



# 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

**November 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, Kathryn Dilley (**by phone**), Lillian Donnard, The Hon. Addie Eckardt, Ann Geddes, Jessica Grau for John-Pierre Cardenas, Lauren Grimes, Rosanne Hanratty, Carlos Hardy, Dayna Harris, James Hedrick, Sharon M. Lipford, Dan Martin, Dennis L. McDowell, The Hon. Dana Moylan Wright, Randall Nero for Stephen T. Moyer, Kathleen O'Brien (**by phone**), Luciene Parsley (**by phone**), Keisha Peterson, Mary Pizzo, Keith Richardson (**by phone**), Kirsten Robb-McGrath, Dana Sauro, Jeffrey Sternlicht, Tracey Webb (**by phone**), Anita Wells (**by phone**)

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

Makeitha Abdulbarr, Karyn M. Black, Jan A. Desper Peters, Catherine Drake, Robert Findling, Shannon Hall, Christina Halpin, Virginia Harrison, The Hon. Antonio Hayes, Sylvia Lawson, The Hon. George Lipman, Theresa Lord, Jonathan Martin, William Patten, Jacob Salem, Nicholas Shearin, Catherine Simmons-Jones, Clay Stamp

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

Cynthia Petion, Sarah Reiman, Richard Ortega, Steven Whitefield, Brendan Welsh, Melissa Barber, Tsegereda Assebe, Darren McGregor, Kim Qualls, Greta Carter

**Guests and Others:**

Julia Jerscheid, Mid-Shore Peer Support Specialist/Consumer Advocate  
Lisa Kugler, Beacon Health Options Maryland  
Ann Walsh, CBH of Maryland  
Kimber Watts, Office of the Public Defender  
Brooks Robinson, Mid-Shore Consumer Advocate  
Rose Regan, Healthy Tilghman Consumer Advocate  
Ann Ciekot, Public Policy Partners  
Kim Novak, Intern Samford University  
Virginia Spence, Caroline County Behavioral Health Services  
Angel Traynor, Serenity Sisters  
Sarah Kamper, Serenity Sisters  
Rod Kornrumpf, Upper Chesapeake  
Diana Seybolt, University of Maryland  
Sandra Hart, Recovery Centers of America  
Kim Burton, Mental Health Association  
Andrew Garrison, Department of Legislative Services  
Debby Glunt, Walden Pyramid  
Lydia Aimone, On Our Own of MD  
Catherine Gray, Anne Arundel County CSA  
Kelly Moshogianis, Anne Arundel County CSA  
Vicki Scofield, Stepping Stones  
Cathy Howard, Anne Arundel County Department of Health  
Laura Mueller, WIN Team  
Rebecca Frechard, Maryland Medicaid, Behavioral Health Division, Office of Health Services  
Linette Rivera

## **WELCOME AND INTRODUCTIONS**

Dan Martin and Barbara Allen opened the meeting and welcomed all members and guests. The minutes of the September 18<sup>th</sup> meeting were reviewed and adopted. It was noted to remove an ‘h’ from Senator Eckardt’s name in the minutes. 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>

## **ANNOUNCEMENTS AND UPDATES**

The sudden passing of Council member Charles “Charlie” Reifsnider was announced and a moment of silence was observed. Mr. Reifsnider served on the former Maryland Mental Health Advisory Council and for several years, served as Chairman of the Board of Directors of the Mental Health Management Agency of Frederick County (Core Service Agency). He was a strong advocate for fair treatment of individuals with mental illnesses, as well as an avid collector of vintage telephones. He also enjoyed horseback riding.

## **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:

- The mid-term elections are over and there are several new legislators in the Maryland General Assembly. The BHA will provide briefings to the new leaders on the scope of its work and goals.
- Richard Ortega, Ph.D., BHA’s Deputy Director, Office of Court Ordered Evaluations and Placements, will be retiring after 35 years of service in Forensic Psychology. December 14<sup>th</sup> will be his last day at BHA.
- BHA’s 2019-2020 Cultural and Linguistic Competency (CLC) Strategic Plan has been completed and is now going through the MDH approval process. The CLC Plan was developed through collaborative efforts among various stakeholders, including the Council’s Cultural and Linguistic Competency Committee. The Plan will provide BHA with an opportunity to develop a strategy and roadmap to ensure that services can be provided within the cultural context of the population served. More important than the completion of the plan is the implementation of the strategies, which will be the main focus in the coming year. The next charge of the CLC Committee, as well as the BHA staff, will be to ask: “how do we make this work, what do we do differently, how do we redefine things, and how do we approach and speak to people about their needs and wants?”

**Other BHA Updates:**

- **State Opioid Response (SOR) Grant:** Over the next two years Maryland will receive \$66 million from SAMSHA through the SOR grant to support a comprehensive response to the opioid epidemic and expand treatment and recovery services. Funding use will include expansion of 24/7 crisis treatment services, naloxone distribution, public awareness/outreach efforts, SBIRT (screening, brief-intervention, and referral to treatment), medication assisted treatment (MAT), harm reduction initiatives and expansion of other, treatment and recovery activities. BHA plans to incorporate lessons learned from around the country in regards to addressing opioid issues and apply them here in Maryland if applicable. Secretary Neall is taking the lead on the Opioid Response and his major goal is to decrease deaths. We need to keep people alive so that they can get into treatment. The Secretary will be working with the Deputy Secretaries to reorganize the Opioid Response efforts. BHA is awaiting permission from the Governor's office to release the funding. We will keep the informed of the status and implementation.
- For the past year, the Behavioral Health Administration (BHA) has been working with local jurisdictions and other stakeholders to develop a plan to integrate systems management. This Integration Plan builds on an analysis of experiences in all 24 local jurisdictions, plus financial data that indicated opportunities to increase value from systems management. While all local jurisdictions have begun the journey toward integration, half have established a Local Behavioral Health Authority (LBHA) in lieu of their CSA and LAA, all have more integration work to do. The Plan lays out a roadmap with pathways and milestones to mark progress toward full management integration. The local jurisdictions just completed self-assessments in which they rate where they think they are along the continuum moving toward service integration. The Maryland Association of Behavioral Health Authorities and BHA will manage a Learning Community to provide technical assistance, tools, resources, and peer-to-peer learning. A training on Change Management was conducted and plans are set to do another one next year. Another goal for BHA is to ensure that funds are used effectively at the jurisdiction level. Thus, instead of providing funding to different organizations, funds will be sent to a central authority at the jurisdictional level who will be responsible for managing the system of care within that jurisdiction.

BHA is also working on establishing standardized systems management policies and procedures. This will occur through Acadia, an electronic/online platform on which we will post all MDH and BHA policies that govern Behavioral Health. While this is already in use by the Department, BHA does not have a central place where we can access policies easily. Having a designated policy platform where all policies are easily accessible will reduce confusion, increase efficiency and allow us to have a more organized system of care.

Anyone looking for a policy can go to the platform and access it simply. The goal is to have the first group of policies, including policies on hospital and community based systems, on the platform by February 2019.

- Budget hearings: BHA will meet with the Department of Budget Management (DBM) the beginning of December to review budgets. From there, things will move quickly into the legislative session which begins January 9, 2019.

BHA in collaboration with Medicaid will complete the final phase of the transition of SUD Residential from grant to fee-for-service with the ASAM 3.1 services. This service--halfway houses—will be launched on January 1, 2019. The pre-launch meetings have gone smoothly. The 8-507 fee for service transition has also gone smoothly. BHA's Office of Court Ordered Evaluations and Placements - Justice Services, is responsible for conducting evaluations and placement of individuals into substance use treatment programs under Health General Article 8-505 and 8-507. Evaluations are conducted across the state in jails, detention centers and in the community to determine an ASAM level of treatment. The individual is then placed into a licensed 8-507 treatment program within 21 days as per statute. There have been only been three instances with 2 individuals where the 21 days as exceeded due to the individuals' circumstances. Additionally, the Title 3 framework has been within the 10 day requirement.

#### **COUNCIL QUESTIONS/COMMENTS:**

**What are some of the specific recommendations in the CLC plan?** *The plan includes strategies on how to provide culturally and linguistically appropriate services to individuals with various cultural and linguistic needs – such as the deaf and hard of hearing, those who communicate differently because of their culture and speak languages other than English. One size doesn't fit all and we have to begin to modify our clinical care delivery system. We have to look into issues such as: how do our buildings and environments need to look different so they are more welcoming? How do we assess our system to determine if it's working in a culturally and linguistically appropriate way?*

**Is the CLC Plan for local LBHA's, providers?** *Yes, it's for all.*

**Does it align with CARF requirements?** *BHA's Cultural and Linguistic Competency Strategic Plan are based on the National Culturally and Linguistically Appropriate Services (CLAS) standards as well as SAMHSA's Treatment Improvement Protocol (TIP) 59 on Improving Cultural Competence. CARF's requirements are also in line with the same CLAS standards and resources.*

**Can we get a clear picture of where our budget is now?** *Can you speak to the background of trends? After BHA meets with DBM the first week of December, we should have a clearer picture of our budget and more specifics.*

Dan Martin stated that the Council's next meeting is in January after the legislative session begins. So it will be a great opportunity for Dr. Bazron to provide an update (preview) of BHA's budget. Dr. Bazron will provide an update.

**PRESENTATIONS: Today's presentations highlight efforts to address Older Adults and Crisis Services.**

**Kim Burton- Mental Health Association (MHA) and Chair of the Maryland Coalition on Mental Health and Aging**

***Issues, Concerns and Current Policies in the Older Adult Field:***

There are now more older adults in Maryland than school age children. Individuals age 65-95 are all clumped together in one category- "Older Adults". Data shows that the fastest growing group in need of substance use treatment are older adults. However, our resources are not well aligned with the demographic trends. There are those who growing up never had problems with substance use disorders or mental health and don't know that these are treatable illnesses. This generation is not talking about these issues because there is this stigma attached.

Older adults living in nursing homes or assisted living facilities are not only dealing with serious mental illness but other several disorders such as: dementia, brain injury etc. However, the full array of services does not exist in assisted living or nursing homes. They have issues that do not fit with the traditional nursing homes/assisted living facilities. The nursing homes and assisted living facilities do not have specialists that could determine how much of the patient's behavior is dementia, COPD or SMI. There is a need for Geriatricians and for people trained in Geriatric Psychiatry. Currently, there is a Geriatric Behavioral Health Specialist in each region. These are older adult behavioral health pre admission screening review specialists (PASRR) and they serve as a liaison between the hospital and other facilities that older adults use. They are needed to assist with Nursing home diversion and to find better and more appropriate placements for those leaving hospitals.

In an effort to attract members, MHA is having an orientation for their Coalition group on December 12<sup>th</sup> and need consumer and caregiver voices. The Coalition meets every other month. Mental health is getting addressed a little better than substance use disorders. Baltimore County Department of Aging has joined with BHA in developing a Certified Older Adult Peer Specialist Program. Peer specialists will be taught about aging issues so that they will be able to help when older adults are moving to different facilities. Ms. Burton provided Council members with the resource guide "Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them".

**Comments:**

Council members shared comments regarding the need of services for older adults who are incarcerated as well as for those individuals with substance use disorders.

**Harford County's Integrated Behavioral Health Crisis Center – Sharon Lipford, Executive Director of Healthy Harford-Healthy Cecil; Chair, the Local Health Improvement Coalition for Behavioral Health and member of the Mental Health Addiction Advisory Council; Mary Bunch, Chair Mental Health and Addictions Advisory Council for Harford County; and Rob Kornrumpf, Regional Executive Director, Behavioral Health for Upper Chesapeake Hospital in Harford and Union Hospital in Cecil County.**

Healthy Harford/Healthy Cecil is the Healthy Communities Initiative of Harford and Cecil Counties. Ms. Lipford indicated that developing and launching a crisis center has been a top priority for treating substance use disorders and mental health in Harford County. The need for a 24/7 integrated behavioral health crisis center in Harford County was identified as a critical need. On July 20, 2017, over 65 community stakeholders and partners came together at a Listening Session. From the listening session, the vision to create a regional public/private integrated system was developed. We recognized that there are many great resources in the county, but we didn't know who to call. We recognized that we needed immediate access, better coordinated care, increased education and that no one entity could do it alone. The Harford Crisis Center is funded through the University of Maryland Upper Chesapeake Health, Harford County Office on Mental Health, Harford County Health Dept. and Harford County Government.

The Harford Crisis Center is a new Behavioral Health crisis center that will provide 24/7 crisis services to individuals with mental health and addiction issues. The 24 hour crisis hotline and mobile crisis team are co-located at the Center at one central location. The goal was to co-locate and integrate, but we had to figure out how to blend the funding and still get all the services individuals would need in one site. In October, the 24 hour call center and mobile crisis service was initiated. Affiliated Santé Group was selected to be the provider of these services. The Outpatient MH Center will be operational around December/January--opened by Upper Chesapeake Hospital. In March/April 2019, the 24/7 Urgent Care for BH will open. The purpose of the Urgent Care Center is to be an alternative to the Emergency Department. Walk in assessments will be completed and individuals will be referred to a more appropriate placement/resource in the community. There will also be 8 residential crisis beds. Ashley Addictions Services will lease one part of the building and offer Intensive Outpatient Program (IOP) services and they will eventually move to the Crisis Center as well. It is a "living room" model and individuals that utilize the service are referred to as "guests". A community conference room and flexible office space have been built-in so we can invite our community partners to come on site if our consumers need these services. The intent is to do the same in Cecil County in relation to Union Hospital. Aberdeen has some smaller versions, which are meant to serve as a diversion to ERs. The goal is to replicate this model across the state.

## QUESTIONS/COMMENTS:

**How is it funded/staffed and how you are combining public/private funding?** Affiliated Santé provides the 24 hour call center and mobile crisis services. The CSA provides both the funding and oversight for these services. Oversight of the clinical practice i.e. the Outpatient MH and crisis beds are paid for by the Hospital. Medicaid pays for the residential crisis services. With regard to the Urgent Care services, which will have 18 beds- it is not yet determined how this will be paid for. The center is also able to provide 3 day medical detox.

**Are same day psych meds available if needed?** Yes and on a walk in basis. Insurance rates may pick it up and some the center will assume the expense for a while.

**Can you assist those without insurance?** Yes

The center is mostly geared toward adults and is not trained to provide care for children yet. However, we are going to start looking at how to serve children.

**How are peers being utilized?** The program plans to use peers in the call center and mobile treatment program. We are going to start with nurses and doctors and then bring in peers.

Copies of both presentations will be available to Council members at the January meeting.

## Council Business

- Next meeting: The focus will be more on committees and the upcoming year and we will only have one presentation.
- Vacancies filled: Almost all vacancies are in the process of being filled. We should have a full council soon.
- Snow policy: We follow Baltimore County Public School policy.
- 2019 meeting schedule: Council members were reminded to take the 2019 meeting schedule which was made available to all.
- Committee meetings: The Cultural and Linguistic Competence Committee and the Criminal Justice Committee meetings are canceled for today. Change of location for Life Span I and II Committees was announced.
- Council Co-Chairs: Technically, the terms of the Co-Chairs have ended. In the last BHAC meeting, the chairs were asked to stay on until the end of the legislative session. The Co-Chairs asked the assistance of the BHA's Division of Planning to form a Nomination Committee and get the process going to elect new chairs.
- Bylaw amendments: The amendments were approved and were sent out to everyone. The Annual Report was given to council members for review and feedback and a final draft was sent to Office of Government Affairs.
- Next Meeting: budget /legislative updates from BHA, hear from Committees about what they plan to focus on for the next year.



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- Cynthia commented that the Maryland's 2019 allocation for Mental Health Block Grant (MHBG) was increased from \$11 million to \$13 million--with 10% to be set aside for first episode psychosis and early intervention. We will also look at expanding crisis services as recommended in the Crisis Plan.

The next Meeting of the Council is on January 15, 2019. Meeting adjourned.