THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL
Minutes

July 20, 2021

Maryland Behavioral Health Advisory Council Members Present:
Barbara Allen, Robert Anderson, Dori S. Bishop, Kate Breen, Lori Brewster, Andrea Brown, Kenneth Collins, Kathryn Dilley, Johanna M. Dolan, The Hon. Addie Eckardt, Kate Farinholt, Ann Geddes, Katherine Gibson for Jonathan Martin, Lauren Grimes, Carlos Hardy, Candace Harris, Dayna Harris, Joyce N. Harrison, Helene Hornum, Aliya Jones, Jennifer Krabill, Michelle Livshin, Tammy Loewe, Dan Martin, The Hon. Dana Moylan Wright, Caterina Pangilinan, Luciene Parsley, Mary Pizzo, Keith Richardson, Kirsten Robb-McGrath, Sabrina Sepulveda, Jeffrey Sternlicht, Deneice Valentine, Ambrosia Watts, Anita M. Wells, Kim Wireman

Maryland Behavioral Health Advisory Council Members Absent:
Lynda Bonieskie, Mary Bunch, Catherine Drake, Finch Grace, Rosanne Hanratty, James Hedrick, Sylvia Lawson, The Hon. George Lipman, Brendel Mitchell, Tiffany Rexrode, Mary C. Vaughan, Vickie Walters, Kimberlee Watts

Behavioral Health Administration (BHA) Staff Present:
Stephanie Slowly, Jennifer Howes, Kimberly Qualls, Greta Carter, Brendan Welsh, Doris Chen, Shifa Mohiuddin, Steven Whitefield, Barry Page, Mona Figueroa, Sharon Lipford, Darren McGregor, Joy Ashcraft, Laura Burns-Heffner, Phyllis McCann, Kathleen Rebbert-Franklin, Lillian Okomo, Natalee Solomon, Frank Dyson, Kaylin McJilton, Marian Bland, Mary Viggiani

Guests:
Katherine Gorman, Maryland Office of the Public Defender
Marianne Gibson, Maryland Opioid Operational Command Center
Rebecca Frechard, Maryland Department of Health, Medicaid Behavioral Health Unit
Diana Seybolt, University of Maryland, Systems Evaluation Center
Rebecca Raggio, Maryland Department of Health, Medicaid Behavioral Health Unit
Sara Wolfe-Maryland Department of Health, Prevention and Health Promotion Administration
Dawn Berkowitz -Maryland Department of Health, Prevention and Health Promotion Administration
Becki Clark, Allegany County LBHA
Mary Drexler, Maryland Center of Excellence on Problem Gambling
Annie Coble, Johns Hopkins University and Medicine
Erin Russell, Maryland Department of Health
Terri Ross, Maryland Department of Health
Leah Parrack, SUN Behavioral Health
Andrea McDonald-Fingland, Calvert County LBHA
Natalie Miller, Maryland Department of Health
Shawn Martin, Harford County LAA
Virginia Spence
Haley Rizkallah
Dana Moncrief
Joanne Ryles
Derrell Frazier
Moira Moynihan Cyphers

WELCOME AND INTRODUCTIONS

Barbara Allen, co-chair shared that she attended The Compassionate Friends national conference. This targets grieving family and friends. It was a reminder of loved ones who have slipped through the cracks of services. On behalf of those who are struggling, Barbara sent her thanks to those on the BHAC who are doing the heavy work.

Barbara 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 joining by either phone or Google Meet, and how to pin the interpreters if needed. She advised participants to use the chat box for questions and comments. Those who are participating by phone were asked to email Greta Carter so that their attendance is recorded.

Barbara asked BHAC members if they had any updates or corrections to the minutes. There was a motion to accept the minutes as submitted. There were no objections, and the minutes were approved. Approved minutes will be posted on the Behavioral Health Administration's website at: Maryland Behavioral Health Advisory Council.

Lauren Grimes, co-chair introduced the speakers for today's presentations. BHAC is working to ensure that the Council continues to have new voices. Lauren introduced new council members: Candace Harris joined as a Governor's appointed community advocate and Kate Breen represents the Governor's Office of Deaf and Hard of Hearing.

There are a few BHAC vacancies starting October 1: community advocate, two family member positions, medical professional, and an academic/research professional-not state employee position.

If there is anyone who would be interested in applying for these positions, please reach out to the chairs, Barbara and Lauren or Sarah Reiman and Greta Carter.

Barbara and Lauren have been working with the BHAC Executive Committee, composed of the chairs and co-chairs of each subcommittee, to come up with a list of candidates to fill Barbara and Lauren's seats.

DIRECTOR'S REPORT – Dr. Aliya Jones, Deputy Secretary/Executive Director, Behavioral Health Administration (BHA), Maryland Department of Health (MDH)

Dr. Jones gave a presentation on updates from BHA and information from monthly provider letters.

Telehealth Post State of Emergency

Post State of Emergency

- Executive Order 20-04-01-01 ended on July 1, 2021.
- Senate Bill 3 - "Preserve Telehealth Act of 2021" allowed for a continuum of services requiring the reimbursement of telehealth and audio-only in the provision of certain clinical services. (Note: audio-only is only permitted through 6/30/23).
    - The legislation also removed originating and distant site restrictions.

What services will continue using telehealth?

- BHA was very liberal in the interpretation of what behavioral health services were allowed to be provided in a telehealth format during the State of Emergency. It is important to note that not every state is as liberal as Maryland in this regard.
- BHA is still being broad in its interpretation of services that will be provided in a telehealth format, however there will be some changes.

What service requirements are changing?

- These changes are based on communications with stakeholders about the effectiveness of delivering services in a telehealth format.
- PRP-on-site (POS 52) and all group sessions (POS 52 and 15) may no longer delivered through telehealth.
    - Communications with providers in the community have supported this. They don't feel it is an effective way to provide psychosocial training and peer support which is designed to be done in an interpersonal way for those who have severe mental illness.
    - PRP services are designed to provide community living skills, education, and support around activities of daily living. This does not mean that providers cannot do groups using telehealth. However, for billable services, they cannot bill for these services.
    - BHA's surveys have demonstrated that of those who receive behavioral health services, patients who use mental health services, as opposed to SUD services, have the most challenges with access to technology and telehealth. It becomes a question of access to services.
- Service requirements for Level 2.1 SUD returns to pre-State of Emergency.
- Residential SUD – no greater than 50% of the therapeutic interventions may be delivered though telehealth.

    - This is a way of ensuring that when people go into residential SUD programs, individuals are actually seen by staff who are delivering services.
- Residential SUD- return to service levels contained in 10.09.06.04.
- Child and Adolescent Respite Services return to pre-State of Emergency.

Maryland Crisis Response

Funding Opportunities for Crisis Services

- Maryland is fortunate to receive federal sources of funding for crisis services:
    - Cares Act/COVID 19 Supplemental MHBG and SABG
    - American Rescue Act: Sections 2701-2713 and 9813
    - Mental Health Block Grant 5% Set Aside

Behavioral Health Integration

- BHA continues to work on Behavioral Health Integration with Diane Stollenwerk and leadership from local behavioral health authorities.

FY 22 Activities Focus

- Increasing integration at the local level and at the BHA level by 10%.
- Development of the systems management manual.
- Identification and implementation of pathways to improve processes and systems.
- Development and implementation of a sustainability plan.
- Increase support for local systems management activities for functional integration regardless of local agency structure.

988 Planning Coalition

Background, 9-8-8

- Dr. Jones thanked Kathleen Rebbert-Franklin for her leadership on 9-8-8.
- 9-8-8 will be the new 9-1-1 for someone experiencing a behavioral health crisis. This will reduce the use of law enforcement, public health, and other safety resources. This will reduce healthcare spending, meet the need for crisis intervention at scale, help end stigma, and mirror the system that we have for 2-1-1.

Background and Federal Actions, 9-8-8

- On October 17, 2020, the National Suicide Hotline Designation Act was signed which transitions us to 9-8-8 by July 16, 2022.
- The 1-800-talk number will still be operational but not promoted.
- BHA expects that the volume for calls to 9-8-8 will be higher.

Background, 9-8-8 Planning Grants

- There have been 9-8-8 planning grants. Maryland was awarded $201,702.24 on February 1, 2021. This ends on September 30, 2021.

Funding Mechanism

- One of the questions that is expected for states to answer is: how will states fund this transition? BHA has looked at multiple potential sources: federal, State, local, private, fees, billing.
- BHAC will keep apprised of the final recommendation.

Crisis Services Next Steps

- The crisis services workgroup continues to meet regularly thanks to Stephanie Slowly, Darren McGregor, and Sharon Lipford.
- We're continuing to work with school districts thanks to the work of Maria Rodowski-Stanco.
- BHA continues to have discussions with MDH on shared investments to build out a robust system of care utilizing economies of scale.

Racial Disparities Task Force Update

- Back in June 2021, the focus was looking at the four jurisdictions that had the highest number of African American fatalities from opioids:
    - Anne Arundel County,
    - Baltimore City,
    - Baltimore County, and
    - Prince George's County
- The SEADS (State Ethnographic Assessment on Drug Use and Services) Study was reviewed. This study looks at service gaps to harm reduction approaches, resources, and capacity building.

Workgroups

- Most recently, we met at our first in person meeting, to look at the work of our workgroups. We will have four workgroups. Each workgroup will look at a goal of the task force. Look forward to hearing from us for recruitment for the task force workgroups.

Financial Efforts

ARPA (American Rescue Plan Act) Block Grant

- Maryland was awarded money through the ARPA which came through SAMHSA (Substance Abuse and Mental Health Services Administration).
- We were awarded $27,809,755 for the Mental Health Block Grant (MHBG) and $27,587,522 for the Substance Abuse Block Grant (SABG).
- We submitted proposals in the beginning of July and have had positive feedback from our partners at SAMHSA.
- The process to determine the proposals we selected were based in part on a stakeholder survey and our own knowledge of the needs of the State.

- Some of the new proposals for the MHBG are supporting the Raskin Act, expanding crisis services provided by peers, funding for therapeutic nursery program, involuntary commitment consultation, and supporting veterans with the Ask the Question campaign.
- Some of the new proposals for the SABG are more funding for pregnant women and women with children, support for medication assisted treatment and trauma informed care training, and early childhood parenting programs.
- Dr. Jones gave kudos to Stephanie Slowly and Marion Katsereles and their teams for all the hard work in pulling the block grant supplemental funding together. The comments from SAMHSA have been very good.
- Dr. Jones also gave kudos to Maria Rodowski-Stanco for all the hard work she's done to address the mental health needs of children during the pandemic.

Opioid Overdoses

- Unfortunately, along with the rest of the country, Maryland saw increases in opioid overdose deaths. Maryland had the worst first quarter in 2021 of opioid overdose deaths. The worst increases were seen in the Black community in January 2021. BHA working in partnership with the Opioid Operational Command Center to try to combat this increase.

ASO (Optum) Update

- BHA and Medicaid continue to meet with Optum almost daily in a continuing effort to fix the authorization and claims payment system, facilitate FFP reimbursement, and produce necessary data reports.
- Medicaid recently hired a new director for behavioral health and ASO related issues. Her name is Linda Rittelmann. She will lead the effort on the Medicaid side. Her focus is on the recruitment process. She will help ensure more accountability from Optum. BHA is looking forward to working with Linda.

Vaccination Updates

- Dr. Jones thanked Steve Reeder for taking the lead on increasing vaccination rates in the behavioral health system.
- When BHA started looking at the vaccination rates for Maryland in the Public Behavioral Health System in May, the rates were at 8%.
- As of June 20, the vaccination rate for Marylanders in the Public Behavioral Health System (PBHS) has reached 31% for people 12 years old and older.
- This is a **47.6% increase** above the vaccination rate in late May.
- Those in the PBHS historically do not get vaccinated and get preventive care compared to the general population.

Questions –

Johanna Dolan posted in the chat: Nice work! Question - are there ways that the Council can support the BHA in increasing/encouraging COVID vax? For instance, sharing info on the vax events, etc?

Dr. Jones: We appreciate all partnerships. I will defer to Steve Reeder on his recommendation for partnerships. We send out information on a regular basis through our provider letters. We've sent out letters to medical directors of programs across the state. We try to leverage the relationships that people have with their providers. If you have ideas or recommendations for us, please reach out to us. We have the ability to ask for the mobile vaccination vans. If you are hosting an event and want the mobile vax van, please reach out to us. We are sending information out to providers in the near future so that providers will know which percentage of patients under their care are vaccinated. All of this is with full support of the Secretary.

Barbara Allen: The International Overdose Day Event is coming up in August. That might be another opportunity for the mobile vaccination van.

PRESENTATION –
State Hospital Discharge and Community Capacity Enhancement Plan – Steven Reeder, Assistant Director, Clinical Services Division (Adults and Older Adults), Behavioral Health Administration, Maryland Department of Health

Definition of the Issue

- We've been working closely with our partners to transition individuals who are clinically and legally ready to enter the community. There's been a long standing issue with getting individuals out of the state hospitals and making sure they have the necessary resources available in the community. This long standing issue has been compounded by COVID-19.
- The Department is at risk of contempt of court for not meeting court orders.

Barriers to Community Placement

- These barriers have been long standing but have been exacerbated by the COVID-19 pandemic:
    - Unresolved benefits issues prior to discharge
    - Denial or delays in approval of waiver applications for Money Follows the Person (MFP) eligible individuals
    - Lack of funding to support undocumented individuals
    - Lack of the right complement of services at the right level of care in the right jurisdiction.
    - Scarcity of permanent housing options

State Hospital Discharge and Community Capacity Enhancement Plan

- 3 goals:
  1. Facilitate timely discharge and placement of patients who are clinically and legally ready for discharge.
  2. Increase community capacity for patients being discharged from the state hospitals.
  3. Fund community placements for which no other resource exists.

Residential Rehabilitation Program (RRP) Bed Capacity

- It's not an issue of the number of beds, but rather the distribution of beds and level of care across the state. There is sufficient bed capacity in the state to address the need.
- This issue cannot be solved by increasing bed capacity.

Selected Initiatives

- Specialized RRP Service Pilot Project
  - This project was piloted July 1, 2021. This was designed to provide a higher level of care to individuals who are more complex in the state hospital system. They may have multiple co morbid conditions that make them harder to serve in the community and require a higher level of support. This allows selected residential rehabilitation programs to bill at a higher rate for 24/7 awake overnight care. They have the ability to request an authorization through the ASO.
- RRP Staffing Support (MDH Operations)
  - This project allows a staffing agency to provide support directly to RRP providers. This was designed for RRPs that have beds that have been offline due to COVID. The expectation is to bring offline beds back online, and in exchange, MDH Operations will provide staffing support for up to 90 days.
- Targeted Bed Capacity Expansion
  - There are certain jurisdictions where there are more individuals in the state hospital than bed capacity. This project will take place in Baltimore City and Montgomery County.
- Behavioral Health Assisted Living
  - Stefani O'Dea is leading this project. Sources of funding for this project include Block Grant funding. New projects are taking place in Cecil County and Anne Arundel County.
- Permanent Supportive Housing
  - Individuals having difficulty getting into RRP because people aren't moving out. One of the barriers to getting out of RRP is insufficient supply of permanent supportive housing in the community. This initiative is designed to target individuals who are at a general level of residential relocation services, and with a rental subsidy, would be able to move into permanent housing in the community. We are anticipating transitioning 50 individuals from permanent

supportive housing into the community. We are in the process of identifying individuals that might be eligible for this level of support.

- Benefits Counseling
    - One of the barriers to discharge is lack of entitlements, benefits, and access to community based services. We have a longstanding partnership with the Maryland benefits counseling network to provide onsite mobile benefits counselors to the state hospital system to assist with the benefits application process. We are invigorating this effort by adding additional staff members so that we can ensure that we are reaching all individuals.

Selected Policy/Practice Changes

- Modify RRP referral protocol to permit direct state hospital referral to out-of-county Local Behavioral Health Authority (LBHA)/ Core Service Agency (CSA) for vacant RRP bed.
- Temporarily pause RRP referrals through the Box.
- Temporarily suspend authorizations for RRP Transition Visits.
- Implement daily bed vacancy tracker to be completed by LBHAs/CSAs
    - We appreciate the commitment of MABHA and the LBHAs/CSAs. One of the challenges has been knowing when/where the beds are vacant at a given time. Each jurisdiction is entering bed vacancies into a tracker on a daily basis. Then we can match the bed vacancies based on need in the community.

Specialized RRP Service Pilot Project

- Designed to evaluate the feasibility and effectiveness of a new specialized RRP level of care for individuals being discharged from the state hospitals whose complex needs cannot be adequately met with existing RRP levels of care.

Specialized RRP Level of Care

- Shall include, but is not limited to, awake overnight staff coverage in the residence.
- RRP staff is immediately available at any time the resident remains in the residence to:
    - Furnish assistance and direction
    - Intervene in the event of a crisis, and
    - Mediate conflict.

Goals of the Pilot Project

1. Develop specialized behavioral health provider capacity and expertise to serve individuals with complex needs being discharged from state hospitals who could benefit from but who have historically been denied admission to or not been well served by RRP providers.
2. Increase the discharge flow of individuals with complex needs who are clinically and legally ready for state hospital discharge, thereby creating openings for individuals who

have been committed to the Department and remain in detention centers awaiting state hospital placement.
3. Increase the community tenure of individuals with complex needs being discharged from state hospitals.
4. Promote hospital diversion and reduce the frequency of avoidable state hospital readmissions through the use of less restrictive interventions.
5. Promote movement within the continuum of housing and residential service options.

PRESENTATION – Tobacco and Behavioral Health – Dawn Berkowitz, Director, Center for Tobacco Prevention and Control, Prevention and Health Promotion Administration, Maryland Department of Health

Dawn Berkowitz shared an overview of behavioral health and other tobacco-related disparities, the Prevention and Health Promotion Administration (PHPA), the Center for Tobacco Use and Prevention and Control (CTPC) resources and initiatives, and a new grant collaboration between PHPA and BHA.

Tobacco Product Use Among Adults – United States, 2019
- Approximately 21% of U.S. adults currently use any tobacco product.
- The most prominent product used is cigarettes.

Tobacco Use and Mental Health Conditions/Substance Use Disorders
- About 25% of U.S. adults have some form of behavioral health condition and these adults consume almost 40% of all cigarettes smoked by adults.

Disparities in Tobacco Use and Youth Risk Behaviors
- The prevalence of tobacco product use is consistently higher for LGBTQ youth.
- Youth who vape are 5 times more likely to drink alcohol and 7 times more likely to use marijuana.
- Over 53% of youth who have misused prescription opioids are tobacco.
- Cigarette smokers have 24 times higher odds of using heroin.
- Smoking and vaping is significantly higher among those with mental health conditions and substance use disorders.

Definitive Link Between Smoking and Severe Illness from COVID-19
- Last year, the CDC came out with a statement saying: “Being a current or former cigarette smoker increases your risk of severe illness from COVID-19.”

The Maryland Tobacco Quitline
- There are many resources for Marylanders.
- Free 24/7 tobacco treatment for all Marylanders, age 13 and older
- Assistance with any tobacco product, including vaping.

- Call 1-800-QUIT-NOW

Quitline Specialized Behavioral Health Protocol

- Several years ago, we implemented enhanced behavioral health protocols for the Quitline.
- Many individuals with behavioral health conditions want to quit smoking but may face extra challenges in successfully quitting and thus may benefit from extra help.
- This is assessed upon intake and it is the same number as the Quitline.
    - Enhanced stress assessment
    - Seven-call program
    - Twelve additional weeks of combination Nicotine Replacement Therapy (NRT)
    - Dedicated coaching team
    - Unlimited inbound phone support, web coach, mobile app, and text-to-quit

Behavioral Health Campaign

- Behavioral health toolkits mailed to over 1,000 behavioral health providers.
- This campaign was called the Continue the Good campaign.

Tobacco and Behavioral Health: Tobacco Use is Substance Use

- Treatment not just ‘cessation’ or ‘quit smoking’.
- Quitting all addictions helps with overall recovery.

CTPC Behavioral Health Systems Grants

- Partnerships with Sheppard Pratt and Mosaic Community Services, Inc.

Improving the Health of Marylanders through a Health Equity Lens

- We are working to put together an assessment for behavioral health facilities. Our key is doing an assessment of behavioral health facilities on cessation programs provided and what the tobacco free campus policies are. This will give us a baseline that will help our program development. We have the draft survey developed and will send it through the Institutional Review Board (IRB). We want to utilize the work of this council to get the word out and help us with the next steps.

COUNCIL BUSINESS:

Replacement of BHAC Co-chairs

Barbara: We gathered the Executive Committee for recommendations for replacement of BHAC co-chairs. Barbara's term expires September 30, 2021. She has been serving on BHAC for six years. Lauren's term will end at the end of December 2021. We spoke with 15-18 candidates for consideration to serve as co-chair. Typically there is one chair from mental health and one chair from substance use. We have three excellent candidates. The bios and election form will be sent out after this meeting. It will be open until Wednesday 10am (Wednesday July 21). The candidates are Kate Farinholt, Katie Dilley, and Kirsten Robb-McGrath. The committee will be voting for two candidates.

The next Behavioral Health Advisory Council meeting is September 21, 2021.