



# 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 21, 2017

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

Barbara J. Bazron, Dori S. Bishop, Karyn M. Black, Lori Brewster, Mary Bunch, Kenneth Collins, Jan A. Desper Peters, Allysa Dittmar, Lillian Donnard, Catherine Drake (**by phone**), The Hon. Addie Eckardt, Stevanne Ellis, Kate Farinholt (**by phone**), Robert Findling (**by phone**), Bill Frank, Ann Geddes, Lauren Grimes, Howard Haft, Elaine Hall (**by phone**), Shannon Hall, Carlos Hardy, Dayna Harris, The Hon. Antonio Hayes (**by phone**), Helene Hornum for Brandi Stocksdales, Sylvia Lawson, The Hon. George Lipman, Theresa Lord (**by phone**), Dan Martin, Dennis L. McDowell, Tom Merrick for Al Zachik, The Hon. Dana Moylan Wright, Nick Napolitano for Jonathan Martin (**by phone**), Randall S. Nero for Stephen T. Moyer, Luciene Parsley, Mary Pizzo, Charles Reifsnider, Keith Richardson, Catherine Simmons-Jones, Clay Stamp, Jeffrey Sternlicht, Tracey Webb, John Winslow

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

Makeitha Abdulbarr (**by phone**), Barbara L. Allen, Christina Halpin, Virginia Harrison, Japp Haynes, IV, James Hedrick, Michael Ito, Sharon M. Lipford, Kathleen O'Brien, Anita Wells

#### BHA Staff Present:

Kimberly M. Cuthrell, Anna Barefoot, Cynthia Petion, Hilary Phillips, Sarah Reiman, Judith Leiman, Tsegereda Assebe, Michele Fleming, John Robison, Richard Ortega, Brendan Welsh, Lori Mannino, Clara Sevy, Priya Arokiaswamy, Patricia Konyeaso, Greta Carter

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c/o Behavioral Health Administration

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**Guests and Others:**

Senator Madaleno;  
Samantha Zwerling;  
Kim Burton, Mental Health Association of Maryland;  
Ann Ciekot, NCADD-MD;  
Thomas Werner (**by phone**);  
Julia Jerscheid, Mid-Shore Consumer Advocate;  
Cathy Howard, Anne Arundel County Health Department, Behavioral Health;  
Erin Dorrien, Maryland Hospital Association;  
Seante' Hunt, Howard County Health Department;  
Sharon MacDougall, Advocate, Own Our Own of Maryland, Inc.;  
Lisa Lowe, Heroin Action Coalition;  
Joy Ashcraft, Building Healthy Military Communities;  
Virginia Spence, Consumer Advocate;  
Linnette Rivera, Maryland Department of Disabilities;  
Reggie Burke, Maryland State Department of Education;  
Jordan More, Maryland Department of Legislative Services;  
Diana Seybolt, Systems Evaluation Center, University of Maryland;  
Donna Wells, BHA Consultant;  
Robert Canosa, Catholic Charities;  
Vernon Spriggs (**by phone**);  
Terrence Morgan, Baltimore County Department of Health, BBH (**by phone**);  
Rick Rock, Washington County Mental Health Authority (**by phone**);  
Vanessa Khoo, Maryland Health Benefit Exchange (**by phone**);  
Phillip Lubitz, (**by phone**);  
Roth Waddell, The Ranch;  
Ken McMonical, Mental Health Advocate;  
Victoria Scofield, Stepping Stones Recovery Houses;  
Ryan Chamberlain, Uplift Recovery Houses;  
Angel Traynor, Serenity Sistas, Inc.;  
Pamela Dukes, I'm Still Standing by Grace;  
Pat Miedusiewski, MHAA Family Advocate;  
Laura Mueller, WIN Team, LLC;  
Jo Martin, Addiction News Network;  
Melba Bradshaw, Consumer;  
Travis Crow;  
Charelle Leigh, Dystech;  
Brian Campbell;  
Caitlin Fogelsong, NAMI-MD;  
Ann Walsh, Community Behavioral Health Association of Maryland (CBH);  
Janet Lane, Governor's Office of Crime Control and Prevention;  
Casey Saylor, On Our Own of Maryland, Inc.

## **WELCOME**

Co-chair Dan Martin opened the meeting and welcomed all members and guests. Barbara Allen is not in attendance today. The minutes of the September 19<sup>th</sup> meeting were reviewed and approved. 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**

There were no special announcements. All new members and guests introduced themselves, as well as attendees present on the phone introduced themselves. Dan Martin introduced Deputy Secretary Bill Frank of the Maryland Department of Disabilities.

## **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 two main issues:

### ***1. Behavioral Health System Integration***

BHA was mandated by the legislature to develop a strategy for integrating behavioral health system oversight at the jurisdictional level. Currently, the system varies among the local organizational structures: such Core Service Agencies (CSAs) as private non-profit, CSAs under local health departments, county government or a quasi-public authority, Local Addiction Authorities (LAAs) and Local Behavioral Health Authorities (LBHAs- combined entities with oversight of mental health and substance use disorders). The goal is to ensure that all of the behavioral services including gambling addiction services are integrated and managed with one oversight and accountability body. BHA adopted a two-phase approach to fulfill its mandate.

#### *Phase 1: Baseline Data*

- BHA collected baseline data to see to what degree service oversight is currently integrated at the jurisdictional level.
- Of the 24 jurisdictions:
  - ✓ 11 have moved towards local behavioral health authority;
  - ✓ 5 are in the process of moving towards integration; and
  - ✓ 8 have just started the process.
- One of the key findings from the baseline data indicated that jurisdictions with integrated services have been able to cut their administrative cost and increase their service costs than those that were less or not integrated.
- Local authorities have requested from BHA:
  - ✓ Guiding principles to define what service integration should look like
  - ✓ The core elements of integrated behavioral health services; and
  - ✓ Technical assistance in system management.
- The final report was submitted to the Legislature on November 1, 2017.
- Other concerns related to integrating behavioral health services is the issue of funding. Right now there are separate funding streams which makes integration more difficult.
- There is also a need for a multi-year plan. Will work with a 3-5 year planning cycle.

*Phase 2: Developing Clear Plans*

- BHA will work with the jurisdictions to develop clear plans for moving toward integration and refinement for those who have already integrated.
- BHA will create an advisory committee to help shepherd the planning and implementation processes. The advisory committee will have representation from the CSAs, health departments, LBHAs, consumers, advocates and professional organizations

**2. Accreditation**

- Deadline for accreditation is January 1<sup>st</sup>, 2018 and for licensure April 2018.
- The provider community has been very cooperative in terms of the accreditation process. There have been many applications processed, however some providers have faced challenges in the accreditation process. In order to provide assistance to providers and the accreditation bodies, BHA has offered to provide variances to help ensure that the process moves forward smoothly. This includes extensions to providers in the following areas:
  - ✓ Those who have been notified by the approving accrediting body of a scheduled accreditation visit during 2018;
  - ✓ Providers who have been surveyed by the accrediting body but are waiting for final determination from the accrediting organization;
  - ✓ Providers who have a signed agreement to cooperate with a CSA, LAA or behavioral health authority; and
  - ✓ Providers who are already accredited for other services but are awaiting accreditation for another special service within the array of services.

Extensions will be granted on a case by case basis and providers will need to submit all required documentation. Dr. Kimberly Cuthrell, BHA's Director of Systems Management, and her team will be overseeing the process and will be available to provide technical assistance.

**3. Other BHA Organizational Changes/Updates**

**New Staff:**

- 1) Chris Irwin: CEO of Clifton T. Perkins Hospital.
- 2) Dwain Shaw: CEO at Spring Grove Hospital Center.

**BHA is also in the process of identifying two additional leaders:**

- 1) Director of Medical Forensic Services and;
- 2) Medical Director for Behavioral Health Services. Final interviews are being conducted for the latter and BHA hopes to announce the result shortly.

### **Transfer of Grants**

- BHA continues with the move of transfer of grants to a fee-for-service structure. The transition of Specialty Residential SUD Services for Adults (ASAM Levels 3.3 and 3.5) will go into effect January 1, 2018. These Specialty Services include: Health General 8-507 services; services for Pregnant Women and Women with Children (PWWC); legislatively mandated initiatives, including SB 512 (1997)-Drug Exposed Newborns and HB 7 (2000) - Child Welfare Involved Families.
- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, Maryland for clinical services and room and board (R&B). The following rates include: Levels 3.3 & 3.5: Clinical services-\$189.44; R&B - \$45.84. R & B rates includes transportation, monthly progress reports, court attendance, submittal of off ground privileges form and other state requirements in HG 8-507. (For PWWC, Providers have asked for financial assistance with providing certain additional services that are usually not covered. The R & B rate for PWWC/SB 512 is \$106.11 and includes case management for children, ancillary services, coordination of care to specialty providers, transportation, child care and recreational and clinical services to children and other requirements by the state.
- BHA will also provide technical assistance and training opportunities to providers to ensure that the process is managed properly. An operational manual is being developed that will lay out the standard procedures.
- There is an application process for providers and BHA will meet one on one with all existing providers, to enlist their support and make sure that they are involved in this process.
- BHA is developing a Forensic Services Network that will establish standard operational criteria for providers offering substance use disorder services.

### **Maryland State Psychiatric Hospitals Integration/Centralized Admission** – John Robison, BHA's Director of Hospitals and Michelle Fleming, Director of Centralized Admissions and Evaluation

- John Robison, BHA's Director of Hospitals will oversee the State's Psychiatric Hospital's Integration process. Five (5) state psychiatric hospitals have now been integrated into a centralized system and are no longer independent stand-alone hospitals. Instead of 5 separate waiting lists for the 5 psychiatric hospitals, there is now one centralized waiting list.
- The Maryland Department of Health (MDH) created and launched a Centralized Admissions Office that will process all court orders that commit patients to MDH for evaluation or treatment services for substance use disorders or mental health disorders. This Office is under the direction of Michelle Fleming, Director of Centralized Admissions and Evaluations.
- The Office of Centralized Admissions will be located in the Hill building on the Spring Grove campus. Michele will be the contact person for all inquiries. She will also have an administrative officer. This new process should bring down the waiting list.
- Ms. Fleming indicated this process will include efforts to check in with jails/detention centers 2x a week to see how defendants are doing, to see if there needs to be any clinical overrides and to identify defendants who need priority hospitalization. Staff will not be going into jails but will be staying in close contact with the jails, making clinician to

clinician calls twice a week. This effort will ensure that we are getting the right people in the right order and that no sick person is left in jail. A licensed social worker will be looking at clinical issues and somatic issues will be taken into consideration as well by the medical director.

- Currently, the average waiting time from the date of referral to the date of admission is 13 days. This is down from 104 days.
- The goal is to keep patients as close to their jurisdiction as possible, however, if there is a bed available, they will place them instead of leaving them in jail. This will be very individualized and done on a case by case basis.
- 95 new beds total in the system; 20 new beds at Perkins and 25 at Eastern Shore.

**Updates on Justice Reinvestment Initiative – Janet Lane, Director of Justice Reinvestment**

- The Council was briefed on the work that has been done so far to enact the Justice Reinvestment Act (JRA) that was passed in May 2016, and fully enacted on October 1, 2017. The JRA is a result of effective collaboration amongst several State agencies. Maryland was the 33rd state to enact Justice Reinvestment. The JRA is led by the Governor's Office of Crime Control and Prevention (GOCCP). The JRA Initiative is a data-driven approach to improve public safety by reducing recidivism, use criminal justice resources more effectively, reinvest in programs, services and evidence based treatment proven to reduce likelihood of re-offense and improve offender outcomes. Maryland's JRA has three boards: an oversight board, the local government commission which represent every single county and an advisory board which is made up of stakeholders that work in the community.
- Local Detention Gaps and Needs: Two electronic surveys were sent out to all the 23 jails and detention centers in Maryland. The purpose of the surveys was to determine inmates' substance use and mental health treatment needs and available treatment services within the local detention centers.
- The GOCCP has developed a comprehensive list of performance measures that will be used to measure the impacts of various JRA reforms and policy. Data collection will include 126 performance measures. The desired outcomes will include increased and timely access to treatment for offenders with SUD and increased alternatives to incarceration. Measures will be requested from 6 agencies.
- The data analysis team is led by Angelina Guarino, Senior Director of Justice Reinvestment.

*Council Questions/Comments:*

**1) Are Parole probation officers educated on the Justice Reinvestment program?**

Yes. Trainers have travelled all over the State of Maryland and have provided extensive trainings (2 days 8hr/day) to Parole and Probation Officers on SOAR and motivational techniques. All trainees have received complete training packets. There are ongoing FAQs that parole and probation officers can access as well as a "*Monday morning tip.*" There is a constant dialogue with them about components of the Bill.

**Update on Recovery Housing Activities – Carlos Hardy, Representative of Maryland State Association of Recovery Residences (MSARR)**

- MSARR was created in 2014 with funding received from the BHA. The grant from the State ended in the spring of this year and MSARR has handed over the directory of membership to the State.
- There are currently 83 providers within the State, in 17 of the 24 jurisdictions. MSARR providers operated over 220 houses with over 2100 beds. Since transitioning to the State, MSARR has become MCORR (Maryland Certification of Recovery Residences).
- Mr. Hardy is currently serving on the Council's Life Span Committee II, which hopes to explore the possibilities of building and financing a recovery support system based on SAMHSA's four dimensions that support a life in recovery: health, home, purpose and community.

### **Regulating Recovery Houses in the State of Maryland –**

- BHA has released a set of proposed regulations for recovery residences that has been published in the Maryland Register which is the first step to getting these regulations approved. Although, MSARR members are not totally against regulations, they have some concerns with the proposed regulations.
- SAMHSA/BRASS TACS is in the process of releasing a report that talks about the issues typically raised in relation to recovery residences: such as “not in my backyard,” statutory, state laws, administrative policies, unequal enforcement of statutes, etc.
- Other important issues they touch upon are: funding and the independence of recovery housing services.
- When providers agreed to join MSARR, they agreed to adhere to some voluntary standards set by the National Affiliates of Recovery Residences. Some regulations might put undue financial burden on providers.

### **Maryland Certification of Recovery Residences (MCORR) - Patricia Konyeaso, Director of Maryland RecoveryNet and MCORR, BHA and Priya Arokiaswamy, Director of Housing and Recovery Supports, BHA**

- House Bill 1411 titled “Health- Recovery Residences Certification” was enacted under Article II 19 © of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016. The legislation requires the Maryland Department of Health to establish a credentialing entity to certify recovery residences by October 1, 2017. BHA was selected to be the credentialing entity for the certification process.
- BHA has been able to certify residences that were grandfathered by MSARR. Recovery residences that have not come through the grandfathering process and have applied for initial certificates of compliance, should have their policies and procedures reviewed. All the documents that need to be filled out are online. For those already approved, inspections are being conducted. BHA is still accepting applications.
- House Bill 869 requires that a behavioral health professional referring an individual to receive services at a recovery residence has to only give a list of recovery residences that are certified if that it is the next appropriate level of care for the referred individual. If the individual is assessed and needs ASAM 3.1, the professional has to give them a list of 3.1 level services from which to choose to go to. The list of recovery residences that are already certified was published on November 1st on BHA's website along with another separate list of recovery residences that are not certified. COMAR regulations for recovery residences is posted online.

- Maryland Recovery Net funding is currently limited to those providers with MSARR membership, which has been replaced by MCORR.
- To get access to funding, providers have to have a certificate of compliance from MCORR. BHA is exploring various options to make funding accessible to more providers who have gone through the application process and been certified as compliant.

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

### **Cultural and Linguistic Competency Committee - Co-Chair: Allysa Dittmar**

- No updates

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

- The Committee has been focusing on two main issues: Competency Admission Delays and 8-507 (Residential Substance Abuse Treatment).
- **On Competency Admission Delays**, the Committee feels the prisons are becoming more and more reserved to individuals who are have personality disorders and are really dangerous to the community.
- **On 8-507**, we are seeing some movement in the right direction. The Committee has been tirelessly trying to find solutions to certain questions and in pushing that offenders get the level of care that they need. When a person is committed under 8-507, questions such as what level of care do they need to be in and what is decision making process in selecting providers need to be addressed.

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

- The committee thanked Hilary Phillips and the Office of Planning team on the new FY 2018 State Behavioral Health Plan format. The committee reviewed and finalized the plan. The committee also reviewed recommendations that came out of the stakeholder meeting held in the spring and their feedback helped to inform the FY 2018/2019 Block Grant.

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

- The minutes were provided by the committee from their meeting in September.
- 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**

- The Committee has been looking at a few areas in the last few months. One is crisis service for children and adolescents. We looked at the Baltimore City model, which is a Crisis Management System for Children and Adolescents provided by Baltimore City. That system has been funded by Medicaid and BHA dollars. Currently the system is in



urgent care clinic for children and youth, there is a follow-up system in the community, two weeks with families and a referral to providers.

- A number of services have been discontinued: a mobile crisis team on standby and a diversion program at Johns Hopkins. The Committee is concerned about the shrinkage of services available for children and adolescents in the cities.
- We have been looking at residential services bed capacity. Two residential service facilities closed in a span of 2 months, which decreased our bed capacity by 30% and created a long waiting list.
- There is an increase of children and adolescents being sent out of state and waiting in in-patient beds because the system is clogged up. At the same time there has been a spike in ED usage in the adolescent population. The Committee is trying to talk to the right people in the State to address the shortage in RTC beds. A lot of those being sent out of state have co-occurring disorders. Most of the current RTCs are not staffed to support kids with co-occurring disorders. BHA has also been working with the Developmental Disabilities Administration to put some system in place.
- Other issues the Committee is looking into/working on are:
  - Shortage of intensive community services;
  - Shortage of residential treatment beds for youth with substance use problems;
  - The Behavioral health Plan/Report;
  - The Mental Health Block Grant to find out what funding is going for what, what percentage goes for adults and what percentage goes for children.

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

- The Committee has been struggling due to a number of reasons and decided to look at gaps in the continuum of care that needed to be addressed through this Council.
- One of the major gaps we identified is recovery services. In regards to the MORRS grant, the \$22 million from federal government for Opioid Crisis funding only addresses 3 categories in the continuum of care: prevention, enforcement and treatment. Recovery is not included. There is a need for a 4<sup>th</sup> category, i.e. recovery support services.
- Our Committee will be looking at a number of issues under recovery support services such as: the need for recovery community centers and recovery high schools in these recovery centers and how these centers can be established.
- We welcome Council members to join and energize our Committee.

**COUNCIL BUSINESS – CO-CHAIR: DAN MARTIN**

The Council has two reports to approve: The Crisis Services Strategic Plan report and the annual report of the BHAC.

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

- This report was sent out to the full Advisory Council on November 3<sup>rd</sup>. Dan Martin gave a brief overview on the process that led to this final Strategic Plan report. The Maryland General Assembly enacted legislation in 2016 requiring the Behavioral Health Advisory Council to develop this report, which outlines a strategy for establishing a statewide network of 24/7 walk-in and mobile crisis services.
- In developing this plan, the Advisory Council established a Steering Committee to guide and oversee the process. The Steering Committee held monthly meetings that were open to all interested behavioral health Advisory Council members.
- Consultants were hired. They conducted an environmental scan of local and national crisis systems and collected expert inputs in the plan development stage. The plan has gone through two rounds of surveys with over 1000 responses.
- 4 Maryland models were reviewed, as well as 14 different models from different parts of the country (urban, rural and in some cases frontier) and based on the public inputs and the models, a number of service gaps were revealed and challenges to meet set goals were identified.
- The report closes with recommendations, addressing a range of issues including funding, data collection, oversight, statutory interpretation, and more.
- Appendix E includes plans/information from all jurisdictions across the State with proposed strategies to operationalize the plan development. Although the report has not been able to look closely into every specific services, it is a framework which will help us to move forward and a report we can all be very proud of.

*Questions/Comments:*

- 1) *Will the comments submitted by Council members go into an addendum?*  
We have received a lot of positive feedback. We can get it to the Legislature adding any comments we received electronically and from this meeting as an addendum.
- 2) Dr. Bazron thanked the members of the Steering Committee for producing a comprehensive report that not only reflected where jurisdictions are right now in the provision of crisis services but also identifies some of the core problems they face in developing a complete continuum of care services at the jurisdictional level.
- 3) *What are the next steps? What is it we need to do to make it happen?*  
Approve the report and then send it to Legislature. Once it gets to the Legislatures, we need to work with the decision makers to move the recommendations forward.

The Advisory Council approved the report unanimously.

**BHAC Annual Report** - The draft annual report, which included all of the Committees' reports, was sent to Council members for review. There were no further comments on the report. The Advisory Council approved the draft report unanimously.

*Questions/Comments:*

- 1) Dayna Harris from the Department of Housing and Community Development commented on the legal implications that the provision of recovery housing are creating for the State of Maryland as local jurisdictions are challenging construction of recovery houses in their areas. The Department of Housing and Community Development cannot build community housing without the support and approval of local jurisdictions. There is a need to redefine community housing in a way that will allow housing for people with special needs to be built in communities.
- 2) Dan commented that at one of the next meetings there will be a speaker on Hospital Safety at State Hospitals.

Meeting adjourned.

The next Meeting of the Council is on January 16<sup>th</sup>, 2018.