



# State of Maryland Behavioral Health Advisory Council

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

## THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

### Minutes

May 16, 2017

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

Barbara L. Allen, Howard Ashkin for Marian Currens, Barbara J. Bazron, Dori S. Bishop (**by phone**), Karyn M. Black, Lori Brewster, Kelby Brick, Mary Bunch, Reggie Burke for Sylvia Lawson, Kenneth Collins (**by phone**), Catherine Drake (**by phone**), The Hon. Addie Eckardt, Stevanne Ellis (**by phone**), Robert Findling (**by phone**), Ann Geddes, Elaine Hall, Shannon Hall (**by phone**), Carlos Hardy, Dayna Harris, Virginia Harrison, The Hon. Antonio Hayes (**by phone**), James Hedrick, Helene Hornum for Brandi Stocksdales, Miles Lawrence for Michael Ito, Vanessa Khoo for Jonathan Kromm (**by phone**), Susan Lichtfuss, Sharon M. Lipford, Theresa Lord, Dan Martin, Dennis L. McDowell, Nick Napolitano for Jonathan Martin, Randall S. Nero for Stephen T. Moyer, Charles Reifsnider (**by phone**), Keith Richardson, Linnette Rivera, Catherine Simmons-Jones, Clay Stamp, Jeffrey Sternlicht, Ellen M. Weber, Anita Wells, John Winslow, Albert Zachik

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

Makeitha Abdulbarr, Laura Cain, Jan A. Desper Peters, Kate Farinholt, Lauren Grimes, Christina Halpin, Japp Haynes, IV, The Hon. George Lipman, The Hon. Dana Moylan Wright, Kathleen O'Brien, Mary Pizzo, Tracey Webb

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

Cynthia Petion, Erik Roskes, Robin Poponne, Hilary Phillips, Larry Dawson, James Yoe, Darren McGregor, Greta Carter

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c/o Behavioral Health Administration

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**Guests and Others:**

Thomas Werner (**by phone**);  
Julia Jerscheid, Mid-Shore Consumer Advocate;  
Cathy Howard, Anne Arundel County Health Department, Behavioral Health;  
Kimberly M. Cuthrell, Baltimore County Department of Health, BBH;  
Lori Rugle, Maryland Center of Excellence on Problem Gambling;  
Sheena Siddiqui, Maryland Hospital Association;  
Seante' Hunt, Howard County Health Department;  
Ann Ciekot, Public Policy Partners;  
Robert Axelrod, Kaiser Permanente;  
Brian Frazee, Maryland Hospital Association;  
Lisa Lowe, F.A.C.E. Addiction MD;  
William Rufenacht, Anne Arundel County Mental Health Agency;  
Doris McDonald, MABHA/Calvert County Health Department, Behavioral Health-LAA;  
Joy Ashcraft, Building Healthy Military Communities;  
Jessica Honke, NAMI Maryland;  
Virginia Spence, Consumer Advocate;  
Jennifer Brooks, Consumer Advocate-Mid-shore;  
Paula Nash, Harford County Health Department (**by phone**);  
Wendy Kanely, Harford County Health Department (**by phone**);  
Mary Claire Brett, Harford County Health Department (**by phone**);  
Abiola Adenekan (**by phone**)  
Tammy Griffin, Wicomico County Behavioral Health Authority (**by phone**);  
Rota Knott, Somerset County Health Department (**by phone**);  
Sarah Cloxton, Talbot County Health Department (**by phone**);

## WELCOME

Co-Chairs, Dan Martin and Barbara Allen, opened the meeting and welcomed all members and guests. The minutes of the March 21 meeting were reviewed. One noted correction: Ellen Weber was present. The minutes were approved with correction. Minutes will be posted on the Behavioral Health Administration's (BHA) Web site at:

<https://bha.health.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

## ANNOUNCEMENTS

- A one day conference on behavioral health for local organizations who support Maryland Service members, veterans and families will be held on June 14, 2017. This is a joint collaboration between the Maryland Department of Veterans Affairs, Maryland National Guard and the Departments' Maryland's Commitment to Veterans.
- Barbara Allen announced that August 31 is International Overdose Awareness Day (IOAD). IOAD is a global event held each year and aims to raise awareness of overdose and reduce stigma of a drug related death. It also acknowledges the grief felt by families and friends remembering those who have met with death or permanent injury as a result of drug overdose.

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

### **Behavioral Health Integration – Updates**

The Maryland Department of Health (MDH), formerly Department of Health and Mental Hygiene (DHMH), through the Behavioral Health Administration (BHA) is charged with submitting the following legislative reports by November 1, 2017:

- Local Efforts on Behavioral Health Integration - A report on the feasibility of merging the Core Service Agencies (CSAs) and the Local Addictions Authorities (LAAs) to become the Local Behavioral Health Authorities (LBHAs) and systems managers at the local level. The Department will secure services from a nationally known consultant to look at defining integration, principles for integration, and identifying an integrated process for systems management. The report must also include financial analysis and an assessment of differences in experience in integrated verses separate agencies.
- Accreditation -The Department and BHA is moving towards accreditation-based licensure for community behavioral health providers. All behavioral health providers should be scheduled to obtain accreditation by an approved accrediting organization no later than January 1, 2018 in order to be licensed by April 1, 2018 to provide community-based behavioral health services. If programs have not yet started the accreditation process, but plan to continue offering currently certified treatment services, providers are encouraged to contact an accrediting body no later than July 1, 2017 to ensure ability to meet 1/1/2018 deadline. Technical assistance is available to all programs through both the BHA and accrediting bodies to provide support to complete the process. Additionally, MDH's Accreditation Project Manager, Sarah Hoyt, will be tracking public behavioral

health systems' accreditation process (programs that are or are not accredited and who is in the process as well as supports needed).

- Recovery Residences - In accordance with HB 1411, all residential facilities considered as "recovery residences" must receive a certificate of compliance from the BHA on or before October 1, 2017. A recovery residence is a sober living environment that provide alcohol and illicit drug free housing for individuals with substance use disorders. These residences are not clinical treatment facilities.

#### **BHA Highlights:**

- Maryland's SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative - has been ranked 3rd in the nation for the highest approval rate (85%). SOAR helps states and communities increase access to social security disability benefits for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorders.
- BHA, has hired James "Jay" Yoe, as the Administration's Director of Applied Research and Evaluation. In this new position, Dr. Yoe will be responsible for lead efforts to use data from data-driven decision support tools (strategic dashboard, balanced scorecard), review and analysis of existing data, as well as develop data-focused policy briefs and publications.

#### **Legislative Highlights - Anna Barefoot, Chief of Staff, MDH's Deputy Secretary Behavioral Health**

Anna provided an overview legislative reports and bills passed by the Maryland General Assembly that impact behavioral health, these include:

- Public Behavioral Health System Integration study, announced earlier by Dr. Bazron;
- Study/Report of Maryland's Accreditation process for behavioral health;
- HOPE Act of 2017 - the Maryland General Assembly (MGA) passed the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017. This comprehensive behavioral health measure includes provisions to establish crisis treatment centers (by 6/1/2018), 24/7 crisis hotline to connect callers with appropriate mental health and substance use disorder resources, dissemination of information about opioid use, and require development of a plan for increasing SUD treatment in jails and prisons.
- HOPE Act also require hospitals to have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder. The protocols may include coordination with peer recovery counselors, connection to community-based treatment, and a prescription for naloxone. A status report of HOPE Act activities is due to the Governor and MGA on or before 9/1/2017.
- This Bill also includes provisions from the Keep the Door Open Act that supports rate increases for community behavioral health (mental health and substance use) providers. BHA is required to submit a rate setting study/report to the Governor and MGA on or before December 1, 2019.

Dan Martin stated that Maryland's various advocacy groups also develop reports/summaries on bills and other legislative activities during and after the session. Please feel free to go on the

websites of the Mental Health Association of Maryland (MHAMD), National Alliance on Mental Illness-Maryland (NAMI-MD), and the Maryland Coalition of Families (MCF) for more information.

### **The Behavioral Health Council (BHAC) Committee Activity Reports**

BHAC currently has seven Committees that meet monthly or bi-monthly to address various issues that impact the public behavioral health system. The Committee co-chairs provided the following summaries:

#### **Cultural and Linguistic Competence Committee (CLCC) – Kelby Brick, Co-Chair:**

Mr. Brick informed the Council that his co-chair, Makeitha Abdulbarr has resigned from the committee due to other commitments. The committee is currently seeking volunteers to co-chair as well as additional members. In the past year the Committee has discussed the following issues and concerns:

- The system needs to increase provision of qualified pool of interpreting services,
- Concerns regarding the states' lack of specific oversight requirements over jurisdictions linguistic services. A potential response would include requiring service providers to have a contract and process already in place with interpreting services in order to be accredited by the state.
- There is a need for more deaf and hard of hearing professionals in the field who are culturally competent and able to provide services. Many face barriers in testing and are unable to get licensed.
- Lack of residential services for rehabilitation, especially in regard to opioid and heroin crisis.
- Based on the community providers' feedback, referrals to the Springfield Hospital Deaf Unit are reportedly denied.

The Committee will draft recommendations to address these and other concerns and submit to the full Council. Dr. Bazron also stated that BHA staff will lead the process for developing a CLC plan with recommendations from the Committee.

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

The Committee addressed issues regarding the delivery of behavioral health services to individuals who are involved with the criminal and juvenile justice systems, including those who are: court-ordered to the Department for evaluation, commitment, and/or treatment relative to competency to stand trial or criminal responsibility; or for a substance related evaluation and/or substance use disorder treatment. The Committee has also focused efforts to address:

- Residential Substance Use Treatment
- Management of 8-507s commitment statute
- Impact on the transfer of grants to fee for service structure, and
- Issues related to Staffing Requirements for SUD Residential services

#### **Planning Committee - Co-Chairs: Dennis McDowell and Dori Bishop**

The Committee will review the State Behavioral Health Plan and Mental Health Block Grant (MHBG) priority areas. The committee has provided comments and recommendations on the planning process. Efforts are underway to submit recommendations to the FY 2018 State Behavioral Plan. Committee members also participated in the BHA's annual planning meeting that was held in April. Committee members also participate on SAMSHA's Technical Assistance for Strategic Planning.

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

Activities included developing a strategic focus:

- Defining scope of Prevention
- Population health/wellness framework
- Review of risk/prevention factors
- Targeting key initiatives around the State

Some next steps for the committee include identifying promising and evidence-based practices; generate a list of research programs that are effective, through SAMHSA and local programs; identifying key stakeholders to join committee. The committee has proposed to the Council to change the name of the Committee to Prevention and Wellness. This change may be addressed through the Council's bylaw process.

### **Life Span I Committee - Co-Chair: Ann Geddes**

The committee has been reviewing crisis services for children and adolescents. State Mobile Crisis Response Systems models were reviewed (New Jersey and Connecticut) and assessed for how they handled integration related issues. The committee has identified recommendations in the following areas:

- Enhanced crisis services for children and adolescents. As the BHAC moves towards the development of the Strategic Plan for Crisis Services these models from different states, particularly for children be considered.
- Expand the Children's Mental Health Matters Campaign to include awareness of substance use disorders and prevention for youth.
- Develop Family Navigation programs, such as those that were funded by the Governor's Office for Children.
- Develop recovery houses (half-way housing) for young adults.

The Committee would like more information on the percentage of MHBG funding for Children and Adolescent services. Additionally, the committee requests clarity on the strategic planning process and incorporation of recommendations in the plan.

### **Life Span II Committee - Co-Chair: Barbara Allen**

The committee has encountered challenges with retaining membership. New committee co-chairs are needed due to Ms. Allen's position as full Council Co-Chair. Volunteers for committee participation is encouraged. As noted in Life Span I's report, the Committee participated in a collaborative meeting with Life Span I and Prevention. The committees addressed common goals and concerns as it related to systems issues and needs.

The Life Span II Committee identified the following recommendations:

- Focus on saving lives - Good Samaritan Law education, naloxone access; stabilizing the expanding epidemic through crisis services and public education.
- Public awareness efforts through anti-stigma initiatives for mental health and substance use disorders.
- Promotion of timely access to services, including recovery housing and wrap around services across the lifespan.
- Increase use of advocates, peer specialist and young adults with lived experiences, including family support.
- Mandatory use of PDMP and cross state integration;
- Continue to address Parity in our system as well as issues related to criminal justice reform.

Other future action areas to be considered include: integrate Life Span I and Prevention Committee; learn from other BHAC committees and collaborate efforts; continue recruiting for members; and review how focus areas are being approached by groups including the Governor's Opioid Overdose Command Center and other state initiatives.

#### **Crisis Services Strategic Plan Committee - Co-Chairs: Dan Martin and Barbara Allen**

In 2016, Senate Bill 551 and House Bill 682 were passed requiring the Behavioral Health Advisory Council to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide. A Steering Committee, comprised of the Council Co-Chairs, and Committee Co-Chairs, also referred to as the Executive Committee of the Council, is guiding the process for the development of the Maryland Crisis Services Strategic Plan. Additionally, this Committee's has tied its work to the Department's/BHA Forensic Services Advisory Council to further support the recommendations to increase the availability of community crisis services. BHA has provided a consultant to the Councils' Crisis Services Committee. Over the past few months, the Committee has completed the following:

- An environmental scan on crisis services in Maryland, which will serve as an integral component of the proposed strategic plan.
- Developed and implemented a survey for stakeholder input, with over 1000 respondents. Data was collected during the period of October 2016 – January 2017.
- Drafting a strategic plan which will include the results of the survey, findings from the environmental scan and other processes. The HOPE Act will include recommendations made in the final version of the strategic plan.

The meeting was adjourned.