



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

August 5, 2020

Dear Behavioral Health Partners:

It has been a month since my last correspondence providing you a summary of BHA happenings to help keep you informed. This month has similarly been busy in terms of our moving forward in COVID-19 response activities, prevention, and intervention activities, and improving access and the quality of care within the behavioral health system.

In this time of COVID-19, with significant State budgetary shortfalls across the nation, including in the State of Maryland, like all of you we were happy to see the 4% provider rate increase honored. I am certain that the advocacy of the Behavioral Health community had some influence here, and for that I would like to take this time to express appreciation for the efforts of the advocacy community. In an effort to fully communicate to the provider network on the FY21 Behavioral Health Provider reimbursement rate increase, [a more recent Provider Alert](#) was distributed July 27.

BHA continues to work on redrafting COMAR 10.63 which governs the licensure of behavioral health programs. The feedback and participation of our stakeholders in this process has been invaluable. A draft of the proposed regulations was distributed to stakeholders for comment. The deadline for public comment was July 30. BHA received good feedback and is now reviewing the comments and will amend the draft as needed.

As previously advised, the National Public Health Emergency Declaration was renewed, thus in turn permitting the continuance of flexibility regarding telehealth and OTP take homes, as well as other regulatory requirements. This renewal provides another 90-day extension through October 23, 2020. The flexibility to reimburse services in the home-setting is tied to [Gov. Hogan's Executive Orders](#) and [MDH's directives](#). We will continue to communicate about telehealth coverage issues and/or changes as they arise, and we remain available to answer your questions submitted by email to bha.inquiries@maryland.gov.

In response to our most recent provider survey about client access to services and the use of telehealth, BHA has taken several actions to address identified issues:

Letter to BH Partners
August 5, 2020

- BHA is co-sponsoring a webinar with the Danya Institute on “Best Practices in Telehealth” on August 11, 2020, (1–3pm). Read the [Save the Date](#) and find registration information [on our website](#) soon.
- BHA is ensuring the community is aware of the availability of treatment resources through an Open for Business campaign to advertise that providers are accepting new admissions. To assist with this, BHA is encouraging use of a comprehensive and interactive [Telehealth Map](#) that we created that outlines known behavioral health providers now offering telehealth services across the state.
- BHA is exploring ways to assist providers, and those they serve, with telehealth hardware and software needs.

The [survey report](#) and [summary](#) are available on our website. BHA will continue to take additional actions to support those we serve, stay tuned to learn more in future provider letters.

We worked with the Developmental Disabilities Administration to create a [Notice of Funding for PPE & Cleaning Supplies Costs](#), which has \$10 million earmarked through funding for nonprofit providers licensed by BHA and DDA from the Department of Housing and Community Development—to help defray an increase in costs directly related to the ongoing need to purchase PPE and related cleaning supplies. The application portal is projected to be online as of Wednesday, August 5, and will close when requests exceed available funding or August 19th, whichever is sooner. We are thankful to our state partners and DHCD for this special allocation.

Over the course of the last month, we have been actively engaged in meeting with our state, local and community partners. Our collaborative efforts are focused on improving our crisis response systems and identifying gaps and barriers in various service lines to improve access to services, support and improve the quality of care throughout our service system. BHA will soon be convening a stakeholders’ workgroup to gain input and recommendations on how to best improve the behavioral health crisis system for the State of Maryland. The members will represent a diverse group of state and local administrators, providers, advocates, advisors, and consumers.

We applied for two recent **Substance Abuse Mental Health Services Administration (SAMHSA) grants** – the SOR II and the ACES grant. We are awaiting the results of both. The ACES grant application was in partnership with Sate Council on Child Abuse & Neglect (SCCAN), Prevention and Health Promotion Administration (PHPA), University of Maryland, Baltimore- Center for School Based Mental Health (UMB – CSBMH) with support from all agencies in Children’s Cabinet Implementation Team (CCIT) and MABHA. The grant was for \$500,000 for three years, and if awarded will be to improve ACES data collection, prevention strategies, and build a robust system for evaluating effectiveness from a data driven perspective. The SOR grant application was for \$50 million, which if awarded will enhance treatment, prevention and recovery supports for those who have stimulant use disorders in addition to opioids.

In addition to sustaining and extending efforts funded under SOR I, such as Opioid Use Disorder (OUD) recovery housing, crisis beds, harm reduction, public awareness, naloxone distribution, and MAT in detention centers, Maryland has selected new initiatives for SOR II that will strategically address identified local and statewide gaps in combating OUD and stimulant use disorders. In an effort to meet the expanding needs of children, adolescents, and young adults, we hope to be able

Letter to BH Partners
August 5, 2020

to launch a SOR II funded initiative designed to further develop the existing youth crisis and SUD services.

In response to the rise in opioid-related deaths and overdoses, we are working closely with the Opioid Operations Command Center to have a more regular and comprehensive review of overdoses and overdose-related deaths. Through a monthly Multi-Agency Opioid Overdose Strategy meeting, we have been reviewing data, trends, identifying hot spots, and sharing resources to try to decrease all opioid overdose rates across the state. In addition, the BHA Opioid Overdose Prevention Clinical Advisory Team was formed, and the OTP Medical Directors Workgroup was restarted; the latter group's work currently includes expanding the MAT Fast Track Referral Network, increasing access to fentanyl strips, and implementing OTP best practices. We appreciate the community providers and stakeholders who are participating in these activities.

With regards to the Administrative Services Organization (ASO) transition, we appreciate your feedback and your understanding. We continue to work with Medicaid, to monitor and address issues as rapidly as possible. Our goal is an efficient and effective system that supports your needs and our consumers' needs. We certainly welcome and encourage your ongoing feedback.

As many of you know July was recognized as National Minority Mental Health Awareness Month. The Behavioral Health Administration continues to embark upon a path to bring about greater awareness and understanding of minority behavioral health disparities that exist in Maryland's public behavioral health care system. Over the past few months, we have been hosting an internal Behavioral Health Equity Workgroup to increase awareness and outline opportunities to increase behavioral health equity throughout our system. In the coming weeks, we will expand this workgroup to include our behavioral health partners to provide a more comprehensive review of the issues, and help us formulate a final strategic plan that will begin to diminish the disparities and bias that impact our provision of services. We look forward to the collaborative approach which will guide this essential work. For more information, contact Stephanie Slowly, BHA Chief of Staff, at stephanie.slowly1@maryland.gov.

Over the last month, I had the honor to share the work of the Behavioral Health Administration and the Maryland Department of Health at a number of venues, including a recent presentation for the Annual Meeting of the Maryland-DC Society of Addiction Medicine where I discussed the impact of COVID-19 on addiction treatment in Maryland. These events presented the opportunity for mutual learning and to highlight all the great work that all of us are doing in Maryland to remain responsive to community needs. So, thank you for your work and your ongoing commitment as this year continues to present us with continued challenges.

Since my July 2 letter to you, we provided the following updated guidance:

Behavioral Health Partners

- [Frequently Asked Questions \(July 15\)](#)
- [Frequently Asked Questions \(July 31\)](#)

Letter to BH Partners
August 5, 2020

Community

- **Effects of COVID-19 on Behavioral Health Service Recipients: [Results, Report, and Summary](#)**

Telehealth

- [Frequently Asked Questions \(July 7\)](#)
- [Frequently Asked Questions \(July 31\)](#)

BHA would like to continue to support the use of the most recent evidence-based practices (EBPs) in the delivery of care for those who use the PBHS. To that end we are happy to share with you some of the latest [clinical practice guidelines on our website](#).

These challenging times may be taking a personal toll on us, our families, and unfortunately our children- those in our homes and those in our hearts. There are various levels of uncertainty for many families regarding whether it is safe to begin to reopen Maryland further, and more specifically about the possibility of schools reopening this fall. I encourage you to talk with the children in your life about returning to learning, what to expect, and how we will need to remain flexible so that we can remain safe to ourselves as well as others. Also, I encourage you to take good care of yourselves so that you can be the best possible caregiver for your loved ones.

This is the fifth month of remaining in our homes as much as possible and physically distancing. (M)any of us may begin to find that our own mental health or emotional well-being has been negatively impacted by numerous stressors and losses. It is more important than ever that we do what we can to take care of ourselves so that we can continue to help others. In that vein, BHA leadership has reviewed several **mental health apps** that you may want to consider exploring and working into your self-care efforts. We are not advocating for any specific app; however, hope that some of you find them useful. These apps have proven to be of some benefit to our BHA Executive Team members, and we hope you will find them beneficial for yourself and your teams. We have provided you a listing of these apps on our website as well as an attachment to this letter.

I appreciate your commitment to self/team/patient/consumer care during this pandemic and your ongoing support of the Behavioral Health Administration during these challenging times. Maryland's Public Behavioral Health System continues to be effective as a result of our collaborative team effort which proves to be invaluable to meeting the ongoing needs of our communities, so "Thank you!"

Sincerely,



Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health

Enclosure