



Meeting Notes
Behavioral Health System of Care Full Workgroup Meeting
February 16, 2021

Members In Attendance

Stephanie Slowly for Dr. Aliya Jones, Co-Chair
Tricia Roddy, Co-Chair
Linda Raines
Lori Doyle
Nancy Rosen-Cohen for Ann Ciekot
Crista Taylor
Vickie Walters
Eric Wagner
Dr. Harsh Trivedi
Jennifer Briemann
Dr. Yngvild Olsen

Welcome and Updates

The Co-Chairs welcomed everyone to the meeting.

Recap of Workgroup Goals and Prior Work

Staff, provided a recap of this Workgroup's goals and prior work:

- The reasons for the Workgroup's formation and its established goals
- The progress the Workgroup has made towards these goals
- The design principles of an improved behavioral health system of care for Medicaid participants
- The framework for operationalizing these design principles
- Broad categories for initiatives and projects that the Workgroup can undertake

Staff reported that the goal for today's meeting is to review and discuss ideas from the framework document, as well as those submitted by Workgroup members and other stakeholders

for potential projects the Workgroup can undertake in the next four to six months while the transition to the new behavioral health administrative service organization (ASO) continues.

Workgroup Discussion: Potential Projects

Staff presented a list of possible topics for discussion based on ideas presented by Workgroup members, Maryland Department of Health (the Department) staff, and other stakeholders. Stephanie Slowly, Acting Chief of Staff of the Department's Behavioral Health Administration (BHA) stated that many of these topics are already things that are of interest to the Department and some are underway. Ms. Slowly asked for more input from the Workgroup and stakeholders about which projects are of particular interest to them.

- Eric Wagner asked for additional context before discussing these projects, specifically how to approach them given the difficulties with the ASO transition. Mr. Wagner asked for Ms. Roddy's perspective on these projects and stated that some will likely be difficult to execute if the ASO continues to experience issues.
 - Ms. Roddy responded that the Department recognizes that more work is needed before data can be shared between the ASO and managed care organizations (MCOs) and that the Workgroup should focus on projects that do not require the ASO.
- Dr. Yngvild Olsen asked for clarification about the topic of strengthening requirements for warm hand offs.
 - Ms. Slowly responded that they have been working to create a system of case managers, providers, and other staff to ensure that people transitioning between levels of care are not "lost in the cracks," and to determine how to bring the ASO into this process.
- Dr. Kenneth Stoller, Director of Johns Hopkins Broadway Center for Addiction, suggested other project topics for consideration:
 - Addressing behavioral health workforce development including diversity, training, and loan forgiveness.
 - Inpatient bed adequacy.
 - Exploring opportunities to address behavioral health care in criminal justice settings.
- Jennifer Briemann presented the Maryland MCO Association's suggestions that were shared in a letter from the MCOs to the Department in December 2020:
 - Review of BHA/ASO alignment with Department priorities regarding the COVID-19 pandemic and other public health priorities.
 - Review and discussion surrounding ASO release of data to MCOs, including updates on current progress and considering how to make this transfer more efficient.

- Updates from the Chesapeake Regional Information System for our Patients (CRISP) concerning questions of interest, such as the level of access BHA and the ASO have to CRISP data.
- Examination and discussion of the integration of somatic and behavioral health care, specifically during acute care admissions. The focus would be to improve timely access to behavioral health services.
- Examination and discussion of the integration of care for patients receiving medication assisted treatment (MAT).
- Ms. Roddy stated that she has reached out to CRISP regarding their capacity to work on a project with this Workgroup. Ms. Roddy reported that CRISP is willing to work with the Workgroup and would like to brainstorm potential projects.
 - Dr. Olsen asked what the MCOs and the ASO would do with provider-level data in CRISP?
 - Dr. Arethusa Kirk, Chief Medical Officer with UnitedHealthcare Community Plan of Maryland, responded that her MCO has been using CRISP data to pull weekly member lists of those who had, for example, ambulance care and/or were seen at the emergency department. She continued that they combed this list for behavioral health and substance use disorder diagnoses to share with the ASO as a flag for potential opportunities for care coordination.
- Linda Raines presented topics proposed by the Maryland Behavioral Health Coalition:
 - Launch a value-based payment pilot that is focused on patient outcomes. Ms. Raines stated that the need for such an initiative has been exacerbated by the COVID-19 pandemic, and Maryland lags behind other states in making such reforms.
 - Scale implementation of the collaborative care model (CoCM) for the delivery of primary behavioral health services in the Medicaid system. Ms. Raines stated that Maryland Medicaid began a CoCM pilot program, but 17 other states have activated the relevant billing codes and her organization advocated for these codes to be activated for all primary care providers in Maryland.
 - Ms. Roddy stated that CoCM expansion would require additional funding.
 - Ms. Roddy asked Ms. Frechard if a pilot for value-based payments would require new money. Ms. Frechard responded yes.
 - Ms. Roddy continued that since primary care and behavioral health patient volumes have been low as a result of the pandemic, they need to consider how to set rates for a value-based system with data that do not reflect typical service utilization.
 - Ms. Olsen asked about exploring the elements and the patient demographic groups that would do well in a behavioral health system focused on primary care instead of specialty care, and what type of system

could be implemented to this end (hub and spoke, primary care program, etc.).

- Lori Doyle of Maryland Behavioral Health Solutions reported there are a lot of interventions and models for integration of behavioral health and somatic care that have been around for many years, and the ASO's struggles present a good opportunity to reform the system broadly.
 - Mr. Wagner expressed concern that the ASO is unable to perform the basic functions needed to implement some of these models, including tasks such as tracking utilization and payments.
 - Ms. Doyle responded that her organization could augment the ASO in working with their network of providers to provide integrated care for patients.
- Dr. Harsh Trivedi commented that it would be helpful to know what data can be reliably obtained from the ASO. He asked if there were parts that had been working well, aside from the payment issues. Dr. Trivedi then stated some of the topics that have been presented today were strategies that can be used only for a particular segment of the population. For example, he noted that some patients are habitually high cost, so multiple years of utilization data already exists for them. He asked if there are other populations with significant historical data that can be targeted now.
- Ms. Roddy asked if the Workgroup and stakeholders preferred to submit something in writing regarding topics of interest for projects later, after they have had time to think about them or to decide on projects during this meeting.
 - Dr. Olsen asked whether the Workgroup should identify a single project or multiple integrated projects.
 - Ms. Roddy responded that it depended on the project and stated that projects that are focused on systems change or that required new money might not be realistic.
 - Mr. Wagner stated that he preferred to have an opportunity to review the materials from stakeholders presented here and reflect before deciding what projects to pursue. He continued that increased overdoses, suicides, and other behavioral health outcomes have worsened during pandemic. He encouraged Workgroup members to consider which projects and actions would most meaningfully address these issues in the next several months.
 - Ms. Roddy asked Kathy Rebbert-Franklin of BHA if her survey work provided insights into issues facing behavioral health providers and patients during the pandemic.
 - Ms. Rebbert-Franklin responded that depression, anxiety, loneliness, and grief were commonly reported in a survey of patients. She reported that BHA has performed outreach, including coordination with the state 211 hotline and provided resources to those in the helping professions. She encouraged the Workgroup to look at BHA's website to see what has been done and if any of it might provide ideas.

- Ms. Slowly added that BHA’s Operation Courage was intended to provide additional resources to people experiencing behavioral health crises. She commented that whatever project the Workgroup eventually decides on needed to consider equity, as the pandemic has shown that there are still gaps in some groups’ ability to access services. Ms. Slowly continued that BHA has also worked to reduce access barriers to telehealth during the pandemic.
- Mr. Wagner suggested that the issues of equity could be a good focus project for this Workgroup.
- Dr. Olsen emphasized the importance of efforts to improve naloxone distribution and MAT access, outreach to the community, improving access to telehealth, and figuring out how to implement these changes at the individual level. Dr. Olsen stated that another important area to consider is the trauma that the pandemic has caused.
- Ms. Doyle reported that many of the providers in her organization’s network have been using remote patient monitoring. She acknowledged that this is not a fix for everyone, but that it has been positively received by patients and providers. Ms. Doyle said initiative implementation tended to be restricted by available funding and investing in technology was generally a good idea, though most payers did not pay for some remote patient monitoring services.
- Dr. Stoller encouraged the Workgroup to consider how to reach out to and better integrate with school systems to recognize behavioral health issues and provide services for them.
- Ms. Slowly encouraged the Workgroup to take time to consider what projects they would like to work on. Ms. Roddy stated they would reach out to the members to inform them how to communicate their ideas.

HOPE Act Rate-Setting RFP Update

Jennifer McIlvaine reported that the request for proposals (RFP) draft is with the procurement unit and under review. There was no timeline for how long the review will take, but she will share more details as able.

Public Comment

Adrienne Mickler stated she has been following this and the other workgroups, and she is appreciative of the work.

Meeting Close and Next Steps

The next Workgroup meeting has yet to be scheduled, and the corollary discussion groups will remain on hold.