Behavioral Health Integration Stakeholder Workgroup
Meeting Minutes
July 25, 2014
Spring Grove Hospital Center – Dix Building

In Attendance

DHMH: Rachael Faulkner, Rebecca Frechard, Susan Jenkins, Erin McMullen, Kathleen Morse, Sharon Ohlhaver, Cynthia Petion, Daryl Plevy, Kathleen Rebbert-Franklin, Susan Steinberg, Chrissy Vogeley, Renee Webster and Michael Gorfinkle

Workgroup Members:
Laura Cain (Maryland Disability Law Center)
Ann Ciekot (National Council on Alcoholism and Drug Dependence of Maryland)
Lori Doyle (Community Behavioral Health Association)
Mike Finkle (On Our Own of Maryland)
Carlos Hardy (Maryland Recovery Organization Connecting Communities)
Angela Hipsley (Maryland Association for the Treatment of Opioid Dependence, Inc.)
Dan Martin (Mental Health Association of Maryland)
Yngvild Olsen (Maryland Association for the Treatment of Opioid Dependence)
Ellen Weber (Drug Policy Clinic)
Donna Wells (Maryland Association of Core Service Agencies)

Additional Guests: Bill Atkins, Jennifer Carberry, Sheryl Deares, Adam Gomez, Lauren Grimes, Steve Johnson, Wendy Kanely, Nicky McCann, Bob Pitcher, Lori Rugle, Tim Santoni, Catrina Scott, Theresa Thompson, Louise Treherne, Christina Trenton, Cindy Shaw-Wilson, and Wayne Williams

I. Welcome and Introductions

Kathleen Rebbert-Franklin, Deputy Director for Population-Based Behavioral Health, Behavioral Health Administration, began the meeting as Chair to the Workgroup, followed by introductions from workgroup members and guests.

II. Review and Approve Minutes from July 1, 2014

Requests to add Susan Steinberg and Ellen Weber to the minutes, as both attended the meeting, was accepted. The minutes were adopted and will be posted to the Workgroup's website for reference.

III. Review Action Plan Items

Kathleen Rebbert-Franklin began the discussion and reviewed the following items:

Secretary/Director Inconsistencies: An overview of how and when "Secretary" and "Director" are generally used in statute was given, followed by a review of proposed changes by BHA (supplemental handout).

A question was raised as to why 8-402 stated Secretary and 7.5-204 (c) (1) stated Director, which are not consistent. BHA agreed to repeal references to regulations in Titles 8 and 10, and change 8-402 to Director.

There was a discussion of the inclusion of Deputy Director in the statute. This included questions of the role of the Deputy in the Department, given the new Deputy position for DDA; what the Deputy's role is; and whether references to the position should be removed or added. It was decided that any decisions regarding the Deputy Secretary would need to be made by the Secretary, not the Workgroup.

Public Behavioral Health Definition: BHA has determined that it is not necessary to include a definition of the PBHS in statute, as there are no public health system definitions that need to be repealed and replaced with a new definition.

Somatic Health: At the request of the workgroup, BHA proposed new language under 7.5-204 (G) to address the collaboration of BHA with public health. The new language reads, "*It is the policy of the State that the Director may collaborate with other agencies to promote coordinated care and treatment of individuals who have behavioral health disorders.*"

Addictive Disorders: BHA determined that it is not necessary to include Addictive Disorders to statute as it is already included in 7.5-101 (c), which reads, "*Behavioral Health includes substance use disorders, addictive disorders, and mental disorders.*" Further discussion of this topic is outlined below under the *Public Comment* section.

Recovery Housing: BHA has researched the use of the terms Recovery Housing and Supportive Housing and has determined that Recovery Housing is most often used nationally and that Supportive Housing is too broad. After reviewing the proposed definition by BHA for Recovery Housing, it was suggested that the term "short-term" be removed. The new proposed definition for Recovery Housing now reads, "*a direct service that provides alcohol and drug free housing to individuals with substance use disorders or co-occurring mental and substance use disorders. Recovery Housing aims to increase an individual's stability, improve his or her functioning, and move the resident toward a life in the community by supporting recovery. Recovery Housing does not include clinical treatment.*"

CSA and LAA: After reviewing, BHA has determined that there are no references to Local Addictions Authorities (LAA) in statute. BHA will need to further review places where the Core Service Agencies (CSAs) are listed in statute and determine if the LAAs should be added. In addition, BHA will be developing a definition for a Local Behavioral Health Authority (LBHA) that would include CSAs, LAAs and integrated entities. There was additional discussion of the purpose of integrated CSAs and LAAs as the funding is still separate.

Definitions Regarding DSM5: The Workgroup reviewed proposed statute changes developed by NCADD. It was requested that a group of clinicians review Title 8 and propose edits based on changes in the DSM5. Yngvild Olsen volunteered to have MATOD review Title 8.

There was also discussion of referencing the DSMIV, as both versions are still being used. Kathleen Morse mentioned that information stakeholders want to include needs to be spelled out, as references that are not available through public domain cannot be included in statute.

Peer Services: BHA has developed a definition of Peer Services with assistance from On Our Own of Maryland and includes adult, youth and family peer services which was proposed at the previous meeting. After some discussion of whether or not to include services in the definition, numerous edits were proposed by the Workgroup members. It was decided that BHA will draft a new definition in which Peer Services may include additional services selected from the Access to Recovery (ATR) list that apply to both mental health and substance use disorder services.

Definition of Facilities: The Workgroup discussed the differences in how group homes in the two current systems differ, including how the size of group homes is categorized and how group homes for individuals with substance use disorders are approved within local zoning laws.

Regarding creating a definition of "facility" that separates out community based programs; Lori Doyle mentioned that creating a new definition would make things easier for providers. There were also concerns raised, particularly with recent discussions in Baltimore City, regarding the need to ensure protections for programs and individuals when accessing services, particularly substance use disorder treatment services. An additional issue raised was a "facility fee" category among health insurers and making sure that a new definition does not cause issues with reimbursement.

BHA agreed to review this further and develop new definitions for Facility and Clinic so that the current definition includes only hospital facilities.

Accepting Gifts: BHA reviewed 8-206 regarding the acceptance of gifts and determined that there are no issues in keeping the language, so the Administration has no plans to repeal.

References to Deputy Secretary: The 2014 legislation creating a new Deputy Secretary for Developmental Disabilities did not change references to the Deputy Secretary for Behavioral Health and Disabilities in additional Titles under Health General. A review to identify other references to the Deputy Secretary will be done, and the language changed to "Deputy Secretary for Behavioral Health."

IV. Report from Fair Housing & Patient Rights Subcommittee

A review of the call on July 24, 2014 by the Subcommittee was given, including a proposal to remove all language that is not in compliance with the Fair Housing Act. In addition, it was decided that Substance Use Disorders would be included under10-708 and the current list of rights for individuals in hospitals under 10-701 would remain. An additional list of rights for community-based program participants would be proposed by the Subcommittee before the next meeting to be included in 7.5.

There was a discussion of Large Group Homes, which exist as a separate category only in the mental health system. The BHA is currently discussing whether to continue approving group homes over a certain size and nationally there is a movement away from large group homes. This is an important issue for providers in the substance use disorder system as zoning for large group homes is done by locality and is not universal across the state. Two exceptions were mentioned,

which are typically short-term, where large residencies might still be needed: Crisis Residences for mental health and Halfway Houses for substance use disorders. BHA will begin having conversations with community stakeholders before making any decisions.

V. Additional Comments on Statute from Workgroup Members

- Kathleen Rebbert-Franklin reminded the Workgroup of BHA's mid-August timeline for drafting legislation but reminded advocates that they were free to further discuss proposals outside of the Workgroup that the Administration could possibly support during the legislative session.
- Kathleen Morse suggested that all new definitions be placed in Title 7.5.
- Carlos Hardy suggested that we use the term Recovery Residences instead of Housing.
- Ellen Weber commented on 8-703 regarding discrimination by hospitals for individuals with substance use disorders and recommended that it be expanded to entities licensed or certified to provide health services.

I. Public Comments

- A request from Lori Rugle was made for Title 8 that the DSM5 now includes Addictive Disorders and should be further included in statute where only Substance Use Disorders are referenced. Lori will work with Yngvild Olsen and MATOD in reviewing DSM5 changes.
- J Ramsay Farah, asked from the conference call line, about the differences in staffing requirements for billing. The mental health system requires a psychiatrist on staff and substance use disorder system does not; while hiring a psychiatrist can be challenging for providers. BHA replied that, while this is not a topic for the Workgroup to address, a representative from the Office of Health Services is present at meetings and received the comment.
- Dan Martin asked about the timeline for reviewing the BHA regulations as it was stated at the first meeting that the Workgroup members would receive them prior to being posted for comment. Since the Workgroup has to address the statute prior to the regulations, the meeting to review the regulations will occur five days after they are scheduled to be posted for informal comment. If they are available prior to the informal posting date of September 1, 2014, they will be shared with the Workgroup. Also, because there is an informal comment period, there will be time to review and submit comments before a draft is posted for formal comment.

II. Next meeting: August 15, 2014 (1:00 – 3:00) at SGHC-Dix Basement Conference Room