ST. MARY’S COUNTY HUMAN SERVICES COUNCIL MEETING  
THURSDAY, JANUARY 27, 2011  
Governmental Center Potomac Building, Room 14

**Council Members Present:** Joan Gelrud, Ella May Russell, Kathy O’Brien, Lori Jennings-Harris, William Icenhower, Lanny Lancaster, Pete Cucinotta, Amy Henderson

**Council Members Excused:** Dennis Nicholson, Joe Trentacosta, Missy Alexander, George Donely, John Horne, Heike Lasoski, Roderick McLanahan, Gerald McGloin, Julie Randall, Charles Ridgell, Dan Schaidt

**Guests Present:** Julie Ohman, Mental Health Coordinator, Department of Human Services  
Lori Werrell, Director, Health Connections

**Staff Present:** Cynthia Brown, Interim Director, Department of Human Services  
Adrienne Raines, Senior Office Specialist, Department of Human Services

**Call to Order** - The meeting was called to order by Chairperson Joan Gelrud at 9:20 a.m.

**Quorum** – Due to lack of attendance (inclement weather was an issue), there was no quorum.

**Reminders** - J. Gelrud reminded members to recuse themselves from voting on such matters if they have a real or perceived conflict of interest on any meeting topic. She also reminded members of the rules of engagement.

**Approval of Minutes** – October and November minutes were reviewed by members present with voting tabled until the next meeting (no quorum to vote). One error was noted:

- Lori Jennings-Harris was mistakenly marked as present for the October meeting.

**RTC Waiver** – Julie Ohman, Mental Health Coordinator, Department of Human Services, gave an overview of the RTC (Residential Treatment Care) Waiver program. It is a Medicaid program where waivers are issued for services for youth with chronic mental illnesses. It is a demonstration project that ends in 2012. The State has shifted funds to match Federal dollars and rolled them into RTC waiver funding. The waiver is divided into two regions: the Northern Region (points north and west of Baltimore) and the Southern Region (the Eastern Shore and points south of Baltimore). The State has decided to procure care management services statewide. The Care Management Entity (CME) for our region is Wrap Maryland. Only children referred for a residential treatment level of care are eligible for the waiver. Under the waiver there are very specific services that haven’t been available in the system before, such as: family support partners, non-traditional therapies (equine, art, horticulture) and peer support. In order to become open to this RTC waiver, certain services have to be in place: respite, crisis stabilization and family support. The program has been available for one year, and there is an extensive waiting list. St. Mary’s County has two of the three services readily available; as recruitment for a respite provider continues, the Governor’s Office for Children has authorized the County to begin making referrals to the RTC waiver waiting list. If a child needed respite care at this moment, they would likely be placed at a facility in Baltimore. If sustainability of the RTC waiver program is proven, it will likely be continued and expanded upon. When services are needed, a family would contact Wrap Maryland for assistance with the RTC waiver application process. E. Russell inquired how information about this program would be disseminated. J. Ohman stated that she is reluctant to publicize the RTC Waiver Program until this region has been declared “waiver-ready”. Once that occurs, this information will be presented to all regional agencies serving children, although J. Ohman states that most agencies are aware of the status already. When a child receives a waiver slot, they have that slot for a year. At the end of that year, the case will be reviewed to ensure that criteria are met before the waiver is approved for another year (maximum of two years). At the moment, there is disparity in that most of the slots have been filled by referrals from Baltimore and Worcester counties. J. Ohman advised that she is a member of a state workgroup that is addressing this issue. CMEs are no longer under the authority of the County—oversight is administered by the state—and the state perceived the CME as meeting their deliverable objective regardless of disparity. P. Cucinotta asked why there was a two year limit. J. Ohman stated it is assumed that after two years of intensive wraparound, specialized therapies and
family support, a child would be able to utilize services at a lesser level. At this moment there are approximately 147 slots statewide. C. Brown stated that a five county meeting (Prince George’s, Charles, Anne Arundel, Calvert and St. Mary’s) occurred two weeks ago and this was a topic of discussion. Another meeting is being planned to unite the counties in preparing for “waiver-readiness”. She anticipates that the meeting will happen in February and will report out to the Council. E. Russell states that pressure from the counties needs to be directed to the Office of Children, who is responsible for the CME in not giving attention to the disparity. J. Ohman advised there is no incentive for CMEs to ensure equality.

**Mental Health Plan** – J. Ohman presented a draft of the Comprehensive Mental Health Plan, which is due in mid-February. Over the past six months, she has conducted focus groups and needs assessments at jails, homeless shelters, Compass, Anchor, and met with multiple providers and consumer groups to get input on the next course of action for the county. J. Ohman advised that she received guidance from the State and used SAMHSA’s strategic goals as a template. Members were invited to submit feedback to Adrienne Raines via email by February 7th. She asked that input be measurable and very specific to the stated goals. She requested a letter from the HSC indicating that the Council has reviewed and supports the Plan. J. Gelrud asked members to review the Plan with to ensure it dovetails with Chapter 12. K. O’Brien suggested changing the title of the document, as it addresses more than mental health.

**Health Connections Presentation** – J. Gelrud introduced Lori Werrell, Director of Health Connections at St. Mary’s Hospital. L. Werrell gave an overview of the successful chronic disease health management program, made possible by a 3-year, $300,000 grant. The grant was submitted by a coalition consisting of St. Mary’s Hospital, the Department of Social Services (DSS), the Department on Aging (DoA) and Minority Outreach Coalition. Health Connections offers the Stanford University Chronic Disease Health Management Program, which is 6 weeks in duration (2.5 hours /week) and assists those with diabetes, pain, cancer, mental illness and multiple sclerosis. The Program can be brought to any location—churches, offices, etc. She highlighted other services available at Health Connections: diabetes management, cardiovascular disease, stroke survivors support group, Better Breathers, Open Airways (for children) and Simple Steps weight management. As a result of the coalition grant, these and other programs can be brought to the community free of charge. In all programs, participants are asked to make a behavior–based goal that can be measured as time elapses. To host a program at your workplace or other location, contact L. Werrell at (301) 475-6195 or via email at lori_werrell@smhwecare.com. There must be at least 10 participants to conduct a program.

**Budget/Program Updates**

**Suicide Subcommittee** – Dr. Icenhower
The subcommittee met twice since the last HSC meeting. Dr. Icenhower advised that the subcommittee is still working to define the magnitude of the problem and identifiers used in determining cause of death.

**Director’s Report** – Cynthia Brown
CSA/Mental Health funding will be level for FY12. The Local Management Board (LMB) and Local Drug and Alcohol Abuse (LDAAAAC) subcommittees continue to hold regular meetings; LMB funding for FY12 is reported to be level. The Maryland Alcohol and Drug Abuse Administration reports there are $1.2M in estimated reductions expected state-wide. For St. Mary’s County, the specific figures have yet to be determined, although it is certain that Marcey House and Walden Sierra will be impacted. Information will be disseminated to the Council as it becomes available.

C. Brown stated that there is a push by the State to merge mental health and substance abuse services. As a result, she has been working with the Human Resources Director and County Administrator to redefine the Substance Abuse Coordinator position description. Julie Ohman will assume Substance Abuse Coordinator duties, making her role more of a Behavioral Health Coordinator, and the vacant position will be redefined as an administrative coordinator/support to Julie. The position will be advertised at a lower grade, offering some degree of cost savings to the Department.

DHS continues to work with Walden Sierra, Three Oaks, DSS and the faith-based community to administer the WARM program. The number of people utilizing this program continues to grow.
The Commission for People with Disabilities has been working with the County’s Human Resources Director, United Cerebral Palsy and the Developmental Disabilities Administration to create an internship program within the County Government to create an opportunity for people with disabilities. County Department Directors may contact HR to identify departmental needs. DORS will assess the skills of prospective interns and make appropriate referrals.

**New Business**  
*Long- and Short-Term Goals*—J. Gelrud informed members the Executive Committee met with C. Brown and the County Administrator to discuss human services from a budgetary and healthcare reform standpoint and what effects these may have on the Department of Human Services and the Human Services Council. A list of potential goals was presented. A. Henderson asked for clarification on Goal #3, “Reduce the County’s role as intermediary”. J. Gelrud responded that there is a lot of grant funding coming through the County and with staff workloads at capacity, the reporting requirements are extremely time-consuming. The County is required to provide oversight, but perhaps there are ways to lighten the administrative workload that accompanies grant funding. C. Brown stated that grantors (in most cases, the State of Maryland) have been asked if reporting requirements could be relaxed. The grantors stated they could not change the requirements because they are mandated by the Federal Government.

L. Jennings-Harris asked for clarification on Goal #5, “Integrate aging and developmental disabilities responsibilities within the current human services spectrum”. K. O’Brien stated that the intent was to integrate responsibilities and efforts, not entities. There is an expressed desire by some to see services for the aging population linked with those provided to the disabled. E. Russell added that there is some overlap in services provided to the populations served by the two entities. Some members were concerned that the wording implied a merging of departments. J. Gelrud suggested changing the term “integrate” to “include”. It was reiterated that the minutes from this meeting were discussion points. J. Gelrud concluded this discussion will continue, as the item will be on the next meeting agenda.

**Public Comment**  
Marguerite Morris announced that Mehaffey and Associates would be honored at an event hosted by the Maryland National Capital Building Association that evening at the Bethesda Marriott. The work of this engineering firm and Leah’s House is recognized in the January edition of Southern Maryland News.

**Next Meeting**  
The next Human Services Council meeting will be on Thursday, February 24th in Room 14 of the Potomac Building (St. Mary’s County Governmental Center).

**Adjournment**  
The Council meeting adjourned at 11:02 a.m.