Barbara J. Bazron, Ph.D.
BHA Annual Conference
May 2, 2018
9:00 – 9:30 a.m.

Moving Towards a Transformed System of Care...A Year-End Review
More of Maryland’s Citizens are receiving behavioral health services....

* Based On Claims Paid Through March 31, 2018
Individuals Served by Service Type and Fiscal Year

FY - 2016
- Mental Health: 192,965
- Substance Use: 91,023

FY - 2017
- Mental Health: 202,254
- Substance Use: 104,987

FY - 2018
- Mental Health: 182,341
- Substance Use: 92,868

*Based On Claims Paid Through March 31, 2018
Moving Forward...Developing FY 17-18 Strategic Goals

Areas of Focus

Customers

1. Develop communications tools/processes and marketing materials
2. Establish a plan to support workforce development

Finance

1. Develop strategy for value-based contracting
2. Use management reports to track expenditures and fund balances for contracts, MOUs, grants and administrative functions

Mission

1. Develop a recovery oriented system of care
2. Maintain and expand capacity
3. Create and implement strategy for collecting, analyzing and utilizing data
4. Address judicial requirements

Internal Business Processes

Learning and Innovation

1. Implement tele-health applications
2. Develop cultural competency plan
Internal Business Process: Transforming BHA’s administrative structure

Director, Health Promotion & Prevention
Kathleen Rebbert-Franklin
Deputy, Mary Viggiani
- Prescription Drug Monitoring Program (PDMP)
  Kate Jackson
- Prevention
  Michael Bailer
- Early Intervention & Wellness
  Barrington Page
- Statewide Projects - Tobacco, Gambling, Eugenia Conolly
- Workforce Development & Training, Michelle Darling
- Public Awareness
  Margie Donohue

Director, Systems Management
Kimberly Cuthrell, JD, Ph.D
- Applied Research & Evaluation
  James T. Yoe
- Managed Care & Quality Improvement
  Vacant
- Accreditation and MH Compliance
  Spencer Gear
- SUD Compliance
  Franklin Dyson
- Health Care Quality
  Stacey Dichtl
- Systems Planning, Cynthia Petion
- Planning
  Hilary Phillips
- Local Planning and Management
  John Newman
- Admin Mgt., General Services

Director, Court Ordered Evaluations and Placements
Michele Fleming
- Community Aftercare
  Johanna Walter
- Justice Services—Title 8
  Nicole Birckhead
- Clinical Practice
  Vacant Medical Director
- Central Admissions Manager—Title 3—Vacant
- Disabilities

Director, Clinical Services
Adults and Older Adults
Marian Bland
Deputy, Steven Reeder
- Systems Integration/Community Liaison, Vacant
- Crisis and Criminal Justice Services
  Darren McGregor
- Gender Specific Services
  Suzette Tucker
- Older Adults/Long Term Care
  Stefani O’Dea
- Evidence-Based Practices and Recovery Supports
  Mona Figueroa

Director, Child, Adolescent and Young Adult Services
Vacant
Deputy Thomas Merrick
- Promotion and Wellness
  Joan Smith
- Substance Use Disorders
  Shanna Wideman
- Transition Aged Youth
  Natalie Solomon
- Child & Adolescent Programming
  Caroline Jones
- Juvenile Forensics
  Vacant

Director, Behavioral Health Facilities
John Robison
- Facility Operations Oversight
  - Eastern Shore Hospital Ctr
    Randy Bradford, CEO
  - Thomas B. Finan
    John Cullen, CEO
  - Clifton T. Perkins
    Christopher Irwin, CEO
  - RICA Baltimore
    Bryan Mroz, CEO
  - JLG RICA
    Ken Basler, CEO
  - Spring Grove Hospital
    Dwain Shaw, CEO
  - Springfield Hospital
    Paula Langmead, CEO
  - Personnel Services
  - Emergency Preparedness

April 2018
Centralized Admissions Office Mission
The Maryland Department of Health (MDH) has created a Centralized Admissions Office that will process all court orders that commit patients to MDH for evaluation or treatment services for substance use disorders or mental health issues.

The Centralized Admissions Office will serve as the single point of contact for submitting all court orders to MDH and making any inquiries on such orders. Send all court orders by e-mail or fax.

CONTACT INFORMATION
Centralized Admissions Office Main Number: 410-402-8422
E-mail: mdh.admissions@maryland.gov
Fax: 443-681-1035

Questions:
Michele Fleming, LCSW-C
Director, Central Admissions Office: 410-916- 1215 (cell)
Shared Services Model

Administrations ("Business Units")

- HCFA
- DDA
- BHA
- PHSA

Service Functions (Selected)

- Finance, Budget, & Capital
- HR
- IT
- Procurement

HCFA / Medicaid (due to enablement role that MA plays across MDH)

- 2 Hospitals
- 7 Hospitals
- 2 Hospitals
Rate Established March 2017
Technical Assistance to grant-funded providers
- regulations developed and approved
- system reconfiguration of Beacon System
- build required workflows in Beacon System

July 2017
Technical Assistance to remaining providers
- Transition of grant-funded residential SUD services.
  - Levels 3.3, 3.5, 3.7/3.7D

January 2018
- Transition of grant-funded residential SUD for:
  - Pregnant women & children
  - Child welfare
  - Drug exposed newborns
  - 8-507

January 2019
- Transition of grant-funded residential SUD services.
  - Levels 3.1

Transition of Residential Substance Use Disorder Services to Fee-for-Services
Licensure & Accreditation Status

As of April 20, 2018
Certified Recovery Residences Program Established in October 2017

Recovery Residences provides alcohol and illicit-drug-free housing for individuals with substance-related or co-occurring mental health and substance-related disorders.

<table>
<thead>
<tr>
<th>Number of Certified Recovery Residences</th>
<th>232</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Certified Beds</td>
<td>2172</td>
</tr>
</tbody>
</table>
Naloxone Distribution - Certified Recovery Residences

We continue to expand Naloxone to save lives!

Naloxone will be distributed to all Recovery Residences May 7th.
## Pregnant Women/Women with Children/SB 512 Rates

<table>
<thead>
<tr>
<th>ASAM Level of Care</th>
<th>Clinical Rates Per Diem</th>
<th>Room and Board</th>
<th>Total Reimbursement (Clinical + R &amp; B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3.3</td>
<td>$189.44</td>
<td>$106.11</td>
<td>$295.55</td>
</tr>
</tbody>
</table>
## HB 7 Child Welfare Involved Families Reimbursement Rates

<table>
<thead>
<tr>
<th>ASAM Level of Care</th>
<th>Clinical Rates Per Diem</th>
<th>Room and Board</th>
<th>Total Reimbursement (Clinical + R &amp; B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3.3</td>
<td>$189.44</td>
<td>$45.84</td>
<td>$235.28</td>
</tr>
<tr>
<td>Level 3.5</td>
<td>$189.44</td>
<td>$45.84</td>
<td>$235.28</td>
</tr>
<tr>
<td>Level 3.7</td>
<td>$291.65</td>
<td>$45.84</td>
<td>$337.39</td>
</tr>
<tr>
<td>Level 3.7 WM</td>
<td>$354.67</td>
<td>$45.84</td>
<td>$400.51</td>
</tr>
</tbody>
</table>
# Health General 8-507 Rates Established for Court-Committed Individuals with Substance Use Disorders

<table>
<thead>
<tr>
<th>ASAM Level of Care</th>
<th>Clinical Rates Per Diem</th>
<th>Room and Board</th>
<th>Total Reimbursement (Clinical + R &amp; B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3.3</td>
<td>$189.44</td>
<td>$60.01</td>
<td>$249.45</td>
</tr>
<tr>
<td>Level 3.5</td>
<td>$189.44</td>
<td>$60.01</td>
<td>$249.45</td>
</tr>
</tbody>
</table>
Emergency Room Utilization: Substance Use - FY 2017

Program: Substance Use
FY: 2017

Visits: 19,156
Count Of Individuals: 10,335
Average Number of Visits: 1.85

ER Use per 1000 Individuals

Visits by Gender:
- Male 71.1%
- Female 28.9%

Visits by Age Group:

Visits by County:

Visits by Race:
- African American: 7.5K
- Asian: 0.3K
- Caucasian: 10.5K
- Hispanic: 0.0K
- Native American: 0.2K
- Pacific Islander: 0.0K
- Unknown: 0.6K
Internal Business Processes: Addressing the Judicial requirements

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Completion*</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clifton T. Perkins (1)</td>
<td>20</td>
<td>Apr ‘17</td>
<td>10 step-down beds &amp; 10 medium-security beds</td>
</tr>
<tr>
<td>2 Clifton T. Perkins (2)</td>
<td>20</td>
<td>Dec ‘17</td>
<td>Max-security beds for which hiring is under way</td>
</tr>
<tr>
<td>3 Potomac Center (1)</td>
<td>12</td>
<td>Oct ‘17</td>
<td>Transfer dual-diagnosis patients from BHA to DDA</td>
</tr>
<tr>
<td>4 Potomac Center (2)</td>
<td>6</td>
<td>Jan ‘18</td>
<td>Transfer dual-diagnosis patients from BHA to DDA</td>
</tr>
<tr>
<td>5 Eastern Shore Hospital</td>
<td>24</td>
<td>Mar ‘18</td>
<td>Psychiatric inpatient beds</td>
</tr>
<tr>
<td>6 Bon Secours</td>
<td>5</td>
<td>Nov ‘17</td>
<td>Psychiatric evaluations and inpatient services</td>
</tr>
<tr>
<td>7 Adventist</td>
<td>8</td>
<td>Nov ‘17</td>
<td>Psychiatric evaluations and inpatient services</td>
</tr>
</tbody>
</table>

95 Total

*Currently estimated dates. Investment, hiring and negotiation is under way for all of the above. For expansions in late 2017 and early 2018, the completion date for the last bed in each facility depends on the pace at which hiring and training occur. The expectation and plan is that most all of the planned beds will be operational by Jan/Feb 2018. If pace of hiring is slower than expected, then the last of the beds might not become operational until Mar/Apr 2018, especially for Eastern Shore Hospital Center. (Note: In addition to the foregoing beds for treatment services, MDH signed an agreement with Bon Secours in September for four (4) beds for diversion services as an innovation for service capacity.)
Leveraging community-based providers

• Diversion Services: Four beds available as of August
• Treatment Services: Thirteen beds newly available with logistics being finalized
• Fixed vs Flex: The foregoing are committed; additional are available for seasonal spike
• Further Expansion: Other providers have been engaged in early-stage discussions
Implemented a real-time system for bed management

- System implemented in late November 2017 for 8-505/507 process and Title 3
- Ability to track three data streams... demand, availability, forecast... for reporting.
Prevention and Public Education Campaign Posters

Speak Up.
Ask Questions.
Express Concerns.

Talk to your doctor if you are being prescribed an opioid pain medication.

To Learn More, Visit BeforeItsTooLateMD.org

MARYLAND DEPARTMENT OF HEALTH
Behavioral Health Administration

ADDICTION
LESS JUDGMENT. MORE COMPASSION.

To Learn More, Visit BeforeItsTooLateMD.org

MARYLAND DEPARTMENT OF HEALTH
Behavioral Health Administration
Talk to Your Doctor

- **Geo-Fencing:** creates a virtual geographic boundary around (an area) by means of GPS or Radio-Frequency Identification technology, enabling software to trigger a response when a mobile device enters or leaves the area.

Attribution: Kathleen Rebbert-Franklin
Talk to Your Doctor (TTYD) Campaign

Encourages patients to ask their medical professional questions if they are being prescribed an opioid

1. Contains list of questions to ask with potential answers
2. Training video showing different patient/doctor scenarios
3. Public service announcements to address stigma on TV, radio, movie theaters

http://beforeitstoolate.maryland.gov/talktoyourdoctor/
TalktoYourDoctor.org
Number of **Opioid-Related** Deaths Occurring in Maryland from January through September of Each Year.*

*2017 counts are preliminary.
Addressing the Opioid Epidemic: Maryland Picture: 2015 to 2017 YTD

Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances 2015-2017 YTD.

https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx
Data Use: PDMP Dashboard

PDMP Goals To Bend the Opioid Curve

A. Enhance Clinical Utility of PDMP
B. Support Regulatory / Investigative Users
C. Enable Public Health and Research Stakeholders’ use of PDMP
D. Continuously Improve Quality of Data and Analytic Capacity
E. Support State and Local Health Department during CDS ICS Response

Aggregate measures for public health planning and evaluation at the State and local level.
Prescription Drug Monitoring Program (PDMP)

Registration rates have increased over past year

PDMP Registration Rates for CDS Permit Holders by Profession
April 2017 - April 2018

<table>
<thead>
<tr>
<th>Registrant Type</th>
<th>April 2017</th>
<th>April 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>51.4%</td>
<td>84.5%</td>
</tr>
<tr>
<td>Dental</td>
<td>19.3%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Physician</td>
<td>52.1%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Veterinary</td>
<td>8.8%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>39.7%</td>
<td>91.0%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>42.1%</td>
<td>92.5%</td>
</tr>
</tbody>
</table>

Rate as of:
- 4/5/2017
- 4/6/2018
Buprenorphine Expansion

Map Legend
- BUP doctor
- OTP

Attribution: Dr. Yngveld Olsen

MARYLAND Department of Health
RESULTS TO DATE: April 2017 through Feb 2018

Buprenorphine Administration (Apr 2017 - Feb 2018)

- BUP Referrals in ED: 392
- Patients Induced: 268
- Referred to Treatment: 266
- Linked to Treatment: 161
Improve access to and quality of evidence-based opioid addiction treatment in the community

Key Strategy: BHA Buprenorphine Expansion Related Projects

- MACS (Maryland Addiction Consultation Service) (went live 10/2017)
- PCSS-MAT Implementation Program (PCSS-MIP)
- Buprenorphine prescribing via telehealth
- Outreach to PAs and NPs
- Jurisdictional Buprenorphine Initiatives
- ED Buprenorphine Induction Project (Hospital Based Buprenorphine Initiative, HBBI)
Medication Assisted Treatment

BHA has 75 Medicaid Enrolled Opioid Treatment Programs, serving 32,210 individuals in FY 17 based on claims paid through September 30, 2017, which includes, 3,437 young adults accessing Medication Assisted Treatment (MAT) statewide.

- 4 Non Medicaid OTPs
- 5 Jail-based OTPs
- 17 of the OTPs are Health Homes
- OTPs utilize Methadone, Buprenorphine, and/or Naltrexone (Vivitrol)

BHA in partnership with Dr. Mark Fishman from Hopkins University, are developing a strategy to pilot a comprehensive MAT Program specifically designed for young adults ages 18 – 25. This will be a 15-20 bed residential facility to provide MAT that will include: use of Vitriol as a long acting relapse prevention medication, Buprenorphine, multi-component recovery-oriented treatment, outpatient substance use and mental health treatment. BHA has selected to pilot the MAT program for young adults in Baltimore City at the William Donald Schaeffer House, a facility with 20-bed capacity, that served as a group home for males 18 – 24 with substance use disorders and was operated by the DJS.
MD Medication Assisted Treatment Recovery Services

- Provides targeted *Care Coordination, Treatment Expansion and Peer Enhancement Services.*
- Collaboration between BHA, Baltimore City and Anne Arundel County with an overarching goal of reducing the number of overdoses and overdose related deaths in the two high risks communities.
- Primary goals for the project:
  - Increase the number of opioid overdose survivors receiving MAT
  - Increase adherence to MAT treatment by utilizing peer support
  - Decrease illicit drug use by those receiving MAT
  - Provide specialized training to peers around initial engagement and outreach
  - Increase the length of stay in MAT
  - Reduce the number of patients leaving MAT against medical advice
  - Begin Buprenorphine induction prior to discharge from 3.7 treatment and facilitate admissions to MAT programs
Screening, Brief Intervention, Referral to Treatment (SBIRT)

Treat opioid dependence by expanding treatment and increasing quality

- A 5-year, $10M SAMHSA grant funded implementation in 10 hospitals, 3 FQHCs with 9 sites and 12 primary care organizations with 32 sites

- In FY ‘18 OCCC funding 5 additional hospitals and pilot programs in Detention Centers

- Universal screening conducted in community health centers, hospitals and the offices of primary care physician’s offices to identify misuse, abuse and dependency on alcohol and illegal drugs

- Peer Specialist assist medical staff in Emergency Departments to connect individuals to treatment and provide follow-up services

- The Mosaic Group trains physicians and other medical staff in this model

- **Results** as of February 28, 2018:
  - 260,837 people screened
  - 37,135 screened positive
  - 18,811 provided Brief Intervention
  - 4,665 referred to treatment
Peer Recovery Supports

Certified Peer Recovery Specialists (CPRS) Program: Certification is provided through the Addiction and Behavioral-health Professional Certification Board (MABPCB). Certified Peers (N=153)

Peer Recovery Support Services:
✓ accompanying individuals to appointments/12-step meetings and leisure activities
✓ providing assistance with completing paperwork for social services and other support services
✓ providing assistance/preparation for employment such as shopping for work related clothing coaching to prepare for an interview

Specialized Services:
- Peer Support through Healthy Beginnings - 12 Pregnant/Postpartum women provided peer support, care coordination, and nutrition education.
- Care Coordination - 89 individuals served as of January 30, 2018.
Learning and Innovation: Crisis Stabilization Center

- Crisis Stabilization Center opened at Tuerk House April 2, 2018 under contract to Baltimore Health Systems Baltimore

- Operated 24/7

- Persons intoxicated with alcohol or drugs are diverted from emergency rooms to the facility by EMS or Baltimore Crisis Response, Inc.

- Services:
  - The intoxicated persons receive a biopsychosocial medical assessment and vital signs are monitored
  - Individuals are provided a place to sober, shower
  - Patients are engaged by nurses and peer recovery specialists and will connect them to treatment
  - A discharge plan is formulated
Learning and Innovation: Tele-Health

Maryland Addiction Consultation Service
- Provides case consultation to primary care and specialty providers
- Addresses initiation and maintenance of buprenorphine
- Diagnostic questions
- Psychopharmacology and much more.....

- In-patient tele-psychiatry services at Finan Hospital Center

- Behavioral Health Integration and Pediatric Primary Care (BHIPP) phone consultation, training and referral on behavioral health issues. 618 pediatric providers and 998 primary care providers enrolled.
The Provider Licensing and Registry System is a database system that will maintain and track real-time data of Maryland’s community-based behavioral health providers’ accreditation status, COMAR 10.63 licensure status, and treatment/service locations (e.g., Geo-mapping). Once completed it will accessible to the public.

Data Elements:

- COMAR 10.63 licensure status (e.g., approved/disapproved)
- Program types/Service types
- Specialty Populations Information
- Languages Spoken
- Publishable facilities’ addresses by counties/jurisdictions within constraints of CRF 42
- Key staff contact information
Cultural Linguistic & Competency Plan

• The Cultural Linguistic and Competency Plan (CLCP) is in the developmental phase.

• Draft plan will be completed by June 30, 2018
Customer Care

1. Developed improved process for responding to information requests from citizens

2. Response time to controlled correspondence is an average of 7 days

3. Workforce development activities:
   • Established Nurse Practitioner employee category
   • Established increased rates of pay for psychiatrist

4. Provided extensive technical assistance to assist providers in obtaining accreditation and licensure
SUD calls added in 2015!

• New response system, called Maryland Crisis Connect, unifies the hotline, chat, text, and website services

• Starting April 2, 2018, MD contracted with MD 211 to have 24/7 crisis hotline, chat and text for children and adults with mental health and substance use issues

• **Hotline through 211 is now available:** 24/7 chat and text will be available starting July 1, 2018

• Callers will be routed to one of three call centers depending on location of call

• Call centers are accredited through American Association of Suicidology

• Working towards having 211 calls routed directly to a local line if it exists in the jurisdiction where the call originates
Crisis Hotline (MD Crisis Connect)

Western 866-411-6803
Eastern 866-231-7101
Central 3 866-406-8156
Southern 866-770-1910

1 – Crisis 2- General 211
1 – Balt City 2- Other
1 – Balt City 2- Other
1 – Crisis 2- General 211

301-695-5683
301-663-1048
410-748-5486
410-749-6060
1 – Crisis
2- General 211
301-864-7153
301-864-7161
Moving forward in collaborative efforts in Transformation

• Recovery Capital Program
• Continued expansion of MAT
• Continued Saturation of Naloxone throughout the State
• 24/7 accessibility to care
• Expansion of crisis services
• Integration of local management entities
• Continued improvement in customer service areas
Moving Forward Together in Transformation

Thank you!!