



State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary, DHMH

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

Minutes

March 15, 2016

Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr, Barbara L. Allen, Dori S. Bishop, Karyn M. Black, Lori Brewster (by phone), Kelby Brick, Mary Bunch, Laura Cain, Sara Cherico-Hsii, Kenneth Collins, Jan A. Desper Peters, Catherine Drake, Kate Farinholt, Robert Findling (by phone), Elaine Hall, Shannon Hall, Carlos Hardy, Dayna Harris (by phone), Virginia Harrison, Japp Haynes, IV, James Hedrick, Kristina A. Kyles-Smith for Karen Salmon, Susan Lichtfuss, Sharon M. Lipford, Theresa Lord, Dan Martin, Dennis L. McDowell, Randall S. Nero for Stephen T. Moyer, The Hon. Dana Moylan Wright, Kathleen O'Brien, Yngvild Olsen, Charles Reifsnider, Keith Richardson, Catherine Simmons-Jones, Brandi Stocksdales (by phone), Tracey Webb, Anita Wells, John Winslow, Kathleen Woell, Michelle Wojcicki (by phone), Phoenix Woody

Maryland Behavioral Health Advisory Council Members Absent:

Barbara J. Bazron, Anne Blackfield, The Hon. Addie Eckardt, Ann Geddes, Lauren Grimes, Christina Halpin, The Hon. Antonio Hayes, Michael Ito, Gayle Jordan-Randolph, Joel E. Klein, The Hon. George Lipman, Jonathan Martin, Mary Pizzo, Ellen M. Weber

BHA Staff Present:

Daryl Plevy, Cynthia Petion, Erik Roskes, Eugenia Conolly, Rachael Faulkner, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birkhead, Leslie Woolford, Dionna Witherspoon, Thomas Merrick, Richard Ortega, Lori Mannino, Kim Qualls, Brandee Izquierdo, Greta Carter

Guests and Others:

Robert Axelrod, Kaiser Permanente;
Lori Rugle, Maryland Center of Excellence on Problem Gambling;
Sheena Siddiqui, Maryland Hospital Association;
Rebecca Frechard, Medicaid, DHMH;
Mike Finkle, On Our Own of Maryland;
Julia Jerscheid, Mid-Shore Consumer Advocate;
Tim Santoni, University of Maryland-Systems Evaluation Center;
Thomas Werner, Community Advocate-Frederick, MD
Jeneffer Haslam, Behavioral Health System Baltimore

c/o Behavioral Health Administration

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Healthy People in Healthy Communities

WELCOME

Council Chair, Yngvild Olsen, M.D., opened the meeting and welcomed all members and guests. The minutes of the January 19 Meeting were approved. The approved minutes will be posted on the Behavioral Health Administration's (BHA) Web site at <http://bha.dhmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>.

ANNOUNCEMENTS

Hilary Phillips, BHA Office of Planning, announced the Behavioral Health Administration's Annual Conference will take place on May 4, 2016 at Martin's West in Baltimore. The keynote Speaker will be Laura Galbreath, Director of SAMHSA-HRSA Center for Integrated Health Solutions.

Also, the Annual Stakeholders' Plan Development meeting for the FY 2017 Behavioral Health Plan will take place on April 21, 2016 at Oheb Shalom in Baltimore City. The FY 2016 Plan was the first Plan presenting strategies and goals for a Public Behavioral Health System inclusive of mental health, substance-related, and co-occurring. Stakeholder/advocacy input is invaluable so please hold the date. Members will be contacted soon to register for this meeting.

Cynthia Petion, BHA Office of Planning stated that the Substance Abuse and Mental Health Services Administration (SAMHSA) increased the Mental Health Block Grant set aside for early intervention programs from 5% to 10%. States are required to allocate funds to address the needs of individuals with early serious mental illness (SMI), including psychotic disorders. Maryland established an early psychosis intervention program in Baltimore (University of Maryland, School of Medicine) in July 2009, through the NIMH study entitled, Recovery After an Initial Schizophrenia Episode (RAISE) Connection. Maryland also established an Early Intervention Program (MEIP) that offers specialized programs with expertise in early identification, evaluation and comprehensive psychiatric treatment for adolescents and young adults at risk or in early stages of a mental illness with psychosis. In FY 2014 – 2015, As a result of the 5% set aside allocation, Maryland expanded RAISE Connection and MEIP by creating two additional teams. These teams are located in Montgomery County (OnTrack Maryland at Family Services, Inc.), and Baltimore City (Johns Hopkins Early Psychosis Intervention Clinic). The programs are fully staffed and have served 27 individuals in FY 2015.

Plans are underway for the additional 5% allocation to be used to further promote peer support, evidence-based supported employment and supported education for individuals served by the two teams.

THE DIRECTOR'S REPORT - Delivered by Daryl Plevy, Deputy Director, Operations, BHA

Update on the Maryland Certified Community Behavioral Health Clinic (CCBHC) Planning Grant

The purpose of the CCBHC Planning Grant is to: (1) support states to certify clinics as certified community behavioral health clinics (CCBHCs), (2) establish prospective payment systems for Medicaid-reimbursable services, and (3) prepare an application to participate in a two-year demonstration program. Populations to be served are adults with serious mental illness, children

with serious emotional disturbance, and individuals with long-term and serious substance-use disorders, as well as others with mental illness and substance-use disorders.

Progress so far is that the Request for Applications (RFAs) are about to be sent to those clinics that have previously filed a Notice of Intent (NOI) to apply to become one of the two pilot sites. BHA intends to choose one rural and one (sub) urban site. The challenge recently raised is that SAMHSA has issued new instructions which would require separate billing procedures for CCBHC and non-CCBHC clients within each of the pilot clinics in such a way that can cause the generation of costs that exceed the amount of the grant award. A letter has been sent and a meeting is planned to request changes to these additional instructions.

MEDICAID BEHAVIORAL HEALTH UPDATE – Rebecca Frechard, Behavioral Health Unit, Medicaid, DHMH and Elaine Hall, Health Policy Analyst, Behavioral Health Unit, Medicaid, DHMH

The enhanced partnerships between Medicaid Behavioral Health Services unit and the Behavioral Health Administration (BHA) have led to increased clinical collaborations, information sharing, and discussions. Ms. Frechard was very positive about this and remarked that she would miss Lisa Hadley, Medical Director, who is leaving her position at BHA and who spearheaded much of these collaborative efforts. Ms. Frechard gave updates on the following Medicaid behavioral health projects currently in process:

Medicaid Projects

Opioid Treatment Program – Reimbursement Rebundling Proposal

The Maryland Medicaid proposes rebundling the methadone reimbursement rates for methadone maintenance. The primary goal is to align Medicaid's (MA) payment structure with medication assisted treatment and clinical services. Under the proposal, opioid treatment program (OTP) providers will be also be able to bill separately for individual Outpatient Therapy and Group Outpatient Therapy. Another enhancement is that it provides the Department the opportunity to see what services a patient actually receives.

- **Benefits of Rebundling** - offers flexibility to OTP providers to continue to receive payment for bundled services while an individual requires higher levels of counseling outside of what the OTP provider delivers; creates an effective way to manage guest or temporary dosing at a “non-OTP home site”; provides a mechanism of payment for providers who participants are clinically appropriate to receive “take home” medication; and captures data to inform best practices.

Maryland has been on the forefront of the states that support and evaluate Methadone Treatment. Research shows that:

- Methadone with counseling appears to be more effective than Methadone-only or counseling alone only for outcomes such as substance-negative urines, days without drug use, and abstention from criminal activity
- Treatment which includes Methadone is more effective than treatment that does not
- Clients having an investment in their counseling was important to improved treatment outcomes

This Medicaid proposal is being submitted as formal regulations with a comment period to follow.

Maryland Chronic Health Homes

Health Homes provide enhanced care coordination and management for individuals with chronic health conditions. The target population includes individuals with serious and persistent mental illness or serious emotional disturbance or an opioid substance-related disorder and is at risk for an additional chronic health condition. Ongoing efforts include OTP provider recruitment, accreditation, increased focus on compliance, evaluation and reporting and ongoing systems improvements.

Current program status includes:

- Total approved sites – 81 (Psychiatric Rehabilitation Programs (PRPs) – 63; Mobile Treatment Programs – 10; Opioid Treatment Programs – 8. Ongoing efforts include OTP provider recruitment, accreditation, increased focus on compliance, evaluation and reporting and ongoing systems improvements.

1915 (i) Waiver – Intensive Behavioral Health Services for Children, Youth and Families

This program provides a home and community-based services benefit for children and youth with serious emotional disturbances and their families. This wraparound service delivery model includes intensive in-home services, mobile crisis response services, family peer support, respite services, expressive and experiential behavioral services, and other customized goods and services. Currently there are four providers and 14 youths enrolled. The target enrollment is 200. The eligibility requirement of not exceeding 150% of the federal poverty level is a barrier.

Telehealth

This is an expanding clinical work in progress. Substance-related disorders providers will soon be included to participate in these services. Work continues toward reviewing and evaluating the effective use of this service model.

Institutions for Mental Diseases (IMD) Waiver – This waiver facilitates residential services for adults with addictions. MA submitted a proposal to the Center for Medicare/Medicaid (CMS), which was returned for further fine tuning. MA participates in bi-weekly discussions with CMS and is expected to re-submit the request for the reinstatement of this waiver to cover adult services.

Autism Waiver also known as the Applied Behavioral Analysis (ABA) Waiver – This waiver would establish a Maryland Medicaid reimbursable benefit and within the next couple of months ABA services will be added to the MA eligible services.

For more information email dhmh.bhenrollment@maryland.gov.

Additional funds from the federal Government for Substance-Related Disorders

The Obama Administration has stated intent to award millions of dollars in funding to enhance services for substance-related disorders (SRD). Maryland is poised to participate if this is made official.

Member Questions and Comments

Council Members further discussed issues around the need for gambling to be noted as a primary disorder, barriers to recruitment of 1915(i) participants, and challenges faced by individuals who are deaf or hard of hearing to access telemedicine. Ms. Frechard stated that these issues were recognized and in the process of being addressed.

A general consensus was that a future presentation to further discuss issues around Methadone Assisted Treatment particularly those related to counseling and the quality of care was needed.

THE 2016 LEGISLATIVE SESSION UPDATES – Rachael Faulkner, Director, Office of Governmental Affairs and Communications, BHA, with additional input from Dan Martin, led discussions focused on the following bills:

- **HB 682 - Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan** - Requires development of a plan for ensuring that behavioral health crisis walk in services and mobile crisis teams are available 24/7 statewide. Requiring the Behavioral Health Advisory Council (BHAC), in consultation with specified agencies, specified health providers, and specified stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide, 7 days a week and 24 hours a day; requiring the Council to submit an annual report on or before December 31, 2016, and include an update on the development of the specified strategic plan

This bill was passed and will involve the BHAC's input to address strategies and recommendations. More information will be provided by Dan Martin in May.

- **SB 97 - Public Health – Opioid-Associated Disease Prevention and Outreach Programs** – Repealing the Prince George's County AIDS Prevention Sterile Needle and Syringe Exchange Program; authorizing the establishment of Opioid-Associated Disease Prevention and Outreach Programs; requiring a local health department or a specified community-based organization to apply to the Department of Health and Mental Hygiene and a local health officer for authorization to operate a program; requiring the Department and a local health officer to approve or deny an application within 60 days of receiving a completed application.

Baltimore City's Needle Exchange program will still be in operation. However, this legislation provides the option of Outreach Programs to be established locally throughout the state and have the oversight of the DHMH and local Health Departments as the programs facilitate harm reduction activities which may include needle and syringe exchanges.

- **SB 537-DHMH Prescription Drug Monitoring Program (PDMP) – Revisions**
Requiring that specified authorized providers be registered with the Prescription Drug Monitoring Program before obtaining a new or renewal controlled dangerous substance registration; requiring that specified prescribers be registered with the Program before obtaining a new or renewal registration or by July 1, 2017, whichever is sooner; authorizing the Secretary of Health and Mental Hygiene to identify and publish a list of monitored prescription drugs with a low potential for abuse.
- **HB 1416/SB 1060 - Public Health - Opioid Maintenance Programs – Licensing -**
Requiring that specified regulations adopted by the Secretary of Health and Mental Hygiene include a requirement that that before licensing an opioid maintenance program, an assessment be completed that identifies various crime statistics and population demographics in the catchment area of the proposed program.

MHAMMD opposes this bill. BHA prefers to find ways to provide oversight to these programs without violation of individuals' rights. Once the session is finished, BHA hopes to engage providers and community to address specifics of the OTPs such as licensing limitations, pre-location connections, best practices, and quality of care.

The Lieutenant Governor's Opioid and Heroin Task Force recommended the establishment of a Center of Excellence at a university setting with the MBHAC overseeing the process. One million dollars was appropriated toward this project. At this time we are awaiting the final decision on this to be made during the final budget hearings. There is a great likelihood that this money may be repurposed for another proposal such as the funding of 8507 Treatment beds to accommodate individuals who are court-ordered/mandated into treatment for substance-related disorders.

Council members may also visit CBH's Web site, www.mdcbh.org, the Mental Health Association of Maryland's (MHAMMD) Web site, <http://www.mhamd.com>, and NAMI's Web site, www.NAMI.org (click on advocacy and bills) for additional information.

COUNCIL BUSINESS/UPDATES:

A draft copy of the corrected By-laws, with some suggested changes highlighted, was sent to the membership in December. Members made further comments, amendments, and edits at the January meeting. An updated version was then mailed for review and during this meeting, after adding final language clarifying the committee structure, the membership voted to adopt the Maryland Behavioral Health Advisory Council By-laws.

The appointed Chairs and co-Chairs of each committee were announced as follows:

STANDING

Planning – Dennis McDowell, Chair and Dori Bishop, Co-Chair

Prevention – Lori Brewster, Chair and Sharon Lipford, Co-Chair

AD HOC

Criminal Justice/Forensics – George Lipman and Kathleen O’Brien, Co-Chairs

Cultural and Linguistic Competence – Makeitha Abdulbarr, Chair and Kelby Brick, Co-Chair

Lifespan I: Children, Young Adults, and Families – Ann Geddes, Chair and
Japp Haynes IV, Co-Chair

Lifespan II: Adults and Older Adults – Barbara Allen and Phoenix Woody, Co-Chairs

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant –
Kate Farinholt, Chair

Committee Sign-up sheets were provided for Council members to choose which committee(s) they wished to join. Next steps include:

- Accessing membership sign-up to Council members not present and to other interested and appropriate parties
- Conference calls with Council chairs to clarify charges and procedures
- Scheduling of individual Committee meetings

The meeting was adjourned.