

Commission to Study Mental & Behavioral Health

August 25, 2020

4:00-6:00PM

Meeting Minutes

I. Welcome Remarks – Lt. Governor Boyd K. Rutherford

Introduced the following new members to the Commission:

- Assistant Secretary Tiffany Rexrode, Department of Human Services
- Ms. Kimberlee Watts, 6th Public Member

II. Roll Call/Attendees

Participants: Lt. Governor Rutherford, Senator Adelaide Eckardt, Senator Katie Fry Hester, Delegate Lewis Young, Dr. Aliya Jones, Christian Miele, Dr. Lynda Bonieskie, Tiffany Rexrode, Commissioner Kathleen Biranne, Director Steve Schuh, Mary Gable, Barbara Allen, Patricia Miedusiewski, Dr. Bhaskara Tripuraneni, Cari Cho, Serina Eckwood & Kimberlee Watts

Designees: Tricia Roddy, MDH

Absent: Delegate Ariana Kelly, Richard Abbott, Major Roland Butler

III. Sub-Committee Updates

- a) Crisis Services - Director Steve Schuh, (Co-Chair):
 - Met in June
 - Continuing to prioritize comprehensive statewide crisis services system
 - Working with Behavioral Health Administration and Maryland Medicaid Administration to coordinate several workgroups that focus on improving crisis services
 - Next meeting is meeting September 2 at 10:30am
- b) Youth & Families - Co-Chairs Deputy Secretary Christian Miele & Asst. Secretary Tiffany Rexrode:
 - New Co-Chair introductions: Assistant Secretary Rexrode
- c) Financing & Funding – Co-Chairs Tricia Roddy & Commissioner Brianne:
 - Met in June
 - 2 Issues related to Medicaid
 - Develop rates for Behavioral Health Providers

- Behavioral Health Administration's survey on Telehealth's impact during COVID-19.
 - Private Insurance Network Adequacy Focus Area
 - Looked at 2020 Access Plans
 - Network Adequacy Workgroup – analyzing the existing MIA network adequacy regulations and identify areas for improvement
 - Last meeting was August 5, 2020
 - Consumer advocates and provider associations from behavioral health have been most engaged participants
 - Next step is to prepare revisions to the regulations
 - Telehealth
 - Telehealth services have been helpful during the pandemic
 - In March, MIA asked carriers to encourage greater use in telehealth services
 - Carriers did voluntarily expand coverage to telehealth services
 - Legislative action may be needed to make permanent arrangements
- d) Public Safety & Justice System – Co-Chairs Senator Katie Fry Hester & Dr. Lynda Bonieskie
- Sequential Intercept Model implementation
 - Challenges:
 - Lack of comprehensive map at state level for services available at different intercepts
 - Reached out to Substance Abuse and Mental Health Services Administration (SAMHSA) – pleased to announce that they have agreed to provide technical assistance to MD to host a State Summit on the Sequential Intercept Model
 - Goals of Summit:
 - Identify resources and gaps or resources across the state
 - Enable county workgroups
 - Output – list of recommendations
 - Spring 2021 – Train the Trainers Session
 - Next subcommittee meeting - October 2

IV. Special Presentation

Secretary Rona Kramer, Maryland Department of Aging – Aging Program Enhancements During the Pandemic

*Presentation can be viewed on the Commission's webpage

V. Verbal Testimony

Elected Officials:

- a) Senator Malcom Augustine – District 47, Prince Georges County
- Great work going on with this Commission
 - The Pandemic highlights the behavioral health challenges in our state in regards to access to services
 - Telehealth is an important element and we need to think about those services beyond the Pandemic

Public Testimony:

- a) Ms. Evelyn Burton – SARDA (Schizophrenia & Related disorders Alliance of America):
- Grassroots organization that focuses on those with schizophrenia and bipolar disorder
 - We request that the Commission consider recommending that the state administration apply to the federal government for the Medicaid Institute for Mental Disease (IMD) Exclusion Waiver for mental illness

Commission Response:

- MD Medicaid used to have an IMD waiver and the Federal Government asked us to fade it out. We did reapply for it around 2017 and they denied us. Policy at the Federal level has changed but in the meantime, we did apply to allow us to pay for psychiatric IMD visits where the primary diagnosis is substance use related. We do have authority to pay for those individuals for 2 weeks out of every month. The next step is to get some of the private IMDs together along with state staff and our Administrative Service Organizations (ASO) to see how we can make sure that billing is happening. Our current 1115 waiver expires in December 2021 and we will be renewing our application starting in July.
- b) Judith Gallant – Clinical Social Worker:
- Greatest concerns I have heard during the Pandemic has been the ability to provide continuity of care
 - Client may not have access to equipment needed for conferencing
 - This can lead to health disparities in vulnerable communities
 - Regulatory enforcement is relaxed to allow practitioners to treat outside of jurisdiction licensure during the state of emergency but what happens after the emergency is lifted

- Issue of telephone reimbursement remains – most Medicaid services have been reimbursing for telephone services; however private insurances have not
 - We implore this Commission to encourage a permanent change for insurance reimbursement for tele-therapy
- c) Allen Tien – President & Chief Science Office MD Logix
- Founded MD Logix in 1997 and our mission is to bring science and practice together with user friendly, reliable, affordable cloud information technology
 - Example of this – a statewide screening referral and monitoring system implemented in emergency departments, primary care and schools in Pennsylvania
 - 2 concepts I want to emphasize:
 - Measurement – critical for many things you want to do. It’s important for awareness of issues, decision support, collaboration, responsibility and policy evolution
 - Causality – #causalitycrisis is my term that we need to increase understanding of how these factors are all interconnected
- d) Dr. Jill Burgholzer, Psychiatric Nurse Practitioner
- Advocate for IMD Medicaid Exclusion Waiver
- e) Rita Tonner
- Advocate for IMD Medicaid Exclusion Waiver
- f) Tiffinee Scott, Founder of the MD Peer Advisory Council
- Speaking on behalf of individuals within the recovery community in addition to my personal lived experience with my adult child and family members who have lost their lives during COVID-19
 - My daughter was 28 years old and a resident of Baltimore City. She was living with a behavioral health condition and a long term illness. She experienced lack of access to services and support and faced stigma and biases at a local hospital by staff and health care providers. After many admissions and discharges, she was sent home to manage her own care. On May 17, she lost her life at home behind a locked door. She was taking 19 legally prescribed medications with the combination of mental health medications and opiates.
 - Since May 17, I have lost 2 additional family members between the ages of 25-30 from opiates. They were both living with behavioral health conditions
 - I am asking the Commission today to support any access to services for prescription monitoring systems, increasing health services to include peer

services, and addressing the digital divide with individuals lacking cell phone access and services for mental and behavioral health. Lastly, to increase opportunities for peer recovery support work to include recovery and wellness, and crisis services.

g) Rayetta Michael – Co-Owner of Help in the Home

- Advocate for IMD Medicaid Exclusion Waiver

h) Ellen Weber, VP for Health Initiatives at the Legal Action Center

- Improving access for mental and behavioral health services through telehealth
- Interest in retaining flexibilities in Medicaid program
- Commend the state for making services more accessible to individuals in their home during the state of emergency
- Urge the state to adopt the following 5 practices
 - Allow patients to receive substance use disorder and mental health services in their homes or other locations agreed upon by the patient and the provider
 - Define telehealth in state law to include service delivery by audio-only telephonic communications and to provide reimbursement for those services on par with in-person services with the federal match
 - Would like the state to revise the existing telehealth regulations to remove prescriptive and unnecessary technological requirements for the audio/visual communications, requiring more generally HIPAA requirement technologies
 - Would like to adopt state licensure requirement to allow a range of practitioners to deliver telehealth services as they are permitted to do on an in person basis
 - Urge the state to advocate with federal officials for continuation of flexible prescribing practices for patients with mental illness and opioid use disorders, including initiation treatment with a controlled substance and more flexible take home medication for methadone as appropriate for those patients

VI. Closing Remarks:

Webpage: Ltgovernor.maryland.gov/mbhcommission