

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL
Minutes

May 19, 2020

Maryland Behavioral Health Advisory Council Members Present:

Barbara Allen, Robert Anderson, Dori S. Bishop, Lynda Bonieskie, Lori Brewster, Kenneth Collins, Kathryn Dille, Catherine Drake, The Hon. Addie Eckardt, Ann Geddes, Kelsey Goering for Jonathan Martin, Lauren Grimes, Carlos Hardy, Dayna Harris, Joyce N. Harrison, James Hedrick, Helene Hornum, Aliya Jones, Jennifer Krabill, The Hon. George Lipman, Dan Martin, Caterina Pangilinan, Luciene Parsley, Keith Richardson, Kirsten Robb-McGrath, Jose Rosado, Jacob Salem, Sabrina Sepulveda, Deneice Valentine, Ambrosia Watts, Kimberlee Watts, Anita Wells

Maryland Behavioral Health Advisory Council Members Absent:

Makeitha Abdulbarr, Karyn M. Black, T-Kea Blackman, Andrea Brown, Mary Bunch, Shayna Dee, Lillian Donnard, Kate Farinholt, Rosanne Hanratty, Sylvia Lawson, Sharon M. Lipford, The Hon. Dana Moylan Wright, Mary Pizzo, Dana Sauro, Jonathan Shepherd, Jeffrey Sternlicht, Mary C. Vaughan, Kim Wireman

Behavioral Health Administration (BHA) Staff Present:

Cynthia Petion, Stephanie Slowly, Steve Whitefield, Sarah Reiman, Tsegereda Assebe, Greta Carter, Aparna Nagaraju, Natalee Solomon, Kaylin McJilton, Kimberly Jones, Joy Ashcroft, Kathleen Rebbert-Franklin, Annie Coble, Brendan Welsh, Caroline Jones, Laura Burns-Heffner, Maria Rodowski-Stanko, Michael Baier, Lori Mannino

Guests:

David Rose, Maryland Department of Human Services
Marianne Gibson, Opioid Operational Command Center
Diana Seybolt, University of Maryland, Systems Evaluation Center
Rebecca Frechard, MDH, Medicaid Behavioral Health Division
Nancy Rosen-Cohen, NCADD-Maryland
Ann Ciekot, Public Policy Partners
Lilly Watts
Joan Krabill
Valentina Grinberg
Deborah Steinberg
Marte Bimbaum,
Susan Pompa
Amanda Owens

WELCOME AND INTRODUCTIONS

Lauren Grimes, Co-Chair, opened the meeting and welcomed all members and guests. New members were introduced to the Council. Minutes were reviewed. As there were no other changes, a motion to approve the January minutes was made and seconded. Approved minutes will be posted on the Behavioral Health Administration's website at:

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

THE DIRECTOR'S REPORT – Aliya Jones, M.D., MBA, Deputy Secretary, Behavioral Health/Executive Director, Behavioral Health Administration (BHA)

Dr. Aliya Jones introduced herself to the Council. She expressed her regrets that we were unable to meet face to face. She informed the Council that she started working with the Maryland Department of Health (MDH) on January 1, 2020, and briefly described her professional background. Dr. Jones provided the following updates to the Council:

- **COVID 19 State of Emergency** – The Governor's Proclamation of the State of Emergency, effective March 5, 2020.
- **MDH/BHA's response to the COVID-19 pandemic included a number of actions:**
 - The priority has and remains limiting the spread of COVID-19 while ensuring individuals with behavioral health disorders continue to get the help they need and, ensuring provider sustainability during and after this crisis.
 - We established some exemptions to regulatory requirements and expansion of Medicaid regulations, including:
 - allowances for telehealth and telephonic services;
 - extension of certificates and licenses to address the continuum of care.
 - Attained blanket exemptions for take home medications for opioid treatment programs (OTPS).
 - Developed a COVID 19 informational/resource page on our Webpage to make it easier to find resources.
 - Identified unspent grant funds to assist with obtaining Personal Protective Equipment (PPE)
 - We are also continuing to host and/or co-sponsoring a number of provider weekly webinars to provide up-to-date information and answer questions to provide a cohesive and consistent response. These include:
 - behavioral health presentations for Primary Care providers in collaboration with MDH's MD Primary Care Program;
 - behavioral health providers with Public Health;
 - webinars with Crisis Response Service providers;

- webinars for specific programs such as OTPs and Buprenorphine providers, Residential SUD Treatment providers, Residential Rehabilitation providers.
- BHA has developed on a continuous basis, weekly FAQs – responding to questions raised in and outside of these forums. These are updated as necessary, posted on BHA and the ASO websites, as well as distributed to all our BH partners.
- We developed and made available a number of Public Service Announcements, including addressing mental health issues for health professionals, families, and our frontline responders.
- Additionally, during state/national disasters, we will experience or know a number of individuals who will experience heightened anxiety, stress, depression, and even see a rise in suicides.
- It is therefore more important than ever that we continue to be proactive in our response to prevent more severe illness and save lives.
- We also know self-care is equally important. We cannot take care of our families or those we serve if we do not take care of ourselves.
- Communication and partnerships are key to meeting community needs during these uncertain times, and
- We are developing and expanding other partnerships to address the mental health needs of our frontline workers, our Veterans and our elderly populations, to name just a few.

Dr. Jones expressed that she is honored and grateful to have such a dedicated team of partners, such as the BHAC, working with BHA to improve community wellness and build a more robust responsive behavioral health system. She stated that BHA is focused on continuing our work together to ensure that our communities are aware of what resources are available to help them adapt to these difficult times.

As the Governor continues to move into the next phases of ‘reopening the state,’ BHA will be ready, ensuring that our behavioral health community has what they need to remain safe and effective.

- BHA is holding internal weekly meetings to outline what we need to be focused on as we move forward.

- Efforts are under way to develop more concrete steps, and ongoing work with our partners for input/feedback and support to ensure this collaborative approach leads to a safe, gradual and successful reopening over the course of this year.
- We know we don't really know what the new normal will be in the months ahead. For now, we will continue to encourage teleworking and providing services through telehealth/telephonic platforms to the extent possible until further guidance is provided by the CDC, Governor Hogan and Secretary Neall.

In conclusion, Dr. Jones reported that BHA will continue to offer lessons learned, provide resources, and share best-practices to build community wellness and stability across our provider network. She thanked Council members for their continued support to our efforts in this regard.

Questions for Dr. Jones

Q: Providers would like to know how long will the temporary waivers and allowances for telehealth and telemental health will continue beyond the state of emergency.

Dr. Jones – BHA has posed this question to our federal/state partners (HHS/SAMHSA and CMS/Medicaid) We will update the Council once we get this information.

Do you know when RICAs/RTCs will begin admitting children?

Dr. Jones – Yes, RICAs are admitting patients.

PRESENTATION – Maryland General Assembly FY2020 Legislative Updates:

Behavioral Health Administration- Kim Jones

- HB 1461 Behavioral Health Programs – Outpatient Mental Health Centers – Medical and Clinical Directors. **This bill did not become law.**
Authorizes a psychiatric nurse practitioner to serve as a clinical director rather than a medical director of an outpatient mental health center; defining certain terms; and generally, relates to medical directors of outpatient mental health centers.
- HB 547 SB 455 – Health – Maryland Children's Service Animal Program – Establishment Chapter 247 Chapter 248. **This bill passed.**
The Program will refer eligible children with a history of trauma or posttraumatic stress disorder to a nonprofit training entity that engages in the training of service dogs or support dogs for use by children or uses trained therapy horses for interaction with children.
- HB 332 SB 441 Mental Health – Confidentiality of Medical Records and Emergency Facilities List Chapter 172 Chapter 173. **This bill passed.**

Alters the definition of “health care provider” for the purposes of certain provisions of law governing the confidentiality of medical records to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers in the list of emergency facilities the Maryland Department of Health is required to publish.

Public Policy Partners - Ann Ciekot

- Budget
 - Included the 4% reimbursement rate to Providers
- Telehealth:
 - House Bill 448/Senate Bill 402 – Health Care Practitioners - Telehealth and Shortage > PASSED. This bill passed as an emergency measure to establish a uniform, statutory framework authorizing health care practitioners to use synchronous and asynchronous telehealth to provide services while maintaining standards of care and complying with privacy laws.
 - House Bill 1208/Senate Bill 502 - Telehealth - Mental Health and Chronic Condition Management Services - Coverage and Pilot Program > PASSED. This emergency bill as passed allows mental health services delivered via telehealth to Medicaid clients in their homes to be reimbursed; requires the Maryland Department of Health (MDH) to apply for a waiver to establish a pilot to provide chronic condition management services via telehealth to Medicaid clients regardless of their location; and requires MDH to study whether substance use disorder services may be appropriately provided through telehealth to a patient in their home setting.
- Collateral Consequences:
 - House Bill 83/Senate Bill 699 - Criminal Procedure - Charge of Possession of Marijuana -Removal from Case Search > Passed > **Governor Hogan vetoed**. This bill would shield from public access any conviction for possession of cannabis prior to the decriminalization of personal use amounts in October of 2014.
 - House Bill 1336/Senate Bill 589 - Criminal Procedure - Partial Expungement, Maryland Judiciary Case Search, and Expungement of Misdemeanor Conviction > Passed > **Governor Hogan vetoed**. This bill adds fourth degree burglary to the list of offenses that can be petitioned for expungement, and shields from public access records pertaining to non-convictions such as acquittals, dismissals, and nolle prosequi, with the exception of a nolle pros with a requirement for drug or alcohol treatment. The bill also creates a workgroup to make recommendations on the issue of partial expungements.
- Parity Compliance:
 - House Bill 455/Senate Bill 334 - Health Insurance - Mental Health Benefits and Substance Use Disorder Benefits - Reports on Nonquantitative Treatment

Limitations and Data > **PASSED**. As passed, the bill requires a fraction of what was proposed by the Parity at 10 Coalition. The bill will require two compliance reports from carriers, two years apart, with only limited data provided. The bill was the subject of an unusually large amount of negotiations facilitated by the bill sponsors. There will be significant work needed during the Interim as the Maryland Insurance Administration drafts regulations.

- Senate Bill 99 - Health Insurance Benefit Cards, Prescription Benefit Cards, and Other Technology - Identification of Regulatory Agency > **PASSED**. The bill will add the identity of the regulator of the health insurance plan on the back of a consumer's insurance card. This will help consumers identify where to take any complaints, including those that may be a Parity violation
- House Bill 1121 - Maryland Mental Health and Substance Use Disorder Registry and Referral System Passed > - **Governor vetoed the bill**. This bill establishes the Maryland Mental Health and Substance Use Disorder Registry and Referral System in MDH to provide a statewide system through which health care providers can identify and access available inpatient and outpatient mental health and substance use services for patients. It also establishes an advisory committee

Bills that did not pass:

- Good Samaritan bill – House Bill 738/Senate Bill 849 – Criminal Procedure - Medical Emergency - Immunity > **Failed**. This legislation did not receive a vote in either the House or Senate. Discussions about possible amendments among the sponsors, advocates and opponents were just getting underway when public access to the State complex was restricted, followed by the announcement that the Session would end early. These discussions should pick up well before the 2021 Session.
- Overdose prevention sites – House Bill 464/Senate Bill 990 – Public Health - Overdose and Infectious Disease Prevention Services Program > **Failed**. Neither the House Bill nor the Senate Bill received a vote, despite successful hearings. There appears to be growing support for this measure in the House, but opposition in the Senate remains strong, based largely on community fears. Efforts should focus on continued outreach and education in targeted areas of the State
- Decriminalization around small amounts of drugs and paraphernalia:
 - House Bill 193 - Criminal Law - Use or Possession of a Controlled Dangerous Substance - De Minimis Quantity > **Failed**. This legislation would have decriminalized personal use amounts of various illegal substances. The sponsor intends to re-introduce the bill next year.

- House Bill 720/Senate Bill 704 - Criminal Law - Drug Paraphernalia for Administration -Decriminalization > **Failed**. This bill would have decriminalized the possession of drug paraphernalia. The sponsor believed progress could have been made in the House with more time.

Mental Health Association of Maryland - Dan Martin

- Bipartisan budget that fully funds all prior behavioral health budget commitments, increasing funding for community mental health and substance use treatment by nearly \$50 million in FY21.
- Landmark education reform bill (HB 1300) includes multiple policy provisions and millions of dollars in new funding to enhance school-based behavioral health services. Unfortunately, this bill was just vetoed by Governor Hogan.
- New law (SB 441/HB 332) clarifying that the Maryland Department of Health may include behavioral health crisis response centers on its list of designated emergency facilities that can accept individuals for an emergency mental health evaluation. This was a recommendation from the Advisory Council's 2017 Strategic Plan for 24/7 walk-in and mobile crisis services.

Maryland Coalition for Families - Ann Geddes

- Blueprint for Maryland's Future (Kirwan Commission) (HB 1300) as stated by Dan was vetoed by the Governor.
- Children's Mobile Response and Stabilization Services (SB 624/HB 1140) – PENDING
 - MDH work with Children and Families subcommittee of Lt. Governor's Commission on Behavioral Health to develop a MRSS system for children in Maryland. A system specifically tailored to meet the needs of children and families, and much more than crisis services.

National Alliance on Mental Illness (NAMI) Maryland - Kate Farinholt

- NAMI Maryland Priority Issue #1: Criminal Justice: Improving the criminal justice system's response to individuals with mental illness and their families and increase diversion from criminal justice to community services.
 - CIT Center of Excellence – HB 607/SB 305 –PASSED
 - For the past several years NAMI Maryland has worked with the CIT subcommittee of the Behavioral Health Criminal Justice Partnership to create a statewide resource on Crisis Intervention Teams (CIT).
 - This year, a CIT Center of Excellence will be created in the Governor's Office for Crime Prevention, Youth, and Victim Services to help create a more robust CIT network and to support the ongoing CIT work at state agencies and local jurisdictions. By bringing together law enforcement, behavioral health, and the

resources necessary to help divert individuals with mental illness from the criminal justice system and into the treatment they need.

- As passed, this legislation included 3 full-time staff to get the Center of Excellence off the ground and running.

New Timeline and Plan for BHA State Planning – Tsegereda Assebe, Chief, Division of Planning, Behavioral Health Administration (BHA)

Tsegereda Assebe outlined a new timeline and plan for BHA State Planning as follows:

- The Division of planning is working on the final draft of the FY 2020-2021 State Behavioral Health Plan. This plan is based on the state behavioral health priorities and has been informed by the four regional stakeholder meetings that BHA held in April and May 2019.
- Recommendations and priorities identified through the regional stakeholder consultation processes are included in the current draft. The plan also informs BHA's application for Federal Block Grant and aligns with SAMHSA's priorities.
- Unfortunately, we had to cancel this year's Regional Stakeholder meetings due to the COVID 19 situation so we will share the final draft with Council members to review and provide feedback.

Cynthia reminded the Council members that this will be a working document and that BHA's Executive team will be reviewing the document at the same time. She urged Council members to get feedback to us on the document.

In response to the inquiry regarding RICA admissions, the RICA's are accepting patients.

COUNCIL BUSINESS

BHAC Sub-Committee Co-Chairs gave updates on how COVID 19 is impacting their organizations or populations served.

Criminal Justice/Forensics Committee:

Judge Lipman gave the following updates. Competency and residential treatment have been the main issues on the criminal justice agenda. The MDH Secretary closed state psychiatric hospitals for admissions on competency evaluations, competency commitments and not criminally responsible (NCR) findings. They are now admitting individuals who have been found incompetent into the various state hospitals, which is an accomplishment. During the last two months, a system for remote hearings or status conferences on individuals who were in jail had to be put in place. Getting tele hearings, tele meetings and telemedicine into the various detention centers and evaluations was quite a challenge but

relatively successful. He feels the most pressing need over the next couple of months will be the coordination of services back into the community, so that we can have individuals housed and get wraparound services when they are released on conditions from the community.

Children, Young Adults, and Families Committee:

Ann Geddes cautioned to be mindful about the use of telehealth for children. Many children and families do not have the capability to access technology/telehealth. Even telephonic health is a problem for some families. Also, children can sometimes be particularly hard to engage with through this type of therapy. They may not have a private place to go in their homes to speak with a therapist. We have been hearing from families, that they are struggling. There are a number of families that have not had psychotherapy since the beginning of the crisis. At the same time, all the stressors that are going, it is putting a strain on families. Telehealth can be a great thing, but it is not for everybody.

Recovery Services and Supports Committee:

Barbara Allen, and Ann Ciekot, gave the following updates. There are concerns regarding MDRN funding. Some recovery residences have not received funding that they are supposed to be getting, which is putting a strain on them. Some recovery residences have also expressed concerns about the impact of COVID 19 on their programs, including difficulties of enforcing social distancing and other measures.

Cynthia Petion asked Barbara to send her an email with her concerns and she will share them with BHA's Clinical team.

Carlos Hardy stated most of the concerns that the peer and recovery community have are the same ones that the licensed professionals have. Carlos commended the peer workforce as frontline and essential workers. He thanked BHA and the recovery support team for holding conversations with the recovery community on issues they're facing.

Cultural and Linguistic Competence (CLC) Committee:

Jacob Salem said we all are going through a rough time with the coronavirus going on. We are dealing with many challenges, for example the State of Maryland banned the use of Zoom for meetings that caused a lot of challenges for deaf and hard of hearing individuals. Secondly, access to providers who provide interpreters who are culturally and linguistically competent. Many people now are starting to look for therapists who have expertise in those areas through their insurance company. Sometimes, the insurance companies are not sure of the availability of these specialized therapists. This adds another layer of challenges to deaf and hard of hearing individuals. Right now, we are trying to push for more information and resources. Jacob informed the meeting that they are pushing for

more information and resources, and asked Council participants' support in sharing available information on providers and resources. Jacob informed the Council that MD Relay and technology assisted programs are available to serve people who need access to technology and different resources for qualifying individuals with a disability.

Dayna Harris expressed her concerns on the impact of COVID-19 on people of color, who are dying at a higher rate than any other groups, and the stigma attached to it. She hopes that we could address the stigma attached to people of color and their access to healthcare, once we are able to meet face to face.

Planning Committee:

Senator Eckhardt thanked the Council for their commitment during these difficult times. She is impressed with the transitioning and flexibility to move into telehealth and being responsive to the needs of the clients. She said we must keep all populations we serve connected as a result of COVID 19. She stated going forward, we need to make a commitment to retain what we are doing. Senator Eckhardt stated this is going to be a difficult time going forward because the disparities between the Lower income populations is very striking.

Tsegereda informed the Council that we will send information about a Webinar on Language Access and COVID 19.

The next meeting of the Council is on July 21, 2020. Meeting adjourned.