



DEPARTMENT OF HEALTH

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

May 10, 2021

Behavioral Health Administration

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Dear Behavioral Health Partners:

May is National Mental Health Awareness Month, a time to shine a light on mental health, to point people towards resources for improved health, and a time to create educational opportunities that can aid in diminishing the stigma surrounding mental illness. I encourage you to support local National Mental Health Awareness Month efforts with your participation. COVID-19 has left many with increased anxiety, stress, and depression, please consider sharing some of the mental health supports that can be found on the Behavioral Health Administration (BHA) webpage, by accessing the links below:

- [Wellness and Recovery Support Resources](#)
- [Mental Health Supports During the COVID-19 Crisis](#)
- [Crisis Support Program for Frontline Workers](#)
- [Caring for Yourself and Your Loved Ones with Mental Illness during a Pandemic](#)

BHA's Office of Suicide Prevention offers many resources and useful information in their Weekly Scoop email. [Subscribe now](#) and stay apprised of their many efforts.

May 2–8 is National Children's Mental Health Awareness Week! The ongoing efforts of the Children's Mental Health Matters Campaign, a 20+ year partnership between Maryland Coalition of Families (MCF), Mental Health Association of Maryland (MHAMD) and BHA. MDH continues to raise public awareness of the importance of children's mental health and substance use, helping reduce the stigma of mental health, and connecting families, educators and providers throughout Maryland with resources to help children." For more information, visit: childrensmentalhealthmatters.org. Despite social distancing and COVID-19, we have over 500 schools and agencies sharing in our efforts to raise awareness about children's mental health.

- Please check out this year's poster winner:
[Annual Poster - Children's Mental Health Matters](#)
- View all of the youth artwork submitted for the annual **Celebrating Through Art: The First Lady's Mental Health Awareness Youth Art Display**, hosted by honorary chairwoman Yumi Hogan:
[Annual Youth Art Display](#)

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May is also **Asian American and Pacific Islander Heritage Month**. What better way to celebrate, support and honor these Americans than to speak out against the brutality and racism many are confronted with today, and support their establishments through our patronage. Our Asian American and Pacific

Islanders are also experiencing heightened anxiety and fear as a result of COVID-19 and the subsequent violent attacks against them. It is important to share local, state and national mental health supports and resources with them and help them connect to needed services.

Now is a time more than ever for us to stand together and celebrate all our differences which can make our lives richer, more beautiful and interesting. Embracing cultural differences will provide a stable platform for healthier communities and help unite us in our mission to build a more equitable system of care.

The **BHA Behavioral Health Equity Workgroup** held a Health Equity Open House on April 22. We appreciate all those that presented and all who joined us for this thought-provoking discussion. In light of recent media coverage on shootings of Black Americans by police officers, this equity discussion proved very timely and encouraging. This type of media coverage of violence against Black, Indigenous and people of color (BIPOC) by police are traumatizing to oppressed groups and are usually associated with increases in mood and anxiety symptoms. We encourage you to try to engage with your clients/consumers/patients to identify if they have been negatively impacted by these shootings, and take the opportunity to demonstrate your awareness, compassion and cultural sensitivity by providing additional support if necessary.

The **BHA May 5 Annual Conference** theme was “Health Disparities, Racial Equity and Stigma in Behavioral Healthcare.” I hope you were able to participate and were re-energized by our keynote speaker’s presentation and the various workshops to help us continue the important work of building equity in health care and breaking the stigma surrounding behavioral health disorders that prevent individuals from seeking treatment.

We look forward to building equity across our system together. If you want to learn more about what we are doing to build equity in the behavioral health system of care, and how you can collaborate, please contact stephanie.slowly1@maryland.gov.

Since April 6, 2021, all persons over the age of 16 have been eligible to register to get vaccinated against COVID-19. **BHA encourages all providers who usually give the flu vaccine to consider registering to become COVID-19 vaccinators.** We are proud to know that some of our methadone maintenance programs are working together to vaccinate people in their programs and other programs are enrolling as well. We encourage such partnership amongst other providers and provider groups and ask that providers consider enrolling to administer vaccines. BHA would be happy to collect lessons learned and share them with the provider community, so that we can remove as many barriers as possible to getting those who use our services access to this very important vaccine. While the vaccines themselves are free from the Federal government, providers who enroll will be reimbursed for vaccine administration to both Medicaid and State Uninsured eligible participants, either through the MCOs, or for providers enrolled only in the ASO, through Optum Maryland. Please note that many licensed professionals may be eligible to become vaccinators. For your convenience, below are the links to previously shared information about COVID-19 vaccines and ImmuNet, Maryland's Immunization Information System:

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- [Clinician letter COVID Vaccination 03232021 final.pdf](#)
- [COVID vaccine storage units reqs 033232021.pdf](#)
- [ImmuNet COVID-19 VFC and Non-VFC Registration Instructions.pdf](#)
- [ImmuNet COVID19-Vaccine-Registration-Guide 03222021.pdf](#)

You can contact the ImmuNet program at mdh.mdimmunet@maryland.gov if you have any questions.

Please stay informed and share vaccination information with your patients and community, which can be found at covidLINK.maryland.gov. State data and professional resources can continue to be found on coronavirus.maryland.gov.

Vaccine hesitancy continues to be a barrier in our efforts to protect ourselves and our communities. We have provided two webinars on this topic, to help providers encourage individuals to get vaccinated. You can view these presentations at these links:

- March 30: [Addressing Vaccine Hesitancy that You, Your Colleagues, or Those in Your Care May Have](#)
- April 26: [Strategies for Providers to Increase Vaccine Uptake](#)

The [Friday Provider Webinars](#) about COVID-19 presented by our MDH Public Health partner, **Rebecca Perlmutter**, continue to be well-received by our provider community. We encourage you to join us and share these presentations with your colleagues and teams. These presentations can be found on [our webinar webpage](#) under Maryland Situation Update for BHA, where you can also register and view past webinars.

While there is no cure for COVID-19, I would like to remind you that there is a treatment: **monoclonal antibody treatment (mAb)**. As of April 27, a total of 338 hospitalizations and 139 deaths in Maryland have been avoided as a result of monoclonal antibody therapies. Information for the general public can be found under [FAQs about monoclonal antibody treatment](#) on covidLINK (it can also be found on the [Newly Diagnosed webpage](#)). [Resources for professionals](#) are updated weekly on coronavirus.maryland.gov. If you have patients at high risk for developing severe COVID-19 disease, please encourage them to contact their primary care provider for a referral. If your patient does not have a PCP, there is information about how to gain access to treatment.

The State of Maryland has recently received approval from the Centers of Medicare and Medicaid Innovation (CMMI) on its **State Integrated Health Improvement Strategy (SIHIS)** application that was submitted in December 2020. The SIHIS is an agreement between the State of Maryland and the CMMI and is an important component of Maryland's Total Cost of Care model. A component of the SIHIS agreement includes addressing three population health priorities, one of which is opioids. Through consultation with an advisory group of public and private partners, the State identified the overarching goal of *improving overdose mortality*. Maryland's progress in meeting its goal will be measured as compared to a cohort of states with similar overdose characteristics. To monitor progress related to meeting our SIHIS goal, measures and milestones, the Opioid Operational Command Center (OCCC), along with representatives from BHA, are participating in bi-monthly Population Health Management Group meetings, which are led by the Health Services Cost Review Commission (HSCRC). We are committed to continuing to respond to the opioid and overdose crisis in a comprehensive manner and

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feel confident that the response infrastructure that we have in place will allow us to achieve our SIHIS measures.

The **Psychiatric Rehabilitation Program (PRP) work group** is continuing to work with stakeholders and providers to improve the quality of services provided within PRP programs and to improve outcomes. As a part of the stakeholder engagement process, we initiated a monthly Learning Collaborative to give PRP providers a platform for a shared learning experience, to respond to provider concerns, to socialize and provide technical support about identified compliance issues and to discuss ways to improve outcomes.

We appreciate everyone who participated in the **Provider Financial Risk Survey**. We were happy to learn about the resilience of our provider network, despite very challenging times. Survey results have been shared with the Maryland Association of Behavioral Health Authorities (MABHA), and BHA has shared our findings with MDH leadership. We plan to repeat this survey every six months to continue to monitor the financial stability of our provider network.

As mentioned last month, BHA received **Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families (RELIEF) Act** grant funding, which was made available for providers serving people directed to treatment under code section 8-507 of the Health General Article, as well as for mobile crisis and stand-alone walk-in crisis services for the treatment of community mental health and substance use disorders. Awards were made for the 8-507 providers who applied for them. Providers have applied for grant funds for mobile crisis and stand-alone walk-in crisis services, they are currently under review.

The Maryland Department of Health continues to work with Optum to address the systemic issues and provider concerns, bringing more stability to our provider network and data that helps measure and improve outcomes. Optum continues to implement claims processing functionality including retro-active eligibility and third-party liability, along with reprocessing impacted claims. For authorizations, Optum Maryland has implemented a staggering of authorizations for PRP providers while the system returns to a prior authorization limit of 20 days post-service. MDH has also engaged Myers and Stauffer to audit Optum's records regarding estimated payments, claims supporting those payments, and the outstanding balance for reconciliation.

The **BHA Crisis System Advisory Workgroup (CSAW)** continues to work towards transforming our crisis care system. Since our last letter, the Crisis System Advisory Workgroup (CSAW), composed of over 45 statewide community members, met to discuss the developments of an integrated, comprehensive behavioral health crisis system. Dr. Charles Browning, Chief Medical Officer of RI International, provided an overview of the Crisis Now Model. The framework for the Crisis Now model includes: Crisis Call Center Hub (someone to call); Mobile Crisis Teams (someone to come to you); and Crisis Receiving Center (someplace to go). The Crisis Now framework uses a specialized technology platform to ensure referral services, bed tracking and metrics. During this meeting, the workgroup also reviewed the mission and vision statements and formalized membership in the Standardization and Best Practices, Data Dashboard and System Mapping, and Financial Stability and Sustainability subcommittees. If you want to learn more about the work of the Crisis System Advisory Workgroup, please contact Stephanie Slowly: stephanie.slowly1@maryland.gov.

As you have likely heard, a **new national three-digit number (9-8-8) for mental health crisis and suicide response will be launched in all 50 states, DC, and all US Territories by July 16, 2022**. To ensure the

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successful transition away from the current 10-digit 1-800 crisis number, Vibrant Emotional Health (“Vibrant”) made grant funding available to build a coalition of key stakeholders, including representation from MABHA and an LBHA, deemed essential to the 9-8-8 implementation planning process. Maryland applied and received this grant funding and held the Planning Coalition kick-off meeting on April 7, 2021. The Planning Coalition will meet monthly from April through September 2021, informing the preparation of a draft implementation report, due to Vibrant on August 30, 2021. Key working groups include capacity building, telecommunications and routing, funding streams, and coordination with crisis systems.

Over the last two months, BHA hosted four stakeholder workgroup meetings to better define the language of **Involuntary Commitment**. The purpose of the meetings was to review best practices on civil commitment and discuss the definition of danger to self and grave disability. Stakeholders had an opportunity to hear from various people with lived experiences, family members and advocates. Presentations were provided by representatives from the Consumer Quality Team, Maryland Peer Advisory Council/Descendant of the Cherokee Nation Eastern Band, National Alliance on Mental Illness, Maryland Coalition for Families, Treatment Advocacy Center, Maryland Office of the Public Defender and the Outpatient Civil Commitment Program. A draft report will be prepared to include a summary of the meetings and suggested recommendations.

The **Multi-Agency Opioid Overdose Death Prevention Strategy Team** met on April 28 and several jurisdictions presented brief updates on their challenges and best practice interventions on addressing opioid-related overdoses. Over the course of the last month, there were no specific jurisdictional spikes. We continue to review and work with all jurisdictions to determine best practices and the effectiveness of our interventions. During this month’s meeting we discussed the following:

- Stigma and terminology for substance use disorders, since avoiding stigmatizing language reduces a barrier to those in need seeking the help, presented by Dr. Joe Adams, Medical Director of Veni Vidi Vici.
- The newly developed public facing dashboard featuring opioid-related indicators, presented by the Opioid Operational Command Center.
- Refinements to the opioid overdose spike alert methodology:
 - The current opioid OD death spike alert system has been adjusted, changing the methodology from a six-month moving average to an 18-month moving average. This change was made to capture a more historical baseline in determining the spike threshold levels and to improve the sensitivity in identifying jurisdictional spikes. This new methodology will be used to identify jurisdictional spikes in opioid OD deaths moving forward and adjusted as necessary.

We continue to be encouraged by the tenacity and innovation of our jurisdictional leaders as they adapt to changes on the ground and get people connected to care to prevent overdoses and death.

Recent data analysis examining seasonal differences in overdose deaths showed that overdose deaths were more likely to occur in the first 10 days of the month. It is suspected that this finding may be linked to the receipt of entitlements. BHA previously held a webinar on financial well-being to assist providers with discussing finances with their clients, which can be accessed here: [Fostering Financial Empowerment within Behavioral Health, Problem Gambling and Other Clinical Settings](#). We encourage

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providers to continue conversations with consumers of services for substance use disorders about money as a trigger for substance use and potential for overdose.

With regards to **new practice guidelines for buprenorphine**, effective April 28, 2021, Health and Human Services exempts practitioners (physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwife) from certification requirements related to training and psychosocial services when prescribing/dispensing buprenorphine to 30 or fewer patients. The guidelines require the submission of a Notice of Intent by the practitioner, which will result in an X waiver. If a practitioner wants to prescribe/dispense to more than 30 patients, the practitioner will need to satisfy existing statutory certification requirements. This action is intended to reduce barriers to the availability of buprenorphine by eliminating the certification requirements when prescribing/dispensing to 30 or fewer patients.

- Access SAMHSA FAQs about the guidelines: <https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs>
- Access the HHS Practice Guidelines Federal Register: <https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder>

In April, the local behavioral health authority in Baltimore County (through funding from the BHA's State Opioid Response (SOR) grant) partnered with the Daniel Carl Torsch Foundation, Maryland Public Television (MPT), and BHA to develop, coordinate, and produce **PSAs on reducing overdose death and the spread of infectious diseases**. An experienced and certified deaf interpreter (CDI), a certified peer recovery specialist (CPRS) and a case manager from the Pride Center of Maryland are featured presenters. Baltimore County also developed five training videos designed specifically for **the deaf and hard of hearing community**. The videos are presented in American Sign Language (ASL) as well as English and Spanish closed caption. The training videos, [which can be viewed online](#), include:

- How to Respond to an Opioid Overdose
- Harm Reduction for the LGBTQ+ Community
- Opioid Use Harm Reduction
- Wound Care and Prevention
- Covid-19 Harm Reduction

Please feel free to use and share these videos with your networks.

The results of our **provider surveys** related to the impact of COVID-19 were posted on the BHA web page, and can be found here:

- Survey #1: Effects of COVID-19 on Behavioral Health Service Recipients: [Final Report](#).
- Survey #2: Effects of COVID-19 on Behavioral Health Service Recipients: [Final Report](#), [Supplemental Report](#), and [BHA Action Steps](#)

The results of the **third survey of PBHS providers and stakeholders**, which was completed in late January and early February of 2021 was shared with BHA and MABHA on April 26. The BHA team will

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meet in the coming weeks to discuss next steps. We will provide further updates in next month's letter and will notify you when the results and final report are posted on our website.

THANK YOU to all who supported BHA, MPT and the Center of Excellence on Problem Gambling's efforts in spreading awareness during March Problem Gambling Awareness Month (PGAM).

Preliminary results of our combined efforts showed a 67% increase in calls, and a 63% increase in chat intakes recorded this month over the prior month, and an 88% increase over calls received in March 2020. Visits to the help seeker site – helpmygamblingproblem.org – increased 57% in March, with most visits to the page with support groups, followed by getting help/find-a-counselor. Traffic also increased to the main site, www.mdproblemgambling.com (25%) and www.militarygamblesafe.org (38%). The Center recently distributed a survey to obtain additional details on how you and your organization distributed awareness materials and supported PGAM activities in March. Provider feedback will assist the Center in capturing the full scope of awareness activities conducted across the state in March 2021, and aid in future development of awareness initiatives. Thank you!

On April 15, 2021, the US Department of Health and Human Services (HHS) announced the [renewal of the public health emergency](#) for a fifth time. **This extends the State of Emergency for another 90 days, through July 19, 2021, which extends the Public Health Emergency with its telehealth flexibilities.** The COVID-19 Public Health Emergency announcement can be viewed on the [PHE.GOV website](http://PHE.GOV). Please click on [Maryland Department of Health's Provider Impact Statement](#) that was issued April 20, 2021 by Maryland Medicaid.

The **Behavioral Health System of Care Workgroup** has been reconvened to identify improvement projects that align the roles of Medicaid/BHA, the managed care organizations, the administrative service organization, and local systems management. The workgroup met on February 16 and April 28, 2021. These meetings are open to the public, and more information may be found [here](#).

Finally, remember to take care of your mental health by staying connected, remembering to focus on what you can control and not on what you can't, and take advantage of the many supports that are available to help bring you renewed energy, hope and improved mental health.

Sincerely,



Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health

Additional information that may be of interest:

- [Childhood Vaccination Toolkit for Clinicians](#) (new)
- [COVID-19 Breakthrough Case Investigations and Reporting](#) (new)
- [CDC's COVID-19 Vaccine Rollout Recommendations](#) to reflect that everyone 16 years of age and older is now eligible to get a COVID-19 vaccination (updated)