THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL
Minutes

September 15, 2020

Maryland Behavioral Health Advisory Council Members Present:
Barbara Allen, Robert Anderson, Dori S. Bishop, Lori Brewster, Mary Bunch, Kathryn Dilley, Catherine Drake, The Hon. Addie Eckardt, Ann Geddes, Kelsey Goering for Jonathan Martin, Lauren Grimes, Carlos Hardy, Dayna Harris, Joyce N. Harrison, James Hedrick, Brooke Holmes, Helene Hornum, Aliya Jones, Sylvia Lawson, Jennifer Krabill, Sharon M. Lipford, The Hon. George Lipman, Michelle Livshin, Caterina Pangilinan, Luciene Parsley, Keith Richardson, Kirsten Robb-McGrath, Jose Rosado, Jacob Salem, Erin Shaffer for Lynda Bonieskie, Sabrina Sepulveda, Jeffrey Sternlicht, Mary C. Vaughan, Kimberlee Watts, Anita Wells, Kim Wireman

Maryland Behavioral Health Advisory Council Members Absent:
Makeitha Abdulbarr, Karyn M. Black, T-Kea Blackman, Andrea Brown, Kenneth Collins, Lillian Donnard, Kate Farinholt, Rosanne Hanratty, Dan Martin, Mary Pizzo, The Hon. Dana Moylan Wright, Deneice Valentine, Ambrosia Watts

Behavioral Health Administration (BHA) Staff Present:
Stephanie Slowly, Tsegereda Assebe, Sarah Reiman, Greta Carter, Kaylin McJilton, Kimberly Qualls, Joy Ashcroft, Maria Rodowski-Stanco, Lori Mannino, Marian Bland, Phyllis McCann

Guests:
Diana Seybolt, University of Maryland, Systems Evaluation Center
Leah Parrack, SUN Behavioral Health
Andrea McDonald-Fingland, Calvert County LBHA
Catherine Gray, Anne Arundel County CSA
Delores Rowlette, Maryland Department of Public Safety and Corrections
Mary Drexler, Maryland Center of Excellence on Problem Gambling
Jacquelyn Pettis, Optum Maryland
Annie Coble, Johns Hopkins University and Medicine
Cathy Baker, Maryland Department of Health
Maggie Thomas, Queen Anne's County Local Addictions Authority
Brenna Fox, Kent County Local Addictions Authority
Roseanne Layman, Maryland Department of Health
Erin Russell, Maryland Department of Health
Marie Stratton, Maryland Department of Health
Chelsea Bednarczyk, Anne Arundel County CSA
Karen Ancarrow-Rice Anne Arundel County CSA
Sue Doyle, Carroll County Local Behavioral Health Authority
Teresa Heath, Opioid Operational Command Center
Robin Rickard, Opioid Operational Command Center
Roe Rodgers-Bonaccorsy, Howard County Local Behavioral Health Authority
Shawn Martin, Harford County Local Addictions Authority
Gabby Knighton, Behavioral Health System Baltimore
Ann Ciekot, Public Policy Partners
Rod Kornrumpf, Anne Arundel Health System
Veronica Dietz
Judith Schlott
Michael Laveechia

WELCOME AND INTRODUCTIONS

Barbara Allen, Co-Chair, opened the meeting and welcomed all members and guests. Co-chairs Lauren Grimes and Barbara Allen reviewed logistics for conducting the meeting virtually, including the use of the camera option, muting phones (*6 to mute and *6 to unmute), joining by either phone or Google Meet but not both due to the chance of interference, and how to pin the interpreters if needed. Those who participated by phone were asked to email Greta Carter so that their attendance is recorded. Minutes from the July BHAC meeting were reviewed. As there were no changes or updates needed, a motion to approve the July minutes was made by Senator Eckardt and Dr. Jones seconded the motion. Members were asked if they opposed the minutes to put it in the chat. No one opposed the minutes and the minutes were approved. 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

- **STATE OPIOID RESPONSE II (SOR II) GRANT**
  - Dr. Jones thanked everyone for their continued support, work, and advocacy in the behavioral health field.
  - BHA has been awarded the SOR II grant for $50.7 million. One difference with the grant this year is that, in addition to projects for persons who have opioid use disorder, the grant can also be used for those who have stimulant use disorders. This will allow us to expand the scope of work, which has made such a difference in our ability to combat the challenges with substance use disorder in the state of Maryland.
  - BHA was also awarded $537,800 from SAMHSA and FEMA to provide a crisis counseling under our regular services program. We will use this award to launch a digital messaging campaign to encourage people, particularly frontline workers and first responders, to monitor their mental health and access resources and services as needed.

- **ADVERSE CHILDHOOD EXPERIENCES (ACEs) GRANT**

  BHA applied for an Adverse Childhood Experiences (ACEs) grant. Unfortunately, we did not get this grant. The grant would have been focused through our children and young adult services programming. However, we will continue to work in the field of adverse childhood experiences. We will be looking for other opportunities to expand screenings and making interventions, as necessary.

- **MARYLAND NONPROFIT RECOVERY INITIATIVE (NORI) GRANT FUNDING**
  Dr. Jones reminded those who have non-profit entities that BHA and the Developmental Disabilities Administration (DDA) have expanded the NORI grant funding not only to cover personal protective equipment (PPE) but also operational expenses. We are asking those who originally applied for funds to relook at the funds that they asked for so that they can expand their request for funding. They have until September 18th. On September 21st, the portal will be re-opened for new non-profit behavioral health providers to apply for funding to cover any additional expenses related to COVID-19.

- **BUDGET**
  The behavioral health budget funding for HB 166, the provider rate increase, has not been loaded into the behavioral health budget for FY 2022. The rate indicated by legislation is 4%. The decision by the Department of Budget and Management (DBM) regarding FY 2022 rate increase for behavioral health providers, most likely will not be until after budgets are reviewed in December and provided for by the Governor's allowance. Stay tuned for more information about this.

- **SHORT SURVEY ON CLIENT WELL-BEING, ACCESS, AND TELEHEALTH**
  BHA issued another short survey about client wellbeing, access to treatment and telehealth impact on Monday, September 14th. We are looking forward to getting your impressions on how things have been going in the last 3 months. We had a very wide response to the last survey (840 responses). These surveys are helping us to respond to the needs on the ground in response to the COVID 19 pandemic. Thank you in advance for your participation in this survey.

- **COVID 19 AND PROVIDER AWARENESS**
  We are also increasing our ability to have greater awareness as to COVID 19 positivity amongst behavioral health providers who are providing residential care services or daily services and our opioid treatment programs. We are about to send out a reporting protocol and a reporting form. This will help us to know what is going on in the community so that we can know if assistance will be needed with regards to resources. Dr. Jones stressed the need to remain vigilant on what's going on in our communities so that we could address them in a timely manner.

- **PSYCHIATRIC REHABILITATION PROGRAMS (PRP)**
  BHA has been working internally looking at expenditures for PRP and looking at how we could improve them. We are not only looking at services that are being delivered to people who truly meet medical necessity criteria, but also to improving the quality of the programming. We are starting our stakeholder engagement process to bring stakeholders to the table to share a plan to be better informed by those who are working in these

programs. The first stakeholder meeting is scheduled for September 18th. We have received good responses from the providers that we have reached out to for input.

- **OPTUM CLAIMS**
  Optum has been paying live claims based on authorizations since July 1, 2020. The performance of the system is improving on a daily and weekly basis. The process of reconciling estimated payments with actual claims paid is ongoing and we along with Medicaid continue to monitor the ASO performance. If you are having any challenges, please continue to communicate those. We are asking that you go through the formal channels at Optum so that they have awareness of what the challenges are. However, if you are having any additional challenges and lack of responsiveness or lack of complete resolution to your issue, please make sure that BHA is aware of this as well. Spencer Gear is the Behavioral Health Administration's ASO contract monitor.

- **FLU SEASON**
  We are about to enter into flu season in the next couple of weeks. We will be putting out messaging about getting flu vaccines. The behavioral health population is a high-risk population as it pertains to catching the flu. We want to make sure that all of our providers and stakeholders are encouraging our consumers and everyone that you come in contact with to make sure they are getting their flu vaccine. This is not only important to decrease the likelihood that people will not catch the flu but also to decrease the risk of co-infection of flu with COVID 19, which can be particularly challenging.

- **STATE BEHAVIORAL HEALTH PLAN**
  Dr. Jones thanked BHAC and anyone else who has helped develop the Behavioral Health Plan. We appreciate your comments, shared vision, and all that you do and will continue to do, as we implement the strategies to meet the objectives and goals outlined in the Plan.

- **BHA' S NEW DIRECTOR, SYSTEMS MANAGEMENT**
  Stephanie Slowly, who is currently Chief of Staff at the Behavioral Health Administration, has been appointed the new Director of Systems Management effective September 23, 2020.
  Kim Jones, Director, Office of Government Affairs and Communications will be the new Acting Chief of Staff until this position is formally filled. Kim Jones will also continue to serve in her current position of Director, Office of Government Affairs and Communications.

Update on the State Behavioral Health Plan – Tsegereda Assebe, Chief, Division of Planning, BHA

Tsegereda provided an update on the State Behavioral Health Plan. As Dr. Jones stated, we appreciate everyone who contributed to the development of Plan and gave us very constructive

feedback on the draft. The Plan was also reviewed at the July 21st BHAC Planning Committee meeting. We have incorporated comments as appropriate from the Planning Committee members and others. The Plan is currently being reviewed by the Office of Communications. As soon as the final review is completed, we will share the Plan with the Council, as well as our stakeholders and local partners. It will also be posted on BHA's website. We will also continue to accept public comments on the final Plan until December 31st, which will be used to inform our ongoing planning processes and work, and the next multi-year plan that BHA will be working starting in January 2021.

Questions:
Barbara Allen - is the last draft version of the Plan still on BHA's website?
Tsegereda Assebe – Yes, it is still on the website. We will replace it with the final Plan as soon as the review is completed by MDH.

Lauren Grimes reminded new Council members that participation in the creation and monitoring of the State Behavioral Health Plan is one of the responsibilities of the BHAC. She also encouraged BHAC members to engage with and influence work around the Plan over the next year. Barbara Allen encouraged those who have not looked at the Plan yet to do so. As each committee has set priorities, it will be helpful to look at the Plan from a committee's point of view and how it applies to their committee's priorities.

PRESENTATION – Erin Russell and Marie Stratton, Prevention and Health Promotion, Maryland Department Health (MDH)

<u>Harm Reduction Services</u>
The Center for Harm Reduction Services (CHRS) program was formed last February 2019. The program was started to consolidate the Department's resources for those who are actively using drugs and the resources were put under one roof.

Vision and Strategic Goal:
CHRS envisions a Maryland where:

- Health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based settings;
- People who use drugs have equitable access to high-quality care, and
- Services provided to people who use drugs are free from stigma and discrimination.

Our strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

Major Programs:

- Overdose response programs
- Syringe service programs
- Access harm reduction grants
- Capacity building, including *Regrounding Our Response* and law enforcement assisted diversions.

COVID 19 Response:

- Support programs in adapting to continue services
- Naloxone and fentanyl test strips to Opioid Treatment Programs
- Purchase and distribute extra supplies including hygiene kits
- Opioid Operational Command Center (OOCC) telehealth and mobile services grant.

The Overdose Crisis in Maryland:
We have been closely tracking the overdose data since the onset of COVID 19. At this time, we only have data for the 1st quarter. The OOCC will be releasing the 2nd quarter data soon, which will be posted on their website. We will be looking at our program data and overdose data to see where services need to be consistent and increased.

Regrounding Our Response:
The Center for Harm Reduction Services, *Regrounding Our Response* initiative supports a diverse network of 100+ Master Presenters across the state trained in 5 core concepts. Each concept provides the foundation to address stigma and common misunderstandings about substance use. The statewide training network aims to reduce stigma and raise awareness about evidence-based approaches to improve our response to the overdose crisis in Maryland.

Collective Impact:
With over 100 Master Presenters in every region in Maryland dedicated to completing 4 community presentations, our collective impact will:

- Reduce stigma and discrimination experienced by people who use drugs
- Build support for evidence-based approaches
- Reduce substance-related morbidity and mortality.

Email: MDH.RoRpresentations@maryland.gov to request a presentation and connect to a Master Presenter in your region.

Questions:
When it comes to safe injection sites (which we do not currently have yet), is there anything going on in that direction?

There is a lot of advocacy for safe injection sites around the world. There is movement in Maryland, and you can find out more from community-based organizations that support that work. Here in Maryland, you can contact the Bridges Coalition that is run by the Baltimore Harm Reduction Coalition to learn more about safe injection sites.

COUNCIL BUSINESS:
Lauren Grimes gave an update on BHAC priorities. An email was sent to the BHAC members to vote on the priorities. 38 members responded and voted to approve the priorities as written. The BHAC priorities have formally been adopted and they will be the driving force for each of the committees over the next year until July 1, 2021.

COMMITTEE REPORT OUTS

Planning Committee: The Committee will be meeting today. Tsegereda Assebe reported that the FY 2021 Block Grant Application reviewed by the Planning Committee at its July 21st meeting has been submitted to SAMHSA.

Criminal Justice/Forensic Committee: The Committee still has the same two agenda items: competency and 8-507 residential treatment. These items continue to be the priorities of this Committee. Judge Lipman thanked Gregg Todd, Phyllis McCann, Joann Dudack, and Michelle Fleming for their work. The judiciary had a problem in February/March with the COVID 19 situation had the potential of crippling the system of those who have been found incompetent to stand trial and getting into a hospital to be restored to competency. Issues with transportation, multiple screenings, and isolation but we got through it. As of now, we are in a situation where the judicial system is flowing. People are getting into the hospital who are found incompetent within a reasonable amount of time. Also, they are getting back to court, virtually within a reasonable amount time. On 8-507, people are getting into residential drug treatment programs relatively quickly. The issue is that there is not a demand for the number of placements for residential treatment that was there before COVID 19. This is a problem because providers are ready to treat people but there are not a lot of people seeking treatment. We need to work on this area. However, the courts are not fully functioning, and this is part of the issue. In the future, the Committee will be working on crisis response and housing issues.

Cultural and Linguistic Competency Committee:

The Committee has been focusing on who we are, what we want to do and how we want to get our mission accomplished. The Committee also developed its vision and mission statements, which Co-Chair Dayna Harris shared with the BHAC. In addition, the Committee reviewed BHA's Cultural and Linguistic Competency Strategic Plan and will start to review local jurisdictions' annual program plans, with a focus on their cultural and linguistic strategic plan.

Recovery Services and Support Committee:
The Committee will be focusing on recovery housing. We have not had a collective meeting to establish priorities and next steps. At the last in person meeting, the group was in the process of inviting additional stakeholders from the recovery resident's community, then COVID 19 hit. We hope to reconvene this Committee soon, and to advocate and support the recovery housing community. The Committee would like to be the connector between the state and the providers.

Children, Young Adults, and Families Committee
The Committee met last week with Dr. Maria Rodowski-Stanco, Director of BHA's Office of Child, Adolescent and Young Adult Services (CAYAS). We met to discuss BHA's 2020-2021 Behavioral Health Plan with a focus on children and young adults. The Committee talked about substance use service expansion, developing three to four new club houses, and recovery residences for young adults and community-based recovery residences for young adults and older adolescents. The reduction of children PRP services were also discussed, which has caused some confusion. Most of our conversation focused on crisis services for children, which is the priority area that we forwarded to the Council. The Committee looks forward to continuing to dialogue with Dr. Rodowski-Stanco, her office and BHA as a whole to increase crisis services for children and better serve families.

The next Behavioral Health Advisory Council Meeting is November 17, 2020.