



CHANGING
Maryland
for the Better

BEHAVIORAL HEALTH ADMINISTRATION BUDGET HEARING PRESENTATION

Presenter: Gayle Jordan-Randolph, M.D.
Department of Health and Mental Hygiene
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BEHAVIORAL HEALTH ADMINISTRATION

MISSION

The Department of Health and Mental Hygiene's Behavioral Health Administration (BHA) will develop an integrated process for planning, policy and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions.

The BHA will, through publicly-funded services and supports, promote recovery, resiliency, health and wellness for individuals who have, or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders.



BEHAVIORAL HEALTH ADMINISTRATION (BHA)



Behavioral Health Administration

Operates:

5

State
Psychiatric
Hospitals



2

Residential
Treatment
Facilities

Manages a budget of

\$639 million



Fund Composition:

General- \$512 million

Special- \$43 million

Federal- \$76 million

Reimbursable- \$8 million

Services include:

Children, Adolescents, & Adults

Clinical

Substance Use Disorders

Population Based Health

Mental Health Disorders

Forensics

Composed
of

2800

PINS,

including **2642**

facility PINS

& **210** Contractual Positions, including **198**

facility contractual positions

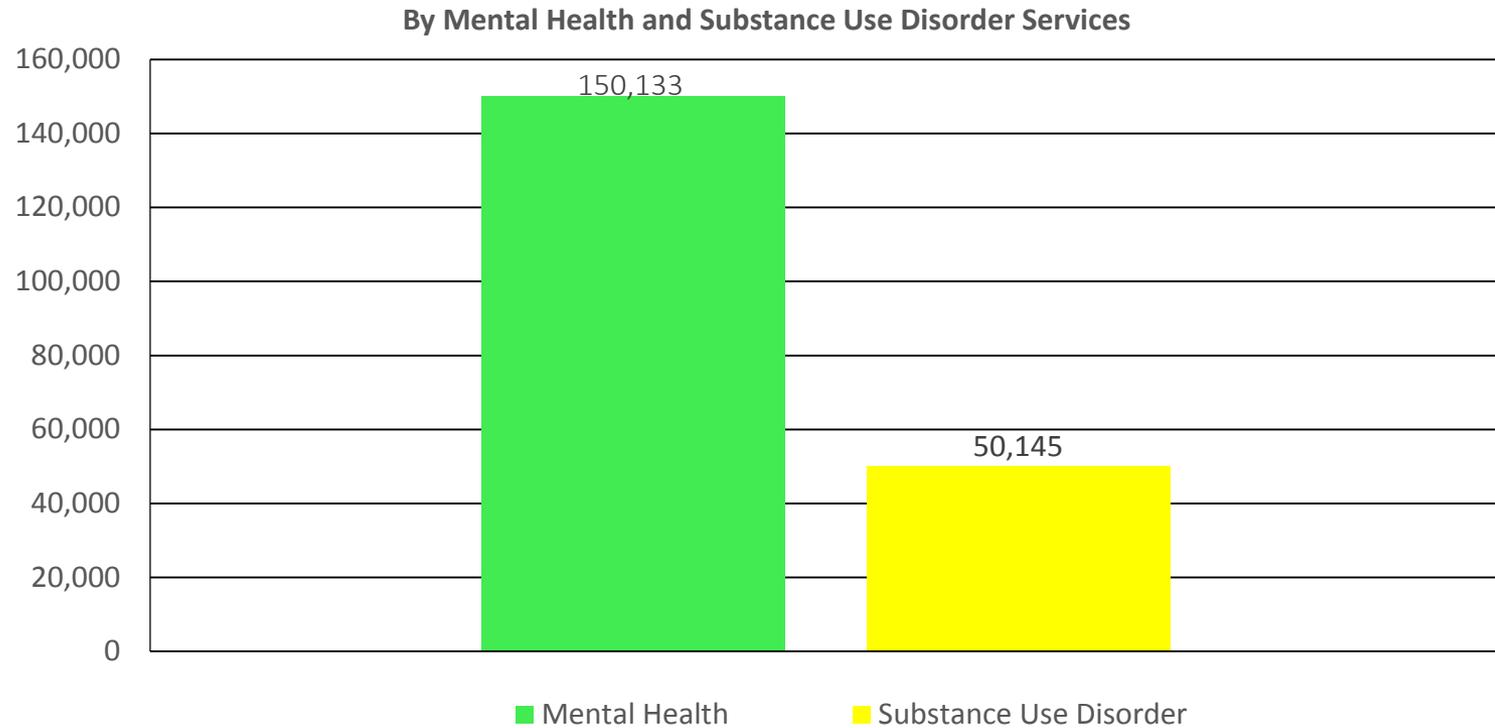


Populations Served

- Individuals with behavioral health disorders who are MA beneficiaries
- Uninsured individuals with a mental health disorder who meet certain criteria
- Uninsured Individuals with substance use disorders who meet certain criteria



Individuals Served in the Public Behavioral Health System by Type Of Service January – June 2015

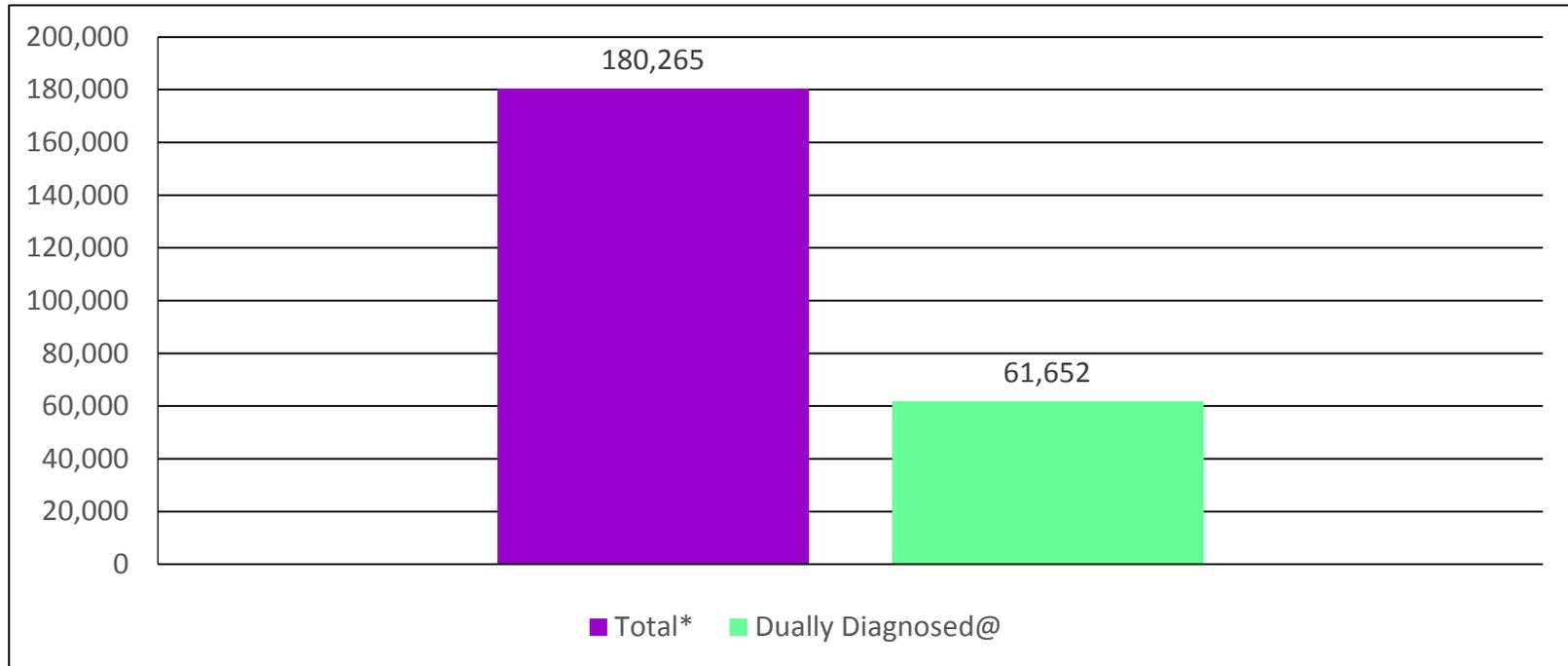


Notes: Based on claims data through 12/31/2015
Consumer Counts are unduplicated within a service type

Behavioral Health Administration



Total Individuals Served in the Public Behavioral Health System January – June 2015



Notes: Based on claims data through 12/31/2015

*Total represents all the individuals that received either Mental Health or Substance Use Disorder services

@Dually diagnosed (co-occurring) are those individuals that have both mental health and substance use diagnoses based on all axes

Consumer Count is unduplicated within each category

Types of Services

- **MENTAL HEALTH**

- Inpatient Services
- Health Services
- Targeted Case Management
- Psychiatric Rehabilitation Services
- Residential Rehabilitation Services
- Residential Treatment Services (RTCs)
- Mobile Treatment
- Assertive Community Treatment
- Traumatic Brain Injury
- Respite Services
- Supported Employment
- Crisis Services
- Permanent Supported Housing
- Data Link

- **SUBSTANCE USE DISORDERS**

- Recovery Housing and Supports
- Residential Treatment Facilities
- Withdrawal Management
- Medication Assisted Treatment

- **BOTH Mental Health and Substance Use Disorders**

- Individual Practitioners
- Outpatient Services
- Intensive Outpatient Services
- Partial Hospitalization
- Lab Services (behavioral health related disorders)
- Health Homes
- Care Coordination



BHA /Medicaid Collaboration

- Consultation for Oversight of Administrative Services Organization
- Develops and evaluates policy, drafts regulations
- Establishes medical necessity standards
- Facilitates coordination of care through ASO
- Establishes utilization review and authorization criteria
- Ensures a process for clinical reviews and consumer appeals
- Sets compliance and audit standards
- Establishes and/or manages data and other reporting standards
- Works in partnership to support network adequacy



Behavioral Health Integration

- January 1, 2015 – Administrative Service Organization (ASO) administers both mental health and substance use disorders.
 - 1st Phase of Integration – all data for those served using grant funds and Medical Assistance into one system.
 - 2nd Phase of Integration begins FY '17 (July 1, 2016):
 - Transferring grant funds for ambulatory (ambulatory) services for the uninsured.
- Next steps – Behavioral Health Integrated Regulations
 - Moving Residential Funds in FY 18
- Data analysis of the community behavioral health service delivery system.



BHA Highlights of Accomplishments

- Integration Update
 - Administrative Service Organization Launch
 - Release of Information/Information Sharing Process
 - Data-Link
- Grants: \$61 million in grants received
- Implementation of Recommendations of Heroin and Opioid Emergency Task Force
- Recovery Support Services
- 1915i (Care Management Entity)



BHA Highlights of Accomplishments

- SOAR
- Expansion of Tele-health (B-HIPP)
- Overdose Prevention and Response
- SYNAR – reduction funds
- Early Intervention and 1st Break Psychosis



Synar - Benefits and Interdepartmental Collaboration

- As a condition of the Federal SAPT Block Grant, states must enact and enforce laws prohibiting the distribution or selling of tobacco products to minors, conduct annual, random unannounced inspections of retail outlets and report those findings on an annual basis to SAMHSA. States must achieve a Retailer Violation Rate (RVR) of **no more than 20%**.
- Maryland's RVR for FFY 14 was 24.1%, resulting in a penalty of \$1.4 million; in FFY 15, it was 31.4%, resulting in a subsequent penalty of \$3,860,126.
- In partnership with the Prevention and Health Promotion Administration, penalty funds were used to educate, train, and implement additional enforcement efforts within local jurisdiction's tobacco retailers
- In FFY 2016, as a result of the above-mentioned collaborative efforts, Maryland's Retailer Violation Rate was **13.8%**, well under the 20% max.



Overdose Prevention

Reducing prescription drug misuse/overdose:

- Prescription Drug Monitoring Program
- DHMH CDS Integration Unit
- CDS Emergency Preparedness Plan
- Clinical Education

Naloxone:

- Overdose Response Program law and regulations
- Expanded access legislation
- Yearly competitive grants to local jurisdictions for ORP programs
- Law enforcement training
- Good Samaritan Law
- Naloxone Upon Re-Entry from Jail pilot

Local Overdose Fatality Review Teams (LOFRT)

Overdose Survivor Outreach Program

Stigma Reduction and PR Campaigns



Heroin and Opioid Emergency Task Force

Governor Hogan provided additional funding in FY 16:

- \$2 million to DHMH for prevention and treatment
 - Naloxone Training and distribution to local health departments and three local detention centers
 - Overdose survivor outreach programs in hospitals
 - Prescriber education to address high-risk prescribers
 - Recovery Housing for women with children
 - Detoxification services for women with children
 - Increase bed capacity at the A.F. Whitsitt Center, a state operated residential treatment facility on the Eastern Shore

- \$189,000 to Governor's Office of Crime Control and Prevention for local law enforcement for overtime pay, gang and heroin disruption efforts, and license plate reader technology.



Transfer of Grants Funds Update

- Effective January 1, 2017 (FY17), DHMH/BHA will move grant funds for ambulatory substance-related disorder services from annual jurisdictional grant awards to the fee-for-service system via Beacon Health Options, the Administrative Services Organization.
 - Jurisdictions that prefer to transition to the fee-for-service system prior to July 1 implementation will be allowed to do so. BHA is currently working with the ASO to ensure systems are ready for this tiered approach.
- BHA has provided a technical assistance (TA) team to help jurisdictions identify areas of concern in managing this changed funding model. The team provides analysis of data and recommendations.
- An Implementation Workgroup, consisting of representatives: BHA staff, Medicaid, Providers, Advocacy, Local Health Departments, Local Addictions Authorities, Public Health, consumers and families, will continue to work together to develop and implement a comprehensive strategy to successfully transition these funds to the ASO.



Forecasting the Future

- Transfer of Ambulatory Funding for the Uninsured
- Expansion of Service Level Integration
- Expansion of technology to increase service capacity
- Refining data collection and analysis for BHA
- BHA and Medicaid collaborations regarding CCHBC grant, IMD waiver, ASO management and data analytics
- Enhancing Peer Support throughout the service-delivery system

