



CHANGING
Maryland
for the Better

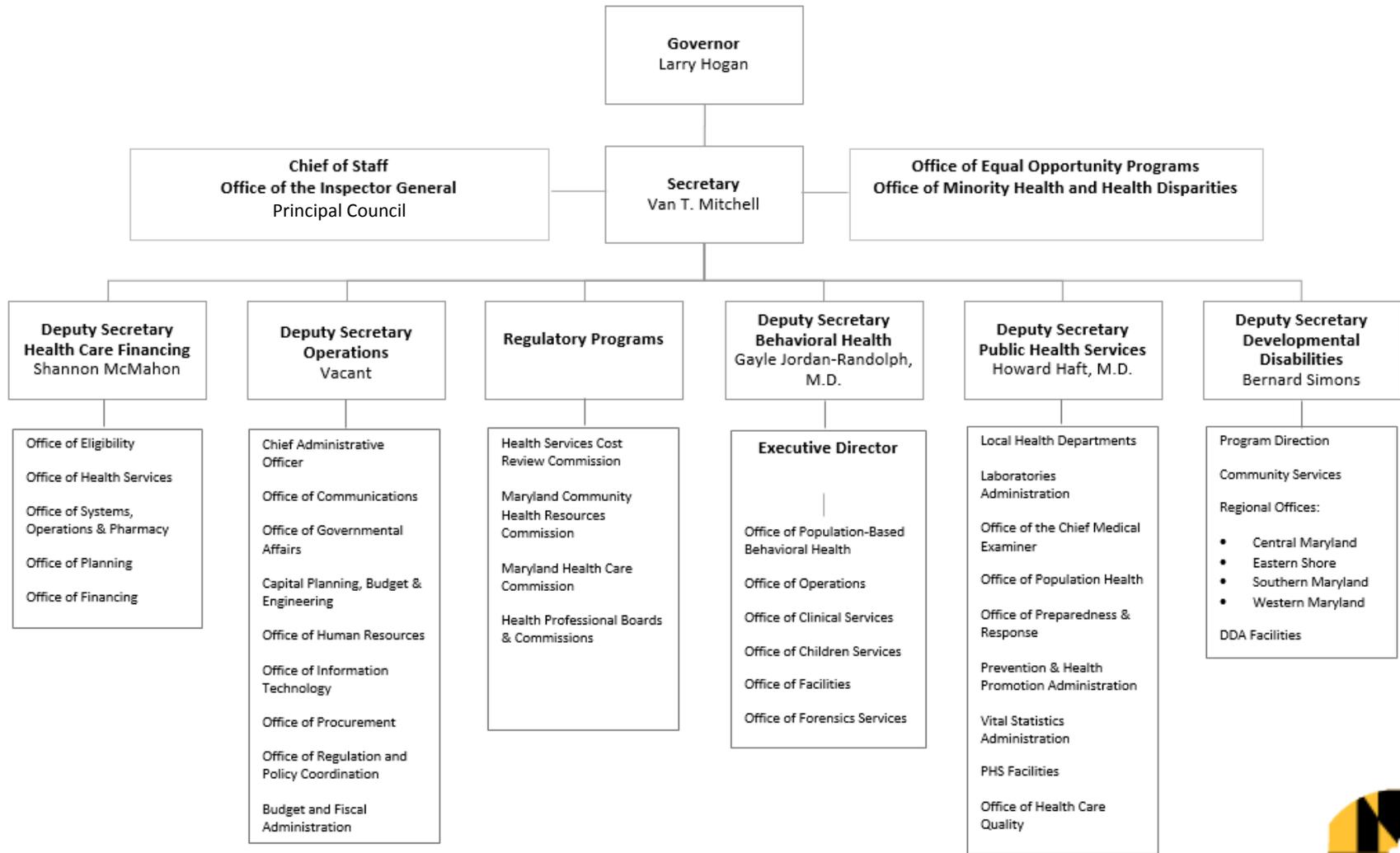
DEPARTMENT OVERVIEW

Secretary Van T. Mitchell
Department of Health and Mental Hygiene

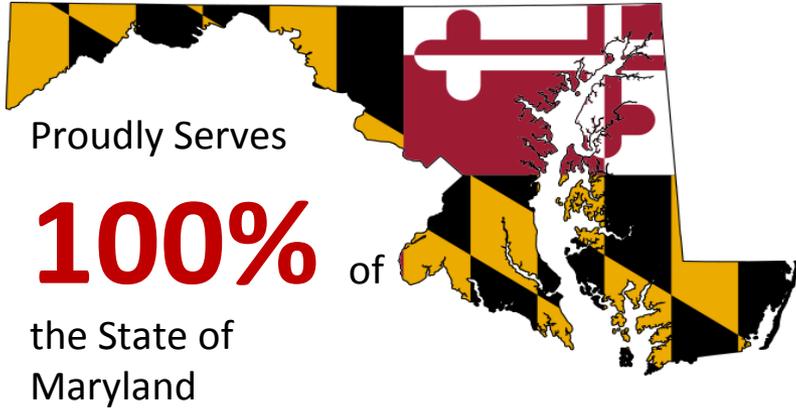
Presented to: Health and Human Resources Subcommittee
January 28th, 2016



DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH)



DHMH AT A GLANCE



Manages a budget of

\$12.9 billion

Partners with

47

Hospitals



Operates

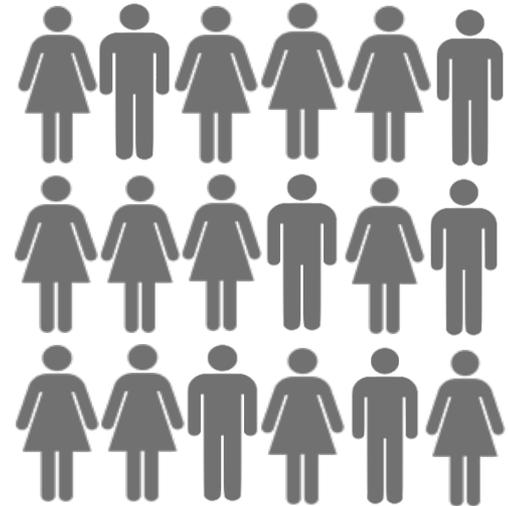
11

Facilities

Oversees

23 Local Health Departments and the Baltimore City Health Department &

24 Boards and Commissions



Composed of

9209 employees,

including **2926** LHD employees

VISION & MISSION

VISION: The vision of DHMH is lifelong health and wellness for all Marylanders.

MISSION: We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.



FACILITY REVIEW

OPERATING FACILITIES (11)
DDA
Holly Center
Potomac Center
CHRONIC CARE
Dear's Head Hospital Center
Western Maryland Hospital Center
BEHAVIORAL HEALTH
Clifton T. Perkins Hospital Center
Eastern Shore Hospital Center
Thomas B. Finan Center
Spring Grove Hospital Center
Springfield Hospital Center
RICA Baltimore
John L. Gildner RICA

Total Operating Space: 3,477,633 GSF
 Leased or Vacant Space: 33%

NON-OPERATING FACILITIES (5)
Brandenburg Center
Crownsville Hospital Center
RICA Southern Maryland
Rosewood Center
Upper Shore Mental Health Center

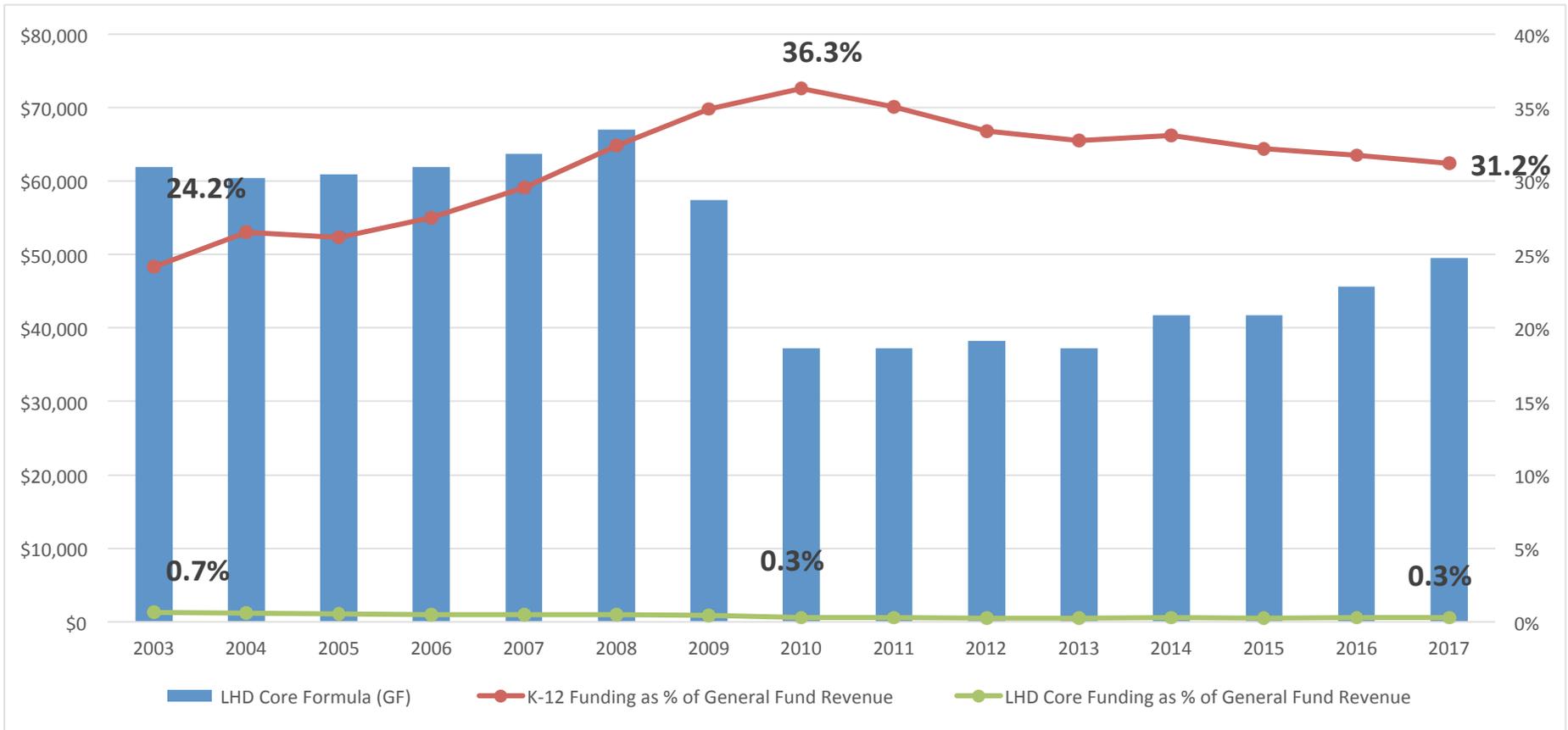
Total Non-Operating Space: 1,668,417 GSF
 Leased or Vacant Space: 98%

Total Space: 5,146,050 GSF
Total Leased or Vacant Space: 53.7%



LOCAL HEALTH DEPARTMENT SUSTAINABILITY

Core Funding (\$ thousands)



K-12 EDUCATION

- Most education aid is provided through wealth-based formulas that provide greater State funding to lower wealth jurisdictions
- The foundation Program is the largest category of K-12 education aid
- Other formulas target aid to jurisdictions to address specific caseloads (low-income, special education/disabled students, limited English proficient, etc.)



MOST GENERAL FUND MANDATES ARE TIED TO K-12 EDUCATION FORMULAS
(FY15 DATA)

<u>Program</u>	<u>Amount</u>
K-12 Education Formulas	\$5,644.4
Judiciary and Legislature	515.2
Community College Aid	293.5
Debt Service*	195.0
Other Mandates	584.9
<i>Subtotal</i>	<i>\$7,233.0</i>

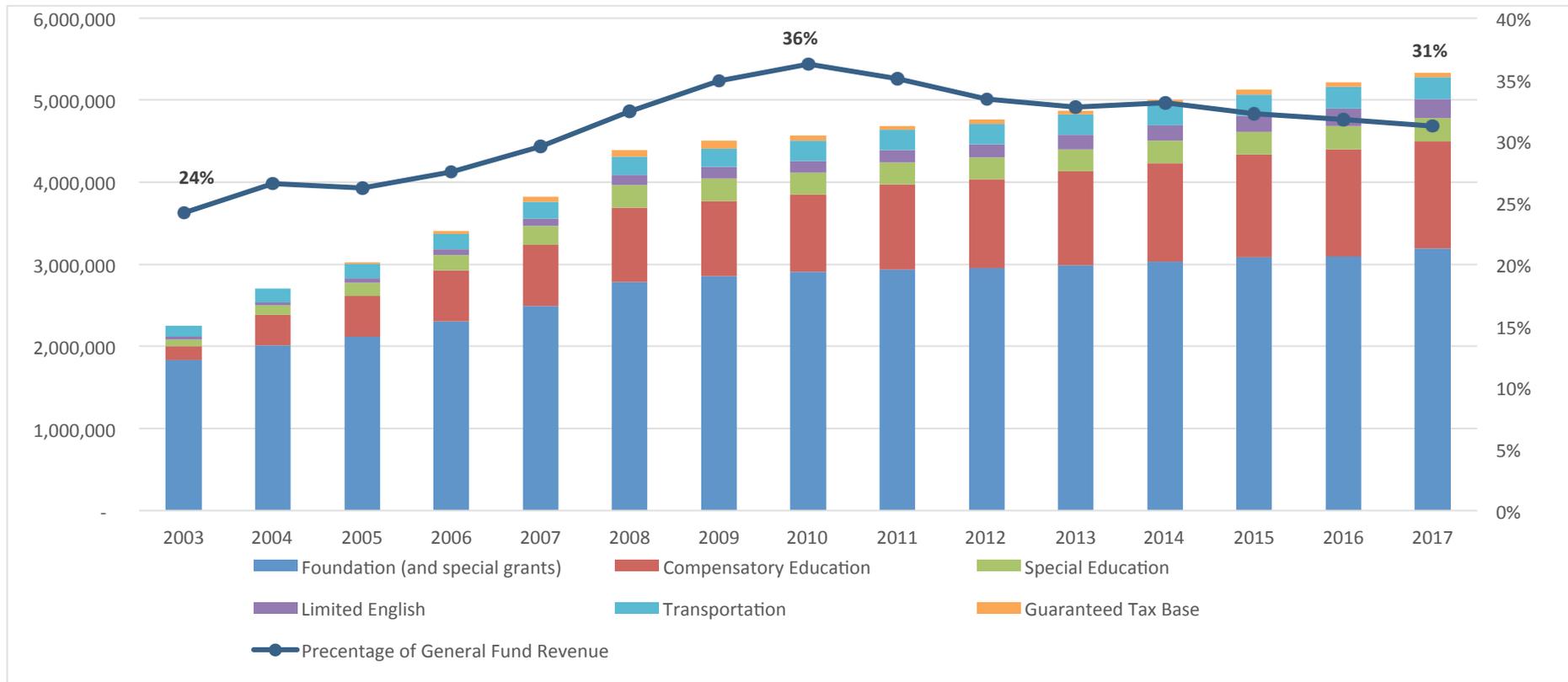
*Debt Service will rise to approximately \$400 million in FY17

Source: Department of Legislative Services



BRIDGE TO EXCELLENCE (THORNTON COMMISSION) HAS GROWN CONSIDERABLY AS A PERCENTAGE OF THE GENERAL FUND

(\$ thousands)

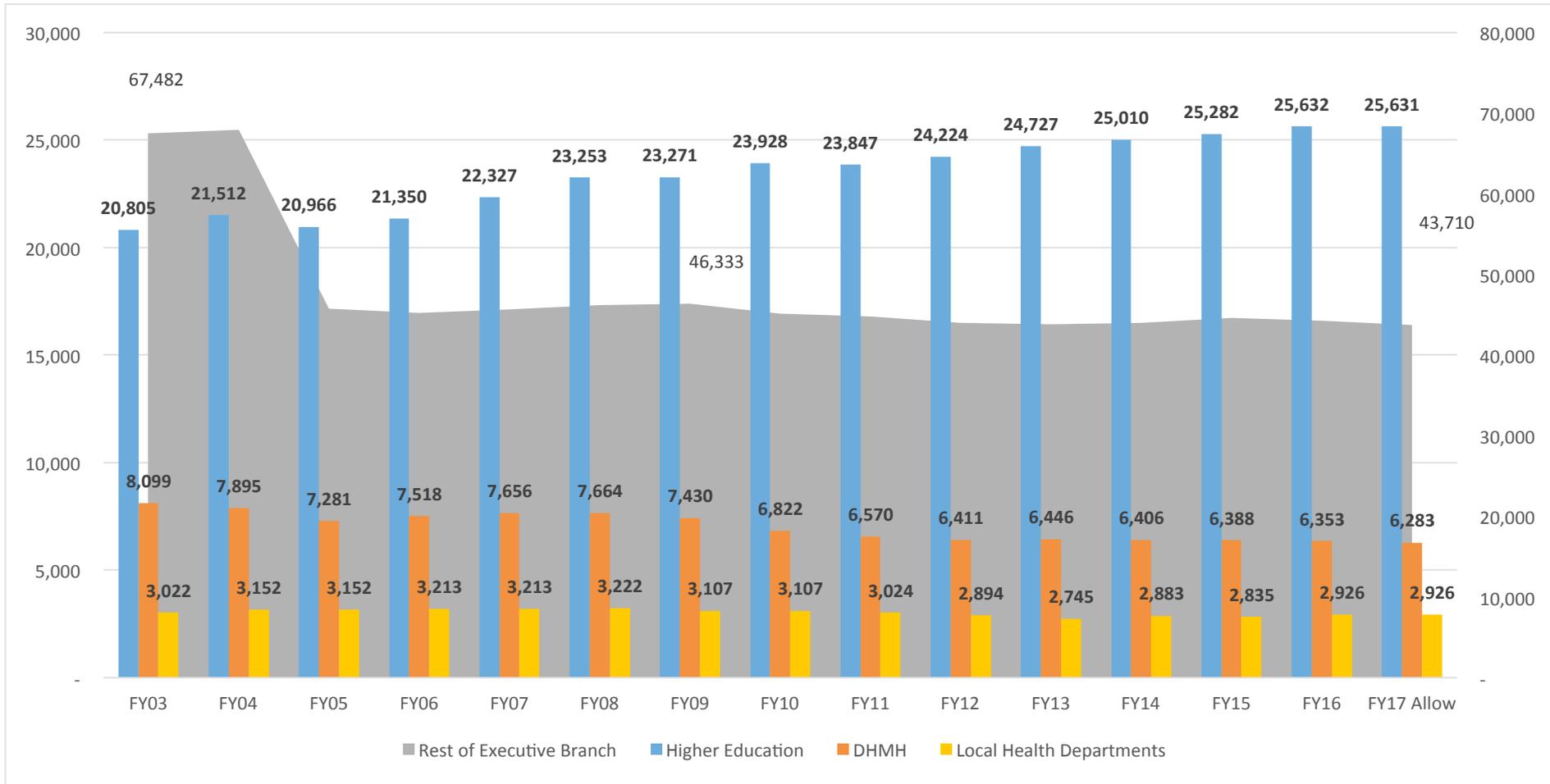


POSITION PARITY

- One of the principal problems creating the position parity issue within the State, whereby the non-higher education agencies are disadvantaged, is the Spending Affordability Committee parameters.
- While positions in higher education are a part of the overall formula for the Spending Affordability Committee, they are exempt from direct oversight from the Governor and the Legislature.
 - **Thus, Higher Education can create positions independent of the Appropriation process and skew the State's overall position footprint.**



POSITION DISPARITY



2015 ACHIEVEMENTS

Since January 2015, DHMH has:

- Implemented a mid-year 2% across the board reduction as well as a 2% FY16 across the board reduction without service disruptions.
- Funded a \$20.6 million audit finding levied on the Developmental Disabilities Administration by the HHS Office of the Inspector General.
- Improved tobacco sale compliance to minors by over 15 percentage points, thereby potentially eliminating a multi-million dollar penalty the Department has incurred the past few years.
- Saved \$12 million by settling claim on lab building through mediation
- Saved \$308k by settling MSDE's 10 year for \$275k after seven years of litigation



2015 ACHIEVEMENTS CONTINUED

- Saved \$536k by settling group grievance filed by 17 employees regarding DHMH's handling of the re-hiring of laid off employees for \$231k
- Employed the DHMH emergency operations off site facility during Baltimore's unrest
- Ebola tracking and emergency housing established
 - 4,436 total travelers monitored through Ebola Call Center
- Chaired the Inter-Agency Heroin and Opioid Coordinating Council, a subcabinet of the Governor composed of the heads of state agencies, which shares data and information with one another and the Office of the Governor to support public health and public safety responses to the heroin and opioid epidemic.
- Expanded PDMP to include access to data from other states (West Virginia, Virginia, Connecticut)



2015 ACHIEVEMENTS CONTINUED

- Medicaid Managed Care Simplification Efforts
 - System Program Review Consolidation
 - Tax relief for MCOs
 - Automated renewals for individuals redetermining coverage within the HBX for the first time in August 2015
- Initiated planning of Medicare-Medicaid Duals Care Delivery reform initiative
- Supported review and sustainability strategy for B'More for Healthy Babies



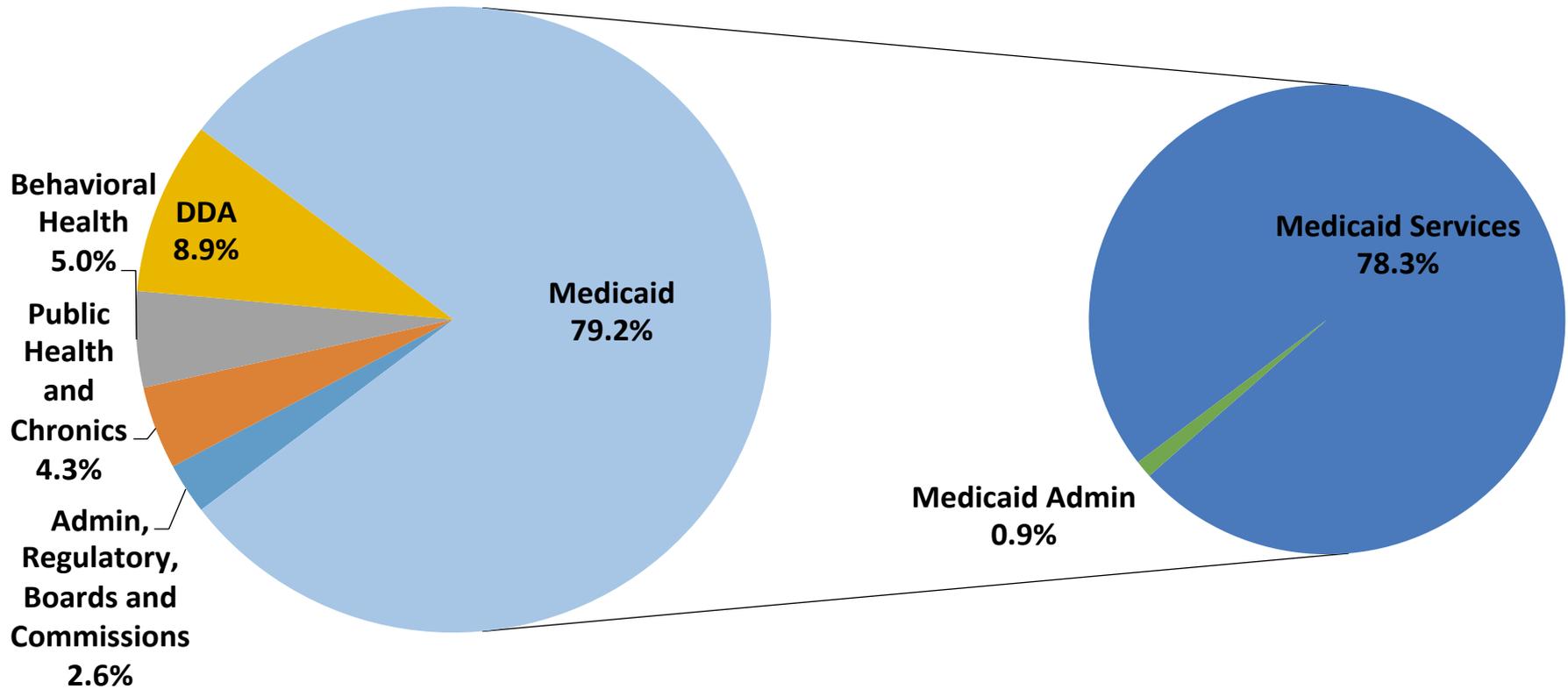
2015 ACHIEVEMENTS CONTINUED

- Completed statewide three tier Ebola and Emerging Infectious Disease Response System in partnership with the Maryland Hospital Association.
- Lead Region 3 Ebola Con-Ops development.
- Expanded lead screening to include all areas of the state and all children ages 12 and 24 months.
- Completed national Public Health Accreditation documentation and site visit.
- Participated in the creation and issuance of a statewide standing Nalaxone prescription.



FY17 ALLOWANCE

Total Funds (\$12.9 billion*)

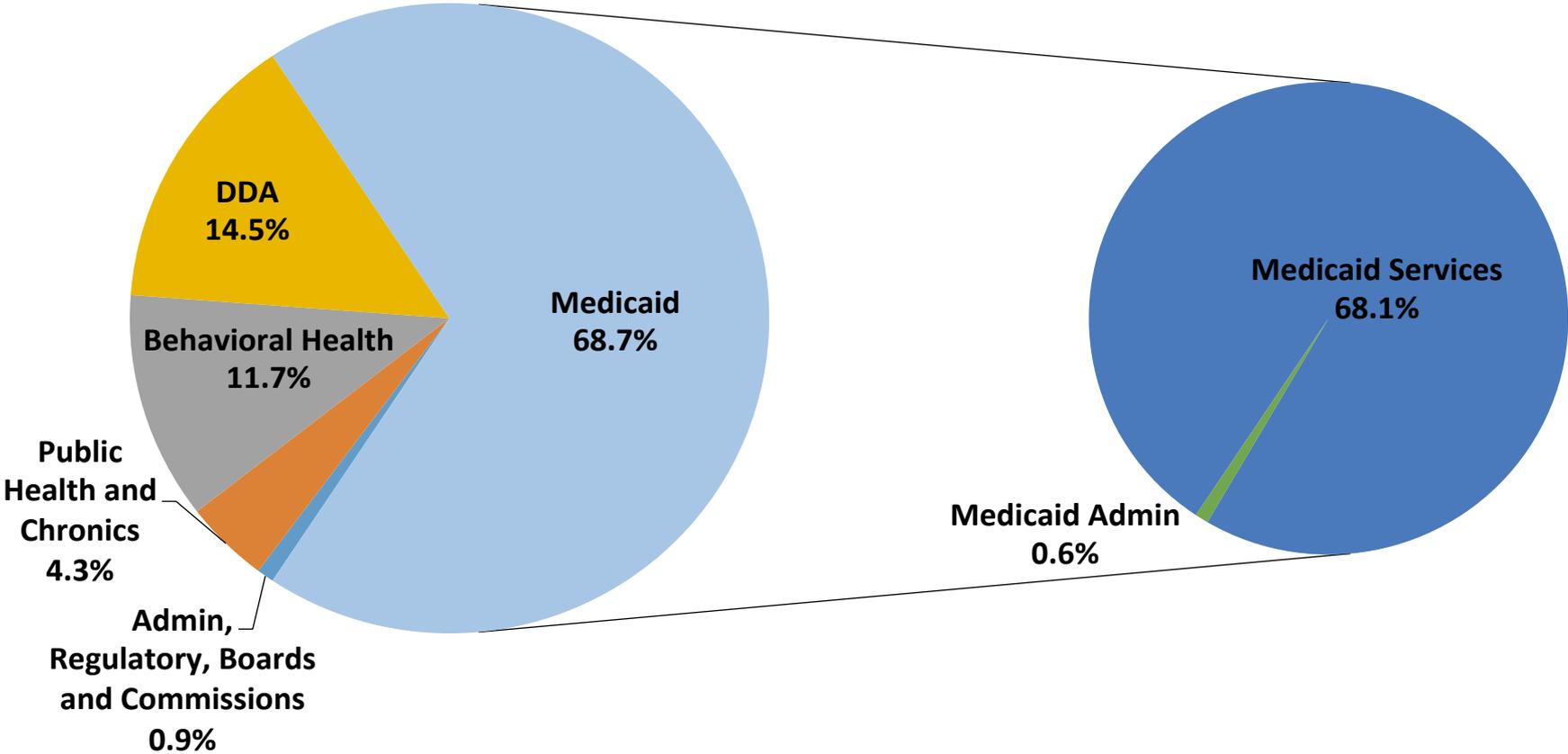


*The fiscal 2017 budget for the Department of Health and Mental Hygiene is \$12.9 billion, which includes \$4.4 billion in State General Funds, \$7 billion in Federal Funds, \$1.4 billion in Special Funds and \$78.5 million in Reimbursable Funds. 79% of total funds are dedicated to Medicaid-supported programs.



FY17 ALLOWANCE

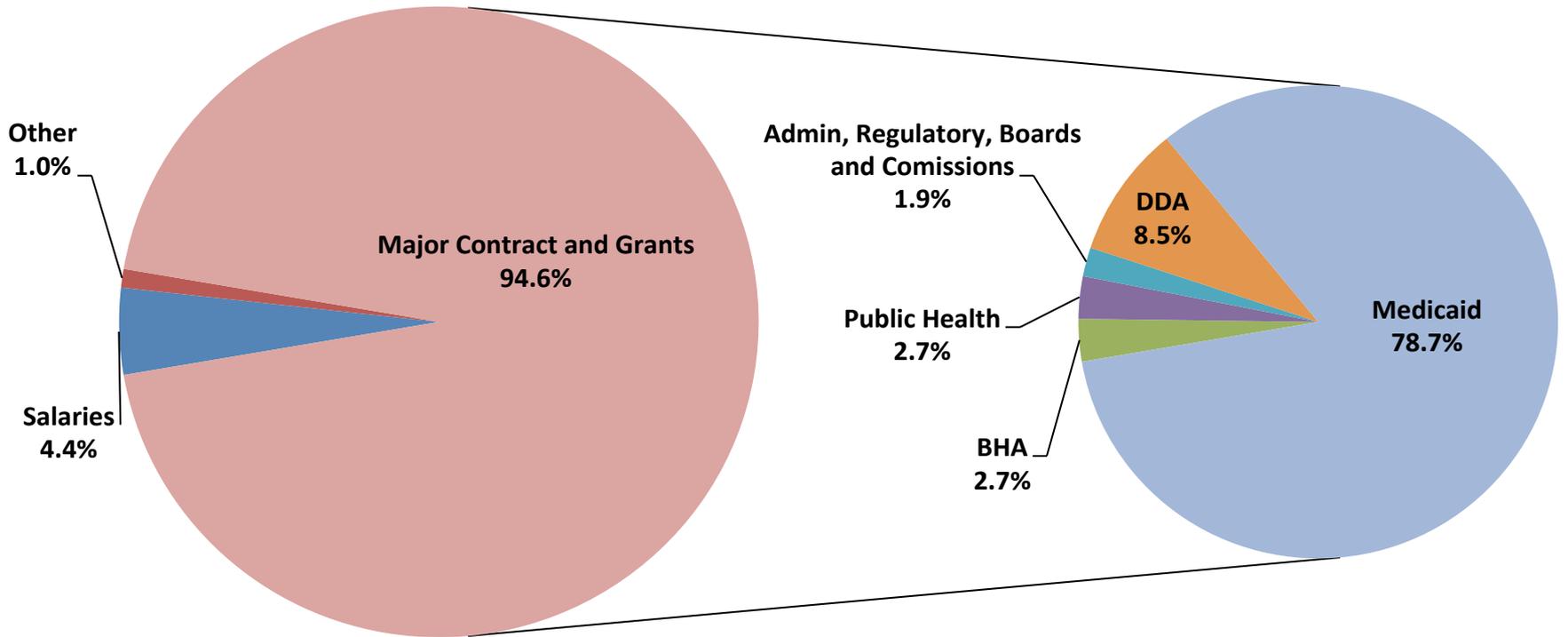
General Funds (\$4.4 Billion*)



*The fiscal 2017 budget for the Department of Health and Mental Hygiene is \$4.4 billion. 69% of general funds are dedicated to Medicaid-supported programs. Special Funds in the Medicaid program, which the State has increasingly used to offset General Fund expenditures in the Medicaid program, are \$950 million.



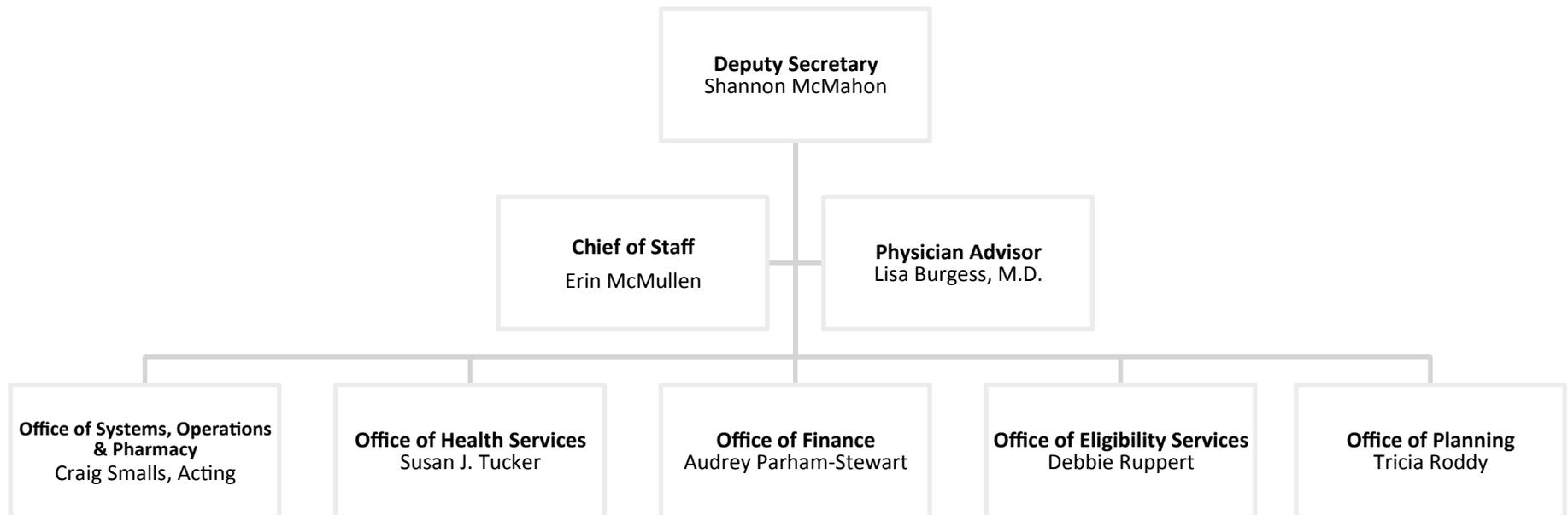
FY 2017 EXPENDITURE CATEGORIES TOTAL FUNDS



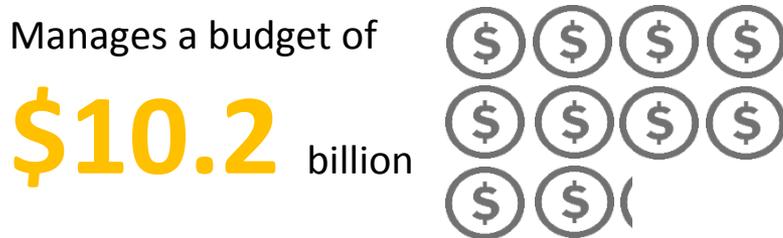
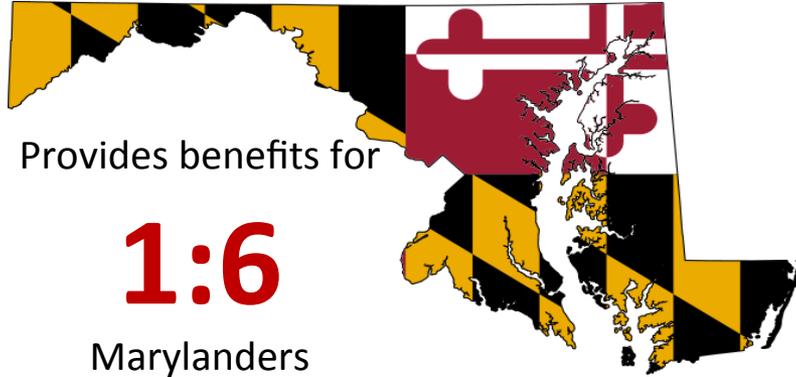
Contracts and grants comprise the majority of department spending, with these expenditures supporting Medicaid, behavioral health, developmental disabilities, and other public health programs. Salary expenditures support 6283 full-time equivalent positions and 429 contractual positions. Other expenditures include utilities, supplies, communication, vehicles, equipment and travel.



HEALTH CARE FINANCING- MARYLAND MEDICAID



HEALTH CARE FINANCING



Fund Composition:

General- \$3 billion

Special- \$950 million

Federal- \$6.2 billion

Reimbursable- \$58 million

Core program areas include:

Medicaid
HealthChoice
Dual Eligibility
Medicare
Affordable Healthcare Act

Composed of

620 PINS



& **125** Contractual Positions

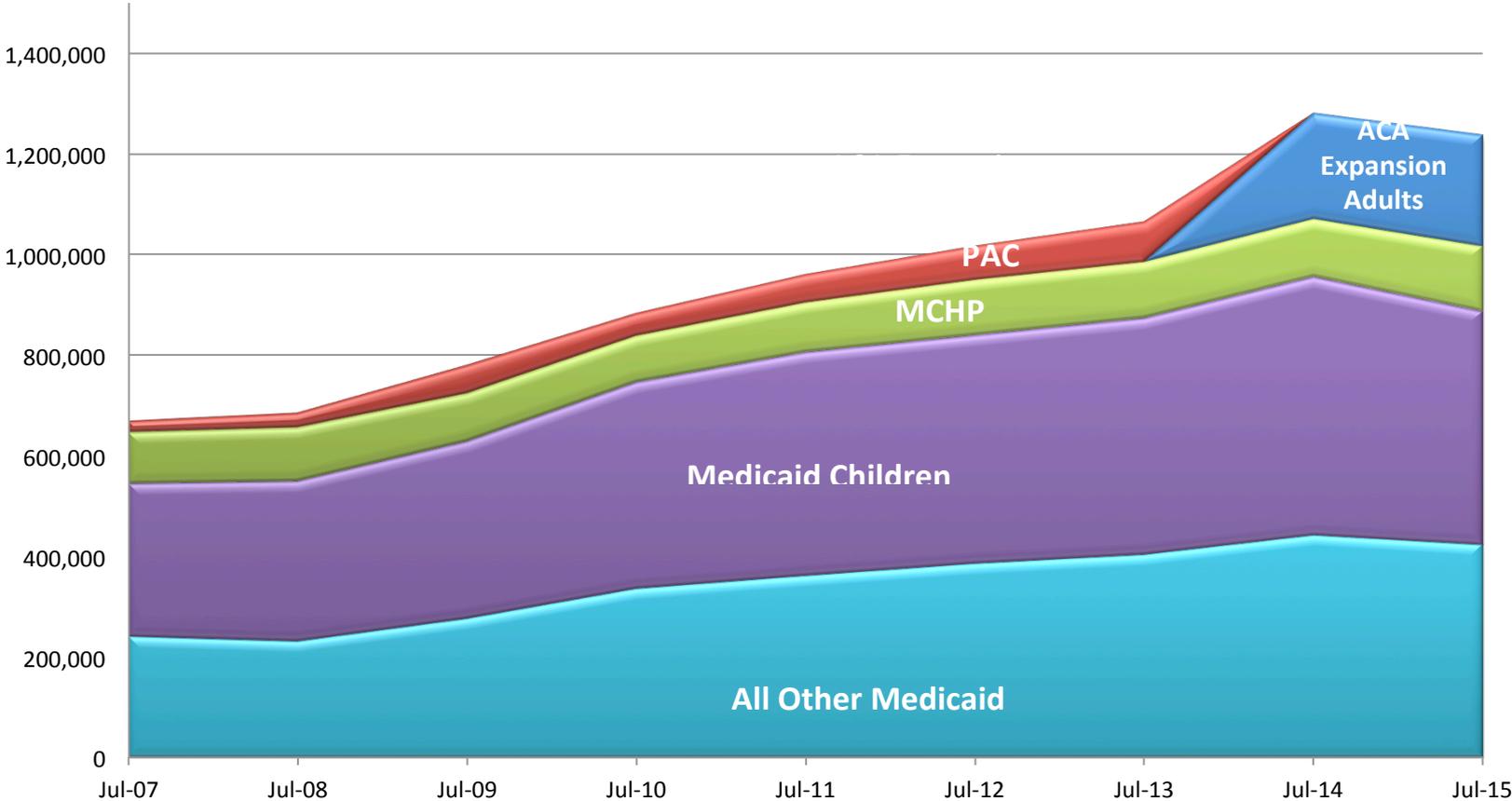
MARYLAND MEDICAID: AN OVERVIEW

- Maryland's Medicaid Program provides comprehensive healthcare benefits for 1.2 million people (1 in 6 Marylanders), including 628,000 participants younger than 21.
- Total Medicaid enrollment includes both individuals with full and partial benefits, such as those eligible for Medicaid and Medicare.
- Most Medicaid recipients (approximately 1 million) are required to join a Managed Care Organization (MCO) through HealthChoice.
- Under HealthChoice, managed care organizations (MCOs) contract with DHMH to provide Medicaid covered services through their provider networks. In return, MCOs receive a risk-adjusted, fixed per-member-per-month payment from DHMH.
- HealthChoice MCOs are responsible for paying the providers in their networks to render services to Medicaid participants.



MEDICAID ENROLLMENT SHIFTS SINCE ACA IMPLEMENTATION

Maryland Medicaid Enrollment 2007-2015



Source DHMH, Medicaid Office of Finance

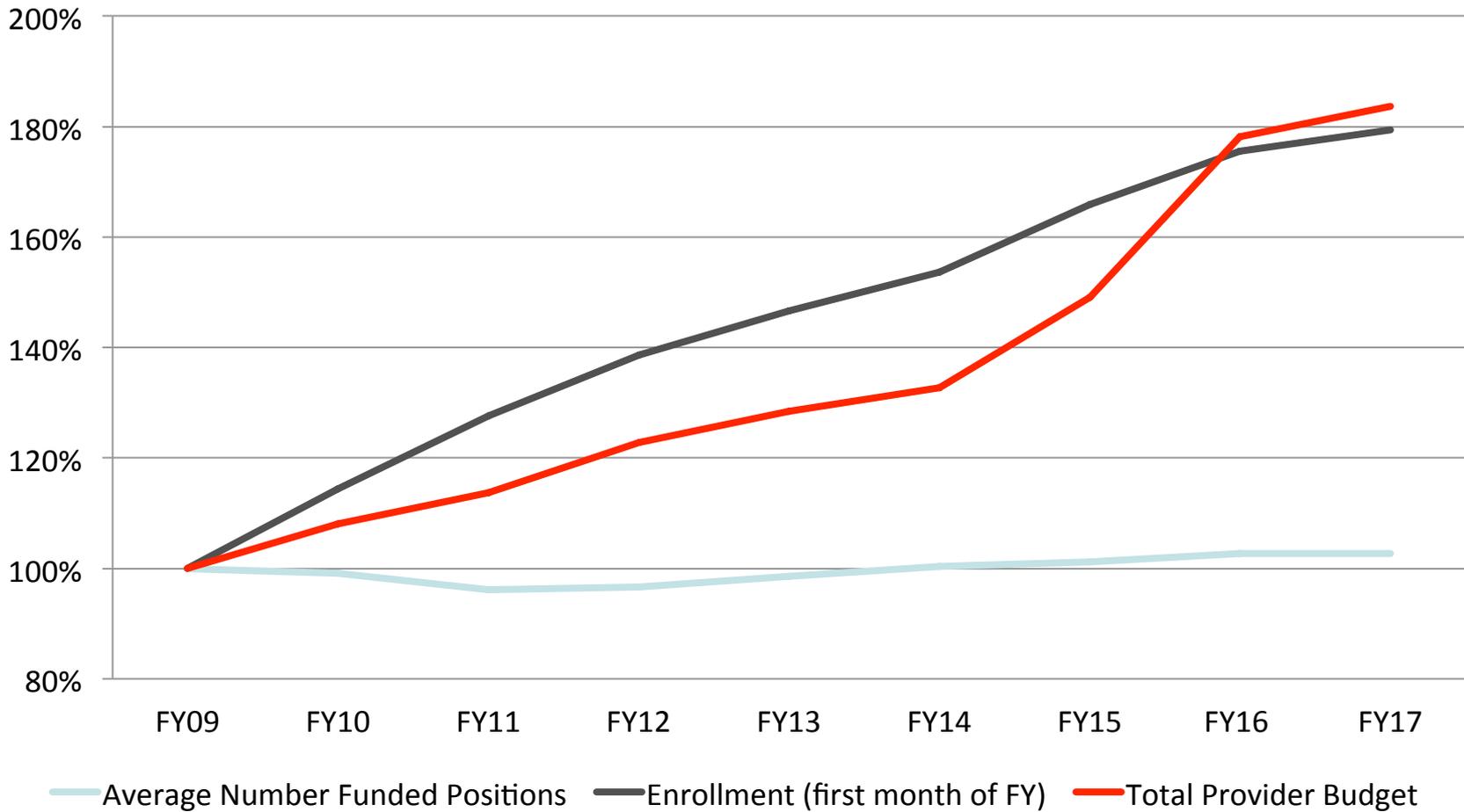


MARYLAND MEDICAID: CARE DELIVERY AND FINANCING MODEL

- Some individuals do not qualify for HealthChoice, but receive Medicaid services through fee-for-service.
- The fee-for-service population generally includes individuals over 65, individuals receiving Home and Community-Based Services, and individuals who are eligible for both Medicaid and Medicare.
- Certain services are not covered by HealthChoice MCOs and are administered fee-for-service, wherein Medicaid providers bill DHMH directly for payment.
- Services provided on a fee-for-service basis include specialty mental health and substance use treatment services, dental services for children and pregnant women, and long-term care services such as nursing homes.



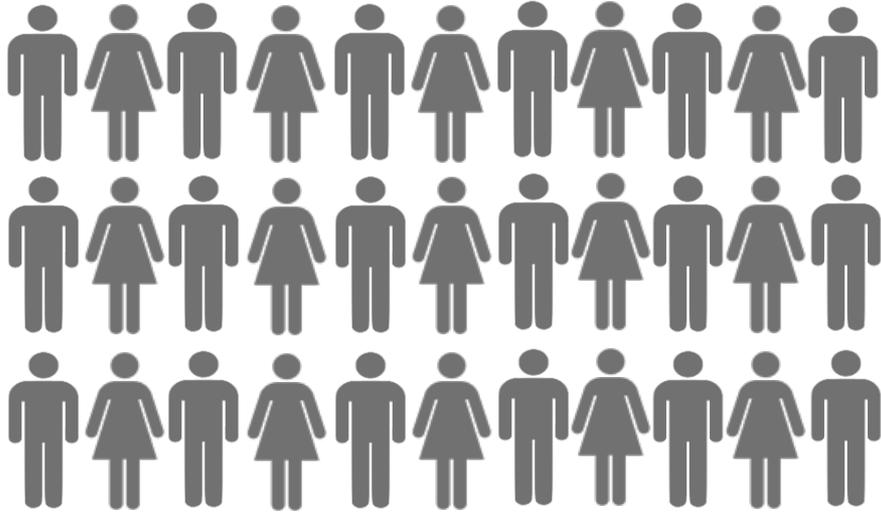
MEDICAID ENROLLMENT GROWTH OCCURRED DURING AN ERA THAT SAW A CONSTANT LEVEL OF MEDICAID STAFFING



Source DHMH, Medicaid Office of Finance



PUBLIC HEALTH SERVICES



Manages a budget of

\$550 million



Fund Composition:

General- \$188 million

Special- \$125 million

Federal- \$233 million

Reimbursable- \$4 million

Core program areas include:

Population Health

Laboratories

Cancer and Chronic Disease

Child and Maternal Health

Environmental Health

Vital Statistics

Emergency Response

Composed of

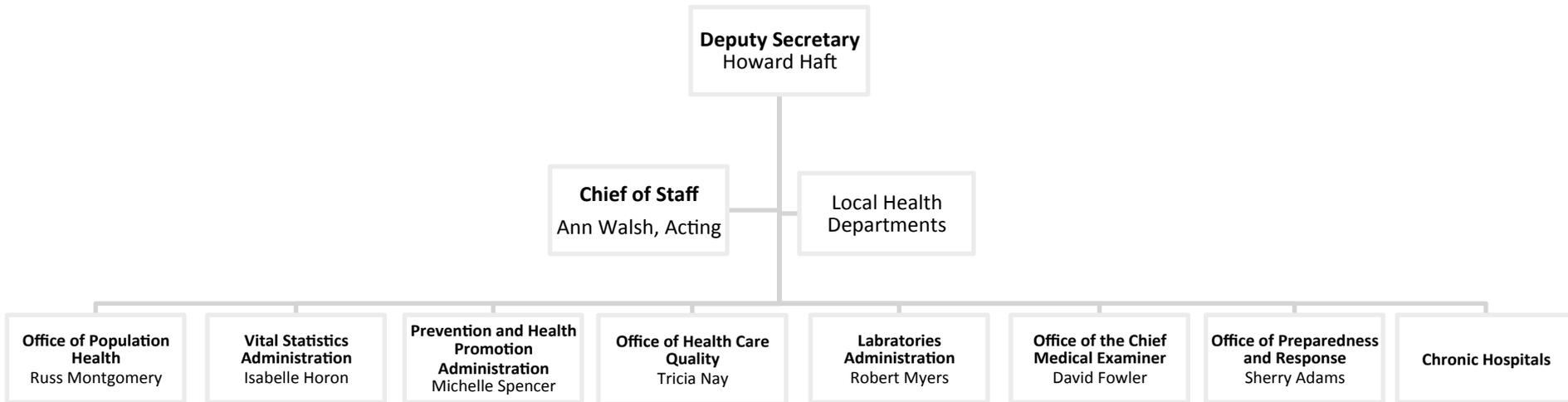
4248 PINS,

including **2926** LHD PINS

& **583** Contractual Positions, including **544** LHD contractual positions



PUBLIC HEALTH SERVICES (PHS)



PUBLIC HEALTH SERVICES: AN OVERVIEW

- Public Health Services (PHS) provides funding and technical support to all 24 Local Health Departments to implement essential public health services for all Marylanders. This includes adult and geriatric health, chronic disease prevention, communicable disease control, environmental health services, infectious disease surveillance and control, family planning, maternal and child health services and overall wellness services.
- The Laboratories Administration within PHS provides testing for environmental, chemical and biologic threats as well as New Born Screening Program.
- The Office of the Chief Medical Examiner within PHS provides forensic examinations of all applicable deaths in Maryland.
- The Office of Population Health within PHS provides technical assistance and quality improvement associated with healthcare transformation and healthcare payment reform to hospital and clinical systems, local health departments and communities.



PUBLIC HEALTH SERVICES: AN OVERVIEW (CONTINUED)

- The Office of Preparedness and Response within PHS provides leadership, funding, training, support, and coordination for all ESF 8 emergencies Statewide including Ebola, Civil unrest, and emerging biological and chemical threats.
- The Prevention and Health Promotion Administration within PHS provides funding, technical assistance and programmatic support to local health departments and health systems partners in disease investigation, prevention and control. This includes areas such as cancer, chronic disease, environmental health, infectious diseases, injury, maternal and child health, oral health and tobacco.
- The Vital Statistics Administration within PHS collects, analyzes and makes available data on all births, deaths marriages, and divorces as well as associated demographic and clinical related data.



Infectious Disease

- Emerging infections (Ebola, MERS Co-V); Outbreak Response (flu, Salmonella); Epidemiology; antibiotic resistance threats; Immunizations; Tuberculosis; HIV and STI; Refugee, Asylee and Migrant Health; Hepatitis

Environmental Health

- Injury prevention, sexual assault prevention, lead poisoning and asthma prevention, climate change, Marcellus Shale, food and facility protection/ inspections (dairy, youth camps, pools)

Maternal and Child Health

- WIC, Family Planning, Genetic Counseling, Hematology/Hemophilia Programs, Sickle Cell, Infant Hearing, Congenital Heart Disease, Infant mortality prevention, Teen birth prevention, C-Section reduction

Primary Care and Community Health

- Breast and Cervical Cancer prevention and control, Tobacco prevention and control, Chronic Disease, Oral Health, Primary Care Access



State Health Improvement Process (SHIP)

- Health targets implemented through Local Health Improvement Coalitions
- e.g., Infant Mortality, Childhood/Adult Obesity, Affordable Housing, Alcohol-Impaired Driving Fatalities, Tobacco Use

Core funding at Local Health Departments

- State General Funds to 24 Maryland local jurisdictions to support public health infrastructure and core services including infectious disease control, inspections and immunizations.
- Accounts for up to 50% of LHD overall budgets

Public Health Accreditation

- National accreditation to improve quality of practice and performance at DHMH. Final site visit for accreditation conducted in December 2015.
- 9 States in US have received accreditation so far
- Accreditation will leverage future federal grant solicitations

School-Based Health Centers

- 93% are Medicaid providers. OPHI provides technical assistance



PHS- CORE SERVICES ADMINISTRATIONS

Laboratories Administration

- State-wide public health laboratory testing for rabies, air quality and radiation, Chesapeake Bay and shellfish monitoring, chemical terrorism, newborn screening (80,000 babies/yr), Measles, Hepatitis, HIV, TB
- Emerging infectious disease and high containment testing for: Ebola, West Nile Virus, MERS Co-V, White Powder Letters (Anthrax, Ricin)
- Division of Drug Control: Regulate 40,000 Controlled Dangerous Substance permits

Chief Medical Examiner

- Statewide statutory obligation to investigate deaths caused by injury, homicide, suicide
- 2014: OCME investigated 11,020 deaths and performed 4,116 autopsies
- **Anatomy Board:**
Bodies donated to Anatomy Board for advancement of medical research and education



PUBLIC HEALTH SERVICES

Office of Preparedness & Response

- Coordinates DHMH Emergency Management Team / ESF-8 State Emergency Operations Center (SEOC)
- DHMH operational response coordination for state health emergencies

Vital Statistics Administration

- Registration/issuance of vital records (birth/death/marriage certificates)
- Operate DHMH Virtual Data Unit: Central hub for health data activities
- Drug Overdose Data Reports for DHMH



DEVELOPMENTAL DISABILITIES ADMINISTRATION



Manages a budget of

\$1.1 billion



Fund Composition:

General- \$636 million

Special- \$6 million

Federal- \$509 million

Reimbursable- \$30 million

Services include:

Residential Day Habilitation

Supported Employment

**Family & Individual
Support Services**

Self Directed Services

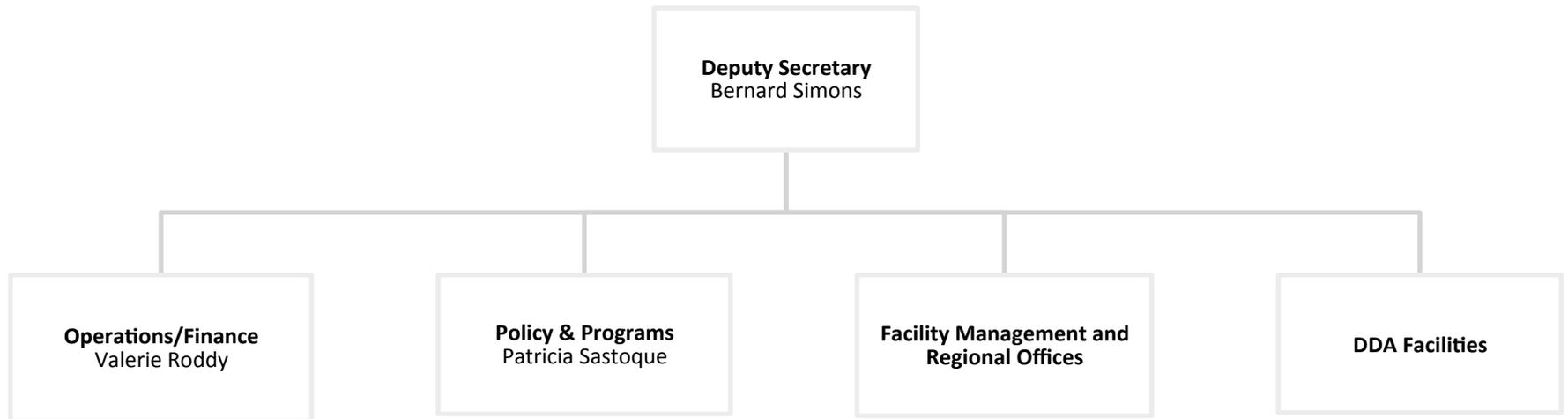
Composed of

616 PINS



& **28** Contractual Positions

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)



DEVELOPMENTAL DISABILITIES ADMINISTRATION: AN OVERVIEW

- **Provides** a coordinated service delivery system so that people with developmental and intellectual disabilities receive appropriate services oriented toward the goal of integration into the community
- **Partners** with individuals with developmental and intellectual disabilities to provide leadership and resources to enable these individuals in living fulfilling lives.
- **Is guided** by the principle that individuals with developmental and intellectual disabilities have the right to direct their lives and services.
- **Provides** funding for approximately 25,000 people who are supported by 160 community based provider agencies.
- **Serves** approximately 150 people at two State Residential Centers (SRCs) and two State Forensic Residential Centers (FRCs).



DDA TRANSFORMATION

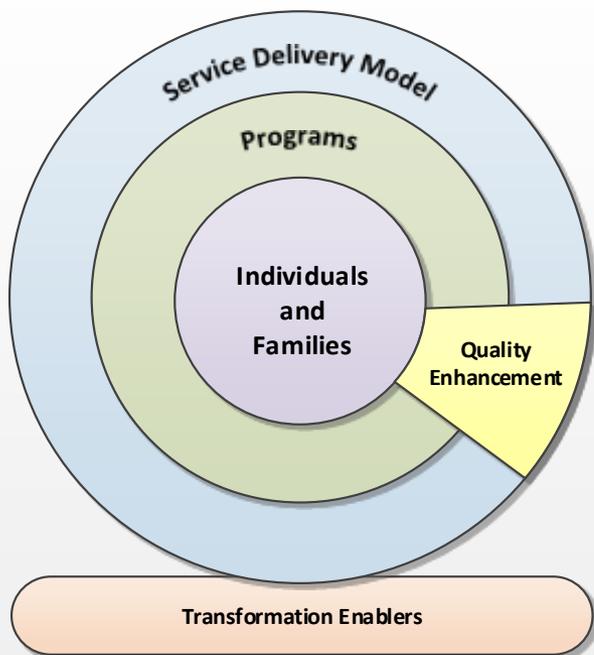
Factors driving changes to service delivery system:

- CMS Community Rule
 - Emphasizes community integration and person centered outcomes
- Best Practices
 - Self Determination
 - Independent Supported Living
 - Supporting families throughout the lifespan
 - Employment First initiatives
 - Self Advocates employed and embedded in DDA Headquarters and Regional Offices
- Rate Setting Study
 - Comprehensive review and restructure of current and future service rates
- Payment System Reform
 - Transition from prospective payment system to reimbursement model



DDA TRANSFORMATION

DDA Restructuring – Focusing on Individuals and Families through Transformation



Transformation Efforts		
Individuals and Families	Programs	Service Delivery Model
<ul style="list-style-type: none"> Supporting Families Self-Advocacy Enhanced Self-Direction Employment First Independent Supported Living New Assessment Tools (HRST and SIS) Enhanced Person Centered Planning 	<ul style="list-style-type: none"> Waiver Transition Public Listening Sessions Review of Services, TCM, and Self-Direction Transition Plan for Community Rule Settings Waiver Amendments 	<ul style="list-style-type: none"> Provider Licensing Rate Setting DDA Funding / Payment System Changes Increased Transparency Waiver Management
Quality Enhancement (QE)		
<ul style="list-style-type: none"> Clear Responsibilities for QE Provider Training Service Utilization Review 	<ul style="list-style-type: none"> Monitoring DDA Service Delivery through Survey Tools (i.e. NCI) Quality Advisory Committee 	
Transformation Enablers		
<ul style="list-style-type: none"> HQ and Regional Office Re-Organization Transformed DDA Business Processes Migration from PCIS2 to the Medicaid LTSS IT System Enhanced communication and partnership with all DDA stakeholders 		



BEHAVIORAL HEALTH ADMINISTRATION

Operates:

5

State
Psychiatric
Hospitals



2

Residential
Treatment
Facilities

Manages a budget of

\$639 million



Fund Composition:

General- \$512 million

Special- \$43 million

Federal- \$76 million

Reimbursable- \$8 million

Services include:

Children, Adolescents, & Adults

Clinical

Substance Use Disorders

Population Based Health

Mental Health Disorders

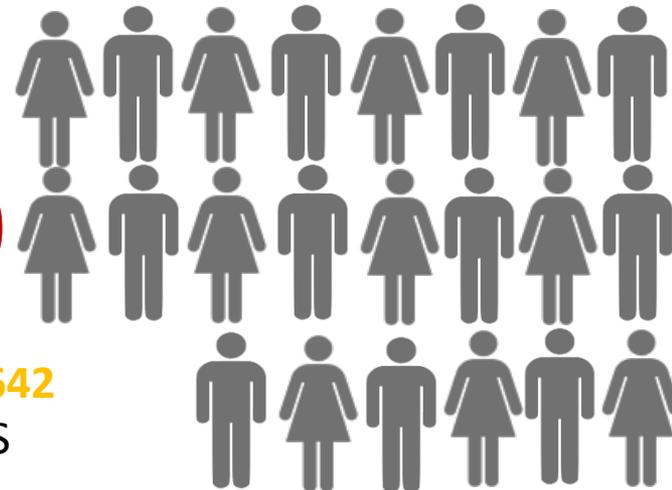
Forensics

Composed
of

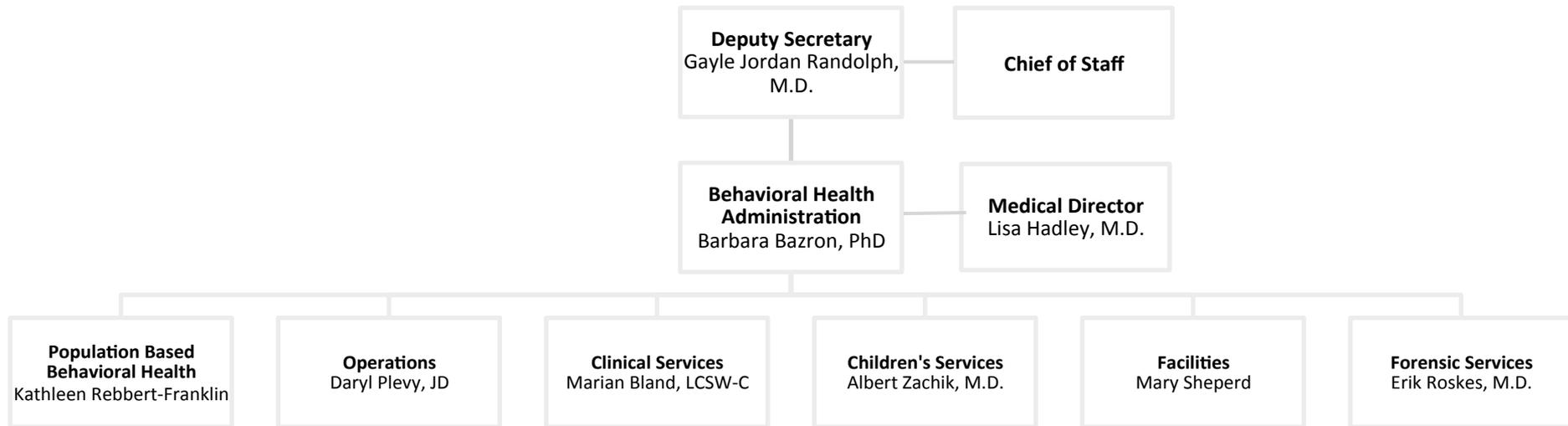
2800

PINS,
including **2642**
facility PINS

& **210** Contractual Positions, including **198**
facility contractual positions



BEHAVIORAL HEALTH ADMINISTRATION (BHA)



BEHAVIORAL HEALTH ADMINISTRATION: AN OVERVIEW

- Serves as the State authority for mental health and substance use disorders and serves as the designated Opioid Treatment Authority
- Oversees treatment in the state psychiatric facilities including forensic services
- Manages behavioral health services for the uninsured
- Collaborates with Medicaid on the oversight of the Administrative Service Organization (ASO), Beacon ValueOptions
- Provides State wide behavioral health consultation
- Coordinates Overdose Response Program
- Oversees the Prescription Drug Monitoring Program (PDMP)
- Oversees the State's Behavioral Health Prevention Programs
- Provides data analysis and reporting regarding Mental Health and Substance Use Disorders



MENTAL HEALTH

- Inpatient Services
- Health Services
- Targeted Case Management
- Psychiatric Rehabilitation Services
- Residential Rehabilitation Services
- Residential Treatment Services (RTCs)
- Mobile Treatment
- Assertive Community Treatment
- Traumatic Brain Injury
- Respite Services
- Supported Employment
- Crisis Services
- Permanent Supported Housing
- Data Link

SUBSTANCE USE DISORDERS

- Recovery Housing and Supports
- Residential Treatment Facilities
- Withdrawal Management
- Medication Assisted Treatment

BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- Individual Practitioners
- Outpatient Services
- Intensive Outpatient Services
- Partial Hospitalization
- Lab Services (behavioral health related disorders)
- Health Homes
- Care Coordination



ADMINISTRATIVE AND PROGRAMMATIC CHANGES LEAD TO CARVE OUT OF ALL BEHAVIORAL HEALTH SERVICES IN 2014-2015

- Persons needing specialty mental health care have received their health benefit through a managed fee-for-service system operated by an ASO under contract to the Mental Hygiene Administration since 1997.
- As a result of 2015 Behavioral Health Integration, substance use disorder services were "carved-out" of Maryland Medicaid's HealthChoice (MCOs) system.
- Integrated Behavioral Health services include both mental health and substance use disorder services.
- Integrated Behavioral Health management launched in January 2015



WHAT MARYLAND'S ASO DOES

The ASO is responsible for:

- Provider Management and Maintenance;
- Participant Education;
- Authorizations and Utilization Management;
- Participant and Provider Assistance and Communication;
- Quality Management and Evaluation;
- Provider and Participant Appeals and Grievances;
- Claims Processing and Payment;
- Data Capabilities;
- Reports; and
- Special Projects / New Initiatives.



BHA OVERDOSE PREVENTION EFFORTS

Naloxone Distribution

- Naloxone: Rx drug that safely/effectively reverses opioid overdose
- Overdose Response Program: since 2014, trained/certified 14,000 community members (incl. law enforcement) to recognize & respond to overdose w/ naloxone
- Special projects: naloxone distro at jail release, in opioid treatment programs & hospital EDs

Prescription Drug Monitoring Program (PDMP)

- Gives healthcare providers online access to patient Rx drug history to identify Rx misuse, addiction & diversion
- Integrated w/ CRISP, the State-designated health information exchange (HIE)

Overdose Fatality Review

- DHMH supports local, multi-disciplinary teams that conduct confidential reviews of overdose deaths to identify prevention opportunities, build collaboration and develop local strategy
- 15 jurisdictions w/ operational teams; nearly 200 cases reviewed since 2014

Data Analytics

- Developed rigorous methodology for analyzing statewide overdose death data
- Annual, quarterly and ad hoc reports issued w/ detailed jurisdiction level breakdowns



BHA OVERDOSE PREVENTION EFFORTS CONTINUED

Provider Education

- Issue alerts to healthcare providers on overdose risk, appropriate opioid prescribing, naloxone, PDMP and other clinical issues
- Collaboration with UMB Sch. of Pharmacy to develop consensus opioid Rx guidelines and conduct outreach/education for aberrant prescribers

Overdose Survivors Outreach Project

- Link overdose survivors in hospitals w/ peer recovery specialists to support access to treatment, recovery and harm reduction services in the community
- Pilot program currently focusing on Baltimore City and Anne Arundel County

Heroin & Opioid Emergency Task Force

- BHA provided subject matter expertise and feedback on task force recommendations
- Role in implementing multiple potential recommendations, including PDMP provider use requirements and buprenorphine access expansion plan

Heroin & Opioid Inter-agency Coordinating Council

- Coordinate data sharing among State agencies to inform overdose prevention efforts
- BHA awarded \$700k federal grant for inter-agency data project



OPERATIONS



Manages a budget of

\$50 million



Fund Composition:

General- \$25 million

Special- \$0

Federal- \$16 million

Reimbursable- \$8 million

Core program areas include:

Human Resources
Communications
Information Technology
Finance
Regulation & Policy
Governmental Affairs
Procurement
Capital Planning

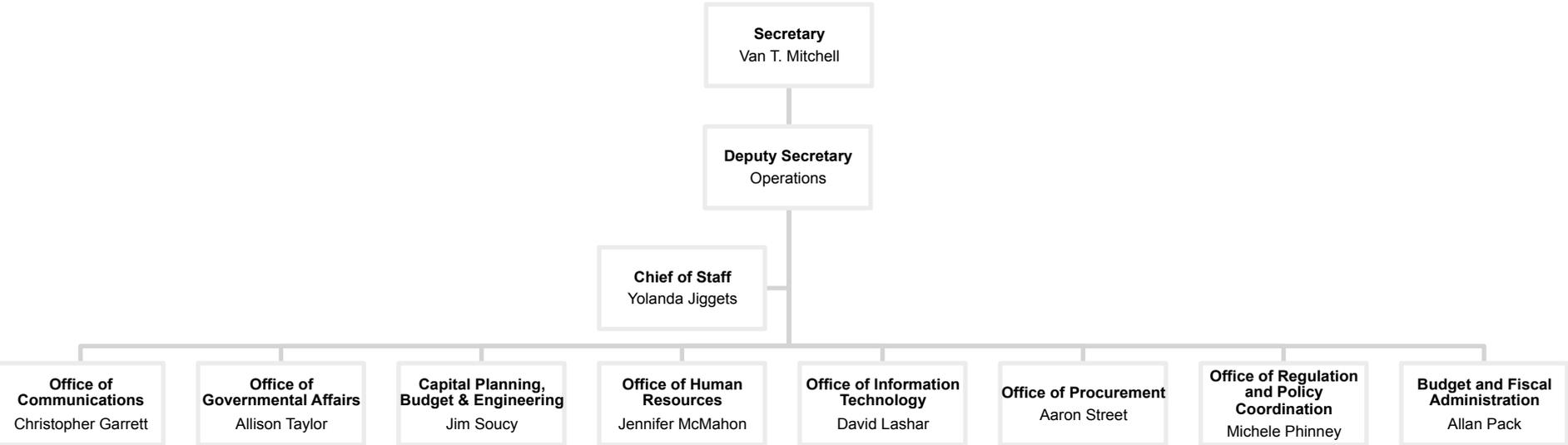
Composed of

344 PINS



& **8** Contractual Positions

OPERATIONS



OIG PROGRAM INTEGRITY: AN OVERVIEW

The Office of the Inspector General:

- Investigates fraud, waste, and abuse of departmental funds;
- Cooperates with and coordinates investigative efforts with the Medicaid Fraud Control Unit and throughout other administrations within the agency and
- Cooperates with and coordinates investigative efforts with departmental programs and other State and federal agencies to ensure a provider is not subject to duplicative audits.



Program Integrity

Internal Audits

Institutional Review Board

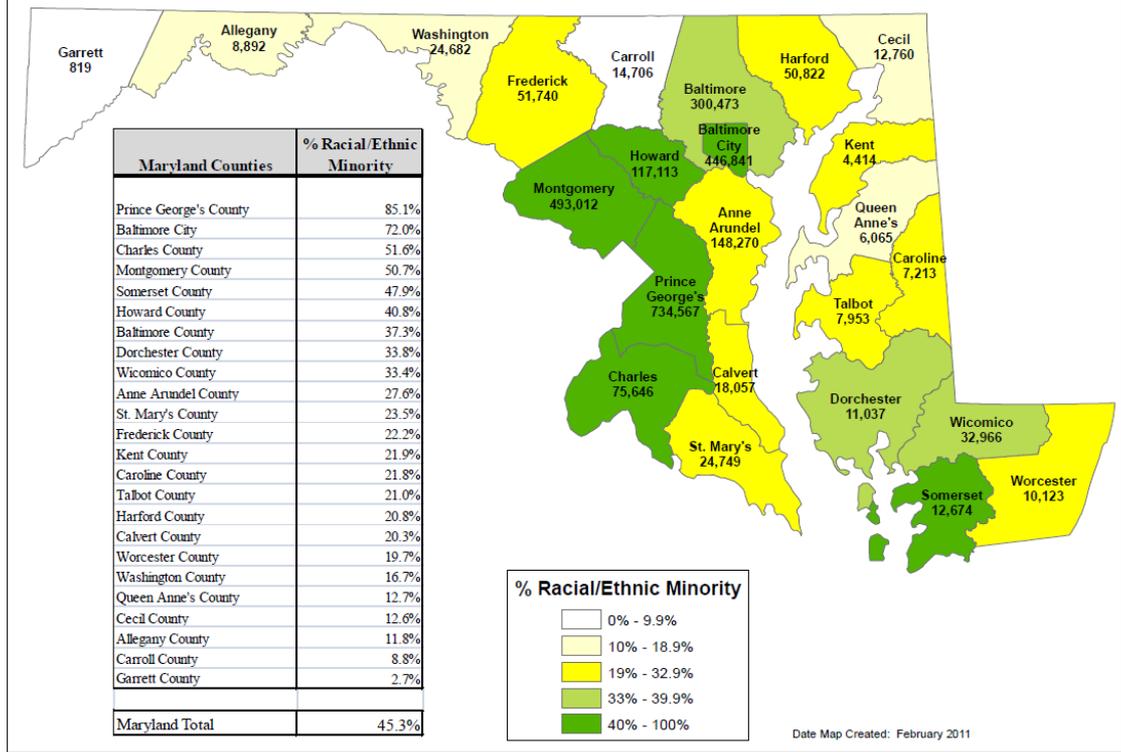
External Audits

Corporate Compliance & Privacy



MINORITY HEALTH & HEALTH DISPARITIES: MARYLAND IS THE 7TH MOST RACIALLY DIVERSE STATE

Racial or Ethnic Minority Population (Number and Percent), by Jurisdiction, Maryland 2010



45% minority

4 jurisdictions
> 50% minority

6 jurisdictions
>40% minority

9 jurisdictions
>33% minority

out of 24
jurisdictions



MHHD LOGIC MODEL

- MHHD has experience deploying **six key strategies** that optimize program benefit for minority populations:
 - Race/ethnic/language data collection and analysis
 - Inclusion of and outreach to minority communities
 - Cultural/linguistic/health literacy competency
 - Workforce diversity
 - Attention to social determinants of health
 - Deploying Community Health Workers



OFFICE OF GOVERNMENTAL AFFAIRS: AN OVERVIEW

- 4 full-time staff, plus a network of 43 liaisons in DHMH administrations and boards, MHIP, MHBE, and MACHO.
- Track bills and manage the legislative process for DHMH.
 - Tracked 709 bills, submitted 469 position papers, and completed 510 fiscal note requests in 2015.
- Review legislation to identify new DHMH responsibilities.
 - Identified 88 new DHMH responsibilities in 2015.
- Prepare the Department's legislative package.
 - Reviewed 25 new concept papers for legislative ideas in 2015. Submitted 4 proposals and 8 placeholders.
- Track and coordinate the response to mandated reports.
 - DHMH had 119 mandated reports due between August and December 2015.
- Staff the Board of Review, which hears Medicaid appeals.
 - The Board of Review heard 127 cases in 2014.
- Represent DHMH on Commissions and Task Forces.
 - Examples include the Medical Cannabis Commission, Crownsville Hospital, Dental Ownership, Human Trafficking.



OFFICE OF HUMAN RESOURCES: AN OVERVIEW

- Direct support to Headquarters, Boards & Commissions, and 15 Health Departments
- Indirect support to 11 Facilities and 7 Health Departments
- Recruitment and Selection
 - Application Review and Eligibility List Creation
- Training Services
 - Agency-wide and ad-hoc programs
 - Organizational development and mandated training
- Most Common Job Classifications
 - Nurses: 9%
 - Direct Care Assistants: 5%
 - Addictions Counselors: 3%
 - Social Workers: 3%
 - Physicians/Psychiatrists: 2%
- Most Difficult to Recruit Job Classifications
 - Nurses, Physicians/Psychiatrists, Addictions Counselors



OFFICE OF COMMUNICATIONS: AN OVERVIEW

- Issues news releases – an average of 130 a year
- Provides media strategy and coordinates media response
- Coordinates public information requests
- Coordinates press conferences and events
- Prepares speeches or talking points for administration or department officials
- Oversees operation of the department's social media platforms
- Provides strategy for divisions' respective marketing campaigns
- Interacts with the general public through phone coverage and social media and
- Coordinates with other agencies' sister communications offices, including those of the Governor and Lt. Governor

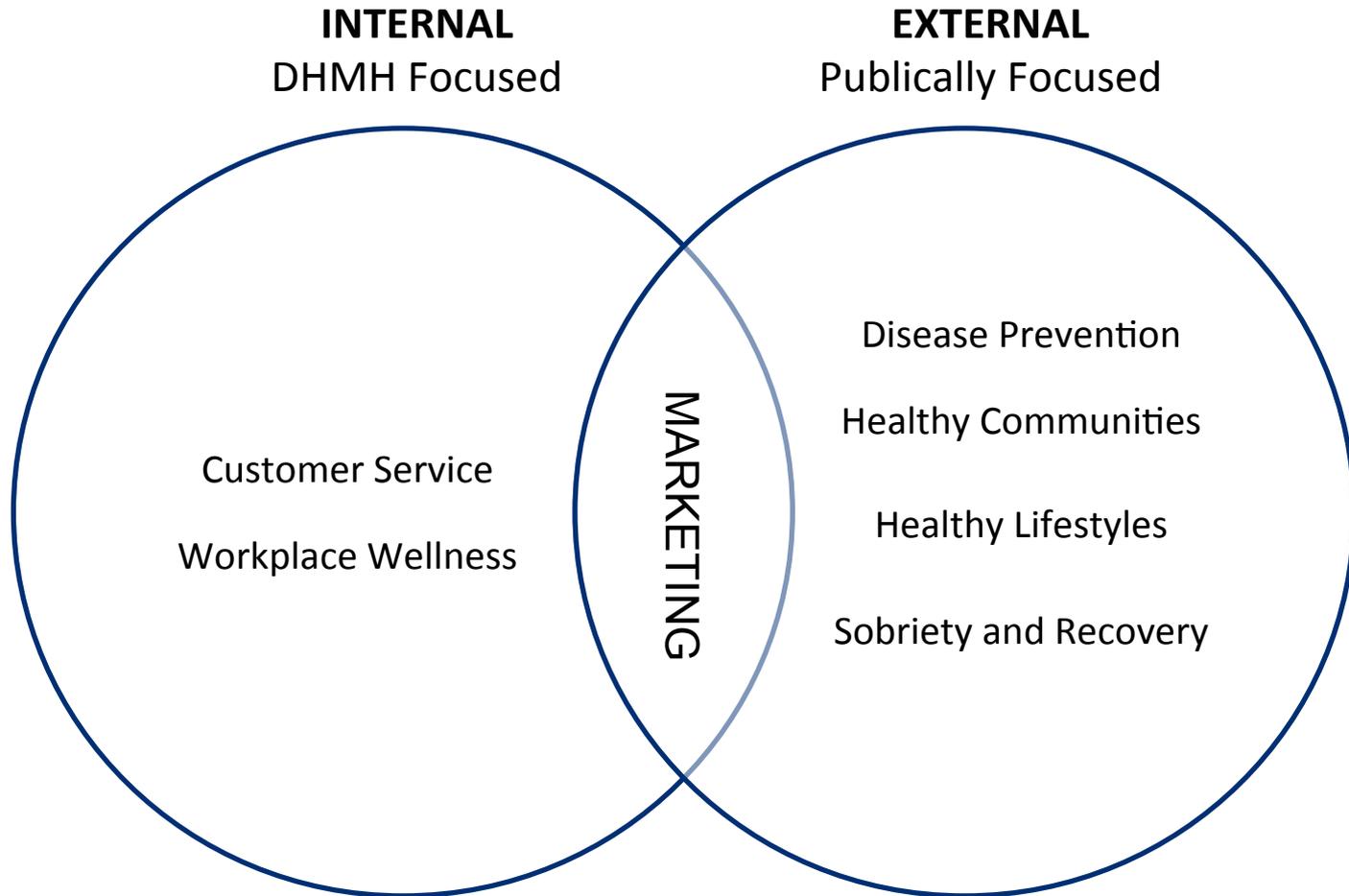


DHMH WINNABLE BATTLES

- To keep pace with emerging public health challenges and to address the leading causes of death and disability, the federal Centers for Disease Control and Prevention (CDC) initiated an effort to achieve measurable impact quickly.
 - CDC's Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them.
- At the recommendation of the CDC, DHMH has started its own Winnable Battles initiative in support of our Department's Mission and Vision.
 - Work groups comprised of employees from all levels of the agency have been formed and tasked with creating a strategic plan and realistic, measurable targets (set for 2018) for each Winnable Battle.
 - DHMH will report progress on this initiative on a yearly basis through a virtual dashboard.



WINNABLE BATTLES



Healthy Communities

Customer Service

Healthy Lifestyles

Disease Prevention

Workplace Wellness

Sobriety and Recovery

