Maryland General Assembly
Joint Committee on Access to Mental Health Services
2013 Interim
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Joint Committee on Access to Mental Health Services

December 16, 2013

The Honorable Thomas V. Mike Miller, Jr., Co-chair
The Honorable Michael E. Busch, Co-chair
Members of the Legislative Policy Committee

Ladies and Gentlemen:

The Joint Committee on Access to Mental Health Services respectfully submits a report of its 2013 interim activities. The joint committee met on two occasions during the interim. Areas of focus for the joint committee this interim included issues relating to transition-age youth. The committee received a briefing from the Department of Health and Mental Hygiene (DHMH), the State Department of Education, and the Maryland Coalition of Families for Children’s Mental Health. The committee also focused on issues relating to the accessibility of treatment for individuals who are within correctional institutions and the importance of making sure that necessary treatment continues once these individuals are released into the community. To explore this issue, the committee received briefings from the Department of Public Safety and Correctional Services and the Mental Health and Criminal Law Partnership. In addition, the joint committee was briefed on implementation, at the provider level, of whole health integrative treatment services.

We thank the members of the committee for their participation and the committee staff for their support. The committee also appreciates the advice and assistance of the individuals who participated in the joint committee’s activities during the 2013 interim.

Respectfully submitted,

Senator JoAnne C. Benson
Presiding Chair

Delegate Joseline A. Peña-Melnyk
Co-chair

Enclosure

cc: Ms. Lynne B. Porter
    Mr. Karl S. Aro
    Mr. Warren G. Deschenaux
Joint Committee on Access to Mental Health Services  
2013 Interim Report

The Joint Committee on Access to Mental Health Services met on two occasions during the 2013 interim. The first briefing of the joint committee focused on mental health services as provided by State agencies, with presentations from the Department of Health and Mental Hygiene (DHMH), the Department of Public Safety and Correctional Services (DPSCS), and the State Department of Education (MSDE). The second meeting consisted of presentations from advocacy groups and providers on topics including the Mental Health and Criminal Law Partnership, co-occurring disorders within youth, and the Maryland Home Health Project. Summaries of the issues discussed follow.

DPSCS

On September 25, 2013, the committee was pleased to welcome Secretary Gary D. Maynard, DPSCS, who briefed the committee on efforts to improve mental health services within the department. He noted that traditional corrections models were not equipped to handle the mentally ill population, even though 50% of the population has mental health issues. Today, the department proactively addresses overall health care needs with programs and services that span the time of incarceration through community detention. Secretary Maynard stressed that the department's approach of proactive mental health care is able to prepare the offender for successful release and involves many key players along the way, including case managers, social workers, and medical staff within the facilities; DHMH; contract providers; and community partners. The recent reorganization of DPSCS also provides an opportunity for renewed focus on reentry from intake to release and improved partnerships with local service providers because of the regional approach. The department's efforts have also been made possible by its $15 million investment in a web-based Offender Case Management System, which links with electronic health records and provides real time updates on offender progress and release dates for efficient health care planning. Secretary Maynard advised that the system tracks the offender from intake to discharge and is one of the best systems in the country.

The committee learned that when an individual enters the correctional system, the department evaluates the level of functioning that is impaired due to the individual's mental illness. Although the department has the capability to accommodate individuals with severe mental illnesses, it attempts to place offenders in the least restrictive environment available and tries to keep as many individuals in the general population as possible. The committee was encouraged to learn that issues previously related to the requirement to provide 30 days worth of medication to individuals leaving State and local correctional facilities have improved as the department has made increased efforts to work with community providers. The committee will continue to monitor efforts by DPSCS to obtain navigators and assistors under the Affordable Care Act, who can help detained individuals sign up for insurance prior to release.
Access to Mental Health Services for Transition-aged Youth

Dr. Albert A. Zachik, Director of Child Services, and Deputy Director Daryl C. Plevy, both of the Mental Hygiene Administration (MHA) within DHMH, provided an overview of State mental health initiatives for youths and young adults. Specifically, the committee was briefed on (1) the Maryland Early Intervention Program (which combines outreach, educational, and clinical services with regional early intervention learning collaborative teams); (2) the Maryland Healthy Transitions Initiative (a five-year federal grant-funded state/community partnership implementing developmentally appropriate and empirically supported services and supports); (3) population-based initiatives (including Mental Health First Aid on college campuses, young adult leadership development programs, and young adult suicide prevention through the Maryland Crisis Hotline Network); and (4) other successful strategies, programs, and collaborations that are currently in place.

In addition, the committee was briefed on the benefits of, and process for, behavioral health integration in the State. Specifically, the committee was advised that the merger between MHA and the Alcohol and Drug Abuse Administration will maintain the strengths of both agencies while aligning the newly created Behavioral Health Administration (BHA) more closely with public health initiatives. BHA initiatives highlighted by the presenters included overdose and suicide prevention, problem gambling, and behavioral health on college campuses.

The presenters also noted several challenges facing Maryland, including increased demand for transition-aged youth services due to (1) increased numbers eligible for Medical Assistance; (2) the ability of children in foster care to maintain Medical Assistance until age 26; and (3) the high incidence of co-morbid substance use and mental health disorders in the transition-aged youth population. Future directions noted by the presenters included enhancing core competencies of behavioral health practitioners and positioning the State to capitalize on changes (under federal health care reform and Medicaid expansion) to reimbursement for transition services.

MSDE

The committee also heard from Mr. Richard Scott, school counseling specialist, who briefed the committee on MSDE’s efforts to address mental health within the schools. The committee learned that each local school system is required to provide a coordinated program of pupil services, which must include school counseling and psychology and health services. While the plans are prepared locally, MSDE reviews the local plans regularly and looks for effective integration, coordination, and communication. It was noted that while school psychologists, counselors, and social workers are employed by local school systems to provide mental health services, local school systems also contract with community mental health providers. The committee learned that local school systems provide regular training on mental health issues (as determined by local needs assessments) and that suicide warning signs and intervention are covered annually by most districts. The committee was pleased to learn that Maryland is one of
the national leaders in suicide prevention efforts. MSDE also reviewed results from its Youth Risk Behavior Survey.

Mental Health and Criminal Law Partnership

At its meeting on October 23, 2013, the committee heard from Mr. Dan Martin, Director of Public Policy for the Mental Health Association of Maryland. Mr. Martin provided the committee with an overview of the Mental Health and Criminal Law Partnership. The partnership currently includes over 40 active members who represent State agencies, local mental health authorities, local law enforcement, advocates, service providers, and the Judiciary. Examples of the group’s achievements include assisting with legislative efforts to require a 30-day medication supply for individuals leaving both State prisons and local detention centers and legislation to facilitate the ability of individuals to obtain State identification cards prior to leaving incarceration. New initiatives this year include the establishment of subcommittees to look into DataLink expansion and to develop best practices and assist in training efforts for crisis intervention teams. Mr. Martin reminded the committee that DataLink, which began in the Baltimore City Detention Center, sends the names of all arrested individuals to ValueOptions to be cross-referenced against public mental health system data; if a match is identified, relevant information is documented in the individual’s file regarding any medications and treatments that have been used, as well as any provider who should be contacted upon the individual’s release. The committee was pleased to learn that the program has since expanded to Howard County and is in the process of being implemented in Anne Arundel, Charles, and Wicomico counties.

Co-occurring Disorders and Transition-age Youth

The committee was also briefed by Ms. Ann Geddes, Director of Public Policy for the Maryland Coalition of Families for Children’s Mental Health. Ms. Geddes informed the committee that in 2011, DHMH received a federal grant to improve services for youth with co-occurring mental health and substance abuse disorders. DHMH requested that the coalition use focus groups in order to obtain data. Between focus groups and an online survey, a total of 78 surveys were obtained. Data from the surveys indicated that (1) alcohol was the most abused substance, followed by marijuana; (2) over 40% of youths with co-occurring disorders had been suspended or expelled from school, and 44% had been detained or put in jail (sometimes at the request of the families, in order to obtain services); (3) 67% of families thought their child’s mental health disorder led to the substance abuse disorder (often as a child began to self medicate); and (4) families had used a variety of substance abuse treatments including individual therapy, intensive outpatient treatment, and Alcoholics or Narcotics Anonymous. There was consensus that the availability of long-term residential treatment in Maryland is limited. Families generally reported that out-of-state residential treatment programs, knowledgeable and dedicated providers, and the use of specified evidence-based practices were the most helpful interventions.
Recommendations based on the results of the studies included (1) increasing school-based mental health services; (2) developing a range of in-state treatment (including long-term residential and integrated treatment) programs for youths with co-occurring disorders; and (3) revising schools’ zero tolerance policies, which have disrupted education for youths with substance abuse disorders. Ms. Geddes noted that new regulations relating to school disciplinary guidelines were being proposed. The committee discussed the importance of having alternatives for disciplining youths since suspensions and expulsions are often unhelpful and that in cases of drug possession, referral to treatment is often more appropriate. The committee sent a letter (see the attachment) expressing support for the proposed regulations.

Ms. Geddes also advised that the coalition has hired an individual to study telehealth and telemental health. Ms. Geddes noted that evidence from studies in areas where such practices are widely used, such as New Zealand and Australia, have shown that they are very helpful, particularly in rural populations and with working families.

Ms. Geddes stressed the need for more residential beds in Maryland and noted that many families are sending their children out of state for treatment (at a great expense). Because such treatment is generally not covered by insurance and is paid for privately, specific data on the numbers of children who are leaving the State for treatment is not readily available. She further noted that although there has been an effort to focus on community-based services, some children (for example, children who abuse opiates) may need to get out of the community and into a nonlocal residential program in order to be successful in their treatment.

Ms. Geddes noted that transition-age youths with mental health disabilities often struggle to make the transition to adulthood, and that it is relatively common for them to stop participating in mental health treatment and taking medications. She went on to advise that, in 2014, Maryland will expand Medicaid coverage to childless adults who earn less than 133% of the federal poverty level.

Providers’ Implementation of Whole Health Integrative Treatment Services

Ms. Lynn H. Albizo, Director of Public Affairs for the Maryland Addictions Directors Council (MADC) also briefed the committee. Ms. Albizo reiterated concerns regarding the lack of residential treatment in the State and a workforce shortage within the behavioral health community (as many professionals begin to retire).

Ms. Albizo noted that there has been debate over behavioral health integration generally but universal support over integrative treatment at the clinical level. Ms. Albizo described the Maryland Integrative Learning Community, through which MADC (in partnership with the National Council for Behavioral Health) has been engaged in a year-long learning community to expand the integration of mental health (and other) specialty services and primary care services in local communities. She also discussed the Maryland Health Home Project as an example of integration of behavioral and somatic care through improved care coordination, comprehensive
care management, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support.

Finally, Ms. Albizo introduced Ms. Vickie Walters, Program Director of the Institutes for Behavior Resources, who gave the committee an overview of the Opioid Treatment Program (an example of the Maryland Health Home Project). Ms. Walters first noted the Maryland Health Home Project objectives, which include further integration of behavioral and somatic care through improved care coordination and improving health care costs and outcomes among individuals with chronic conditions. Ms. Walters noted that her program has only limited outcome data, as it just became operational on October 1, 2013. The program provides numerous services, including assessment and case management, pharmacotherapy, psychiatric evaluations, and individual and group counseling. There is also limited somatic care (a physician is required to admit an individual to the program), and there are plans to offer primary care within the next several years. Ms. Walters stated that there is often a stigma when this population seeks additional health care and that it is hoped that offering all of these services in one place can reduce the impact of that stigma. Ms. Walters noted that adequate funding continues to be a primary concern. Ms. Walters also noted the lack of knowledge among some primary care providers regarding substance abuse, and stated that there have been problems with providers who prescribe medications without knowing how they may affect the patient’s substance abuse treatment.
Mr. Robert A. Murphy, M.Ed.  
Maryland State Board of Education  
200 West Baltimore Street  
Baltimore, Maryland 21201

Members of the State Board of Education  
200 West Baltimore Street  
Baltimore, Maryland 21201

Dear Mr. Murphy and Members of the State Board of Education:

We write to offer comments to the proposed amendments to COMAR 13A.08.01 on School Discipline Regulations, published in the Maryland Register on October 4, 2013.

We support the proposed regulatory changes. It does a disservice to all youth, families, and communities across the State for school discipline policies to rely on out-of-school suspensions and other exclusionary measures. Such policies too often limit the educational opportunities of youth and increase their chances of entering the juvenile and criminal justice systems.

The disproportionate effect with which current school discipline policies negatively impact youth with mental health needs is of particular concern to the Joint Committee on Access to Mental Health Services. While students with Individualized Education Plans (IEPs) under the Individuals with Disabilities Education Act (IDEA) may be entitled to manifestation hearings for violations of school rules, such protections are not afforded to the many other students with mental health disorders that do not have IEPs. It is estimated that 1 in 10 youths will experience a serious mental health disorder between the ages of 13 and 18. Only a small fraction of these youths are placed on IEPs. Yet frequently their violations of school policies are a consequence of their mental health disorder. These youths need help and support, not out-of-school suspensions. This is especially true for youths who use illegal substances – it is estimated that 75% of youths who use substances have a mental health disorder.

Districts across the country that are deemphasizing harsh zero-tolerance measures and promoting appropriate and fair disciplinary consequences are reaping the benefits, through safer and more effective schools and better outcomes for youth. Maryland has the opportunity to be a leader in this movement.
We look forward to seeing Maryland move in a progressive direction as regards school discipline regulations.

Sincerely,

Senator Joanne C. Benson
Co-chair

Delegate Joseline A. Peña-Melnyk
Co-chair

cc: Members of the Joint Committee on Access to Mental Health Services