



# 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

March 21, 2017

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

Makeitha Abdulbarr (**by phone**), Barbara L. Allen, Barbara J. Bazron, Dori S. Bishop, Lori Brewster, Mary Bunch, Reggie Burke for Sylvia Lawson, Laura Cain, Kenneth Collins (**by phone**), Marian Currens, Jan A. Desper Peters, Catherine Drake (**by phone**), Stevanne Ellis (**by phone**), Kate Farinholt, Ann Geddes, Elaine Hall, Shannon Hall, Carlos Hardy (**by phone**), Dayna Harris, Virginia Harrison, James Hedrick, Susan Lichtfuss, Sharon M. Lipford, The Hon. George Lipman, Theresa Lord, Dan Martin, Dennis L. McDowell, The Hon. Dana Moylan Wright, Nick Napolitano for Jonathan Martin, Randall S. Nero for Stephen T. Moyer, Kathleen O'Brien, Mary Pizzo, Charles Reifsnider (**by phone**), Keith Richardson, Linnette Rivera, Catherine Simmons-Jones (**by phone**), Tracey Webb, John Winslow, Ellen M. Weber (**by phone**), Anita Wells (**by phone**),

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

Karyn M. Black, Kelby Brick, The Hon. Addie Eckardt, Robert Findling, Lauren Grimes, Christina Halpin, The Hon. Antonio Hayes, Japp Haynes, IV, Jonathan Kromm, Michael Ito, Joel E. Klein, Brandi Stocksdales, Albert Zachik

#### BHA Staff Present:

Kim L. Bright, Cynthia Petion, Erik Roskes, Robin Poponne, Hilary Phillips, Larry Dawson, Anna Barefoot, Adelaide Weber, Marian Bland, Lori Mannino, Greta Carter

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c/o Behavioral Health Administration

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

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**);

Jackie Jones (**by phone**)

Clay Stamp, Governor's Office for Emergency Management;

Julia Jerscheid, Mid-Shore Consumer Advocate;

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

Carolyn Miller, Baltimore County Department of Health, BBH;

Lori Rugle, Maryland Center of Excellence on Problem Gambling;

Sheena Siddiqui, Maryland Hospital Association;

Kate Gorman, Maryland Office of the Public Defender

Seante' Hunt, Howard County Health Department

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### **WELCOME**

Dan Martin, opened the meeting and welcomed all members and guests. The minutes of the January 17 meeting were approved. The minutes will be posted on the Behavioral Health Administration's (BHA) Web site at <http://bha.dhmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>.

### **ANNOUNCEMENTS**

SAMHSA's National Children's Awareness Day will take place on May 4, 2017. There will be a live interactive Web cast at 7 PM EDT accessible through [WWW.SAMHSA.gov/children](http://WWW.SAMHSA.gov/children). Olympic champions, Michael Phelps and Allison Schmitt will serve as honorary chairs of this event.

Committee member, Julie Jerschied, announced the successful efforts to establish the Mid-Shore Crisis Intervention Team (CIT), operated by the Affiliated Sante Group 9 am to 12 am. There is an ongoing series of trainings for recruits to join the Mid-Shore CIT.

The Maryland Office of the Public Defender (OPD) received a Grant for The Justice and Mental Health Collaboration Initiative, a two-year project funded by the U.S. Department of Justice and based in Baltimore, Maryland. With this grant, OPD will coordinate a systemic effort to reduce jail time and recidivism rates for individuals with mental health disorders who are detained in Baltimore City on low level non-violent charges. OPD will hire a social worker to coordinate grant activities.

The Behavioral Health Administration's Annual Conference will take place on May 3, 2017 at Martin's West in Baltimore Maryland. For more information and registration, contact the Training Center, University of Maryland, 410-646-7758.

Charles Reifsnider announced that Bob Pitcher, Executive Director of the Mental Health Management Agency of Frederick County (Core Service Agency [CSA]) for the past 19 years, will retire at the end of June. For more information, you may call the CSA at 301-682-6017

Larry Dawson announced that the Prevention Committee Substance Misuse Prevention Needs Assessment Report (Statewide Youth Needs Assessment) has been completed. Information was collected in the summer and fall of 2016. The top five substance misuse issues that emerged from the assessment are: 1) underage drinking, 2) non-medical use of prescription drugs/opioids, 3) youth binge drinking, 4) (tied with 3) heroin, 5) marijuana. As a requirement of SAMHSA, recommendations from the report will be included in Maryland's Substance Misuse Prevention Strategic Plan to be submitted for FY 18 to SAMHSA/CSAP. The report was distributed during the meeting (please see Attachment #1). If anyone has comments they may email them to Larry Dawson in care of [greta.carter@maryland.gov](mailto:greta.carter@maryland.gov).

### **INTRODUCTION - Clay Stamp – Senior Advisor for Emergency Management**

The Hogan Administration's 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative included the creation of a statewide Opioid Operational Command Center (OOCC) to assist in breaking down governmental silos and to aid in the coordination of federal, state, and local resources. As a result of OOCC's initial findings, Governor Hogan signed an Executive Order on March 1, declaring a State of Emergency in response to the heroin, opioid, and fentanyl crisis. The declaration activates the Governor's Emergency Management Authority and enables increased and more rapid coordination between the state and local jurisdictions. Clay Stamp, the Governor's Senior Emergency Management Advisor, has been appointed by the Governor to oversee the coordinated effort. Mr. Stamp has been part of the Incident Command System for emergencies such as New York's World Trade Center, Hurricane Katrina, and in 2015, as Executive Director of Maryland Emergency Management Agency (MEMA), he managed the Administration's response to the Protest activity in Baltimore.

In addressing the Council, Mr. Stamp said there is much work to be done starting with 33 recommendations developed by the Lieutenant Governor's Heroin and Opioid Emergency Task Force. The recommendations focus on Prevention, Enforcement, and Recovery/Treatment. There is \$50 million in new funding to address the crisis.

Additionally, he emphasized the urgent need to go into the schools with a program. Peer support is needed and Mr. Stamp is open for ideas and suggestions especially on increasing peer support and promising practices.

He can be contacted at [clay.stamp@maryland.gov](mailto:clay.stamp@maryland.gov).

### **MEDICAID BEHAVIORAL HEALTH UPDATE – Rebecca Frechard, Chief Behavioral Health Services Division, Medicaid, DHMH**

The enhanced partnership between Medicaid and the Behavioral Health Administration (BHA) has led to increased clinical collaborations, information sharing, and discussions. Medicaid is the Payor of last resort (providers are obligated to bill all third party payers before filing a claim with Medicaid) and is one of the most comprehensive benefit packages, which includes services from early intervention to long term services. Ms. Frechard emphasized the difference between Medicare and Medicaid in that Medicare is fully federally funded for people over 65 or with disabilities and the same across all states; while Medicaid eligibility is more inclusive for individuals with low income, and funding is a federal/state partnership that varies from state to state. Ms. Frechard's presentation included updates, services covered, eligibility issues, as well as historical details.

- Maryland Medicaid provides comprehensive healthcare benefits for 1.3 million people, including 630,076 participants younger than 21. Within Medicaid there is a program of publicly-funded health coverage for eligible children up to age 19 called the Children's Health Insurance Program (CHIP).
- Eighty percent of all participants are enrolled in a Managed Care Organization (MCO) through HealthChoice.

- Services for behavioral health are carved out of the HealthChoice system and delivered according to the 1115 waiver under the Public Behavioral Health System's FFS system.
- The 1115 Waiver renewal (known as HealthChoice – statewide mandatory managed care program for Medicaid enrollees) was approved for a 5-year period starting January 1, 2017. It was updated to include two Community Health Pilots 1) an evidence-based home visiting (HV) program to provide HV services for high-risk pregnant women and children up to two years of age and 2) Assistance in Community Integration Services (ACIS) pilot program to provide housing-related support services for high-risk, high utilizers who are either transitioning to the community from institutionalization or at high-risk of institutional placement.
- Enrollment in Maryland Medicaid expanded under the Affordable Care Act (ACA). More than 260,000 adults are now enrolled as a result of the ACA Medicaid Expansion.
- 22% more children are enrolled as a result of the Medicaid Expansion.

Additional updates were shared on efforts to recognize other forms of medical assisted treatment besides Methadone, contracting provider enrollment to a new vendor, and combining telemedicine and telemental health into one Telehealth Program. Rebundling of Methadone services to ensure OTPs provide counseling with MAT will become effective on May 15, 2017.

Under a renewed IMD Waiver, community residential clinical services for individuals with substance use disorders (SUD) are being transferred to fee-for-service (FFS) on a rolling basis. Adults with SUD are to be included where once only residential services for children under 21 were covered. Regulations are in the process of being written and ASAM Levels 3.3, 3.5, 3.7/3.7D will begin FFS reimbursements in July 2017. In January 2018, specialty community residential clinical services for women and children with substance use disorders, and individuals certified under 8-507 will be available. In January 2019, providers of community residential services to level 3.1 and halfway houses will be added to the FFS system. CMS has not issued a waiver for room and board in residential facilities, which will continue to be directly state-funded

### **Letter to the Governor**

The statistics shared on Medicaid Expansion led to a discussion by members on concerns of losing the benefits of the expansion if the ACA is discontinued. There were concerns that no public statement of support has been heard from the Governor's Office. If the Expansion went away, a large number of enrollees would be left without access to services and overuse of ER services would increase. Additionally, Shannon Hall stated that the drop in overdose rates by county correlated to the implementation of the Medicaid Expansion. Dan Martin suggested that the Council write a letter to Governor Hogan urging him to continue support of the expansion. Jan Desper Peters added that we should include urging the Governor to speak out on this matter as well. Kathleen O'Brien volunteered to receive comments, write the letter, allow the membership to review and offer feedback on the draft, and have the Executive Committee finalize and send to the Governor. The Council voted for this action. More information on this project will be forthcoming.

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

**Behavioral Health Integration Updates**

- **BHA Budget Update**

Dr. Bazron gave a brief overview of the 2018 budget for the Behavioral Health Administration/Public Behavioral Health System. She highlighted the following:

- The proposed base budget is \$664 million for the year. This consists of:
  - \$545 million in State General funds
  - \$37 million for special services
  - \$74 million in competitive and formula grants
  - \$8 million for reimbursable
- There are 2,803 salaried positions across the system (200 contractual)

BHA is a policy making entity which funds and supports those who deliver services. This includes five hospitals, two residential treatment services, 47 acute general hospitals, and providers and programs at the local level through the local behavioral health authorities. Across the state there is an array of services available. However, BHA will be focusing on ways to build capacity and to improve the management of services at the local level.

- **Provider Accreditation and Licensure**

Programs providing substance use services in the Public Behavioral Health System will be required to submit an application for licensure before or by January 1, 2018. In order to be eligible to submit an application, the provider must be accredited. It is expected that all will be licensed by April 1, 2018. This will help to provide common standards of care across the system.

- **Residential Services**

- **Fee-For-Service**

Residential services for individuals with substance-related disorders are being transferred to fee-for-service (FFS) on a progressing basis. Levels 3.3, 3.5, 3.7/3.7D will begin FFS reimbursements in July 2017. In January 2018, individuals certified under 8-507, which allows, with the defendant's consent, the court to commit that defendant for treatment, and women with children will be included. In January 2019, providers of residential services to level 3.1 and halfway houses will be added to the FFS system. The federal waiver does not cover room and board nor residential stays beyond the 30 days per year.

- **Community Recovery Residences Process – HB 1411**

In 2016, the legislature passed HB 1411 requiring DHMH to approve a credentialing entity to develop and implement a certification process for community recovery residences. This includes 1200 beds /136 houses. BHA has been looking at the successes and lessons learned from the state of Florida. The Department is working to establish a certification process by October 1, 2017.

- **BHA State Hospital/Bed Capacity Update**

- **Creation of Residential Slots**

BHA will continue to implement strategies that reduce hospital census. The 2016 Justice Reinvestment Act (JRA) that manages and allocates services to criminal justice populations in a more cost-effective manner, and reinvests the savings, states that all court ordered individuals in the PBHS must be placed within 21 days. In FY 2016 JRA funds helped to create 60 additional residential slots. In FY 2017, Governor Hogan allotted \$1.5 million to increase available residential slots. BHA is now able to contract with three programs for 245 slots, 205 of which are currently filled. Future level funding for these slots, which include 8-507 beds, will be \$10.5 million.

- **Forensics Advisory Council**

The Forensics Advisory Council (FAC) is carrying forth the recommendations of the former Forensic Services Workgroup. The group meets bi-monthly and is in the process of identifying best practices and mid-stream corrections as needed. Council representatives are Kathleen O'Brien and Dan Martin. The most recent action driven in part by the FAC is the transfer of 16 SETT unit beds from Clifton T. Perkins Hospital Center (CTPHS) to Springfield Hospital Center. The SETT Unit provides inpatient private inpatient services to individuals who are dually diagnosed with mental illness and developmental disabilities. On April 10, 2017 CTPHS will re-establish a new unit of 20 beds that will be a state-operated step down unit. Internal resources have been allocated; staff have been trained and re-assigned. Jean Smith, M.D. will be the Clinical Director of that unit.

- **Hospital Security**

In FY 2016, a new DHMH Police Chief was hired and a needs assessment was conducted. As a result, all security staff are trained and credentialed across all hospitals. The police chief works with each hospital CEO to assess security needs and address barriers to recruitment and retention.

- **Problem Gambling Update**

More than \$5.4 million has been allocated for FY 2018 toward treatment and research for problem gambling through the Center of Excellence. The state Lottery and casinos have collaborated in establishing a "voluntary inclusion" system that bars entry or participation to individuals who place themselves on that list. Also, some casinos provide literature on resources for problem gambling and rolling tickers on the machines. The Maryland Crisis Response number, 1-800-422-0009, is distributed as a resource.

- **Overdose Prevention**

BHA continues to work to support MA substance use disorders activities such as medication-assisted treatment and the establishment of minimum opioid prescribing standards. Use of the Prescription Drug Monitoring Program and Naloxone trainings continue. The PSA, billboards, and other awareness campaign tools, in collaboration with Maryland Public Television are in full swing. The goal is to raise the level of awareness similar to that of cigarette smoking. The awareness activities also include on-line digital stories, covering treatment and recovery, the dangers of fentanyl, and the use of naloxone.

**COUNCIL BUSINESS/UPDATES:**

**Amended By-laws**

Members of the Council, who were present, voted to approve the amended by-laws. The significant changes centered on language that established Co-Chairs of the Council, replacing the terms Chair and Vice Chair.

**A New Co-Chair**

The Nominating Committee, chaired by Dan Martin and consisting of Dori Bishop, Kate Farinholt, Shannon Hall, and Kathleen O'Brien met on March 7 to establish a slate for the position of Co-Chair. This individual would replace former Council Chair, Yngvild Olsen, who left the position to serve as an expert consultant, on opioid matters, to DHMH/Behavioral Health Administration as the State moves forward with assertive strategies to significantly reduce opioids deaths. After a search and call for candidates, a bio for Barbara Allen was distributed to the Council members prior to today's meeting. The members voted to accept Barbara Allen as the new Co-Chair to the Council to serve alongside of Dan Martin for the remainder of the term. The term finishes at the end of the year. According to the By-laws, officers shall serve for one two-year term. (However, an officer's term may be extended due to unusual circumstances by a vote of the full Council).

Congratulations to Barbara Allen and thank you to the members of the Nominating Committee.

The meeting was adjourned.