



# State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary, DHMH

## THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

### Minutes

January 17, 2017

#### **Maryland Behavioral Health Advisory Council Members Present:**

Makeitha Abdulbarr (**by phone**), Barbara L. Allen, Barbara J. Bazron, Dori S. Bishop (**by phone**), Karyn M. Black (**by phone**), Lori Brewster, Kelby Brick, Reggie Burke for Sylvia Lawson, Laura Cain, Sara Cherico-Hsii (**by phone**), Kenneth Collins (**by phone**), Jan A. Desper Peters, Stevanne Ellis, Kate Farinholt, Robert Findling (**by phone**), Ann Geddes, Lauren Grimes, Elaine Hall, Shannon Hall, Dayna Harris, Virginia Harrison, Vanessa Khoo for Jonathan Kromm, Sharon M. Lipford, The Hon. George Lipman, Theresa Lord, Dan Martin, Dennis L. McDowell, The Hon. Dana Moylan Wright, Randall S. Nero for Stephen T. Moyer, Yngvild Olsen, Charles Reifsnider, Keith Richardson, Linnette Rivera, Brandi Stocksdale, Tracey Webb, Ellen M. Weber (**by phone**), Anita Wells, John Winslow

#### **Maryland Behavioral Health Advisory Council Members Absent:**

Mary Bunch, Catherine Drake, The Hon. Addie Eckardt, Christina Halpin, Carlos Hardy, The Hon. Antonio Hayes, Japp Haynes, IV, James Hedrick, Michael Ito, Joel E. Klein, Susan Lichtfuss, Jonathan Martin, Kathleen O'Brien, Mary Pizzo, Catherine Simmons-Jones

#### **BHA Staff Present:**

Daryl Plevy, Kathleen Rebbert-Franklin, Kim L. Bright, Cynthia Petion, Erik Roskes, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birkhead, Leslie Woolford, Thomas Merrick, Lori Mannino, Patricia Konyeaso, Lisa Morrel, Brendan Welsh, Greta Carter

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c/o Behavioral Health Administration

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TDD for Disabled – Maryland Relay Service (800) 735-2258

**Healthy People in Healthy Communities**

**Guests and Others:**

Dudley Warner (**by phone**);

Thomas Werner (**by phone**);

Jeff Beck, Maryland Center of Excellence on Problem Gambling;

Doris McDonald, Calvert County Health Department, Behavioral Health;

Jennifer Lowther, University of Maryland, School of Social Work;

Julia Jerscheid, Mid-Shore Consumer Advocate;

William Rufenacht, Anne Arundel County Mental Health Agency;

Cathy Howard, Anne Arundel County Health Department, Behavioral Health;

Colby Peters, SC Peters Consulting, LLC;

Brian Frazee, Maryland Hospital Association;

Joy Ashcraft, Building Healthy Military Communities;

Carolyn Miller, Baltimore County Department of Health, BBH;

Jackie Pettis, Beacon Health Options;

## **INTRODUCTIONS, APPROVAL OF MINUTES, AND ANNOUNCEMENTS**

The meeting was called to order by Yngvild Olsen, M.D., M.P.H., Chair. The draft Maryland Behavioral Health Council minutes dated November 16, 2016 were approved. Please note that the approved minutes will be posted on the Behavioral Health Administration (BHA) Web site at <http://bha.dhmh.maryland.gov/>.

## **SPECIAL ANNOUNCEMENTS**

- *Registration for Maryland's 1<sup>st</sup> Annual Crisis Intervention Team (CIT) conference* scheduled for January 26, 2017 is closed. There was a lot of interest in this conference that exceeded the target goal of 150 participants. The registration closed at 216 registrants.
- Dan Martin, Co-Chair announced that the Mental Health Association of Maryland (MHAMD) will hold a Legislative Reception and Briefing on February 8, 2017 from 4:30 – 8:00 PM at Lowes Annapolis, Annapolis Maryland. Each year, MHAMD celebrates the champions whose leadership has had a lasting and profound impact on Maryland's behavioral health system and the people it serves. The 2017 honorees and award recipients will be Barbara A. Mikulski, United States Senator, Katherine Klausmeier, Maryland State Senator, District 8, Baltimore County, and Celia Serkin, Founder, Montgomery County Federation of Families for Children's Mental Health.
- Mr. Martin, also announced *A Keep the Door Open Rally*, sponsored by the Maryland Behavioral Health Coalition will be held on February 23, 2017 from 12:00 PM to 1:00 PM at the Lawyers Mall, Annapolis, MD. The rally is in support of Legislated 2017 platform and to ask legislators not to shut the door on Marylanders who use mental health and substance use disorder services and to tell them no more cuts to the behavioral health budget.
- Cynthia Petion, BHA's Assistant Director, Systems Planning, thanked everyone for their prompt response and feedback on Senate Bill 82. Council members were asked to give their feedback on this bill which will rename the *Department of Health and Mental Hygiene to The Maryland Department of Health*. The hearing on this bill is scheduled for Tuesday, January 17, 2017.
- Daryl Plevy, BHA's Director, Systems Management, announced that the Department of Health and Mental Hygiene (DHMH) recently decided to withdraw from the Substance Abuse and Mental Health Services Administration's (SAMHSAs) Certified Community Behavioral Health Centers (CCBHCs) planning grant due to many concerns related to the implementation of the grant. As an alternative to the CCBHC grant, DHMH is proposing the implementation of capacity building grants to assist both mental health and substance use disorders service providers to further develop integrated health care models. Service enhancements may include the co-location of services and "one-stop shopping" offering mental health, substance use, and somatic care. The capacity building grants will roll out over the next 6 months.

The Behavioral Health Advisory Council (BHAC) created an ad hoc committee to be part of the CCBHC grant process. Yngvild Olsen, M.D. M.P.H., Chair, introduced a motion to formally

close the committee. It was moved and seconded to close the CCBHC Committee. Dr. Olsen thanked all of the members of Council and stakeholders who participated. The committee was chaired by Kate Farinholt, Executive Director, NAMI Maryland. Members from this committee were encouraged to participate in other BHAC committees.

**THE DIRECTOR'S REPORT – Barbara J. Bazron, Ph.D., Deputy Secretary, Behavioral Health/Executive Director, BHA**

**BHA Personnel Changes and Updates**

Dr. Barbara Bazron, Deputy Secretary, Behavioral Health/Executive Director, BHA reported on several changes at the Maryland Department of Health and Mental Hygiene and the Behavioral Health Administration.

- **Department of Health and Mental Hygiene (DHMH) Secretary Appointment**  
Dr. Bazron was pleased to announce the Governor's appointment of the new Secretary of DHMH, Dennis R. Schrader. Secretary Schrader joins the Department after serving in Governor Hogan's cabinet as the Secretary of Appointments. An engineer by training, Secretary Schrader was Deputy Secretary at the Department of Transportation. Secretary Schrader characterizes himself as a strategic thinker and planner. One of his priorities is the Opioid epidemic, and he has moved to organize all of our efforts across the state, not just within DHMH, to address and combat this issue. A charter is being developed for this plan and will be distributed to our key stakeholders. Secretary Schrader will be at BHA for a visit of the Spring Grove Hospital Center campus and meet with staff on Friday, January 20, 2017.
- **Chief of Staff, Deputy Secretary, Behavioral Health**  
Shauna Donahue, Chief of Staff for the Deputy Secretary, Behavioral Health, will be leaving her position on Friday, January 20, 2017. She will be serving as the Project Director of the Maryland Corps Career Connect in Anne Arundel County. In her new position she will assist veterans and families with employment and other workforce development goals. Prior to being the Department's Chief of Staff, Ms. Donahue served as DHMH's Director for Maryland's Commitment to Veterans (MCV). We wish her well on her new endeavors. BHA will be recruiting for a new Chief of Staff.
- **Director, Government Affairs and Communications**  
The new Director of Government Affairs and Communications, Erin Elliot, will be joining us next week to replace Rachel Faulkner. She comes to us as a seasoned person in this area. She is a licensed attorney and has worked in legislative positions in Minnesota and Missouri. We look forward to having an opportunity to work with her. Please welcome her as she comes aboard.

- **Other BHA Personnel Updates**

Dr. Al Zachik, Director, Children's Services, has been out on medical leave. He is recuperating and will be returning to work the week of January 25. Dr. Bazron also expressed her gratitude to Tom Merrick, Director, Child and Adolescent Programming, for stepping in and managing the Division while Al Zachik was away.

## **Behavioral Health Integration Updates**

- **Substance Use Disorder (SUD) Residential Services**

On January 1, 2017, BHA has been successful in moving grant-funded ambulatory services for substance use disorders (SUD) to a fee-for-service (FFS) structure. The next phase of this process is to move the grant-funded residential SUD services to FFS. The next steps include efforts to set the rates. We are working with Medicaid to establish the rates. The rates will be based on the actual costs of running these services. The rates will be in two bundles: 1) Medicaid Services; and 2) Room and Board. On the providers' side there will be one billing code, eliminating double entry. Work around setting the rates should be completed by March, 2017. The timeline for completing the first phase, grant funded residential services, is July 1, 2017.

The second wave covering specialty services, includes the 8-507s (requires DHMH to facilitate treatment services for those who have been assessed as needing treatment). Currently there are only three providers managing the 8-507s. In the near future there will be more providers who are licensed to provide these services. Other services include the rate for pregnant women and children, and families involved in the child welfare system, etc. These processes are planned to go into effect in January, 2018.

- **Recovery Residences**

Maryland has legislation that requires DHMH through BHA to approve a credentialing entity to develop and administer a certification process for recovery residences. This will include the development of guidelines and criteria for the oversight of recovery residences. By October, 2017, the credentialing entity must submit to DHMH a list of the recovery residences that have a certificate of compliance. By November 1, 2017, DHMH must publish a list of each credentialing entity and the credentialing entity's contact information on its website; likewise, a credentialing entity must publish a list of recovery residences that hold a certificate of compliance on its website. Recovery residences are therapeutic, sober living housing for people who are not in treatment. However, in many instances, they are still receiving treatment. BHA is following the National Association of Recovery Residences (NARR) standards to support recovery residences at the state level. Florida is the only other state in the nation with a similar law. BHA representatives travelled to Orlando, Florida to gather information on how the state has set up recovery houses. We want to learn from their experiences and build on their successes as we move forward.

- **Justice Reinvestment Act of 2016 Briefing**

Chapter 515 of The Justice Reinvestment of 2016 Act (JRA) implements various recommendations of the Justice Reinvestment Coordinating Council by altering provisions to sentencing, corrections, parole and offender supervision. The Act seeks to reduce Maryland's prison populations and use the savings to provide more effective treatment to offenders, before, during and after incarceration. One of the provisions of JRA is related to the court-ordered treatment provisions of the HG – 8-507s. The law changed the placement provision from “prompt placement” to 21 days. There is a scheduled JRA briefing January, 18, 2017. This briefing we will also address the status of residential placements under 8-507s.

**Brief questions from Council Members**

A few questions were raised regarding clarity on focus of SUD grants conversion to fee-for-service, the adequacy of overall budget to cover services for the public behavioral health system (FFS structure) as well as peer services.

Dr. Bazron clarified the following:

- The current focus as we move toward an integrated system of care is the transition of grant funded residential substance use disorder (SUD) services. Currently BHA contracts with three programs for SUD residential treatment.
- The Department remains committed to becoming a fully integrated system. The BHA manages a budget that includes general, federal and reimbursable funds. BHA is currently working on budget presentation for the General Assembly that will include where we are in our spending and what was budgeted for FFS. BHA budget hearing are in February. As soon as the Budget becomes available it will be shared with the Council.
- More funds could always be used to for peer support services. One of BHA's goal is to expand peer support specialists in our system. We have gone from 112 peer support specialists to 99. In collaboration with BHA's Office of Consumer Affairs, I am conducting a series of listening session around the state. Based on the first sessions, peers have stated that their jobs are not clearly defined and salaries are low. Some jobs mainly entail clean-up/janitorial positions. We will be looking at other workforce development opportunities. We need additional peers in this system in areas such as opioid crisis, hospital EDs, etc. BHA in collaboration with our stakeholders, will need to begin to think about what the job of peers should look like as we move forward.

**OVERVIEW - Opioid Crisis “CURES” Grants – Kathleen Rebbert-Franklin, Director, Health Promotion and Prevention**

Kathleen Rebbert-Franklin, BHA's Director, Health Promotion and Prevention, summarized the Substance Abuse and Mental Health Services Administration (SAMHSA) CURE Grant Application and Department of Health and Mental Hygiene/BHA's submission. The grant application is due on February 17, 2017. The total budget for the grant is: \$10,036,845 per year for two years and is specifically dedicated to the Opioid crisis. It is likely this grant will extend beyond two years. The following points of the application were noted:

**CURE Grant Application Summary Points**

- Eligibility is limited to Single State Agencies (SSAs).

- “The program...will support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.”
- “Grantees will be required to:
  - Describe how they will expand access to treatment and recovery
  - Describe how they will advance substance misuse prevention in coordination with other federal efforts such as those funded by the Centers for Disease Control and Prevention (CDC)
  - Use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state
  - Describe how they will improve retention in care, using a chronic care model”
- Required activities include:
  - Development of a needs assessment using statewide epidemiological data, that include:
    - areas where opioid misuse and related harms are most prevalent.
    - the number and location of opioid treatment providers in the state, including providers that offer opioid use disorder services.
    - all existing activities and their funding sources in the state that address opioid use prevention, treatment, and recovery activities and remaining gaps in these activities; and development a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment.

Members and guests raised questions regarding the anticipated start date and use of the grant funding. The following responses were provided:

- BHA can start implementing services within 4 months of receipt of funds. The crisis bed will take longer because crisis beds require that we put a tracking system in place. This is a formula grant, therefore, all states will get the funding if complete an application. This is not competitive grant.
- The grant will support efforts to campaigns to address stigma, enhance social media through facebook and twitter. Additionally, this grant will enhance efforts to reach Maryland’s schools, through the implementation of student assistance programs (SAP). Dr. Zachik continues to collaborate with MSDE on school-based behavioral health efforts.

Other questions raised were related to the federal Block Grants. Maryland receives block grants for mental health (MHBG) and substance use (SABG). These grants are also formula grants. The funds are obligated to the local behavioral health authorities, and other entities for the delivery of recovery support services that are non-reimbursable through Medicaid. Maryland’s block grant for mental health is allocated at \$8.5 million. There is a 10% set aside requirement for the development and implementation of early intervention, first episode psychosis services. Prior to FY 2016, the Maryland MHBG allocation was \$9 million. Efforts are underway at BHA to meet the reduction. For the Substance Abuse Block Grant (SABG), Maryland’s allocation is \$33 million, with a 20% set-aside to address prevention services.

## **COUNCIL BUSINESS**

### **By-Law Changes**

The executive committee talked about making all Council Chairs Co-chairs. The Council bylaws state that we need to send a notice two months before we vote on an issues. This is your two

week notice. I want to see if there is any discussion or questions about this change. We can vote through email or have a vote today. The question is to change the by-laws, under officers, a section about vice-chair person, deleting that part and changing Chairs to Co-Chairs. Here's your notice of what we are considering. The recommendation from the executive committee is that we will vote, via email, over the next couple of weeks.

### **Update on Clinical Crisis Walk-In Services and Mobile Crisis Teams Survey – Dan Martin and Dudley Warner**

Senate Bill 551 requires the Behavioral Health Advisory Council, in consultation with specified agencies, specified health providers, and specified stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide, 7 days a week for 24 hours a day.

The BHAC Steering Committee is facilitating each step of the survey process. The survey phase of data collection started on October 26, 2016 and is scheduled to close on January 31, 2017. Dan and Dudley reviewed the findings from the ten questions in the survey. The results that were shared with the Council were based on 550 responses between 10/26/16 to 12/15/16 (survey round 1). Round 2 began on 1/4/17, an additional 183 responses were received. Once the survey closes, final survey results will be presented to the Council at our March, 2017 meeting.

### **Council's Participation in SAMHSA's State Strategic Planning and Advocacy Training Learning Community – Yngvild Olsen and Hilary Phillips**

BHAC members are welcome to join the following two SAMHSA groups. Several members of the council have expressed interest in participating in the training and learning process outlined below.

#### **Advocacy Team Group**

The Advocacy Teams group supports state teams of planning council members and state behavioral health leaders to develop and strengthen their capacity to advocate for the work of the state planning council by creating the knowledge, expertise and relationships needed to accomplish its goals and objectives. TA is delivered in two ways: 1) monthly group meetings of all participating state teams; and 2) monthly individual coaching calls with each state team to discuss, apply and refine the advocacy skills development process. All state teams will build their skills in areas such as: Advocacy Definitions and Review of Successful Campaigns; The Role of Internal Advocacy for Planning and Advisory Councils; Including Underserved and Emerging Groups for Advocacy Efforts; Utilizing Data for Advocacy; Interagency Advocacy and Turf Wars Negotiation; Advocacy Lessons from Beyond Behavioral Health; Making Corporate Decisions (Shared Decision Making for Groups); and Utilizing Data for Advocacy. *The Advocacy Teams group meetings will be held the second Wednesday of the month at 2 pm ET starting January 11 through August 9, 2017 (January 11, February 8, March 8, April 12, May 10, June 14, July 12, August 9).*

#### **The Strategic Planning Community**



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The Strategic Planning Community guides state teams of planning council chairs, co-chairs, vice-chairs, other members and state behavioral health planning leaders to develop a State Council Strategic Plan. TA is delivered in two ways: 1) monthly group meetings of all participating state teams; and 2) monthly individual coaching calls with each state team to discuss, apply and refine the strategic planning process. Strategic plans focus on high priority areas designed to strengthen and expand overall council operations and to ensure compliance with federal planning requirements in proven and practical ways. All state teams will: (1) develop a new or revised Council Mission Statement; (2) conduct an Environmental Scan; (3) complete a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis; (4) identify and organize council priorities over a designated future period; and, (5) create a Planning Council Strategic Plan to link council priorities with activities that produce measureable outcomes.

*The Strategic Planning Community group meetings will be held the third Wednesday of the month at 2 pm ET starting January 18 through August 16, 2017 (January 18, February 15, March 15, April 19, May 17, June 21, July 19, August 16).*

The meeting was adjourned.