



**Combined Councils Meeting: The State Drug and Alcohol Abuse Council
and
The Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning
Council**

**THE MEETING WILL BE HELD ON WEDNESDAY, DECEMBER 17, 2014
AT 9:30 IN THE DIX BUILDING, LOWER LEVEL**

AGENDA

December 17, 2014

- 9:30 - 9:45** **INTRODUCTIONS, REVIEW AND ADOPTION OF MINUTES,
ANNOUNCEMENTS**
- 9:45 – 10:00** **DIRECTOR’S REPORT – Brian Hepburn, M.D., Executive Director,
Behavioral Health Administration (BHA)**
- 10:00 – 10:30** **PRESENTATION – Administrative Services Organization -
Implementation Phase - Zereana Jess-Huff, Ph.D, Chief Executive Officer,
ValueOptions@Maryland (VO)**
- 10:30 – 11:00** **COUNCIL BUSINESS**

ENCLOSURES:

Combined Council Minutes of September 17, 2014

Attachment #1 – Snow Policy

**Attachment #2 – The Maryland Mental Health Advisory Council and The State Drug and
Alcohol Abuse Council Meeting Schedule - 2015**



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Minutes

September 17, 2014

State Drug and Alcohol Abuse Council Members: Gail Jordan-Randolph, Jodie Chilson, Carlos Hardy, Carmen Brown, John Winslow, Kathleen O'Brien, Herb Cromwell, Ann Geddes, Lawrence Simpson (by phone), Jeanne D. Cooper, Steve Davis, Christina Church for Patricia Arriazo, Terence Proctor, Jim Hedrick, Pete Singleton

Maryland Advisory Council Members:

Mike Finkle (by phone), Joshana Goga, Dennis McDowell, Joanne Meekins (by phone), Robert M. Pender, Anita Solomon, John Turner

Maryland Advisory Council Members Absent: Gerald Beemer, Richard Blair, Sarah Burns, Chair; Jaimi L. Brown, M. Sue Diehl, Vice Chair; Michele Forzley, Edwin C. Oliver, Livia Pazourek, Charles Reifsnider, John Scharf, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: T.E. Arthur, Coordinator; Anne Blackfield, Michael Bluestone, Naomi Booker, Eugenia W. Conolly, Herb Cromwell, Jan Desper, Jessica Honke for Kate Farinholt, Ann Geddes, Julie Jerscheid, Jon Kromm, Sharon Lipford, Dan Martin, Kimberly Morris for George Lipman, Alexis Moss, Ebele Onwueme, Cynthia Petion, Terence Proctor for Robert Anderson, Michelle Stewart, B. VanMetre for Nancy Feeley, Kathleen Ward

PL 102-321 Council Members Absent: Lynn Albizo, Chicquita Crawford, R. Terence Farrell, Vira Froehlinger, A. Scott Gibson, Frank Kolb, Michael Lang, William Manahan, Jacqueline Powell, Linda Raines, Sheryl Sparer, Jane Walker, Phoenix Woody

BHA Staff Present: Brian Hepburn, Rachel Faulkner, Robin Poponne, Iris Reeves, Greta Carter

Guests and Others:

Tim Santoni, University of Maryland-Systems Evaluation Center;
Daphne Klein, On Our Own of Prince George's County;
Amy Woodrum, Mental Health Association of Maryland;
Susan Bradley, Behavioral Health Administration;
Diana Seybolt, University of Maryland-Systems Evaluation Center;
Zereana Jess – Huff, ValueOptions@Maryland;
Erik Roskes, DHMH, Office of Forensic Services;
Jacqueline Pettis, ValueOptions@Maryland;
Sharon Ohlhaber, Behavioral Health Administration

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INTRODUCTIONS/ADOPTION OF MINUTES:

The combined meeting of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning council (Joint Council) and the State Drug and Alcohol Abuse Council (SDAAC) was called to order by Joint Council Coordinator, T.E. Arthur. Attendees introduced themselves. Respective minutes were reviewed and approved.

ANNOUNCEMENTS

Unless otherwise notified, the next Combined Council meeting will take place on **Wednesday, December 17, 2014** in the Dix Lower Level Conference Room. The Joint Council will hold its regularly scheduled monthly meeting on **Tuesday, October 21, 2014** in the Tuerk Building, H.A.T. Room. SDAAC members are welcome to attend the October meeting and information will be emailed within the next few weeks. Please note, the location, the HAT Room in the Tuerk Building, does not have teleconferencing capability.

Until October 3rd, the proposed legislation to establish a Behavioral Health Advisory Council will be available for informal comment on the MHA/BHA and the ADAA/BHA Web sites. After this, the next opportunity for comment will be the legislative hearing.

NAMI MD will hold its annual conference on October 17 – 18 at the Sheppard Pratt Conference Center in Baltimore. Sessions and workshops will include topics such as accessing benefits, healthcare reform, and advocacy training. For more information, please contact NAMI Maryland at 410.884.8691 or visit namimdevents@namimd.org.

On October 1, BHA will host the Twenty-Sixth Annual Suicide Prevention Conference, *Life Matters: Reach Out, We are Here*, at Martin's West, Baltimore. Please see the University of Maryland Web site, trainingcenter.umaryland.edu/, for details.

The Maryland Rehabilitation Association (MRA) Division of Rehabilitation Services (DORS) Training Conference, *Rehabilitation: Then Now*, will take place on October 30-31 at the North Baltimore Plaza Hotel. Registration is open until October 8 and is accessible through the Maryland Division of Rehabilitation Services Web site www.dors.state.md.us.

The Mid-Atlantic Behavioral Health Conference, *Seizing the Opportunity: High Impact Approaches & Outcomes*, will take place at the Westin Hotel in Annapolis on November 3-4, 2014. The conference will provide attendees from Maryland, Delaware, Washington, D.C., New Jersey, Pennsylvania, and Virginia to network with colleagues and companies who support a vast array of efforts to improve behavioral health. Registration is available through a link on the Maryland Addictions Directors Council's (MADC) Web site at madc.homestead.com/

In recognition of National Recovery Month, the On Our Own (OOO) of Howard County will host two events. On Friday, September 26, 2014 at the OOO of Howard County, 6440 Dobbin Road, Suite B, Columbia, Maryland, the documentary film, *The Anonymous People*, will be shown from 6:00 to 8:30 pm. The film is about the more than 23 million American living in long-term recovery from addiction to alcohol and other drugs. This event is co-sponsored by ValueOptions®Maryland (VO), Howard County Health Department, and the Howard County

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Mental Health Authority (Core Service Agency). On Saturday, September 27, from 1-3 pm at OOO Howard County, there will be a “Reach out, Speak up, Recovery Celebration” which will feature family fun activities and information about recovery from behavioral health challenges.

If you have information for a conference or special event relating to behavioral health, you may send the information to Susan Bradley, BHA Office of Epidemiology and Evaluation, at susan.bradley@maryland.org. Ms. Bradley will use BHA’s Twitter account to disseminate the information to the public.

THE DEPUTY SECRETARY, BEHAVIORAL HEALTH AND DISABILITIES:

Brian Hepburn, M.D., Executive Director, Behavioral Health Administration, introduced Gayle Jordan-Randolph, M.D., DHMH Deputy Secretary, Behavioral Health and Disabilities to present the following update on the status and priority issues of the recently formed Behavioral Health Administration (BHA) of Maryland:

Dr. Jordan-Randolph gave a brief outline of activities that led up to the merger of the mental health and substance use administrations including the consolidation of the Office of Forensics/Community Aftercare (OFS) which now encompasses mental health, substance use, and developmental disabilities. She acknowledged Dr. Erik Roske, Clinical Director of the OFS, who is bringing his clinical expertise to all aspects of the OFS including mental health, community-based addictions services, financial aspects, and other areas of significance.

The administrative services organization (ASO) contract has been awarded to ValueOptions@Maryland (VO), which was also the ASO for the former Mental Hygiene Administration. With the ASO in place, the Department/Administration can support:

- The registration of providers
- The maintenance of access to services
- Efficient and consistent reimbursements
- Capture and availability of data

Performance measures are built-in to the contract. Also, the establishment of the ASO facilitates DHMH/BHA plans for further integrating community-based addictions and mental health services.

With the increased sharing of information, there may also be concerns around privacy/HIPAA issues. Transfer of data through VO is one level of communication. Dr. Jordan-Randolph emphasized the importance of communication on multiple levels of the behavioral health system, including consumers, providers, facilities, the ASO, and medical personnel. Each provider and each consumer has responsibility to communicate appropriate information. Consumers must communicate with their providers and providers must support the process by reviewing accessed information, incorporating into the clinical process, keeping accurate documentation, approving release of information, giving feedback to consumers, and reinforcing a friendly environment so that consumers will continue to be comfortable sharing personal information.

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Zereana Jess-Huff, CEO of VO Maryland, supported Dr. Jordan-Randolph's remarks and said her organization was looking forward to this new era and offered her personal assurance to the substance use community of her commitment to facilitating a smooth as possible transition. She told the membership she was open for meetings, and contact for questions as the process moves forward.

PRESENTATION: EXPLORING BEHAVIORAL HEALTH INTEGRATION THROUGH DATA - Tim Santoni, University of Maryland, Systems Evaluation Center and William Rusinko, Behavioral Health Administration (BHA), Office of Epidemiology and Evaluation

Tim Santoni opened the presentation by giving a perspective of the data trends and array of services offered by the former Public Mental Health System based on FY 2013 data (the last complete data set). William Rusinko offered similar information for the former Alcohol and Drug Abuse Administration, also based on FY 2013 data. Data was presented on the following areas:

- Array of services
- Facility Average daily population (ADP), admissions and enrollments
- Expenditures
- Service utility (data includes people often served in more than one service)
- Levels of care
- Numbers served
- Outlook and Outcomes (substance use ad hoc reports)
- Sources of funding (FY 2013)

Please see Attachment for detailed information

A question was asked concerning trends in substance use and trends based on cultural differences in Maryland. Mr. Rusinko and various Council members shared the following highlights:

- Heroin use is increasing and prescription opioids are also on the rise. People often move from prescription opioids use to heroin use
- Heroin and cocaine account for the high number of multiple admissions to facilities/hospitals
- Baltimore City was leading the nation in heroin use and that the older individuals tended to inhale the substance rather than inject, in response to the HIV epidemic. Heroin injection is increasing among younger individuals
- Heroin is easily accessible and is more likely to be less expensive than cigarettes
- Penthenol is also inexpensive, stronger than heroin, and more likely to trigger an overdose
- In the suburbs of Maryland, heroin is not as popular, although heroin injection is significant

Mr. Santoni and Mr. Rusinko presented data snapshots examining characteristics and service usage of consumers, focusing on those over the age of 15, who utilized both mental health and substance use services.

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This discussion and ensuing comments on medically assisted therapies such as vivitrol and methadone, led to a desire by Council members to have a "Substance Use 101" session that would better inform Council members of important basic substance use issues affecting the behavioral health population.

Additionally, there was discussion of various data systems currently in use throughout the system. The Statewide Maryland Automated Record Tracking (SMART) system, popular in the past, is gradually becoming replaced by various electronic medical records systems more accessible to providers. In the past, the Treatment Episode Data Set (TEDS) was encouraged for a substance use data sharing system. Discussions are still in process in search of an adequate unified data system. Many changes will be incorporated into the ASO system to attempt to use one integrated system.

Another method of reporting substance use and mental health data is Data Shorts, a project release by the Behavioral Health Administration in collaboration with the University of Maryland, Systems Evaluation Center (SEC). Periodically (approximately each month), one sheet of graphs and a short accompanying narrative is developed and disseminated, each focusing on a different aspect of behavioral health integration. For example, the Data Short for July 18, 2014 showed three graphs comparing: the types of service used by everyone in the Public Mental Health System with those in the cohort active in both mental health and substance use systems; a comparable analysis for substance use service utilization, also looking at service utilization for the cohort of individuals active in both systems; and third graph showing the percentage of the cohort who received more than one type of service within each of the two systems. Anyone who is interested in viewing past and current data shorts can visit the MHA/BHA Web site and follow the link.

COMBINED COUNCIL BUSINESS: Proposed Regulations of the Behavioral Health Advisory Council Workgroup toward the establishment of one Behavioral Health Council

Rachael Faulkner, Director of Office of Governmental Affairs and Communications, BHA, discussed the components of the proposed DHMH-sponsored legislation to establish a Behavioral Health Advisory Council. The document has been reviewed by BHA and DHMH leadership. As stated above, excerpts of the draft legislation (it is not standard procedure to share the entire document outside of the agency leadership while in draft format) will be available for informal public comment until October 3 on both MHA/BHA and ADAA/BHA Web sites. After that the draft will be submitted to the Governor's legislative office for review.

The proposed legislation is subject to be edited at any point. However, thus far, most of the elements resulting from the input of the Behavioral Health Advisory Council Workgroup and membership of both Councils have remained in the document. The membership section has generated the most discussion. All attempts have been made to maintain parity between mental health and substance use within this segment. If any unnamed organizations wish to be included, their representatives may come to the legislative hearing in 2015 and request inclusion.

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Ms. Faulkner stated that some details, such as selection of officers, committees, among other issues will be further addressed in by-laws. Committees already established, such as the Planning, Workforce Development, Cultural and Linguistic Competency, Prevention, and the Interagency Forensic Services Committee will most likely continue. There seemed to be interest in adding Child & Adolescent and criminal justice, among others. Establishing such issues in By-laws rather than in legislation helps to keep the legislation flexible. Changes in by-laws can be more easily made in a more timely fashion.

Ms. Faulkner commented that this has been a notable project because the Department sees this as a DHMH-sponsored bill proposed on behalf of the two current Councils. The target date for the new Council to formally begin is October 1, 2015.

The Combined Councils, once again, commended the Behavioral Health Advisory Council Workgroup for the hard work and also thanked the BHA support staff and Ms. Faulkner for their work and collaboration in this process.

The meeting was adjourned.