

Minutes  
Behavioral Health Care Treatment and Access Commission  
May 29, 2024, 1:00 pm  
Virtual

Chair: **Secretary Laura Herrera Scott**

Staff Members: Marie Grant, Erin McMullen, Emily Berg, Milan Reed, and Wes Schrum.

Commission Members in attendance: **Senator Malcolm Augustine**, *Member from the Senate of Maryland*; **Delegate Bonnie Cullison**, *Member from the Maryland House of Delegates*; **Greg Seseck**, *Designee for the Department of Human Services*; **Deputy Secretary Alyssa Lord**, *Deputy Secretary for Behavioral Health*; **Kathleen Birrane**, *Maryland Insurance Commissioner*; **Megan Renfrew**, *Designee for the Executive Director of Health Services Cost Review Commission*; **Ben Steffen**, *Executive Director of the Maryland Health Care Commission*; **Mark Luckner**, *Executive Director of the Maryland Community Health Resources Commission*; **Sheena Patel**, *Designee for the Executive Director of State-Designated Health Information Exchange*; **Secretary Carol Beatty**, *Secretary of the Maryland Department of Disabilities*; **Renard Brooks**, *Designee for the Secretary of the Department of Public Safety and Correctional Services*; **Special Secretary Emily Keller**, *Special Secretary of Opioid Response*; **Linda Raines**, *representative of the Mental Health Association of Maryland*; **Shannon Hall**, *representative of the Community Behavioral Health Association of Maryland*; **Dr. Aliya Jones**, *representative of an acute care hospital*; **Stacey Garnett**, *representative of an inpatient psychiatric hospital*; **Dr. Paula Anne Smith-Benson**, *individual with experience as a consumer of behavioral health services*; **Debra Bennett**, *family member of an individual with experience as a consumer of behavioral health services*; **Dr. Arlene Tyler**, *representative of a school-based health center*; **Tamar Rodney**, *individual with expertise in Social Determinants of Health*; **Matthew Eisenberg**, *individual with expertise in health economics*; **Oleg Tarkovsky**, *representative of a health insurance carrier*; **Rachel London**, *representative of the Developmental Disabilities Coalition*; **Kevin Amado Sr.**, *representative of the Maryland Chapter of the National Council on Alcoholism and Drug Dependence*; **Leslie Seid Margolis**, *representative of Disability Rights Maryland*; and **Kathryn Dilley**, *representative of a local behavioral health authority*.

Commission Members not in attendance: **Alexa Herzog**, *Designee for the Department of Juvenile Services*; **James Rhoden**, *Designee for the Executive Director of the Governor's Office of Crime Prevention, Youth, and Victims Services*; **Kathryn Spencer Fairholt**, *representative of the National Alliance on Mental Illness*; **Johnathan Davis**, *representative of a provider of residential behavioral health services*; **Mercia Cummings**, *representative of a provider of substance abuse treatment services*; **Linda Dietsch**, *representative of a managed care*

*organization; **Benjamin Charlton**, representative from the Office of the Public Defender; **Dr. Stephanie Wolf**, representative of the Maryland Psychological Association; **Lawanda Williams**, representative of a Federally Qualified Health Center; and **Clara Baker**, an individual with an intellectual disability who uses self-directed behavioral health services.*

1. Call to Order: Commission Member, Deputy Secretary Alyssa Lord, called the meeting to order at 1:00 pm. At this time attendance was taken, and the Deputy Secretary declared a quorum. Secretary Laura Herrera Scott then welcomed everyone and gave opening remarks.
2. Approval of Commission Meeting Minutes: Deputy Secretary Lord asked Commission members if any revisions were needed to the December 2023 meeting minutes. With no revision indicated, a motion was made to approve the minutes. Kathryn Dilley approved the motion and Special Secretary Emily Keller second the motion.
3. Overview of Legislative Changes to the Commission and Future Alignment with the Behavioral Health Advisory Council: Ms. Erin McMullen, Maryland Department of Health Chief of Staff, provided an overview of the changes made to the Commission and its involvement with the Behavioral Health Advisory Council (BHAC).
  - a. Provided background on the federal requirements for the State Mental Health Planning Council, as well as the State statutory charge of the Behavioral Health Advisory Council and the initial charge of the Commission.
  - b. Explained new departmental legislation, Senate Bill 212/House Bill 1048, which requires the Commission and the Behavioral Health Advisory Council to meet jointly and coordinate annual reporting.
  - c. Discussed the Joint Chairmen's Report requirements for reporting information on overdose response efforts in the Commission's annual report.
  - d. Secretary Herrera Scott emphasized the importance of the work of the Commission and the Behavioral Health Advisory Council. She added that the overlap between the Commission and the Behavioral Health Advisory Council provides an opportunity to bring everyone to the table.
4. Update on Behavioral Health Needs Assessment/White Space: Deputy Secretary Lord shared an update on the Behavioral Health Needs Assessment and White Space.
  - a. Discussed billing providers that submitted Substance Use Disorder (SUD) claims and Mental Health services claims during FY22, as well as the geographic locations of those providers.
  - b. Reported expenditures related to SUD and mental health treatment services claims.
  - c. Identified changes between the FY21 and FY22 Behavioral Health Needs Assessments.
  - d. Secretary Herrera Scott indicated that the utilization of 1915(i) services for children has shown little change from 2021-2022, partially because of the criteria

for the program. Additionally, a claims base report from FY21 was submitted to the General Assembly. Data for 2023 is now complete and will be provided in the next version. In addition, policies are being examined that impact utilization of services which contribute to the White Space. The Deputy Secretary and Medicaid are examining barriers to entry and are updating the waiver accordingly, as well as using the claims to identify necessary updates in MDH policy.

- e. Deputy Secretary Lord pointed out that the White Space Chart depicted in the slide deck captures data at a specific point in time. This chart will be updated accordingly.
  - f. Secretary Herrera Scott added that MDH is also examining how to fill the void where services are not being delivered.
5. Efforts Underway to Fill in the White Space: Several individuals provided an overview of efforts that are underway to fill in the White Space.
- a. Ms. Tanya Schwartz, Behavioral Health Administration Director of Acute and Urgent Care, provided an update on regulations for mobile crisis teams and behavioral health crisis stabilization centers.
    - i. Specifically, BHA is working to expand mobile crisis teams across the State, as well as to establish crisis stabilization centers that can provide services 24/7. The stabilization centers will provide an alternative path that takes individuals away from the criminal justice system and emergency rooms. The first application to BHA for a crisis stabilization center will likely come from the Dyer Center which is located in Prince George's County. Further, BHA and Medicaid created regulations which will help to implement stabilization centers (effective date 5/29/24). These regulations mark the first time that Medicaid reimbursements will be able to be leveraged to support these services in the State. The Public Behavioral Health System will also provide reimbursement for services that are provided to individuals who are both uninsured or underinsured. Ms. Schwartz also indicated that BHA awarded \$13.5 million to 19 jurisdictions for pilot expansion projects, and 6 jurisdictions to establish crisis behavioral health stabilization centers.
    - ii. Discussed the Child, Adolescent, and Family Strategy, a MDH partnership with the Maryland Coalition of Families, which will help guide the provision of services across the full continuum of behavioral health. It will eventually produce a public-facing roadmap for improvement of behavioral health services for children and youth in Maryland.
    - iii. The Secretary opened the meeting for questions and comments.
      - 1. Ms. Shannon Hall stated that the White Space analysis is useful for looking at the space and understanding the issue. She identified that there are gaps that could be better mapped out surrounding

food and nutrition programs, rent payee programs, and housing supports.

2. Secretary Herrera Scott indicated that she had charged the team with looking at the claims and finding for what and where the claims were paid. She explained that this was the first cut of the data, and then grants and other funding sources were examined to help fill in the White Space even more.
- b. Mr. Clint Hackett, Maryland Department of Health Chief Information Officer, provided an update on the Bed Registry Referral system.
    - i. Communicated the high level requirements in place for the development of the Bed Registry Referral system (BRRS).
    - ii. Shared recent accomplishments with the development of the BRRS, as well as some upcoming milestones.
    - iii. The Secretary opened the meeting for questions and comments. No questions or comments were given.
    - iv. The Secretary expressed that updates will be provided as the vendor identification process progresses. More information will be shared about the program if and when a vendor is selected.
6. Overdose Data and Self Service Dashboard: Ms. Katyayani Bhide, Maryland Department of Health Chief Data Officer, presented information regarding the Overdose Data and Self Service Dashboard.
    - a. Secretary Herrera Scott wanted to be clear that clean-up is needed, but the goal of MDH is to make this dashboard a singular source of truth surrounding opioid morbidity and mortality in jurisdictions across the state.
    - b. Elaborated on the geographic analysis used to display overdose fatalities across the State of Maryland.
      - i. Secretary Herrera Scott clarified that the presentation slides contain screenshots of the dashboard. Once the tool is live, individuals will be able to use the interactive dashboard to sort and self-select data.
      - ii. The Secretary also mentioned that an asterisk or line associated with a census tract means that there are fewer than 10 people in that tract. The asterisk is used because people could be identified due to the small population.
    - c. Reviewed Naloxone distribution trends and the tool's ability to examine their association with overdose fatality trends across the state. There has been a steady increase in Naloxone distribution State-wide since 2019.
      - i. Secretary Herrera Scott indicated that another important reason for mapping the distribution of Naloxone is because this will be followed up with research into where fentanyl is present in the drug supply. Fentanyl overdoses require a higher saturation of Naloxone distribution than

non-fentanyl overdoses, so MDH will be targeting greater Naloxone distribution in those areas that have a larger number of fentanyl-related deaths.

- d. Discussed next steps for the self-serve dashboard to which additional data sources and features will be implemented.
  - e. The Secretary opened the meeting for questions and comments.
    - i. Mr. Wesley Schrum, Health Policy Analyst with Operations and the MDH Healthcare System, read a question from the chat asking if there is a way to download CVS files from the dashboard.
    - ii. Secretary Herrera Scott stated that when an individual uses the tool for their own analysis, answers can sometimes differ which compromises the dashboard as a source of truth. If an individual has questions that are not answered by the dashboard, they can let MDH know and get help to answer their questions. MDH will not allow the downloading of CVS files because of concerns around data integrity and the timing of data pulls in relation to results.
7. Maryland Health Care Commission's Behavioral Health Workforce Study: Mr. Ben Steffen, Executive Director of the Maryland Health Services Cost Review Commission, along with Ms. Tracey DeShields, Director of Policy Development and Internal Affairs, and Mr. Andy Hall, President and CEO of Trailhead Strategies, discussed the behavioral health workforce assessment and payments.
- a. Secretary Herrera Scott expressed appreciation towards the Maryland Health Care Commission (MHCC) for the work they have done to date and for their willing partnership to help meet the requirements of this Commission.
  - b. Mr. Steffen discussed the four items that MHCC is working on that are related to behavioral health.
    - i. The study on the Actuarial Examination of the Adequacy of Reimbursement for Behavioral Health Outpatient Services Delivered In-Person and by Telehealth will be led by Mr. David Sharp. The study was directed by House Bill 1148 (2023 session), and the results will be completed for the legislative mandate in December 2024.
    - ii. A study aligned with the Behavioral Health Workforce Investment Fund that would be used to target funds for expansion of the behavioral health workforce was directed by Senate Bill 283 (2023 Session).
    - iii. Other related studies include one on the impact of private equity firms and one regarding non-participating providers that treat HMO patients.
    - iv. The longstanding and traditional responsibility of administering the State Health plan for acute psychiatric services, acute new patients drug rehab, and residential treatment centers.

- c. The meeting moved forward to the Consortium for Coordinated Community Supports presentation. Following that presentation, Mr. Hall presented on the State of Maryland Behavioral Health Workforce Assessment. (For consistency, a summary of Mr. Hall’s presentation is below).
    - i. Shared data regarding the current status of the behavioral health workforce around the State including demographic factors and geographical distribution.
    - ii. Provided an estimate of the unmet need for behavioral health services in Maryland. The estimate indicates that 22% of Maryland residents needed behavioral health services in 2023, and 37% of those residents did not receive services. The estimate therefore indicates that the behavioral health workforce needs to increase by 50% to meet the current unmet need.
    - iii. Noted themes from interviews and townhalls conducted as part of the study.
      - 1. Narrowing the focus of the fund.
      - 2. Attracting new entrants.
      - 3. Retaining existing staff.
      - 4. Service delivery innovations.
    - iv. Provided insight into how several other states structure workforce funds/investments including funding, eligible recipients, and target occupations.
  - d. The Secretary opened the meeting for questions and comments. No questions or comments were given.
    - i. Secretary Herrera Scott asked to reach out to Mr. Steffen and Mr. Hall offline for additional questions.
8. Consortium for Coordinated Community Supports: Mr. Mark Luckner, Executive Director of the Maryland Community Health Resources Commission, and Ms. Lorianne Moss, Policy Analyst, Executive Director of the Maryland Community Health Resources Commission, provided an update on the Consortium’s work and how it fits into MDH’s larger behavioral health strategy.
- a. Secretary Herrera Scott mentioned that the presentation slides in this meeting and in previous meetings indicate a need for a continuum of care for children and youth. She added that the Consortium for Community Supports has the Blueprint funding which is foundational towards building access to behavioral health services for youth and their families.
  - b. Mr. Luckner provided an overview of the Consortium.
    - i. Gave a synopsis of the mission of the Consortium, including its statutory objectives, implementing agencies, and legislative requirements.
    - ii. Elaborated on the status of current grant programs.

- iii. Discussed the current pilot hubs for the program and the deliverables they are expected to produce. The deliverables will help the hub pilots apply as full Community Supports Partnerships. There are hub pilots in 10 of the 15 jurisdictions in the State.
  - c. Ms. Moss elaborated on the Consortium's service grants.
    - i. Discussed the work and services of the Consortium in the context of the behavioral health continuum of care.
  - d. Mr. Luckner stated that the behavioral health continuum discussed by the Secretary earlier in the year was a key factor when making the competitive grants. He said that the Consortium would also be happy to contribute to the work on White Space.
    - i. Secretary Herrera Scott indicated that knowing where the awards are and documenting where services are being added would be helpful in the efforts to determine where there is unmet need.
  - e. Secretary Herrera Scott inquired about outcome measures and how grantees are being held accountable for certain metrics or proxy measures.
    - i. Mr. Luckner stated that grantees collect demographic information about the children receiving services to ensure that disparities are being addressed.
    - ii. Ms. Moss indicated that grantees will be conducting satisfaction surveys with children and their families. Additionally, grantees will monitor outcomes of the children they serve and will report that information to the CHRC.
    - iii. Mr. Luckner suggested that absenteeism could be another helpful metric for the Consortium to examine.
  - f. Secretary Herrera Scott offered Ms. Katy Bhide as a resource for the Consortium to help build a data tool.
    - i. Mr. Luckner also expressed interest in meeting with the MDH Chief Information Officer, Mr. Clint Hackett.
  - g. The Secretary expressed her appreciation for the commentary regarding support for parents during this process.
- 9. Additional Platform for Questions: Mr. Wesley Schrum discussed additional opportunities for Commission members and members of the public to ask questions and provide feedback, including a Google form that will be sent out after every meeting starting in July.
- 10. Public Comment: The Secretary opened the meeting for public comment and questions.
  - a. Delegate Bonnie Cullison expressed appreciation for the work put into the presentations during the meeting and stated that she was glad the Commission is allowing for such coordination between all different entities. Secretary Herrera Scott offered to meet with Delegate Cullison at a later time to discuss any

- questions, and the Delegate indicated that she will reach out with additional questions.
- b. Senator Malcolm Augustine also expressed his appreciation for the work being done, and stated that he had comments during the meeting.
    - i. Secretary Herrera Scott offered to meet with Senator Augustine at a later time to discuss any questions.
  - c. Ms. Liz Montaner, mother of a son with schizophrenia, shared a story about her son's inability to receive psychiatric treatment in Maryland due to not being involuntarily committed as he was not viewed as being an imminent danger. It was not until he sought treatment for stomach cancer that he was involuntarily committed into a hospital in New York for his psychiatric condition. Ms. Montaner stated her son could have received treatment earlier if Maryland's dangerous standard included grave disability and psychiatric deterioration, and made clear that imminent danger was not a requirement. Ms. Montaner urged consideration for proposing legislation that defines the danger standard.
  - d. An individual asked in the chat about updates regarding the process to appoint members of the public to the Workgroups.
    - i. Secretary Herrera Scott will check with the appointments team and provide an update at the next meeting.
    - ii. Ms. Milan Reed stated that Workgroups will start filling up quickly due to the combination of the Commission and the BHAC. Work is being done to assess the need for public membership in the Workgroups.
  - e. Mr. Patrick Fiske requested to contact the Commission.
  - f. Senator Augustine expressed interest in the modality of the Commission meetings being in person moving forward.
    - i. Secretary Herrera Scott indicated that this idea could certainly be made a reality and stated that this may not be possible for the July meeting, but is certainly possible for the meetings after that. The Secretary thanked Senator Augustine for expressing this idea.
  - g. Dr. Aliya Jones asked about leveraging technology as a resource to help individuals with behavioral health conditions in a less personnel-intensive way to help circumvent the workforce issue. She also asked about efforts to improve quality of care.
    - i. Secretary Herrera Scott stated that research from California and one other state have shown that because children and young adults spend so much time online, they desire a more traditional in-person modality for seeking behavioral health services.
    - ii. Deputy Secretary Lord mentioned that there will be lessons learned from the work of the Consortium because they are funding a new program with 100% remote staff. It is important to see the impacts of remote and hybrid



delivery of services on children and families. Also being looked at is the use of technology-based services for college-age youth.

- iii. The Secretary also indicated that MDH is starting a journey towards better quality but there is much work to be done. The Mental Health Association is helping greatly with building behavioral health quality measures that will be incorporated into services.
  - h. Mr. Dan Morhaim asked about the issue of salaries for care staff/staff members- their salaries are falling below the poverty line. Mr. Morhaim also asked about the role of emergency rooms in behavioral health services.
    - i. The Secretary said that MDH has something similar to earn and learn, and has loan repayment, however, more work is needed to address workforce shortages. In addition, MDH is working with schools to increase enrollment as we have heard that enrollment is down. How do we create the incentive to apply to school? Part of this is not only the cost of tuition, but also what the students earn when they graduate. The Secretary also mentioned Deputy Secretary Lord's discussion regarding the work with community colleges.
    - ii. This will be a focus in the next Commission meeting as a follow-up to Mr. Hall's presentation.
  - i. An individual asked in the chat if the White Space spreadsheet will be sent out.
    - i. Mr. Schrum stated that all materials will be sent to Commission members and non-Commission members. If anyone feels that their email address is not on file, they should reach out using the Commission's email.
11. Closing: The Secretary made a motion to close the meeting, which was approved and seconded.