



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

May 21, 2019

Maryland Behavioral Health Advisory Council Members Present:

Robert Anderson, Karyn M. Black (**by phone**), T-Kea Blackman (**by phone**), Mary Bunch, Lisa A. Burgess, Kenneth Collins, Kathryn Dilley (**by phone**), Lillian Donnard (**by phone**), The Hon. Addie Eckardt, Ann Geddes, Lauren Grimes, Dayna Harris, Joyce N. Harrison, James Hedrick, Mariana Izraelson, The Hon. George Lipman, Dan Martin, The Hon. Dana Moylan Wright, Luciene Parsley, Keisha Peterson, Keith Richardson (**by phone**), Kirsten Robb-McGrath, Jacob Salem, Jeffrey Sternlicht, Deneice Valentine (**by phone**)

Maryland Behavioral Health Advisory Council Members Absent:

Makeitha Abdalbarr, Barbara L. Allen, Michael Baier, Dori S. Bishop, Lori Brewster, John-Pierre Cardenas, Jan A. Desper Peters, Catherine Drake, Kate Farinholt, Shannon Hall, Christina Halpin, Rosanne Hanratty, Carlos Hardy, Sylvia Lawson, Sharon M. Lipford, Theresa Lord, Jonathan Martin, William Patten, Mary Pizzo, Dana Sauro, Sabrina Sepulveda, Nicholas Shearin, Tracey Webb, Anita Wells

Behavioral Health Administration (BHA) Staff Present:

Cynthia Petion, Kathleen Rebbert-Franklin, Marian Bland, Natalee Solomon, Brendan Welsh, Darren McGregor, Jamie Rockymore Bess, Adelaide Weber, Suzette Tucker, Sarah Reiman, Tsegereda Assebe, , Latanya Barnes, Frank Dyson Steven Whitefield, Greta Carter, Melissa Barber, Bevin Merles, Kimberly Jones, Lori Mannino

c/o Behavioral Health Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473
Toll Free: 1-877-463-3464 – Deaf and Hard of Hearing Use Relay

Guests and Others:

Helene Hornum, Maryland Department of Human Services
Julia Jerscheid, Mid-Shore Peer Support Specialist/Consumer Advocate
Ann Walsh, CBH of Maryland
Brooks Robinson, Mid-Shore Consumer Advocate
Vicki Scofield, Stepping Stones
Kelly Moshogianis, Anne Arundel County CSA
Roy Jordan, Gaudenzia
Diana Seybolt, University of Maryland
Sharon MacDougall, On Our Own of Maryland
Rod McMillion, Baltimore County Board of Education
Roxanne Kennedy, Beacon Health Options Maryland
Jessica Grau, Maryland Health Benefit Exchange
Emily Hart, Deaf Shalom Zone
Laura Mueller, WIN Family Services
Karl Steinkraus, Beacon Health Options Maryland
Ann Ciekot, Public Policy Partners
Kerry Hawk Lessard, Native American Lifelines

WELCOME AND INTRODUCTIONS

Dan Martin opened the meeting and welcomed all members and guests. New members were introduced to the Council. The minutes of the March 19 meeting were reviewed and adopted. 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

Dan Martin announced that there are several State Advisory Boards/Committees seeking members. The Governor's Commission on Suicide Prevention has a seat available for an individual from the Substance Use Disorder community. The Maryland Medicaid Advisory Committee is looking for an individual who is a Medicaid recipient to fill a vacant seat and the Eastern Shore Hospital Center Citizen Advisory Board needs members. Interested parties can contact either Kim Bennardi at Maryland Department of Health's (MDH's) Office of Appointments, or Sarah Reiman or Greta Carter at BHA.

Dr. Bazron, Deputy Secretary for Behavioral Health/Executive Director, BHA, resigned in April. She has been appointed as the Director of the D.C. Department of Behavioral Health. Dr. Lisa Burgess is serving as Acting Deputy Secretary for Behavioral Health. Dr. Burgess is a Board Certified Child and Adolescent Psychiatrist and General Psychiatrist who practiced at Kennedy Krieger Institute. She is currently the Chief Medical Officer at Medicaid. Although she has had to delegate some of her duties in order to take on the role of Acting Deputy Secretary, she has kept some of her duties, including those that involve work with opioid treatment and crisis services. She specifically chose to keep these duties as they bridge the work that BHA is undertaking. Her dual roles will also include continuing the work to integrate behavioral health services.

THE DIRECTOR'S REPORT: Marion Katsereles, Director of Finance and Fiscal Management, Behavioral Health Administration (BHA):

Overview: Maryland's Public Behavioral Health System (PBHS)/BHA Budget

As a follow up to the Council's previous request for a presentation of BHA's budget, Marion Katsereles presented the following overview:

BHA's budget currently contains state, general, special, reimbursable, and federal funds for specialty behavioral health services. The overall budget is \$732 million and does not include behavioral health services billed to Medicaid. The budget consists mostly of State General funds. Of the \$732 million, \$425 million is for Administration (including Community Services) and \$307 million is for State Psychiatric Hospital Centers and Regional Institutes for Children and Adolescents (RICAs). Maryland's PBHS is comprised of five (5) state psychiatric hospitals and two (2) residential treatment facilities. About \$103 million of this is federal dollars. BHA continues to contract directly with local core service agencies (CSAs), local addiction authorities (LAAs) and local behavioral health authorities (LBHAs) to support programs that provide specialized services that are either not included in the standard benefit package or do not lend themselves to payment through the fee-for-service system.

Federal grants include: block grants for mental health and substance use disorders, housing, prevention, crisis services, and transitional aged youth services.

Additionally, Maryland received a two year grant of \$33 million/year from the State Opioid Response Grant (SOR) fund. The grant period is September 30, 2019 through September 30, 2021. The purpose of the grant is to increase access to Medication Assisted Treatment (MAT), reduce unmet treatment needs and to ultimately decrease opioid deaths. The funds will support numerous projects including:

- Crisis walk-in centers
- Crisis bed Expansion
- Safe stations
- SBIRT
- MAT with criminal justice/detention centers
- Public awareness
- Harm reduction - Naloxone
- Expansion of Buprenorphine
- Medical patient engagement
- Recovery residences for adults and children
- Young adult recovery housing

Funding will also be used for projects that weren't funded in the past or that had limited funding including:

- Sign language services
- Services for pregnant women and women with children
- Start talking
- Workforce development
- Training on MAT
- Naloxone distribution

In addition to the SOR grant, a supplement of \$17 million dollars has just been approved by the Lieutenant Governor's Office to go towards some new initiatives. Some of the initiatives that will be covered with this money are:

- Minority outreach TA
- Grants for non-profits and faith-based organizations
- Workforce development for persons in recovery
- Care coordination grants (something new to the SUD world)
- Department of Public Safety and Correctional Services and Detention Centers

There is also about \$3 million in state money for crisis centers and, effective July 1st, there will be a 3.5% provider increase.

Cynthia Petion remarked that the Federal Block Mental Health (MHBG) and Substance Abuse (SABG) Grants support crisis response systems, mobile crisis services, data, research, training and implementation of evidence-based practices. Maryland received \$13,542,317 in MHBG for FY 2019 out of which, 10% is set aside for First Episode Psychosis and early intervention services. There is a possibility that a 5% will be set aside for crisis services in the President's MHBG budget for FY 2020. The SABG FY 2019 allotment for Maryland was \$34,085,216. States are required to set aside 20% of the SABG for prevention programs. Additionally, Maryland and a few other states are required to set aside 5% for HIV services.

QUESTIONS/COMMENTS

Q: How many state vacancies are there currently?

A: There are a good percentage of vacancies and most are state hospital positions but we don't have exact figures.

PRESENTATION

Sobriety, Treatment and Recovery Teams (START) Initiative

Keisha Peterson, Manager of Child and Family Well Being, Department of Human Services/Social Services Administration (DHS/SSA); **Suzette Tucker**, Director of Gender Specific Services, Clinical Services Division, BHA.

The START Model is an interagency collaboration between DHS and BHA and is just one of several initiatives that DHS offers that addresses parental SUD. Parental substance use and child welfare is a major issue, with 50-79% of children in foster care having a parent with SUD. Through this initiative the agency would be serving the same families, prioritizing those with children 0-5 years old, and working with staff on addiction and recovery and making resources supportive rather than punitive.

The agency has partnered with the School of Social Work's Innovation Institute and LAAs. Because the model requires the use of peer mentors, a collaboration with BHA was developed to make use of Peer Recovery Specialists (PRS). Thirteen jurisdictions have decided to implement the START model. These include: Anne Arundel, Caroline, Carroll, Cecil, Dorchester, Frederick, Harford, Kent, Montgomery, Queen Anne's, Somerset, Talbot and Worcester. The model is a child welfare initiative that incorporates helping families in their homes through cross coordination of SUD/MH treatment providers and service delivery of CPS. Candidates for the model are those families that without these services, the children would be removed and placed in foster care. The goals of the model are to prevent foster care re-entry; to promote child safety, wellbeing and permanency; and to improve system capacity to address parental SUD.

Outcomes from the model being used in other states have been great so far. There has been improved parental capacity, the sobriety rate has doubled, 75% of families involved with the model have been reunified and a child is half as likely to enter foster care. There have also been cost savings associated with the model.

DHS would like to continue to raise awareness about the START Model.

For more information contact Keisha.peterson1@maryland.gov

QUESTIONS/COMMENTS

Question: What type of training/dual training is being offered to providers?

Answer: Family mentors are being offered certain trainings from the Child Welfare Academy. DHS is also working with Brendan Welsh from BHA on Peer Recovery Specialist (PRS) training and certification.

Question: In regards to rapid access to services, are you going to provide TA or training around same day access or just in time models?

Answer: DHS has efforts underway to meet with BHA, Beacon (the Maryland Administrative Service Organization) and the LAAs to learn more about funding and financial issues.

Question: How much court involvement do you see in this? How far into CINA are families?

Answer: A family is only referred to START if they can be maintained in their home with support services, so these are usually not cases that have reached CINA.

A representative from On Our Own of Maryland commented that they have been training child welfare workers in START regarding stigma and it's been valuable.

Legislative Update:

Ann Ceikot, Partner, Public Policy Partners, presented an update on Behavioral Health legislation. Public Policy Partners represents a range of organizations that address mental health and substance use issues. Ms. Ceikot highlighted the following bills:

- HB116: Passed - Access to Medication Assisted Treatment (MAT) for individuals with opioid use disorders in all local detention centers.
- HB0846/SB0482: There were a number of bills related to the PBHS structure.
- HB599: Passed - Requires all commercial insurance carriers to use ASAM criteria in making medical necessity decisions. This will be monitored to ensure there is compliance.
- Ban the Box - Passed. The law that states that State employment applications cannot have a box that asks about an individual's arrest record will now apply to employment applications in the private sector.
- A bill regarding expungement was moved but did not pass - but still this was progress.
- HB88: Three decriminalization bills that passed: street gambling, open container, and attempted suicide. Establishes a workgroup to look at these offenses more holistically.
- There were a few pieces of legislation related to cannabis and the approval of medical cannabis being used to treat the symptoms of opioid withdrawal.
- HB1274: Passed - The Opioid Restitution Fund, which provides settlement or judgment monies from lawsuits against pharmaceutical companies that manufacture opioids and another, which increases penalties when fentanyl is involved in an overdose death.

Kim Jones, Director, Office of Government Affairs and Communication, BHA, gave a brief legislative update on some of the major bills. Some of the bills highlighted include:

- HB427: Passed - The Outpatient Civil Commitment Program which expanded the program to include voluntary admissions.
- HB306/SB402: Did not pass -Involuntary Admission into hospitals. It is foreseen that this will still be an issue.
- HB1170/SB528: Passed - Maryland's Commitment to Veterans - put together an Action plan for suicide prevention within the veteran community.
- SB28 (CH.101): Passed - Short Term Limited Duration Insurance - added to the definition of health benefit plan - short term plans would now be required to cover certain behavioral health disorders.
- HB1122 (CH.481)/SB944 (Ch.482): Passed - change Outpatient MH Centers and Medical Director Requirements. Psychiatric Nurse Practitioners are now included to serve as a medical director for behavioral health programs either onsite or through telehealth.
- HB570 (Ch.274)/SB178 9Ch.275): Passed - Telehealth component - medical director onsite requirement is now met through telehealth.

COUNCIL BUSINESS

Status of the Co-Chair Election plan. The Executive Committee met by phone to review the Council's bylaws. Co-chairs are supposed to cover a 2 year period and current chairs are going on close to 4 years. The Executive Committee formed a Nominating Committee made up of Dayna Harris, Dan Martin, Barbara Allen, Senator Eckardt, Ann Geddes, and Carlos Hardy. They will be meeting in June to review resumes and to create a slate. Nominees will be selected by September for voting in November. New Chairs will begin in January 2020. Two members, one from SUD and one from MH will be nominated. Anyone who wants to participate in the Nominating Committee is welcome to attend.

The July meeting will be the BHAC retreat. This will be an opportunity to revisit the structure and role of the Council. The retreat will be on the same day as the normal BHAC meeting- July 16th. An agenda will be outlined and it is expected that the Council's committees be prepared to give a 15 minute presentation on their focus, main issues they have been working on and their plans for the upcoming year.

COMMITTEE REPORTS

The Cultural and Linguistic Competency Committee reported that it will be adding a vision statement to its mission statement to make sure that everyone understands their role. They'll also be reviewing the CLC sections of the CSAs, LAAs and LBHAs finalized plans for FY2020. The CLC Committee is always looking for new members and will be actively recruiting.

The Criminal Justice/Forensics Committee will have a short meeting today since many members are absent. They continue to discuss 8-505 evaluations with contributions to the discussion from Dr. Meryls. They will also be discussing many of the points Ann Ciekot brought up in her legislative updates.

The Planning Committee will not be meeting today. BHA is still gathering the information collected from the Regional Stakeholder meetings which will be used to inform the State's FY 2020-2021 MHBG/SABG Application, as well as the FY 2020-2021 State Behavioral Health Plan.

The Children, Young Adults, and Families Committee reported that they are concerned about the continued lack of leadership in the BHA Child and Adolescent Division. They have also been discussing the crisis regarding residential treatment beds for adolescents. There are only a handful of beds for boys and no beds for girls. Dr. Burgess informed the Committee that BHA is trying to address this issue. The Committee has met with the new Deputy Secretary of Operations and the team had met with BHA's Medical Director, Michael Whitfield last week.

The Recovery Services and Supports Committee reports they have been discussing what they need and what opportunities are evolving. Now that they have changed their name, what does that mean? They are trying to get back into SAMHSA for definitions of recovery, home, health etc. and how that framework works in the state of Maryland. They will present all this at the retreat in July.

The Prevention Committee is on hold until and its status will be discussed at the BHAC retreat.

ANNOUNCEMENTS

- A Cultural and Linguistic Competency Seminar will take place on June 21st at The Meeting House in Columbia. Registration will open this week and additional information will be sent out.
- Harford County will be having its ribbon cutting ceremony for the new Crisis Center next Tuesday, May 28, 2019. The Crisis Center will provide 24/7 crisis care for mental health and addiction issues for adults and children. Services include:
 - 24/7 Crisis Center Hotline & Mobile Crisis Teams
 - Mental Health outpatient services 7 am to 7 pm, 7 days a week
 - Walk-in mental health and substance use urgent care 7 am to 7 pm, 7 days a week; and
 - Crisis residential beds for adults

The next Meeting of the Council is on September 17, 2019. Meeting adjourned.