customer service in Montgomery County, Maryland, and deputy secretary of programs for Maryland's Department of Human Resources. Ms. Plevy also served as director of legal, labor, and special issues for Maryland Gov. William Donald Schaeffer; legislative director for U.S. Sen. Barbara Mikulski; and special assistant for the mayor of Baltimore. Ms. Plevy received her law degree from University of Maryland School of Law and has a bachelor's degree in sociology from University of Maryland at College Park.

**Joshua M. Sharfstein, MD**, has served as commissioner of health of Baltimore City since December 2005. From 2001 to 2005, he served on the Democratic staff of the Government Reform Committee of the U.S. House of Representatives, for Rep. Henry A. Waxman (D-CA). Dr. Sharfstein trained in pediatrics at Boston Medical Center and Children's Hospital and completed a fellowship in general academic pediatrics at Boston University. He graduated from Harvard Medical School in 1996.

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**Steven S. Sharfstein, MD**, is president and chief executive officer of the Sheppard Pratt Health System, where he has worked for 21 years. He is also clinical professor and vice chair of psychiatry at the University of Maryland. A practicing clinician for more than 30 years, Dr. Sharfstein is best known for his research and writing on the economics of practice and public mental health policy. Over a period of 13 years, he held a variety of positions at the National Institute of Mental Health, including director of mental health service programs, as well as positions in consultation/liaison psychiatry and research in behavioral medicine on the campus of the National Institutes of Health. He has written on a wide variety of clinical and economic topics and has published more than 140 professional papers, 40 book chapters, and ten books, including (as coauthor) *Madness and Government: Who Cares for the Mentally Ill?*—a history of the federal community mental health centers program. A graduate of Dartmouth College and the Albert Einstein College of Medicine, he trained in psychiatry at the Massachusetts Mental Health Center in Boston from 1969 to 1972. Dr. Sharfstein also received a master's degree in public administration from the Kennedy School of Government in 1973 and a certificate from the Advanced Management Program at the Harvard Business School in 1991. He was secretary of the American Psychiatric Association from 1991 to 1995, its vice president from 2002 to 2004, and president from 2005 to 2006.

**Phoebe Shorter** is a retired principal of Franklin Square Middle School.

**Carmilla M. Stokes** is the case management specialist supervisor in the Operation Safe Kids (OSK) program at the Department of Juvenile Services. She has spent over 30 years working with delinquent youth in various assignments, including youth worker, probation officer, and supervisor. Ms. Stokes has worked in the field of substance abuse as a supervisor in the Aftercare for Continued Recovery Program and as a clinical supervisor in the Baltimore City Drug Court Program. Her goal for the youth involved in OSK is to enhance their awareness of self and to challenge them to aspire to develop to their fullest potential. Ms. Stokes holds a bachelor of science degree in criminal justice and a master of science degree in criminal justice administration.

**David Stone** was recently appointed director of operations for the Special Education Department of the Kennedy Krieger Institute, where he formerly served as director of public school partnerships. Previously, Mr. Stone was the director of charter, new, and community schools for the Baltimore City Public Schools System. He served on the Baltimore City Board of School Commissioners from 2002 to 2004 in the special education seat, chairing the Special Education Committee and serving on the Charter/New Schools Advisory Board and the High School Steering Committee. Mr. Stone sat on a Maryland State Department of Education task force to design the statewide model policy for charter schools and the development of the Special Education Resource Manual for Maryland Charter Schools. An 18-year education veteran, Mr. Stone has a master's degree in special education and is currently pursuing a doctorate in education at the Johns Hopkins University.

**Susan Tucker** recently rejoined the staff of the Department of Health and Mental Hygiene. She is executive director of the Office of Health Services for the Maryland

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Medicaid Program. The Office of Health Services is responsible for developing and implementing policy related to Medicaid covered services. Ms. Tucker has 19 years of experience with state Medicaid programs. She has special expertise in maternal and child health programs within Medicaid. Ms. Tucker has an MBA degree from Loyola College, an MPH degree from the University of Texas School of Public Health, and a BA degree from the Johns Hopkins University.

**Jane A. Walker** is a social worker and the executive director of the Maryland Coalition of Families for Children’s Mental Health. The coalition was organized seven years ago by a group of family and advocacy organizations dedicated to improving mental health services for children in all systems of care and their families. During the coalition’s brief history, it has achieved some major accomplishments, including publications and research studies. As a result of the coalition’s work, former Gov. Robert Ehrlich signed an executive order on custody relinquishment on his second day in office. For 11 years, Ms. Walker was the director of the Family Life Center, a nonprofit counseling center in Howard County. Ms. Walker has also worked at the University of Maryland in the Center for the Study of Troubling Behavior as well as in Uganda, East Africa, for an organization assisting children orphaned by AIDS. One of Ms. Walker’s five children developed mental health and serious behavioral problems as a young child. Because there were no community-based services at that time, her daughter was placed in out-of-state residential placements for seven years. Ms. Walker has been an advocate for children’s mental health for the past 25 years.

**Mark D. Weist, PhD**, is director of the Center for School Mental Health Assistance at the University of Maryland (UM) School of Medicine, where he is a professor in the Department of Psychiatry. He directs a program operating in 27 Baltimore schools and a federally funded national center focused on the advancement of high-quality school mental health promotion. Dr. Weist has edited four books and has published and presented widely in the school mental health field. With colleagues from the Clifford Beers Foundation and UM, he has started the new journal, *Advances in School Mental Health Promotion*. Dr. Weist received his doctoral degree in clinical child psychology from Virginia Tech in 1991.

**Yolanda Whiting** is an administrative sergeant in the Office of the Chief of Patrol at the Baltimore City Police Department. She serves as a liaison for KidStat, the DARE Program, and the Baltimore Truancy Assessment Center. Ms. Whiting holds a master’s degree in human resource development, organizational development, and training from Towson University.

**Chris Williams** is a licensed clinical social worker who has served as the program director for Operation Safe Kids for almost two years. He has spent the past 12 years providing services to various at-risk populations in Baltimore City and surrounding counties. Mr. Williams is well-versed in case management, quality assurance, and psychotherapy/counseling and has provided such services in city medical settings as well as in private practice. He received his master’s degree in social work from Howard University.

**Joyce Wright, JD**, is the division chief of the Juvenile Courts Division for the Office of the State’s Attorney for Baltimore City. Ms. Wright has been an assistant state’s

## BIOGRAPHICAL SKETCHES

### Speakers

attorney with in this office since 1982. She was appointed as the division chief of the Juvenile Courts Division in 1990. In that position, she supervised a staff of 42 persons, including 22 attorneys. Ms. Wright has been involved in numerous national, state, and local projects focusing on juvenile justice, including appointments by several governors to serve on commissions, councils, and special committees. She was appointed by the mayor of Baltimore City to serve and continues to serve as a board member on the Family League of Baltimore. Ms. Wright received her law degree from the University of Maryland School of Law in 1982. She earned her bachelor's degree in 1968 from the University of Maine, where she was a member of Phi Beta Kappa.

**Meena Vimalananda, MD**, is the medical director of child and adolescent services at the Sheppard Pratt Health System.

**Al Zachik, MD**, is director of child and adolescent services at the Mental Hygiene Administration, Maryland Department of Health and Mental Hygiene.

## **BIOGRAPHICAL SKETCHES**

### Speakers

## Biographical Sketches

# Forum Staff

**Judith Miller Jones** has been director of the National Health Policy Forum (NHPF) at the George Washington University since its inception in 1972. In 1988, Ms. Jones became a member of the National Committee on Vital and Health Statistics and served as its chair from 1991 through 1996. She is a professorial lecturer at George Washington University's School of Public Health and Health Services, serves as a mentor at the Wharton School's Health Care Management Program, and on occasion consults with nonprofit groups across the country. In her "private" life in West Virginia, Ms. Jones chairs a local public health committee, Healthier Jefferson County, where she is involved in a range of issues and observes the impacts of federal/state policy at the local level. Previously, Ms. Jones served as special assistant in the Office of the Deputy Assistant Secretary for Legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Prior to her involvement in government, she worked in education and program management in the private sector. From 1965 to 1969, Ms. Jones was employed by IBM as a systems analyst and as special marketing representative in Instructional Systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University.

**Judith D. Moore** is senior fellow at the National Health Policy Forum, where she specializes in work related to the health needs of the uninsured and low-income vulnerable populations. Prior to joining the Forum staff in 1998, Ms. Moore was a long-time federal employee in the legislative and executive branches of government. At the Health Care Financing Administration, she directed the Medicaid program and the Office of Legislation and Congressional Affairs, as well as served as a special assistant to two administrators. In earlier federal service, she was special assistant to the secretary of the Department of Health, Education, and Welfare (HEW) and held positions in the Public Health Service, the Food and Drug Administration, the Agency for Health Care Policy and Research, and the Prospective Payment Assessment Commission. She also worked as a private health care consultant, both independently and as an associate at Health Systems Research, Inc. Ms. Moore received an undergraduate degree in history and political science, and she pursued graduate studies in law and public administration. She has spoken to a wide variety of audiences and presented congressional testimony on topics related to public policy and administration, Medicaid and Medicare, health financing, social insurance, and the legislative process.

**Jennifer Ryan** is a principal policy analyst at the National Health Policy Forum. Her research, analysis and writing focuses on health care issues affecting low-income populations, including eligibility and coverage and access to Medicaid and the State Children's Health Insurance Program (SCHIP). In addition, Ms. Ryan focuses on policy issues related to the uninsured and the ongoing discussion about how to expand health coverage through public and private sector initiatives. Her work has also included

analysis of welfare reform, individuals who are dually eligible for Medicare and Medicaid, and the implementation of the Medicare Modernization Act of 2003 (MMA). Prior to joining the Forum in 2001, Ms. Ryan was the technical director of the SCHIP program at the Centers for Medicare & Medicaid Services (CMS, formerly HCFA). In that capacity, she oversaw many aspects of SCHIP policy and administration, including development of the SCHIP regulations. Ms. Ryan began her federal service in 1994 and started her work on SCHIP when the program was enacted in 1997, working as a special assistant for the co-chair of the SCHIP steering committee and then covering Medicaid and SCHIP issues for the HCFA administrator. Ms. Ryan joined HCFA's legislative office in 1996 after serving two years in HCFA's Medicaid Bureau as an eligibility policy analyst. She holds a bachelor's degree in political science from Gustavus Adolphus College in St. Peter, Minnesota.

**Jessamy Taylor** is a principal policy analyst the National Health Policy Forum. Her research, analysis, and writing focuses on the health care safety net and issues affecting low-income and vulnerable populations. Prior to coming to the Forum in 2004, Ms. Taylor managed the legislative portfolio of the Health Resources and Services Administration (HRSA) in the Office of the Assistant Secretary for Legislation (ASL) at the U.S. Department of Health and Human Services. Before joining ASL, Ms. Taylor directed a number of rural health systems development grant programs in the federal Office of Rural Health Policy within HRSA. She began her work with HRSA in 1999 when she joined the Office of the Administrator to work on outreach activities for the State Children's Health Insurance Program and a multi-agency oral health initiative. Ms. Taylor began her federal career as a Presidential Management Intern in the Social Security Administration. She holds a bachelor's degree in political and social thought from the University of Virginia and a master of public policy degree from the University of Texas at Austin.

**Christopher W. Loftis, PhD**, is a research associate at the National Health Policy Forum, where he works on behavioral and mental health issues. Prior to joining the Forum, Dr. Loftis served as a congressional fellow through the American Association of the Advancement of Science with Sen. Edward Kennedy (D-MA) on the Senate Committee on Health, Education, Labor and Pensions. While there, he worked on child health, school-based health, diabetes, obesity, the Substance Abuse and Mental Health Services Administration, infectious diseases, bioterrorism, medical marijuana, AIDS, Medicaid, and the State Children's Health Insurance Program (SCHIP). Through grants funded by National Institutes of Health, Dr. Loftis has worked as a study coordinator investigating cognitive impairments associated with aging, Alzheimer's disease, Parkinson's disease, Lewy Body Variant, and alcohol abuse. Dr. Loftis holds a bachelor's degree from University of California, San Diego, where he was involved with research of behavioral inhibition, linguistics, and child traumatic brain injury. He received a doctorate in clinical psychology with a specialization in pediatric neuropsychology from the University of Florida and completed a clinical internship at the Kennedy Krieger Institute at Johns Hopkins in Baltimore, Maryland, where he worked with children with traumatic injuries, developmental disabilities, and chronic illnesses. Dr. Loftis has served as chairperson of the American Psychological Association of Graduate Students and is the recipient of a number of scholarships and awards.

## BIOGRAPHICAL SKETCHES

Forum Staff

## Site Visit Report

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