



# State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Robert R. Neall, Secretary, MDH

## THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

### Minutes

**March 20, 2018**

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

Barbara L. Allen, Robert Anderson for Michael Ito, Barbara J. Bazron, Dori S. Bishop, Lori Brewster (**by phone**), Mary Bunch, Kenneth Collins (**by phone**), Jan A. Desper Peters, Michele Eberle (**by phone**), Stevanne Ellis (**by phone**), Kate Farinholt (**by phone**), Robert Findling (**by phone**), Ann Geddes, Lauren Grimes, Elaine Hall, Shannon Hall, Carlos Hardy (**by phone**), Dayna Harris, Sharon M. Lipford (**by phone**), The Hon. George Lipman, Dan Martin, Dennis L. McDowell, Nick Napolitano for Jonathan Martin (**by phone**), Luciene Parsley (**by phone**), Keisha Peterson, Mary Pizzo, Keith Richardson (**by phone**), Kirsten Robb-McGrath for Bill Frank, Jacob Salem for Kelby Brick, Catherine Simmons-Jones (**by phone**), Jeffrey Sternlicht, Tracey Webb (**by phone**), John Winslow

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

Makeitha Abdulbarr, Karyn M. Black, Lillian Donnard, Catherine Drake, The Hon. Addie Eckardt, Christina Halpin, Virginia Harrison, The Hon. Antonio Hayes, James Hedrick, Sylvia Lawson, Stephen T. Moyer, The Hon. Dana Moylan Wright, Kathleen O'Brien, William Patten, Charles Reifsnider, Clay Stamp, Anita Wells

#### **Behavioral Health Administration (BHA) Staff Present:**

Marian Bland, Steven Whitefield, Richard Ortega, Hilary Phillips, Leslie McMillan, Thomas Merrick, Sarah Reiman, Judith Leiman, Tsegereda Assebe, Eleanor Dayhoff Brannigan, Lori Mannino, Anna Barefoot (**by phone**), Kimberly Qualls (**by phone**), Terry Fisher, Greta Carter

---

c/o Behavioral Health Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TTY: (800) 735-2258

**Guests and Others:**

Julia Jerscheid, Mid-Shore Consumer Advocate;  
Cathy Howard, Anne Arundel County Health Department, Behavioral Health (**by phone**);  
Jacqueline Pettis, Beacon Health Options;  
Lisa Kugler, Beacon Health Options;  
Howard Ashkin, Maryland Association for the Treatment of Opioid Dependence (MATOD);  
Allysa Dittmar, Community Member;  
Victoria Scofield, Stepping Stones Recovery Houses;  
Laura Mueller, WIN Team, LLC;  
Katie Millios, Governor's Office of the Deaf and Hard of Hearing;  
Virginia Spence, Recovery Peer Specialist, Caroline County Health Department;  
Diana Seybolt, Systems Evaluation Center, University of Maryland;  
Robert Canosa, Catholic Charities;  
Ann Walsh, Community Behavioral Health Association of Maryland (CBH);  
Megan Tumulty, Johns Hopkins University

## **WELCOME AND INTRODUCTIONS**

Co-chair Dan Martin opened the meeting and welcomed all members and guests. New and first-time attendees, as well as members on the phone, announced themselves.

## **ANNOUNCEMENTS AND APPROVAL OF MINUTES**

The minutes of the January 16th meeting were reviewed, approved and adopted. The Minutes will be posted on the Behavioral Health Administration's (BHA) website at <https://bha.health.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

Co-chair, Barbara Allen, and Dr. Bazron attended an event with Senator Ben Cardin, Bob Atlas, the new Director of the Maryland Hospital Association, and representatives from AA County's Safe Stations program. Also present were representatives from Crisis Services and Health Departments across the State. Senator Cardin shared what is happening on the federal level but was mostly there to listen to what is happening on the State level.

Barbara Allen and Dr. Bazron also attended the Interagency Council where the heads of all the agencies in the state having to do with substance-related disorder services were in attendance to share information. The Council is headed by Clay Stamp of the Opioid Operations Command Center (O OCC). Jen Corbin, head of EMS services in AA County, noted that programs like Safe Stations are just a small piece of recovery and long-term services need to be expanded.

Barbara Allen was asked by the Howard County Executive to start a new Opioid Crisis Community Council in Howard County. The Opioid Crisis Community Council is made up mostly of advocates and persons with lived experiences who will communicate with police, EMS and Health Departments about how they can become involved in solutions.

## **THE DIRECTOR'S REPORT: Barbara J. Bazron, Ph.D., Deputy Secretary, Behavioral Health/Executive Director, Behavioral Health Administration Behavioral Health Administration (BHA) – Updates**

Dr. Bazron updated the Council on several issues:

### ***1. Upgrading IT System***

BHA is upgrading our IT System by installing a new Smartboard that will enable people on the phone to be able to video conference.

The BHA has installed a new security system that includes a buzz system and pass cards for employees to enter the building. Screens have been installed that allow staff to monitor parking lots and activity around the building to ensure additional safety for employees. These features were implemented as a larger effort to ensure employee safety on campus.

## **2. *New Medical Director***

BHA has recently hired a new medical director, Dr. Steven Whitefield. Dr. Whitefield has experience providing substance use disorders and mental health services. He has worked at Spring Grove Hospital, the Carter Center, and at an opioid treatment program in Baltimore.

## **3. *Forensic Services***

There is a 21-day requirement for court-ordered placements. The BHA has reduced placements, known as *Title 3* to seven (7) days and for placements known as the *8-507s* to ten (10) days. We are increasing the number of beds in our facilities and on March 16th there were twenty-four (24) new beds open at our Eastern Shore Hospital.

Tele-psychiatry Services have been fully implemented at Finan Center and 24 patients are currently engaged in services.

In order to address the over one hundred (100) hospitalized individuals who no longer meet medical necessity criteria, an intensive discharge planning process, headed by Lori Mannino, is underway. Lori is organizing discharge planning with social workers in all of our inpatient facilities. The number of individuals who no longer meet medical necessity criteria who reside in state facilities has been reduced to “the 50’s”.

On March 1<sup>st</sup>, BHA has assumed responsibility for the Secure Evaluation and Therapeutic Treatment (SETT) Program for court-involved individuals who have a dual diagnosis of developmental disability and mental illness. The program will be headed by John Robison, Director of BHA’s Facilities.

## ***Residential Services***

On January 1<sup>st</sup> Services to Pregnant Women and Children with a substance use disorder and Residential Services 3.3, 3.5, and 3.7 were transferred to Fee for Service. BHA has been meeting weekly with providers to identify and resolve any issues that have arisen. Things have been going well and there have been no problems with capacity.

## **4. *Opioid Crisis***

The Governor has declared a “state of emergency” to address the opioid epidemic. Within the last three weeks, there have been two instances when records have been seized by the FBI/DEA from facilities that they suspect of being “pill mills”. One in Baltimore County serves 4200 individuals, providing pain management and Buprenorphine. Our concern was continuity of care and since we did not have the records to be able to identify patients we used PDMP data to identify patients and the local Health Officers got in touch with them to ensure that they continued to get their needed medications. The second location was in Montgomery County of a facility that served about 140 individuals.

BHA met with law enforcement who informed that this was a nationwide effort to close down prescribers that are overprescribing. It has become a misconception that the DEA can close down a facility. They seize the records so they can evaluate and then decide next steps. The licensing board is the body that makes the decision as to whether or not the individual providers lose their license. If licenses are not surrendered they can keep providing services until the decision is made by the Board.

**QUESTION:** *Can you tell us how are these facilities being identified?*

**Answer:** *I cannot. The FBI/DEA have an ongoing investigation and once they have enough information they move in. We are finalizing our internal protocol because we get a call at the very last minute and have to move on it.*

## **5. Crisis Lines**

BHA is aware that improvements are needed and are working on the architecture of the line. Starting April 1<sup>st</sup>, there will be a single state-wide crisis number – “211”. If someone calls the other number it will be re-routed to the 211 number. We wanted to preserve the ability of local jurisdictions to be able to field calls. Calls to 211 will go directly to the local jurisdiction and individuals will be able to receive services where they are.

We are also working on ensuring the information in the database is accurate. Our contractor for the 211 service will be obliged to keep the information up to date. If an individual calls 211 in crisis they will only have to press one option to talk to a live person.

**Question:** *Will this also be the case if they want to get a CIT Team?*

**Answer:** *Yes they can press 1 to get a live person who can refer to a CIT Team.*

We still have lots of work to do with the community-based systems- as we have to get to 24/7 accessible services- we are moving towards that.

## **6. Other**

The 24/7 substance use Stabilization Center is set to open in Baltimore City at Tuerke House on April 1<sup>st</sup>. The Lieutenant Governor and Dr. Bazron will be there.

We had another meeting about developing a psychiatric emergency center at Harbor Hospital that would also be 24/7. We want to replicate these services across the state.

We are continuing work with the local jurisdictions around the process of systems integration.

**Question/Comment:** *Would be helpful if we could have an overview of how our budget is doing.*

**Answer:** *The budget is sequestered until after April 9<sup>th</sup> but we can review at the next meeting in May.*

**Question/Comment:** *Historically the Council has gone to the legislature and supported the budget. I don't have a feel for how the budget works now. Are the budgets combined?*

**Answer:** *Yes, it is one bucket. MH, substance use and gambling addiction services are all one bucket. We also track our Medicaid expenditures and that is in a separate bucket and we are also responsible for managing and tracking the 50 million dollars from the Governor for the OOC. Dr. Bazron is happy to come and do a presentation for the Council on this. There were a lot of people down in Annapolis supporting our budget. Dr. Bazron thinks it's a great idea to have the Council take a more active role.*

**Question/Comment:** *Intensive Discharge Planning Process. Great that the numbers have dropped but concerned there are still 50 individuals in hospitals.*

**Answer:** *BHA has been tracking by issue and flex funding has been made available to help get some of these individuals out of hospitals. Lori Mannino spoke about the efforts that have been made.*

The first step was to identify who was stuck and why. Issues around benefits was a large part of why individuals were stuck in the hospital. If someone came and had turned 65 while in the hospital and had not applied for Medicaid or Medicare or missed open enrollment, it was hard to get them discharged. The second part was how long it took to get Social Security benefits. Using SSI/SSDI Outreach, Access, and Recovery (SOAR) Program and having a 94% accuracy rate and those individuals are getting benefits within 30 days. Then we sat down with RRP's and CSA's and asked them what their number one barrier was to accepting individuals and they said it was benefits- they want to take individuals but they have to have benefits. So now Spring Grove and Spring Field have a Benefits Coordinator.

The next issue was that an individual could not apply for benefits while they were still in a state hospital- they had to be on the street. Working on resolving this issue so that the provider does not have to struggle with issues in the first 30 days such as acquiring medication for the individual etc. is essential.

Next was identifying folks that needed to go to nursing homes. They were resistant to taking individuals with legal charges. We went to nursing homes and assisted living facilities and asked them what we could do to train their staff to make them more comfortable with accepting these folks. Prior to this, we had been trying to discharge to RRP's but not all needed that level of care. If there were individuals who had family members that were willing, individuals could be sent home with family and ACT team support and individual plans in place. Identifying and getting creative- using flex funding to provide resources, services, supports in the home to make a plan work.

Judge Lipman noted that this is something that we have heard before and that there needs to be clear, durable plans that are acceptable to the court. Progress is being made and Lori has done a great job. The need for performance measures that focus on the *revolving door/recidivism*. Dr. Bazron remarked how this is not just a program but something that is being infused into the system with the emphasis on discharge planning- what does a good discharge plan look like?

A representative from the Department of Housing and Community Development (DHCD) added that DHCD has programs that could assist with some of the things mentioned such as building ramps, energy programs, grants etc. Many don't know that they exist or what services DHCD offers and agencies need to talk to one another.

**UPDATES ON EFFORTS RELATED TO:**

**Legislative Updates- Kim Jones, Director, Government Affairs and Communication, Behavioral Health Administration**

At the beginning of the legislative session, interested parties submit bills through delegates or sponsors. As bills come in, the department tracks the legislation and distributes it to interested parties to see if there are any issues that need to be brought to the attention of leadership. Kim receives all the bills, reads them, talks them over with Dr. Bazron weekly, makes sure the department is aware of any concerns and takes care of what needs to be done as far as preparing letters, testimony, etc.. If the department does not take a position on a bill, it doesn't mean it's not an important bill. We are at the point now where we know whether bills will be moving forward or not, amendments are being introduced and things will move very quickly. A committee can submit an amendment and vote on them the same day or the next day. We need to pay attention to make sure nothing slips by that would go against the department's interest.

**Question/Comment:** *Did the Department take a position on the bill regarding Peer Services and Medicaid Funding?*

**Answer:** *I would have to look that up- there are a number of bills right now.*

**Comment:** *This group used to have the different advocacy groups bring forward some of their positions and we would follow them before and after the legislative session. We haven't been doing that lately. Individual groups have taken positions on different bills. Not sure if this is a good use of our time. In the past- good use of Council time to be aware of key bills related to MH and SUD.*

**Comment:** *Many Council members are active and follow individual bills, go to Annapolis and testify etc.*

As a result of the Council's work on the Strategic Crisis Plan, bills were introduced. As part of the HOPE Act, a process was passed whereas locals can apply to the state for funding to develop and/or expand crisis services. It has passed the Senate and the House- HB 1092 and SB 703. The Council should be proud of the work that they did to help make this happen.

**To get a sense of the breadth of bills BHA has their hand in:**

TYPE OF BILL	NUMBER
Human Trafficking	9
Firearms	8
MA Insurance	14
Alcohol	13
Juvenile/Education	19
JRA/Prisons	15
Cannabis	23
PDMP	8
No PDMP	5
Opioids	33
Hospital Admissions Process	17
BH Programs/Licensing	13

Firearms Restoration Unit- Headed by Dr. Ortega- Public Safety Article Section 5-133.3: This is a firearms registry that flags individuals who purchase firearms who have been blocked or who have had firearms seized because of an adjudicated mental health condition or who have been found to be incompetent to stand trial or guilty but not competent to stand trial. It has nothing to do with the initial licensing of the firearm but the unit does provide information to the state police and FBI for people who have been in the hospital for 30 days.

**Some major bills that have gained some attention:**

**HB115-** at first appeared that the bill that would make the PDMP obsolete. The PDMP monitors specific opioids. This bill would monitor all prescriptions- so why the PDMP would be needed? After many amendments, what was left was a commission to study the PDMP and this has passed in the House.

**PDMP-** There is a hearing today that has a number of moving amendments- HB88/SB1083 that would enforce PDMP to perform certain behaviors that before were optional. It's important as far as the process of the PDMP.

**Veterans-** reporting suicide on death certificates. BHA has an interest in tracking this data but Vital statistics has another reason for tracking the data. The data is still going to be collected but it will be in the form of an annual report but will not be required to be on a death certificate. With that amendment, the bill has passed the House.



**Court Ordered Admissions-** bills dealing with placing/discharging individuals. All parties trying to advance the court/Department process of getting people into and out of our hospitals that meet medical criteria. HB111 is the main bill with amendments that is now awaiting Senate approval. SB233 is the crossover bill awaiting House approval. Both will efficiently get people in and out of the hospital that meet medical criteria to be there/not be there. The judiciary side wanted 3 working days and the department side wanted 21 days- which ended up being 10 working days. There are 2 other parts to the bill. One is that the court can impose a sanction if 10 days is not met and admission means to a hospital- not necessarily a state hospital but not a detention center.

**Comment:** *Just wanted to highlight a bill that has been a priority for CBH that addresses a funding mandate. This year it was fully funded at 3.5%. This will address our fiscal problems. Half of our providers are operating at a deficit. This will help maintain community access. Also helped work on a number of bills around telehealth.*

There are a lot of groups in this Council that are actively involved and following different bills. It would be good for some of these groups to give an update, maybe in May at our next meeting, as a way to debrief and let us know what's happened and what's new.

**Comment:** *There are a lot of groups with diverse and adverse interests and a re-cap would be helpful.*

The diversity of bills out there is great and it's great for the Council to be aware of the different bills out there, but whether this Council should take a position on certain bills- may or may not be helpful. However, being provided with a recap of the progress/outcome of the different bills would definitely be helpful. It's important for the Council to be educated and to go back out into our communities with that education.

Barbara Allen mentioned two bills specifically; one in regards to a Task Force to inquire about whether substance abuse is a disease and another in reference to Involuntary Treatment. A member on the phone informed the Council that Kip Keyes bill regarding Involuntary Treatment and the Harford County Bill regarding Involuntary Treatment has been withdrawn.

Dan and Barbara will work with BHA staff to work on how to provide a recap of the legislative session for the May meeting.

**Comment:** *Would also like a recap of what is happening with the 24/7 Crisis Centers since we were so invested in the process. How do we track what's happening? Is anyone measuring?*

**Answer:** The Crisis Bill will be part of the legislative recap. Funding doesn't start until FY 2020 so this gives time to develop an RFP Process which includes measures etc. Because we did this report we have the connection back to the locals and can ask them what is happening and we have a commitment to follow what's going on.

## **ANNOUNCEMENTS**

Still, need to fill Consumer and Youth Seats on the Council. We have individuals interested. We are just waiting for them to complete their applications.

**Comment:** *All the committees are at the same time so it's hard to be on two committees. Is there any way the meetings could be staggered?*

## **THE BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC) COMMITTEE ACTIVITY REPORTS**

**Cultural and Linguistic Competency Committee** - Co-Chair: Allysa Dittmar  
Finishing up the First draft of the Strategic Plan. Due by the end of the day today.

**Criminal Justice/Forensics Committee** – Co-Chairs: Kathleen O'Brien and George Lipman

- The main focus is still the 8-507s. Have made progress and there has been a shortening of time. The focus will now be on what happens when the individual gets into the treatment center. There has been some question about individuals being discharged too quickly and some confusion with the new FFS, so we will continue to have discussions about this.
- There have been some media stories about violent cases in 8-507s and we have been looking into it on a case by case basis and we will discuss them in our workgroups.

**Planning Committee** – Co-Chairs: Doris Bishop and Dennis McDowell

- Meeting today to look ahead at the planning process and what the next steps are. We always need more members because we are a small committee.

**Prevention Committee** – Co-Chairs: Lori Brewster and Sharon Lipford

- The minutes were provided by the committee from their September meeting.
- Guidance from BHA informed the committee of two plans that could be used to move forward.
- Discussed funding resources for gambling prevention and how this is not addressed in the MD Strategic Prevention Intervention Framework (MSPIF).
- Discussed future plans and where there is overlap and/or gaps as well as our next steps/ mission and purpose of the committee
- Update on prevention certification process from Shayna
- Continue to clarify our scope and redefine our goals.

**Lifespan Committee I** – Co-Chairs: Ann Geddes and Mary Bunch

- Lifespan I is focused on children, youth and young adults and we haven't really talked about young adults. BHA is doing a lot with young adults and we went over some of those programs. The Healthy Transitions Grants that serves youth between the ages of 16-25 years will be ending and BHA needs to take a look the sustainability of these programs.

- We also looked at RTC's and kids lingering in ED's. The children's world has similar issues to the Adult Forensic population. RTC capacity is down and there are co-occurring needs that are not being addressed. There is a Building Bridges initiative that is being used in other states that Maryland should look into adopting. It tracks long-term outcomes and looks at 1-year post discharge and other measures.

**COMMENT:** *It's important that the Council keep track of the recommendations that we make throughout the year such as adopting different initiatives etc.*

**COMMENT:** *Do you have to be an MBHAC member to join a Committee?*

**ANSWER:** *No, anyone can join a Committee, you do not have to be a member.*

**Lifespan Committee II** – Co-Chairs: Barbara Allen and John Winslow

- We need to consider a name change since the focus of the group is really on Recovery concerns and needs. Lifespan II is misleading. This most likely needs a bylaw change- what is the best way to do this?
- OCCC in conjunction with BHA and OIT's have recognized that in addressing the opioid crisis there needs to be a separate focus for recovery-related concerns. New Hampshire has an initiative regarding Recovery Friendly workplaces, with the correlation of having employment and supporting recovery. How can Maryland adopt this?
- President's statements regarding bringing back execution for drug pushers and abusers. We need to be aware of this sentiment.
- We can't arrest our way through this opioid epidemic. It's critical to learn what other states are doing and bring them forward.

**COUNCIL BUSINESS:**

Next meeting we will have Dr. Jeffrey Sternlicht talk about Life in the ED. He will have an opportunity for an ED tour. Don't know when it will be yet but we will keep you up to date. BHA Conference May 2<sup>nd</sup>.

Committees are meeting now.

Meeting adjourned.

The next Meeting of the Council is on May 15, 2018.