

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC)

Minutes

January 18, 2022

Maryland Behavioral Health Advisory Council Members Present:

Timothy Barksdale, Lynda Bonieskie, Kate Breen, Lori Brewster, Andrea Brown, Joseline Castanos, Kenneth Collins, Kathryn Dilley, Catherine Drake, The Hon. Addie Eckardt, Kate Farinholt, Ann Geddes, Lauren Grimes, Carlos Hardy, Candace Harris, Dayna Harris, Joyce N. Harrison, Kathryn Hart, Marshall Henson for Aliya Jones, Helene Hornum, Jennifer Krabill, Sylvia Lawson, The Hon. George Lipman, Michelle Livshin, Tammy Loewe, Dan Martin, Sharon MacDougall, Brendel Mitchell, The Hon. Dana Moylan Wright, Caterina Pangilinan, Mary Pizzo, Tiffany Rexrode, Keith Richardson, Kirsten Robb-McGrath, Deneice Valentine, Vickie Walters, Ambrosia Watts, Kimberlee Watts, Kim Wireman

Maryland Behavioral Health Advisory Council Members Absent:

Robert Anderson, Mary Bunch, Johanna M. Dolan, Finch Grace, Rosanne Hanratty, Tammy Loewe, Dan Martin, Jonathan Martin, Jade Naylor, Luciene Parsley, Mary C. Vaughan

Behavioral Health Administration (BHA) Staff Present:

Jenny Howes, Sarah Reiman, Doris Chen, Shifa Mohiuddin, Steven Whitefield, Sharon Lipford, Joana Joasil, Greta Carter, Joy Ashcraft, Kathleen Rebbert-Franklin, Frank Dyson, Stefani O’Dea, Marian Bland, Lillian Okomo, Laura Burns-Heffner, Xiaolin Pelton, Brittnii Howell, Costella Davis,

Guests:

Lori Mannino, Maryland Department of Health

Diana Seybolt, University of Maryland, Systems Evaluation Center

Tim Santoni, University of Maryland, Systems Evaluation Center

Rebecca Raggio, Maryland Department of Health, Medicaid Behavioral Health Unit

Bernice Hutchinson, Maryland Department of Aging

Jacquelyn Pettis, Optum Maryland

Erin Schaffer, Maryland Department of Public Safety and Correctional Services

Catherine Gray, Anne Arundel County Mental Health Agency, Inc.

Josh Howe, Compass Government Relations Partners

Mary Drexler, Maryland Center of Excellence on Problem Gambling

Heather Eshleman, Maryland Center of Excellence on Problem Gambling

Esther Curtis, SUN Behavioral Health

Derrell Frazier, Mental Health Association of Maryland (MHAMD)

Margo Quinlan, Mental Health Association of Maryland (MHAMD)

Haley Rizkallah

WELCOME AND INTRODUCTIONS

Kate Farinholt, BHAC co-chair, opened the meeting by welcoming all the members and guests, and discussed logistics for conducting the meeting virtually. She acknowledged previous BHAC co-chairs, Lauren Grimes, and Barbara Allen for their work on the Council and getting it to where it is today. Kate introduced incoming BHAC co-chair Katie Dilley. Katie said that she is pleased to be serving as co-chair for the Behavioral Health Advisory Council with Kate Farinholt. She stated they will continue to focus on the uniqueness of all our jurisdictions, serving the behavioral health communities, and constituents. Katie announced that if you are a guest of the Behavioral Health Advisory council and/or sub-committee meetings and would like to receive any of the documents presented at the meetings, please contact Greta Carter at greta.carter@maryland.gov . Please note that minutes are posted on BHA's website, but presentations are not, but are available upon request.

Katie welcomed new BHAC members appointed by the Governor. They are Joseline Castanos – community advocate, Sharon MacDougall – family member. She also reminded the committee of vacancies for the following: parent of a young child with behavioral health disorder (2 slots), and one seat for an individual from the local jurisdiction's behavioral health advisory councils. There should be one from each region of the state. Anyone from a central and southern Maryland advisory council are welcome to apply. There are multiple openings for state hospital boards, including Perkins, Springfield Hospital Center (SHC), Eastern Shore Hospital Center (ESHC), Spring Grove Hospital Center (SGHC), and Regional Institute for Children and Adolescents (RICA Baltimore). They're in need of any health professionals or public members with an interest in mental health or SUD. They prefer members who reside in the hospital catchment areas. They meet 4-6 times a year either at the facility or virtually. They update all openings weekly. We can put the link in the chat. <http://govappointments.maryland.gov/> For more information about these openings, please contact Kim Bennardi at kim.bennardi@maryland.gov . One of our new members, Sharon MacDougall will be co-chair of the Cultural and Linguistic Competency (CLC) Committee.

Katie indicated that Natalee Solomon will present in March on First Episode Psychosis (FEP). In May we will do a review of our legislative initiatives and updates. BHAC members were asked if they had any updates or corrections to the November 16, 2021, minutes. There was a motion to accept the minutes as submitted by Lori Brewster. 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](#).

DIRECTOR'S REPORT – Marshall Henson, Operations Director, Behavioral Health Administration (BHA), Maryland Department of Health (MDH)

Marshall Henson gave a presentation on HB 1121 Bed Registry & Referral System and updates from BHA.

HB 1121 and Importance

- Marshal Henson stated that HB 1121 requires MDH to establish a state-wide Bed Registry & Referral System
 - Real-time, searchable inventory of all MH/SUD providers & service availability

Why is this important?

- Patients with behavioral health needs too often languish in ED/hospital without appropriate care
- Problematic throughout the U.S. and has not been successfully addressed in any state

A three-pronged approach

- IT Project
 - long-term project
- Pilot Project-
 - Hospital, provider, BHA collaboration to streamline referrals
 - Identify & Address Capacity Limitations
- Immediate
 - Identify and implement process improvements to address “stuck” patients (In-patient/ED's)

Current Status

- Project Manager-Hired Asad Rahman to lead this effort. Will develop and lay out a project plan with milestones to keep us moving along our target.
- Established an Advisory Committee per the legislative requirement
- Project Charter-lays out the short-, medium-, and long-term milestones tied to this effort, who will be responsible for each milestone deliverables
- This will lead the full-scale project management plan as we move forward
- Provider Directory-important component for the most up to date list of service availability in communities and data
- Looking at two provider directories, SAMHSA (federal) and Network of Care (local)
- In talks with the Network of Care, they are undergoing a validation process to work with all jurisdictions and providers around the state. To ensure that data and information about provider capacity are up to date and useful, as we develop the longer IT system, that will lead into this.

- Pilot Project-want to target some local behavioral health authorities, where we can embed a behavioral health hospital liaison.

MH/SUD Registry and Referral Pilot

- **BHA Hospital Liaison Coordinator-** We will have a position at the BHA to coordinate across the jurisdictions with regard to that effort. Recognizing the unique needs of each jurisdiction to problem solve but also to provide consistency in terms of strategies.
- **BH Hospital Liaison-**This person will work directly with the local behavioral health authority and coordinate on a daily basis with the local hospital system to try and resolve problem cases.

Next Steps

- Finalize agreement with targeted LBHAs and begin pilot program implementation
- Validate program directory & increase visibility
- Continue stakeholder engagement and communication with the General Assembly

Behavioral Health COVID Surge Strategies

- Inpatient psychiatric bed capacity
- Matching need to capacity
- Call center efforts

Additional Outreach Strategies

- Hired BH vaccination outreach coordinator
- Peer support specialists
- Targeted LBHA efforts

PBHS COVID-19 Vaccination Status

- BHA continues to work in partnership with MDH, LBHA/LAA/CSA, and providers to improve vaccination rates and guide further interventions.
- **As of 01/19/2022:**
 - 58% of individuals aged 12 years and older have received at least one dose of the vaccines and 51% of them have completed the series.
 - 59% of individuals aged 18 years and older have received at least one dose of the vaccine and 52% of them are fully vaccinated.
 - 81% of individuals aged 65 years and older have received at least one dose of the COVID vaccine and 75% of them are fully vaccinated.
 - Montgomery (75%), Howard (71%), and Frederick (62%) are the top three jurisdictions with individuals aged 12 years and older who have received at least one dose of any COVID-19 vaccines.

Comparing MCO, PBHS, and all Marylanders vaccination rates (percentage of individuals ages 12+)

- **Statewide population** – 89.5% of statewide population had at least one dose of the vaccine and 78.5% are fully vaccination
- **Public Behavioral Health System (PBHS)** – 58.0% of statewide population had at least one dose of the vaccine and 51.2% are fully vaccination
- **Managed Care Organization (MCO)** – 53.3% of statewide population had at least one dose of the vaccine and 47.6% are fully vaccination

Percentage with at least one vaccine dose by age groups

- **Statewide population**
 - Age 12+ - 89.5%; Age 18+ - 93.5%; Age 65+ - 95.4%
- **Public Behavioral Health System (PBHS)**
 - Age 12+ - 58.0%; Age 18+ - 59.0%; Age 65+ - 80.8%
- **Managed Care Organization (MCO)**
 - Age 12+ - 53.3%; Age 18+ - 54.3%; Age 65+ - 0.0%*

***Individuals with age 65+, eligible for Medicare enrollment.**

Data is current for MCO - as of 01/14/2022, PBHS- as of 01/19/2022, and for the General Population is as of 01/19/2022.

Total Quality Management

BHA is committed to ensuring that individuals receive outstanding, quality-driven behavioral health services that promote recovery, resiliency, health, and wellness for all Marylanders, especially those participating in the public-funded system of care, thus improving their ability to function effectively in their communities.

Questions

Q. Judge Lipman: One of the things that we have seen repeatedly, is the lack of housing when people are discharged from the jails, hospitals etc. It was noted in the gap analysis in the consent decree in Baltimore. Are you able to develop a system when someone does not need inpatient hospitalization and not the best clinical idea to send them home? Do you have a way of analyzing this?

A. Marshall Henson: One of the things that I have come to realize in examining this effort, is the amount of visibility that setting in place this operation will give us into existing capacity around the state. Whether it is for housing, inpatient psychiatric beds, or residential support needs. We will have much greater visibility into each of those areas just by going down this path. Right now, we all have assumptions where there are capacity bed deficits and where there is greater need to expand capacity. However right now we do not have visibility into each of these areas.

While this does not answer how we are going to solve this problem, we will have greater visibility into the problem, specifically where the capacity issues exist and then we can begin to solve for.

Q. Timothy Barksdale: I am a registered nurse with an emergency medicine background. The bed registry program sounds extremely helpful. I was wondering if there is a point of contact, that I can ask more questions or to see if there is a way that I can be more involved because it sounds like a good program, that I might be able to help with?

A. Marshall Henson: I appreciate that, and you can reach out to me directly, to follow up.

ANNOUNCEMENTS:

Kate Farinholt made the following announcements:

- The committees had a deadline to report on their yearly goals. That has been extended and they will not discuss them today.
- In order to better understand the work of BHAC, the BHAC co-chairs will convene an Executive committee meeting with the sub-committee co-chairs in February. This meeting will ensure that all of our goals are aligned, and all the sub-committee co-chairs are all on the same page and to discuss the year ahead.
- A 2022-2023 BHAC timeline will be established, please contact the BHAC co-chairs with any recommendations
- Finalizing a brief survey for the sub-committee co-chairs to better form the conversation at the Executive committee meeting, proposed dates and times for the meeting will be sent out soon

COUNCIL BUSINESS:

Criminal Justice/Forensic Committee:

Judge Lipman – We will meet immediately following the BHAC meeting. Please contact Greta Carter for an invitation.

Children, Young Adults, and Families Committee:

Ann Geddes-Our committee met last week, in preparation to share with the BHAC our priorities for the upcoming year. Even though we are not doing that, I would still like to share our priorities. We have been discussing our priorities for some time and finalized three and they are:

- Funding for an infant mental health association, to enable early childhood advocates to move their agenda forward
- Strengthen and increase the availability of home and community-based services for youth and families with high intensity needs
 - Loosening the criteria across the spectrum to increase greater access to services in 1915i and targeted case management (TCM) level III
 - Supporting and expanding the use of evidence-based practices in the TCM and 1915i by increasing the reimbursement rates for treatment providers of evidence-based practices
- Expand peer-to-peer support, especially for young adults and family-to-family peer support in the context of early childhood
 - Family members with babies or very young children

Also, we will be having a presentation on safe baby courts. Currently, one exists in Frederick County. There is an opportunity to expand those. We wanted to look into this some more before making any recommendation on this.

Prevention Committee:

Kirsten Robb-McGrath – We will be meeting today, immediately following this meeting. However, we plan to move to a monthly schedule, moving forward. We would love to have your participation in our group.

PRESENTATION – Older Adults and Behavioral Health Issues

Tim Santoni, Data Management and Analysis, Systems Evaluation Center, Behavioral Health Systems Improvement Collaboration, University of Maryland School of Medicine

Tim Santoni gave an overview of the data on Older Adults and Behavioral Health Issues.

Population and Changes

- Percent of Maryland population 65 and older was 12% in 2010 and 16% in 2021
- Maryland population change from previous year has been 1% or lower since 2011 and in 2021 it is 2-3%
- Percent of population Medicaid eligible in 2010 it was about 16%, in 2021 it is 26%

Unintentional Overdose deaths

- Maryland Unintentional Overdose deaths in 2007 there were 17 but in 2021 which is through September 2021 there have been 153
- Percent of unintentional overdose deaths and population was 1.2% in 2010 and 6.6% in 2021
- Recent trend in overdose deaths by month the trend for all ages has been up and down, while for those 65 ages and over it has been constant
- Recent trend in overdose deaths by month 65 and older in 2019 to 5% to 7% in 2021 during this time period

Suicide Deaths

- Maryland deaths by suicide, 2007 to 2019 those 65 and older have a similar pattern of all ages
- Maryland deaths by suicide, 2007 to 2019, 65 and older has increased consistently with the percentage of the population; in 2010 12% of 65 and older had 16% of deaths by suicide in 2019 15.9% of 65 and older had 19% of deaths by suicide; suicide is a problem among those 65 and older

Public Behavioral Health System (PBHS) Services

- People 65 and older, served in state hospitals 2016-2020 5%; the population was 9-12%; the number of admissions and discharges was around 4-5%

People 65 and older served in the PBHS

- **Fiscal Year 2021-Percent served by category**
 - Mental Health Services major service is residential rehab
 - Substance Use Disorder Services major service is gambling and methadone maintenance

Stefani O’Dea, Director, Office of Older Adults and Long-Term Services and Supports
Behavioral Health Administration/MDH

Stefani O’Dea gave an overview of Maryland's aging population.

JCR: Development of Cognitive and Behavioral Health Plan for Maryland’s Aging Population

- October 2021 - Subject to Section 46 of the Joint Chairmen’s Report.
- The Department of Health and Department of Aging jointly submitted a report on the Development of Cognitive and Behavioral Health Plan for Maryland’s Aging Population.

The Department of Aging and the Maryland Department of Health’s Behavioral Health Administration collaborative efforts to address the challenges highlighted in this report, include:

- Joint planning at the state and local levels - Both the Department of Aging and the Behavioral Health Administration lead advisory councils and create state plans that guide the administrations’ work. Both Administrations have local county-based authorities that administer or oversee local services. Through state plans and advisory boards, MDOA and BHA demonstrate a focus on cognitive and behavioral health of a growing aging population. This includes a routine path of communication about cognitive and behavioral health needs for input from local Agencies on Aging (AAAs) and local behavioral health authorities to state policy makers.

Maryland Aging Statistics

- By 2040, the population of people 60 and over in Maryland will grow by about 30%, from approximately 1.4 in 2020 to 1.8 million. The rate of growth is expected to vary from county to county.

Bernice Hutchinson, Deputy Secretary, Maryland Department of Aging

Bernice Hutchinson gave an overview of the Maryland Department of Aging.

Maryland Department of Aging

- Administers state and federal funds to improve access to and availability of services designed to enable older Marylanders to live healthy and meaningful lives as they age in the community.
- Network of 19 Area Agencies on Aging (AAAs) comprise Maryland’s local county-based infrastructure that are funded by the state to assess and deliver aging programs.

Behavioral Health and Older Adults

- The National Institute of Mental Health estimates that 14% of the population has a diagnosable mental illness.
- Studies indicate that 15-20% of older adults overuse alcohol and/or misuse medications, with high risks of falls, other accidents, and physical illnesses.

- The Alzheimer's Association estimates that 11% of older adults have Alzheimer's disease or other forms of dementia, rising from 3% of those aged 75 or younger to 38% of those 85 or older.

Access to Services

Most older adults neither seek nor receive behavioral health treatment because of multiple barriers, including:

- Lack of education and stigma about mental health and substance use problems.
- Fragmented health care system.

Behavioral Health Administration (BHA) Older Adult Initiatives

In addition to the Public Behavioral Health System (PBHS), the Behavioral Health Administration awards grants to local jurisdictions for programs that fall outside of the PBHS services.

- There are currently thirty- four grants awarded to eleven jurisdictions that are targeted for older adults with behavioral health conditions.
- Sources of funding include Mental Health Block Grant, Supplemental Mental Health Block Grant, General Fund allocations, and Medicaid Money Follows the Person (MFP) Rebalancing funds.

Considerations for Services for Older Adults/ Adults with Disabilities

Are the physical sites where behavioral health services are provided physically accessible to individuals who use wheelchairs or other assistive devices?

- Is support available to individuals who require it to access tele mental health services?
- Is information about available services shared in places that individuals who may not have or use the internet can access it?

NEXT MEETING:

The next Behavioral Health Advisory Council meeting is March 15, 2022.