

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

Minutes

January 19, 2021

Maryland Behavioral Health Advisory Council Members Present:

Barbara Allen, Robert Anderson, Dori S. Bishop, Lori Brewster, Andrea Brown, Mary Bunch, Kenneth Collins, 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, Aliya Jones, Jennifer Krabill, The Hon. George Lipman, Michelle Livshin, Tammy Loewe, Dan Martin, Caterina Pangilinan, Luciene Parsley, Tiffany Rexrode, Keith Richardson, Kirsten Robb-McGrath, Jose Rosado, Erin Shaffer for Lynda Bonieskie, Sabrina Sepulveda, Jeffrey Sternlicht, Deneice Valentine, Mary C. Vaughan, Vickie Walters, Ambrosia Watts, Kimberlee Watts, Anita M. Wells, Kim Wireman

Maryland Behavioral Health Advisory Council Members Absent:

Makeitha Abdulbarr, Kate Farinholt, Rosanne Hanratty, Sylvia Lawson, The Hon. Dana Moylan Wright, Mary Pizzo, Jacob Salem,

Behavioral Health Administration (BHA) Staff Present:

Stephanie Slowly, Steven Whitefield, Cynthia Petion, Tsegereda Assebe, Sarah Reiman, Greta Carter, Brendan Welsh, Doris Chen, Kimberly Qualls, Joy Ashcroft, Lori Mannino, Laura Burns-Heffner, Brittnii Howell, Aparna Nagaraju, Phyllis McCann, Lillian Okomo, Natalee Solomon, Frank Dyson, Joana Joasil, Kathleen Rebbert-Franklin, Kaylin McJilton, Maria Rodowski-Stanco, Marian Bland, Priya Arokiaswamy, Sharon Lipford, Darren McGregor, Eleanor Dayhoff, Iva Jean Smith

Guests:

Jaime McKay, Maryland Transit Administration
Jade Clayton, Maryland Transit Administration
Rod Kornrumpf, Anne Arundel Health System
Teresa Heath, Opioid Operational Command Center
Marianne Gibson, Opioid Operational Command Center
Esther Curtis, SUN Behavioral Health
Leah Parrack, SUN Behavioral Health
Rebecca Frechard, Medicaid Behavioral Health Unit • Health Care Financing, Maryland Department of Health
Bernice Hutchinson, Maryland Department of Aging

Brendal Mitchell

Mary Drexler, Maryland Center of Excellence on Problem Gambling

Jacquelyn Pettis, Optum Maryland

Elouise Mayne

Pamela Llewelyn

Brian Bunting

Haley Rizkallah

Margo Quinlan

Melissa August

WELCOME AND INTRODUCTIONS

Lauren Grimes, co-chair opened the meeting by welcoming all the members and guests and discussed 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. She advised participants to use the chat box for questions and comments as the Q&A option is not working today. Those who are participating by phone were asked to email Greta Carter so that their attendance is recorded.

BHAC welcomed new members. Johanna Dolan was appointed to a Consumer Seat. Tiffany Rexrode is the new Department of Human Services (DHS) representative. A new youth applicant is currently being vetted and will be sent to the Governor in early February. Hope for approval by next meeting. Another application for a second youth seat is also in process.

The Planning Committee meeting for today will be cancelled.

Barbara Allen is beginning her 6th year on the Council. And it was a year ago that Dr. Jones joined BHA and the BHAC- right before the start of the pandemic. Barbara thanked Dr. Jones for her work during this challenging time. A motion to accept minutes from the January BHAC meeting was made and seconded. Members did not have any updates, and the minutes were approved. Approved minutes will be posted on the Behavioral Health Administration's website at: <https://bha.health.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

The Prevention Committee went on hiatus due to department restructuring, but the goal is to have this committee reestablished. If anyone is interested, please contact Greta.

THE DIRECTOR'S REPORT – Aliya Jones, M.D., MBA, Deputy Secretary Behavioral Health

Because BHA presents a lot of information it's been decided moving forward to have the Director's report be in a PowerPoint presentation. This way it can also be sent out to participants.

BUDGET

BHA's budget hearing is scheduled for March 1st and the presentation is currently being prepared. A 3.5% provider increase began on January 1st. BHA is very appreciative of all the support they have received from their partners.

OPIOID OVERDOSE DEATHS

BHA continues to monitor opioid overdose deaths. Quarter 3 data has become available since this presentation was made and if the data were here you would see that numbers continue to increase with unintentional intoxication rates across the board, regardless of the substance used, and there continues to be increases in overdose fatalities, mostly due to contamination with fentanyl.

There has been an increase in deaths across the state, with some areas being more negatively impacted than others. When we compare our rate to other states, our numbers are not as dramatic.

We are seeing challenges with disparities in overdose death rates and although we have made great strides to combat the opioid epidemic across the state, our efforts have been more impactful in some communities over others. A stabilization was seen in the white community with a 14% decrease in overdoses between 2016 and 2019 but there has been a significant increase in overdose deaths in the African American community. We are also seeing an increase in Emergency Department (ED) utilization by race. Prior to the start of the pandemic, most people were decreasing their use of ED's, but things are getting back to normal. There has been a 30 % increase for the white population and an 84% increase for the African American population. This is something that continues to be monitored through the Multiagency Opioid Overdose Prevention Strategy Team. This team has been working together since May and they work along with the Opioid Operations Command Center (OOCC) and other participating agencies. They look at data reports and discuss what is happening across the state, and where the hot spots are. BHA's data team developed an Opioid Overdose Death Spike Surveillance Tool which has been helpful in identifying where the team should be focusing in regard to which jurisdictions to engage and to ensure new information/resources and processes are getting down to where they are most needed.

RACIAL DISPARITIES

BHA has been charged with leading a task force, the Racial Disparities Task Force, under the Inter-Agency Heroin and Opioid Coordinating Council. The taskforce will be led by Dr. Jones from BHA and Dr. Brathwaite from the Office of Minority Health and Health Disparities, along with the support of the Opioid Operational Command Center (OOCC). Stakeholders are currently being identified to staff the taskforce, which will be launched in February, and goals and deliverable outcomes are being identified. The overarching goal is to offer recommendations to the Lieutenant Governor about what the state can and should do to close the gap regarding opioid overdose death rates. If this can be accomplished the task force could be a model for the nation.

BHA SURVEY

We had great participation with the 2nd BHA survey. We got 930 responses, which was more than our first survey at 835 responses. We are excited to see how engaged the Behavioral Health community is in sharing in terms of how our consumers and providers are doing in relation to the COVID pandemic.

Some concerns that patients identified included challenges with social isolation, anxiety, and major depression. BHA actions consisted of the development of resource guides for on-line support groups; training; guidance to wellness and recovery centers; MA approval for audio only services; the Board of Professional Counselors waiver; and MDMindHealthTexts. BHA has already done a lot with providing updates to the community but we will continue to push out reminders about the available resources.

Providers have seen a lack of new referrals due to concerns with COVID exposure and challenges with caretaking needs, which create barriers to people getting out to appointments. We continue to remind the consumer community that providers are still “open for business” and encourage the provider community to be a little more flexible with consumers who may have some additional responsibilities to make sure this does not become a greater barrier to consumers in getting services. BHA is providing webinars on telehealth and hopes to push out a Pilot project that would provide telehealth resources to consumers such as tablets, smartphones etc. The project aims to see if resources are provided there will be an increase in the use of services. We are seeing a lot of relapse, so we are going to be pushing out resources letting people know that they do have support during this time.

Specific items were pulled out from the survey that will be shared with treatment providers and these will be available on BHA’s website. These include things such as encouraging providers to increase the use of mail-order prescriptions, the importance of communicating safety protocols, making sure patients know what telehealth is and how it works, and letting providers know that BHA has the means to help them with any PPE needs they may have. We want to get the information out to the providers so that they can be better equipped to work with the consumer population.

STATE OF EMERGENCY

The State of Emergency was extended another 90 days until April 21, 2021. This allows BHA to continue to use telehealth the way it has been used during the pandemic. BHA will continue to keep the community posted on any updates or changes.

OPERATION COURAGE PROJECT

Operation Courage Project is online now. This is a collaboration with Psych Association of Maryland and BHA staff Darren McGregor, Stephanie Slowly and others, to provide an additional resource to frontline workers for screening for BH conditions and making it easier for them to access support and treatment. Please share with your network.

FINANCIAL SUPPORTS EFFORTS

BH Providers are having challenges across the country just like any other business. BHA has been keeping an eye on this and will be pushing out a Provider Financial Survey within the next few days. We are hopeful that funds from the federal government will allow BHA to provide additional support to the Behavioral Health community. We do not have all the details yet but will share when they are available.

ASO TRANSITION

The ASO transition continues and it is currently in the period of Assisted Reconciliation. This is a partnership between providers in Optum and MDH to assist providers in the reconciliation process. It's also an opportunity for both Optum and MDH to learn more about the reconciliation process.

CRISIS SERVICES WORKGROUP

BHA met with all the winners of the Crisis Services grant to learn more about the different crisis services projects going on around the state, particularly in the Baltimore Metro, Prince George's County, and Eastern Shore.

BEHAVIORAL HEALTH HOSPITALIZATION SURGE PLANNING

BHA has been working with local stakeholders around hospital bed surge planning. As beds fill with COVID patients, we want to ensure that BH patients are moved through the system as quickly as possible to decrease their exposure to COVID. BHA is partnering with stakeholders to identify the challenges around this and are also working with MDH epidemiologists on ways to make it easier for Sheppard Pratt to accept patients, as they have the most beds. BHA is also trying to increase the visibility as to where there are available psych beds so that ED's and BH teams do not have to send 20 different referrals. BHA is working on this with CRISP partners and the Maryland Hospital Association. BHA is also working to provide information to hospital staff about aggressive management of COVID positive patients on hospital units as part of information sharing. Just as there are challenges getting patients into units there are also challenges getting patients back into the community, which is also an issue that is being addressed. BHA is grateful for all the partners and stakeholders that are assisting with this work.

VACCINATION UPDATES

BHA just sent out a memo to inform the community where Maryland stands as of now. We are currently in Phase 1B which includes the general older population. As far as behavioral health is concerned, this includes group homes and congregate living. Next week Maryland will enter Phase 1C which includes individuals ages 65-74.

QUESTIONS:

The PowerPoint presentation will be available and the COVID Survey results will be posted at:
<https://bha.health.maryland.gov/Pages/bha-covid-19.aspx>

Questions were raised related to:

- Progress of out-of-state clinicians begin granted temporary licenses to practice in Maryland
- Access to COVID vaccinations for residential treatment staff and other criminal justice-involved individuals, staff and providers

Barbara thanked Dr. Jones for the information and noted the importance of information sharing especially in helping to reduce anxiety and helping individuals receive the care they need.

Presenter Jamie McKay from the Maryland Transit Administration (MTA) was introduced. She will be speaking on the MTA's Inclusion Planning Program. Transportation is a service that is frequently reported as a significant need or gap in service from the provider/consumer community.

PRESENTATION – Maryland Statewide Transit Plan

Jamie McKay, Transportation Planner, Office of Planning, Maryland Department of Transportation, Maryland Transit Authority

Ms. McKay is the Deputy Project Manager for the Maryland Statewide Transit Plan and her work focuses on inclusive planning which elevates the perspectives of people with disabilities, older adults, caregivers, and other traditional underrepresented people.

Details of the public launch of the plan were shared, as well as the feedback that was received and the direction of transit across the state is over the next 50 years.

The plan's vision is centered on the desired experiences for riders and will coordinate with local/regional plans to create an action plan with performance metrics that is community and data driven. Because transportation connects us to all the important things in our lives, it's important to work together with stakeholders to formulate the best plan.

The program will look at patterns of land use and Census data to help figure out how to best serve citizens. MTA has held regional roundtables and a survey was sent out in the fall to gather information. Some of the themes found were:

- connections between rural and urban,
- better transportation to people with disabilities,
- serving the aging population and returning citizens,
- providing service to people who need access to substance use services and court dates, and
- more services for 3rd shift workers or those individuals who work outside the peak hours

There were regional themes identified as well. The public survey was available September through October 2020 and had 514 responses. The survey results are available on the website and offer a deeper overview and additional responses.

Transit users reported an overall positive experience. Those who identify as having a disability had a higher percentage of trips that needed some level of improvement. Through the feedback collected they have been able to identify a vision statement and several goals.

QUESTIONS AND COMMENTS:

- Information provided was positive
- BHA received feedback from the rural areas around transportation needs and will send those recommendations.

Questions were raised related to:

- Affordability of transportation services for individuals with physical disabilities and/or mental health disabilities
- Increased and different access
- Scheduling
- Timeliness and reliability

The program is now in the 2nd round of outreach and has solicited survey responses and has conducted virtual presentations to regional roundtables. MTA will publish the findings from these roundtables, which will be open for public comment. All information is available on the web page along with the schedule of activities, contact information and the draft plan for public comment.

The project website: <https://www.mta.maryland.gov/statewide-plan>

Email address: mtastp@mdot.maryland.gov

COUNCIL BUSINESS:

Co Chair suggests moving forward that committee report outs focus on progress towards addressing priorities set and how BHAC can be engaged in meeting these priorities.

COMMITTEE REPORT OUTS

Planning Committee:

Sarah Reiman: The committee reviewed the state Behavioral Health plan and provided comments and recommendations . We also reviewed the BHAC annual report and documents that BHA submits as part of the Federal Block Grant application.

Criminal Justice/Forensic Committee:

Judge Lipman: The committee continues to focus on residential treatment for individuals with SUD. The committee was making great progress prior to COVID. Since COVID, residential drug treatment providers dropped down to 50% capacity due mainly to three things: courts closing/reducing activity, a decrease in arrests, and the COVID provider situation. We are also trying to get the word out that there is an availability of bed space. A new issue that has come up is providers reporting a number of COVID infections with their staff and clients, making beds less available.

Dr. Rodowski-Stanco, BHA's Director of Child, Adolescent and Young Adult Services -- A number of these residential settings are distinct and separate. She informed the Council about the collaborative work that is taking place under the Children's Cabinet to look at SUD residential treatment services. A specific plan about what is being done and being opened should be coming out soon. We are pushing out evidence-based substance use treatment models and training to provide more substance use skills. For some of the children who need services that can't be addressed in the community, there is a lack of services, so this is being looked at as well. This is a multi-agency group doing this work and there's better collaboration among the child serving agencies and everyone takes ownership.

Judge Lipman invited Dr. Rodowski-Stanco to attend the Criminal Justice Committee meetings so that they could share ideas and have a discussion. He also wanted to encourage that providers receive the financial survey.

CHAT Dialogue:

A representative from CAYAS will try to join the meeting. In the meantime they have started to provide some resources for the Young Adults age range (18-21) who remain under the Department of Juvenile Services and will share these resources with the Committee.

Children, Adolescent, Young Adults, and Families Committee:

Ann Geddes: The committee benefitted from the Child, Adolescent and Young Adult Services (CAYAS), BHA attending their September meeting. Dr. Rodowski-Stanco presented on the efforts of the state and initiatives to expand treatment services for children, adolescents and young adults. The committee's main goals are the expansion of the system of care for substance use treatment for adolescents and young adults, specifically residential, and the development of a mobile response system for children and adolescents. We are working with the Department on both and there has been movement on both.

Recovery Services and Support Committee:

Barbara Allen, Co-chair: We have a full and diverse membership now that consists of people who are in recovery and some who run programs, as well as BHA staff that report on the programs. The committee meets on the first Monday of every month virtually. It has identified 15 priorities and still has many questions and a lot of information to sort through. Getting some concerns from providers regarding COVID and the strain it has put on their resources, as well as around certification. Also there are some questions regarding MDRN, which they hope they can receive some assistance from BHA on and BHA is open to receiving. The committee welcomes new members.

Questions were raised related to:

- Vaccination plans for staff and clients, particularly for recovery residences

Cultural and Linguistic Competency (CLC) Committee:

Dayna Harris, co-chair: One of the committee's tasks was to review the CLC plans of the local jurisdictions. We started this in November with Mid Shore. The goal is to review 2 plans per meeting. The only barrier to meeting this goal was that in looking at the plans that have come in there has been some inconsistency in that not all the jurisdictions are looking at the Culturally and Linguistically Appropriate (CLAS) standards. The committee needs to decide how to communicate this need for consistency across several jurisdictions. The committee is growing. There are new members who are enthusiastic about trying to provide service regardless of cultural/language differences. So we are looking at how we make sure everyone receives services equitably.

Adjournment

Council Subcommittees will be meeting at 11:00 a.m. If you need the link please contact Greta, Lauren, or Barbara or you can find them in the chat box. The links are also on the second page of the agenda.

The next Behavioral Health Advisory Council Meeting is March 16, 2021.