



## State of Maryland Behavioral Health Advisory Council

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

### THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

#### Minutes

September 19, 2017

#### Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr (**by phone**), Barbara L. Allen, Robert Anderson for Michael Ito, Dori S. Bishop, Karyn M. Black (**by phone**), Lori Brewster (**by phone**), Mary Bunch, Reggie Burke for Sylvia Lawson, Kenneth Collins (**by phone**), Jan A. Desper Peters, Allysa Dittmar, Catherine Drake, The Hon. Addie Eckardt, Robert Findling (**by phone**), Ann Geddes, Lauren Grimes, Elaine Hall, Christina Halpin (**by phone**), Carlos Hardy, Dayna Harris, Virginia Harrison, The Hon. Antonio Hayes, James Hedrick, Helene Hornum for Brandi Stocksdales, Sharon M. Lipford, The Hon. George Lipman, Theresa Lord, Dan Martin, Dennis L. McDowell, Tom Merrick for Al Zachik, Kathleen O'Brien, The Hon. Dana Moylan Wright, Nick Napolitano for Jonathan Martin (**by phone**), Randall S. Nero for Stephen T. Moyer, Charles Reifsnider, Keith Richardson (**by phone**), Linnette Rivera (**by phone**), Catherine Simmons-Jones, Jeffrey Sternlicht, Tracey Webb (**by phone**), John Winslow

#### Maryland Behavioral Health Advisory Council Members Absent:

Barbara J. Bazron, Marian Currens, Stevanne Ellis, Kate Farinholt, Shannon Hall, Japp Haynes, IV, Jonathan Kromm, Luciene Parsley, Mary Pizzo, Clay Stamp, Anita Wells

#### BHA Staff Present:

Cynthia Petion, Erik Roskes, Robin Poponne, Hilary Phillips, Sarah Reiman, Tsegereda Assebe, Michele Fleming, Nicolle Birkhead, Richard Ortega, Brendan Welsh, Greta Carter

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c/o Behavioral Health Administration

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**Guests and Others:**

Robert Canosa, Catholic Charities;

Thomas Werner, Community Advocate-Frederick, **(by phone)**;

Julia Jerscheid, Mid-Shore Consumer Advocate;

Brian Frazee, Maryland Hospital Association;

Doris McDonald, MABHA/Calvert County Health Department, Behavioral Health-LAA;

Virginia Spence, Forensic Recovery, Peer Specialist;

Howard Ashkin, Maryland Association for the Treatment of Opioid Dependence (MATOD);

Victor Ramirez, The MayaTech Corporation;

Jackie Pettis, Beacon Health Options Maryland;

Jordan More, Maryland Department of Legislative Services;

Jennifer Lowther, University of Maryland, School of Social Work;

Tim Santoni, Systems Evaluation Center, University of Maryland;

Tracia Price, **(by phone)**

## WELCOME

Co-Chairs, Dan Martin and Barbara Allen, opened the meeting and welcomed all members and guests. The minutes of the July 18<sup>th</sup> meeting were reviewed. One noted correction: Barbara Allen was present at that meeting. The minutes were approved with correction. Minutes will be posted on the Behavioral Health Administration's (BHA) Web site at:

<https://bha.health.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

## ANNOUNCEMENTS and INTRODUCTIONS

- Sarah Reiman and Tsegereda Assebe are two new Health Policy Analysts with the Division of Planning at BHA.
- Allysa Dittmar was recently appointed designee for the Behavioral Health Advisory Council and she will also serve as the new co-chair of the Cultural and Linguistic Competence Committee. Allysa is the Communications & Policy Manager under the Governor's Office of the Deaf and Hard of Hearing, and she can be reached at [allysa.dittmar@maryland.gov](mailto:allysa.dittmar@maryland.gov).

## THE DIRECTOR'S REPORT – Cynthia Petion, Acting Director, Systems Management; Deputy Director for Systems Management and Planning, Behavioral Health Administration

### Announcements

Wednesday, October 4<sup>th</sup> is the 29<sup>th</sup> Annual Suicide Prevention Conference at Martins West in Baltimore. Registration closes on Monday, September 25<sup>th</sup>.

### Behavioral Health Administration - Updates

*BHA has filled several vacancies:*

- **Director of Systems Management-** Kimberly Cuthrell, Ph.D. will start on September 27<sup>th</sup>. Dr. Cuthrell formerly was the Director of the Baltimore County Department of Health, Bureau of Behavioral Health.
- **Director of the Office of Accreditation-** Spencer Gear started on August 16<sup>th</sup>. He was formerly with Mosaic, Inc.
- **Director of Office of Consumer Affairs-** Brendan Welsh was formerly BHA's Coordinator of State Care Coordination.
- **Director of Suicide Prevention-** Janel Cabbage started August 16<sup>th</sup>.
- **Office of Planning-** Sarah Reiman and Tsegereda Assebe. Will be working under Hilary Philips leadership and will provide staff support to the Council.

### *Other Organizational Changes*

- Dr. Erik Roskes will serve as the Administration's Medical Director for Forensic Services and is charged with the responsibility of developing statewide Policy and Clinical Standards to address the clinical and forensic needs of individuals involved in the criminal justice system.

- Forensic Services will be hiring a Director of Placement for Forensic Services to assist in refining the placement process for individuals committed to the Department under 8507's.
- John Robison has assumed the role of Director of Hospitals and will provide oversight to all the BHA facilities. He is currently the CEO at Clifton T. Perkins.

#### *Retirement*

- Robin Poponne will be retiring on October 1<sup>st</sup>. Robin has been with the State for 27 years, 20 of those with BHA. We thank Robin for the work she has done in Planning as well as the staff support she has provided to the Council.

#### **Behavioral Health Integration – Updates**

- **Accreditation** -The Department and BHA is moving towards accreditation-based licensure for community behavioral health providers. Under COMAR 10.63 all behavioral health providers must obtain accreditation by an approved accrediting organization no later than January 1, 2018 in order to be licensed by April 1, 2018. BHA has been working with the Department's Office of Transformation to ascertain accreditation status and provider needs in an effort to meet requirements as mandated by legislature. A draft report is being reviewed in preparation of submission to the legislature by November 1, 2017.
- **Transfer of Grants** – The launch of the Adult Residential Substance Use Disorders (SUD) programs from grants to fee-for-service (FFS) has been a smooth transition so far. Minimal concerns from providers. This transition included American Society of Addiction Medicine (ASAM) Levels 3.3, 3.5, 3.7, and 3.7 WM. BHA has had weekly calls with MA, Beacon and providers to discuss any issues or concerns. Phase II will focus on Pregnant Women with Children (PWC) and 8-507 Residential beds, coverage under ASAM level 3.2 WM will be effective January 1, 2018. (ASAM), and Level 3.1 will be phased in effective January 2019. A description of the ASAM Levels/criteria will be included in the minutes.
- **Gambling Funds**- BHA has enhanced partnerships with Behavioral Health System Baltimore (BHSB) around the issue of providing reimbursement for gambling services. Currently, BHA, through BHSB, reimburses for Level 1 and 2.1 Services for the treatment of gambling disorders. BHSB will now also provide reimbursement for the ASAM Level 3.3 and 3.5 Residential services for individuals with a diagnosis of a Gambling Disorder.
- **Federal Block Grant Activities**- on September 1, 2017 BHA submitted a Combined Mental Health and Substance Abuse Block Grant application for 2018/2019. This was the first time since it was submitted in a combined format since the merger of the two administrations for mental health and substance use. In the past Maryland has submitted separate mental health and substance abuse applications. For the Mental Health Block Grant (MHBG), Maryland's proposed allotment for FY 2018 will be reduced from \$9.1 million to \$6.7 million. The Substance Abuse Block Grant (SABG), will maintain level funding at \$34 million.

Maryland's FY 2018 Estimated MHBG Allotment is \$6,756,780.

**The MHGC funding supports the following services throughout Maryland:**

- Crisis Response Systems/Services
- Implementation of Evidence Based Practices (Assertive Community Treatment (ACT)), Supported Employment (SE), and Family PsychoEducation (FPE)
- Early Intervention/First Episode Psychosis (10%)
- Systems Evaluation/Research/ Outcome data
- School based-Mental Health
- Housing Supports
- Public Awareness/Education/Training & Outreach

Maryland's BHA will receive \$34 million in block grant funds to support substance use treatment, prevention and intervention services. SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP), administers the Substance Abuse Block Grant funds (SABG).

**The SABG supports the following services in Maryland:**

- Substance Use Disorder (SUD) treatment across all ASAM levels of care
- Primary Prevention
- Tobacco Use Prevention- SYNAR Amendment
- Women's Services (Pregnant Women and Women with Dependent Children)
- HIV/AIDS Services
- Overdose Prevention
- PDMP (Prescription Drug Monitoring Program)
- Recovery Support Services
- Tuberculosis Services

**Questions/Comments:**

1. *Concern about continued cuts to mental health funding.*  
The budget may still be adjusted again after Congress reviews and passes. Could go up or down.
2. *When will we have notice of how/where the cuts will occur?*  
Plans are to look at a variety of methodologies. Services will be the last area that will be looked at for cuts.
3. *Is it possible to have a summary for this council by our next meeting in November?*  
Possibly, cannot not guarantee.
4. *Because the application was combined can the money be combined?*  
No, MH dollars and Substance Abuse dollars cannot be mixed. There are some areas in which services for co-occurring disorders qualify.

**UPDATES ON EFFORTS RELATED TO:**

- Justice Reinvestment Initiative
- Forensics Advisory Committee
- Recovery Housing Activities

The Council was unable to secure speakers before meeting to speak to these issues but speakers will be sought for our next meeting. Dr. Roskes will provide brief updates on each but more detailed updates will be provided at the November meeting.

**Justice Reinvestment Act (JRA) Update**

The main obligation is to get to a 21 day admission time for 8507's. The Forensics team has been spending time trying to organize and understand the process and barriers to the process so that they can develop some approaches. When they started there were 100 people on the waitlist- that number is now down to 35. The time to get in is now 45-60 days, which is down from 100 or so days.

The Team has identified a new way of tracking orders. Have found that some orders come in where the person has detainers, warrants, or outstanding charges and the statute does not permit placement of these individuals until these have been cleared first.

Of the 35 individuals currently on the waitlist: (These statistics do not include Baltimore City)

- 13 are scheduled to be admitted in the next 2 weeks or so;
- 2 have been cleared and should be admitted within a matter of days;
- A number are pending- which means we are working on getting them cleared;
- 11 are on hold, which means an issue has arisen that is outside of our control; and
- 1 with a Letter of Intent

We probably won't be at the 21 days by October 1<sup>st</sup> but we are getting better.

As mentioned earlier, SUD Residential Placement has moved into FFS structure with the exception of 8507's, but they will be included come January 2018. 80% of our evaluations result in a recommendation for residential placement.

**Forensics Advisory Committee Update**

The Committee has been doing a lot to re-organize forensics including:

- A number of beds have been added at Perkins;
- A new unit will be opening at Eastern Shore;
- Developmental Disabilities Administration (DDA) will be opening a new unit at Potomac Center with a specific mission of moving individuals with developmental disabilities who are currently in state hospitals into this setting which will free up those beds.

The Committee continues to work on crisis care and outpatient services.

**Questions/Comments:**

1. *Drug Courts have ordered patients to stop treatment plans of methadone and to choose between either discontinuing methadone and going on Vivitrol or being locked up. One patient chose to discontinue her methadone treatment which was successful and ended up suffering a fatal overdose. What can BHA do with us to work with the Judiciary to provide education on this matter?*

Dr. Roskes and Judge Lipman would be willing to speak in more detail about this matter and asked that they follow up with them after the meeting.

2. *Are there data on Baltimore City available?*

Dr. Roskes does not have them on hand but would be able to get this.

**The Behavioral Health Council (BHAC) Committee Activity Updates**

The Council would like to get into a more regular schedule of Committee updates with Committees sending in reports prior to full Council meetings. We did get a few Committee updates. BHAC currently has seven Committees that meet monthly or bi-monthly to address various issues that impact the public behavioral health system. Not all of the Committees have met or have provided updates, but we did get a few. The following Committee co-chairs provided the following summaries:

**Planning Committee - Co-Chairs: Dennis McDowell and Dori Bishop**

The Planning Committee met several times to review and comment on several documents including the State Behavioral Health Plan, The Annual Implementation Report and the Federal Mental Health Block Grant application.

**State Behavioral Health Plan:**

- July 15, 2016 The Committee met to review the FY2017 draft of the Plan
- April 21, 2017 members of the Committee joined Mental Health advocates at a Statewide meeting for planning and brainstorming key areas for building the FY 2018 Plan
- July 18, 2017 met to review the FY 2018 Plan. BHA staff prepared minutes reporting on the new format of the plan organized around four main domains: Customer Needs, Internal Business Process, Learning Innovations, and Finances. The Committee reviewed the plan and offered recommendations and comments for consideration.
- August 30, 2017 the Committee met as a conference call to review the updated document. Again comments and recommendations were offered, with the most significant being that there is no longer a listing of some of the involved partners. They will be reviewing the final draft at today's Committee meeting following the Council meeting.
- The Committee expressed that the new format is a lot easier to present and explain. They thank BHA, Council and Committee members for their work on the new format and for doing a good job incorporating all the offered recommendations and comments. The Committee was in agreement to go ahead with this as a working document.
- BHA is asking that all final comments be submitted by September 27<sup>th</sup>. Comments can be submitted using track changes in the main document.

**Implementation Report:**

The Committee met on November 15, 2016 to review the FY 2016 Implementation Report and offered comments and recommendations.

**Cultural and Linguistic Competence Committee (CLCC) – Allysa Ditmar, Co-Chair:**

Allysa Ditmar is the newly appointed co-chair for the Committee. The Committee is looking for another co-chair so if anyone is interested they can contact Hilary or Greta.

The Committee reviewed the Behavioral Health Plan for CLC elements and offered comments and recommendations.

**Criminal Justice/Forensic Committee - Co-Chairs: Kathleen O'Brien and George Lipman**

The Committee continues to address two main issues: 8507's Residential Substance Abuse Treatment and Competency Admission Delays. The Committee will be meeting today after the Council meeting to discuss 8507's. Over the summer Spring Grove had a waitlist of 35, 7-15 of those were from the City and had orders from Judges. There are similar situations at Perkins. The statute is not clear enough to empower the court to order an individual directly into a treatment bed. Hearings regarding this issue will begin in Baltimore City on Thursday, September 21<sup>st</sup>.

There are delays everywhere but there have been some improvements. At last month's meeting there was an excellent presentation that discussed ways to address some of the impediments to moving Phase I along; e.g. getting evaluations done more quickly. Issues that continue to be discussed include questions on how providers are selected and length of stay. Also how are we going to expand capacity to reduce waitlist but also maintain quality of care and how does this all tie into the JRA?

**Questions/Comments:**

1. With the budget being cut and courts wanting to put people in drug rehab, what happens if there is no money?

We don't want to give the impression that the situation is bleak. There are a lot of people in a lot of really good programs and we aren't bankrupt yet.

**Prevention Committee - Co-Chairs: Lori Brewster and Sharon Lipford**

We did not meet but we have identified work. We are waiting to see how the Opioid Command Center and some other new funding streams work out and how we fit into their activities. We've identified risk and protective factors and ways to be in the community but we are struggling a bit with how we will roll this out statewide. We are relying on our Federal recommendations like SAMHSA and Surgeon General's report to guide our work. Cynthia noted that their report was part of the Substance Abuse Block Grant because of the Prevention requirement.

**Questions/Comments:**

1. *Are you working with any of the Opioid Intervention/Recovery Teams?*

We are not. It is still too new and we are waiting to see what evolves. We are open to ideas. Each jurisdiction should have a strategic plan to address this issue.



Activities included developing a strategic focus:

- Defining scope of Prevention
- Population health/wellness framework
- Review of risk/prevention factors
- Targeting key initiatives around the State

Some next steps for the committee include identifying promising and evidence-based practices; generate a list of research programs that are effective, through SAMHSA and local programs; identifying key stakeholders to join committee. The committee has proposed to the Council to change the name of the Committee to Prevention and Wellness. This change may be addressed through the Council's bylaw process.

**Life Span I Committee - Co-Chairs: Ann Geddes and Mary Bunch**

**Life Span II Committee - Co-Chair: Barbara Allen**

**No updates from these Committees**

**Crisis Services Strategic Plan Committee - Co-Chairs: Dan Martin and Barbara Allen**

The Committee meets every month and the work stems from Senate Bill 551 and House Bill 682 requiring the Behavioral Health Advisory Council to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide. The Steering Committee has been working with a consultant provided by BHA and is guiding the process for the development of the Maryland Crisis Services Strategic Plan, which will need to be presented to the legislature. So far the following actions have been completed by the Committee:

- An environmental scan on crisis services/gaps in services in Maryland, which will serve as an integral component of the proposed strategic plan.
- Developed and implemented a survey to gather public interest/stakeholder input, with over 1000 respondents. Data was collected during the period of October 2016 – January 2017.
- A draft of the strategic plan was developed which includes the results of the survey, findings from the environmental scan and other processes. The HOPE Act will include recommendations made in the final version of the strategic plan.
- The draft was provided to LAA's and CSA's for recommendations and comments and the Committee received 19 proposals. Some were "wish lists", some were regional proposals.

**Next Steps:**

The Committee will meet one more time in October to bring everything together for a complete document and then submit to the Advisory Council by October 30<sup>th</sup> for review and hopefully approval at the November meeting.

**Questions/Comments:**

1. Stakeholders expressed their surprised and happiness at being asked to review and offer comments/recommendations.
2. Some of their responses were not specific to what was being asked but a lot showed some good thinking as well as how they would integrate services into current services. Some asked for hospitals/treatment centers. Some discussion about whether locals wanted actually physical buildings or services and it seems that there may be a desire for a little of both.
3. Obstacles that exist include funding, time for implementation, and legal/policy obstacles
4. Since this is just raw data there needs to be more conversation about how services can be built off of what we have already and how it can be matched with the legislative proposal.
5. Cynthia offered anyone to contact the Office of Planning if there are TA needs for development of Committee Reports for the Annual Report.
6. All Committees are meeting today after this meeting.

**Additional Items**

**Annual Report:**

This group is required to submit an Annual Report, which is due December 31<sup>st</sup>. The Council meets one more time in November. The Annual Report should include comprehensive reports from all the different Committees, so we are going to need complete end of year Committee reports from all the Committees. Committees need to start thinking about this now because we want to be able to document all the important work you have been doing over the past year. The Office of Planning will be sending out more direction on this along with a form to complete in the coming weeks.

Next Meeting is November 21<sup>st</sup>.

The meeting was adjourned.