



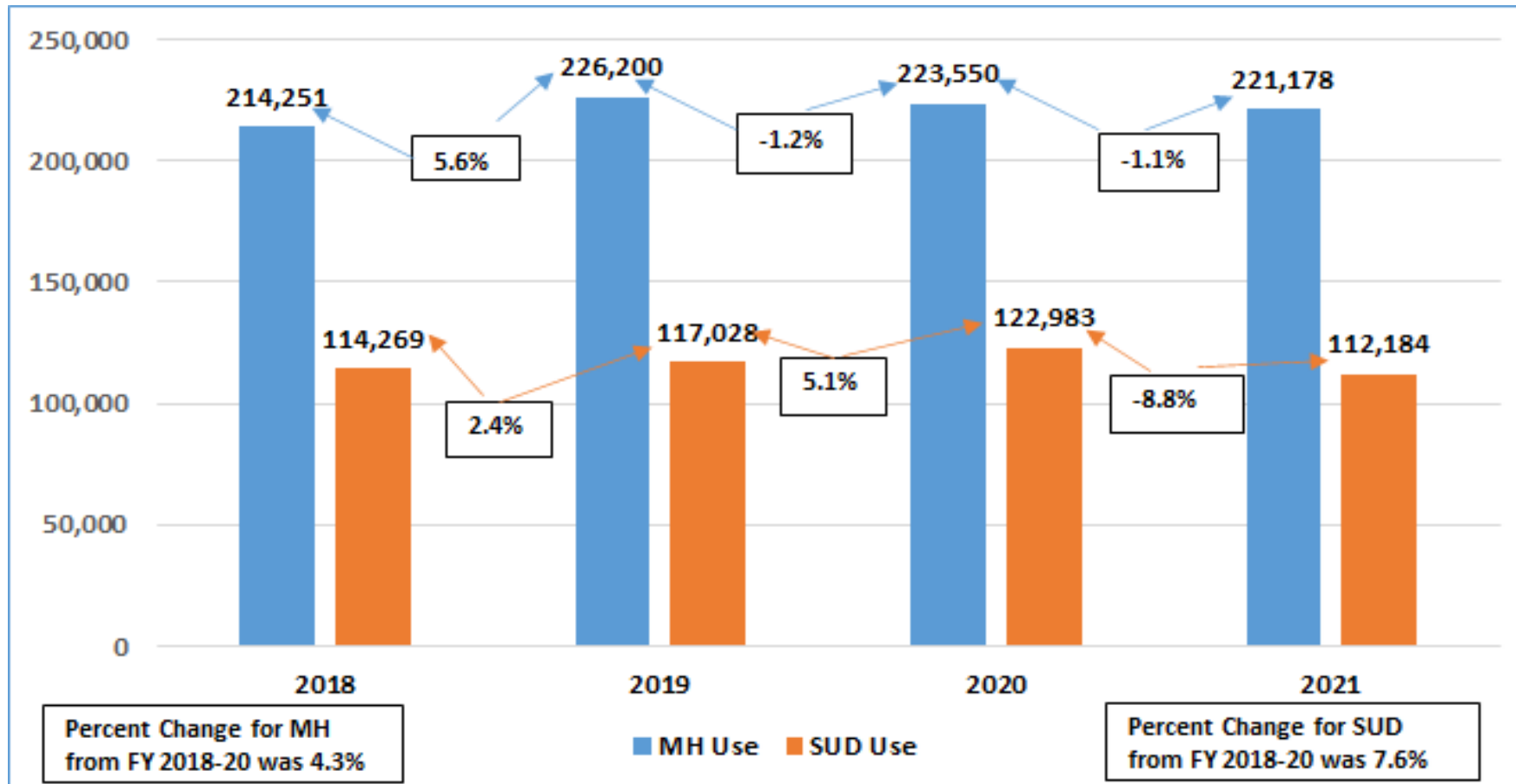
BHA Update to Maryland Advisory Council

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

November 16, 2021

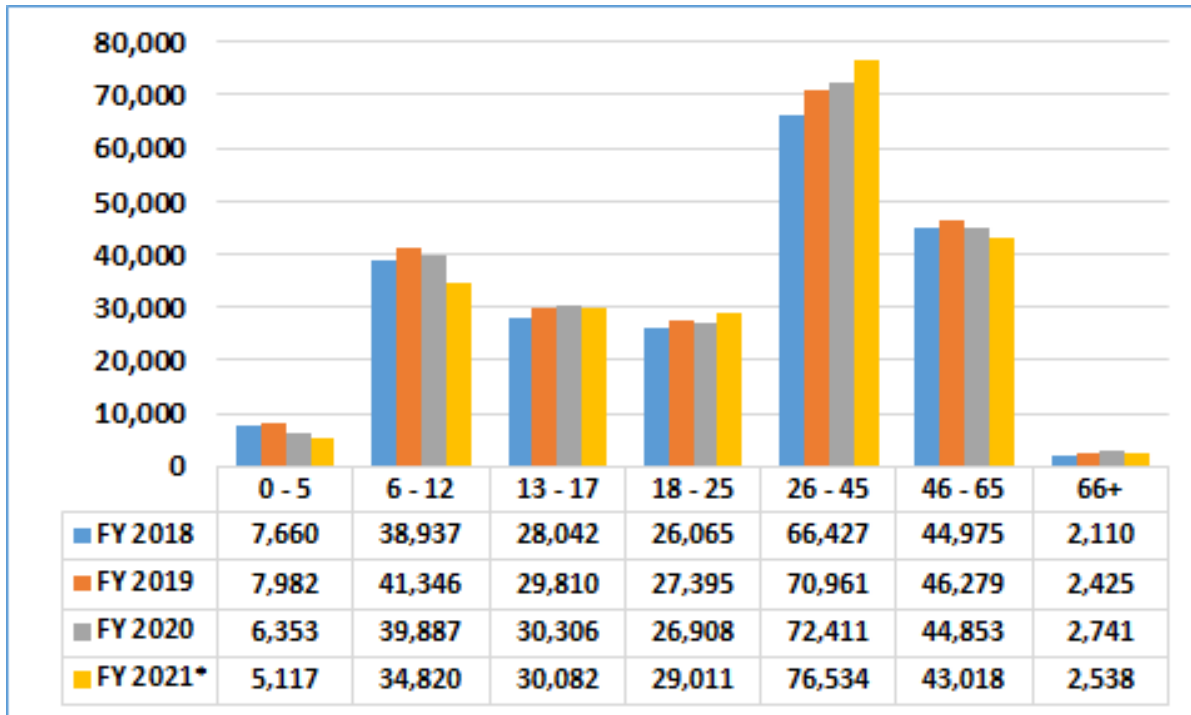


Number of Individuals Receiving MH and SUD Services in the PBHS FY 18-21*

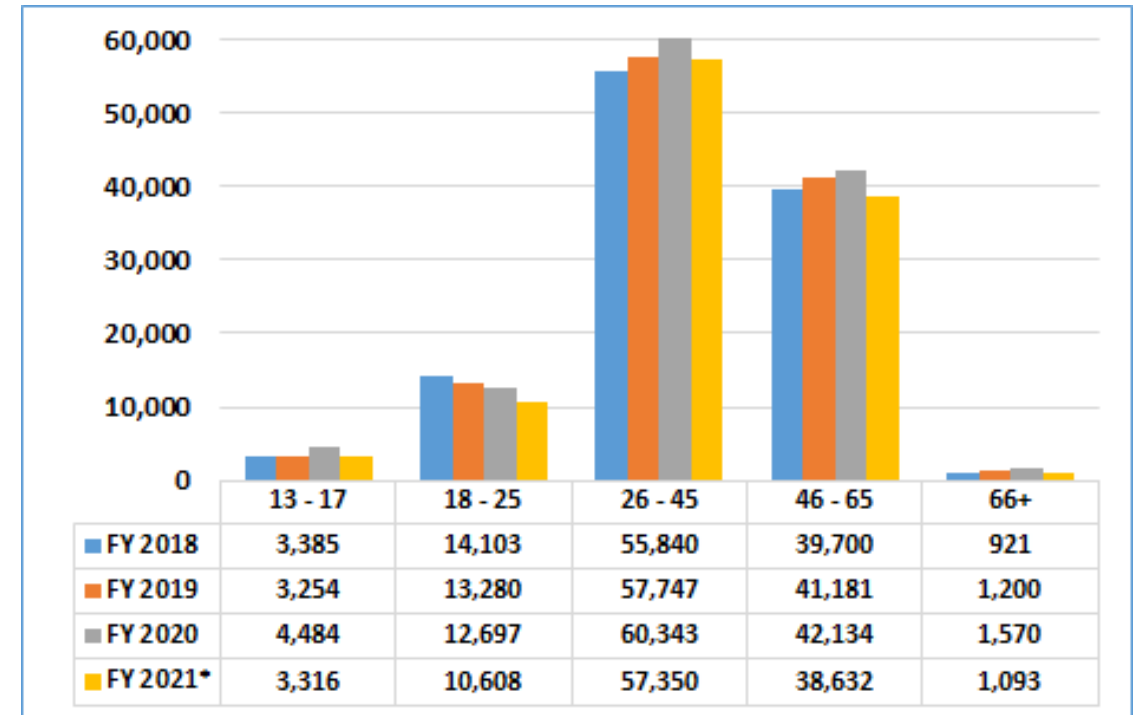


Data Source: ASO data based on claims paid through October 31, 2021. FY 2021 data are not complete as providers have 12 months from the time of service in which to submit a claim for payment.

Number of Individuals Receiving Mental Health Services by Age Group in the PBHS FY 18-21*

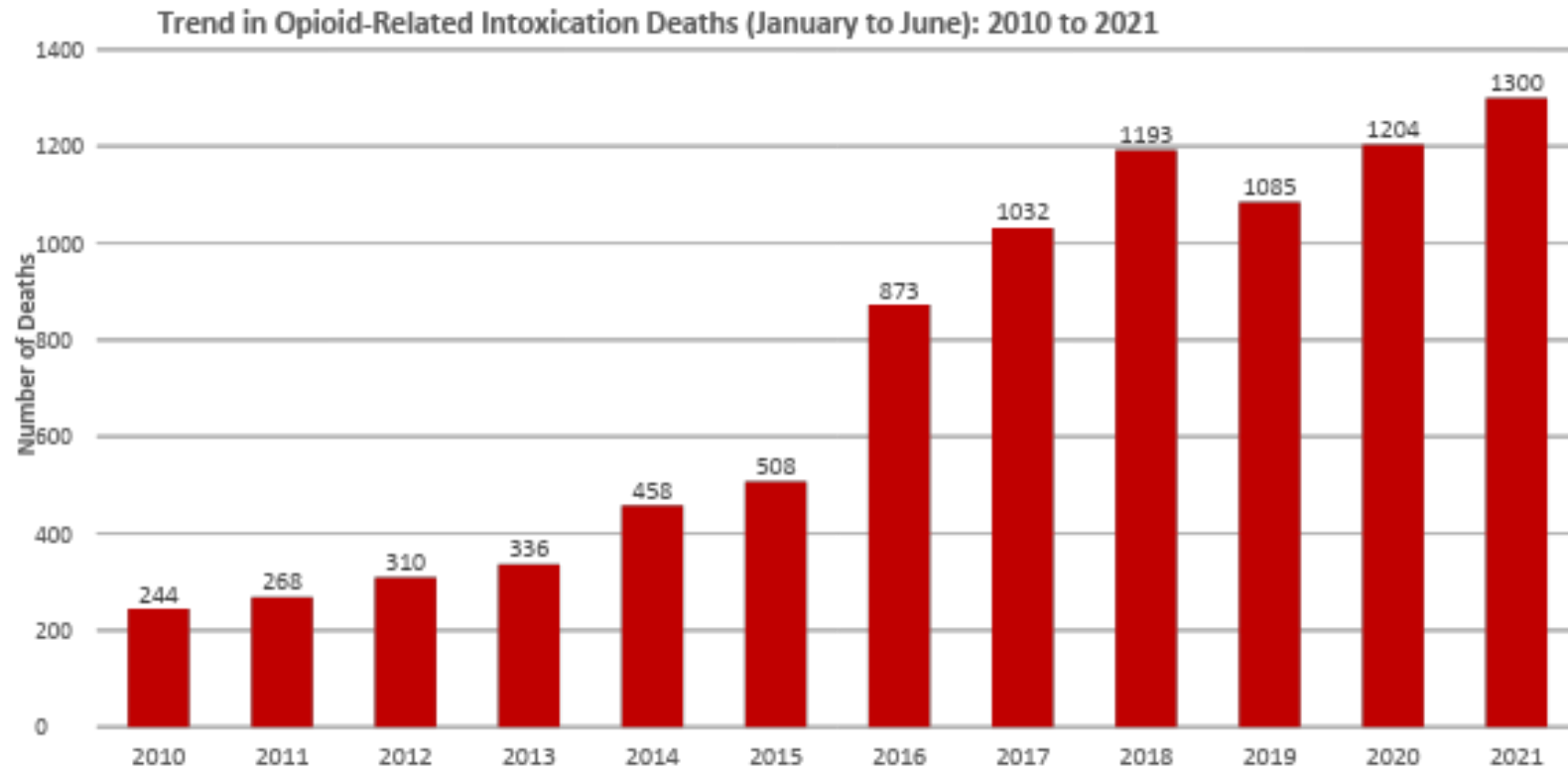


Number of Individuals Receiving Substance Use Services by Age Group in the PBHS FY 18-21*



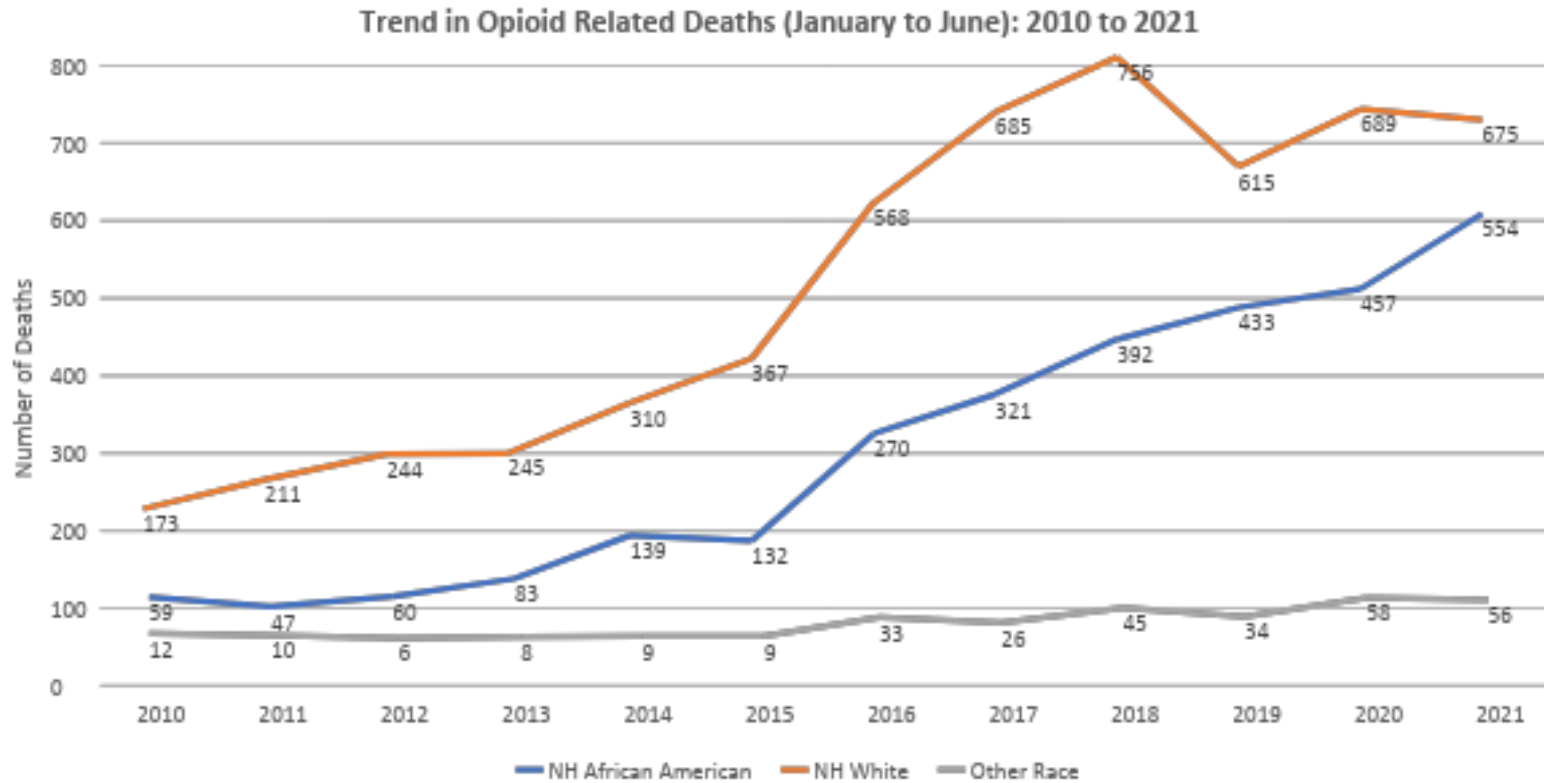
Data Source: ASO data based on claims paid through October 31, 2021. FY 2021 data are not complete as providers have 12 months from the time of service in which to submit a claim for payment.

Trend in Opioid Related Deaths (January-June): 2010-2020



Data Source: OCME VSA Unintentional Intoxication Death Data, Jan-June 2010 - 2021, updated through October, 2021.

Trend in Opioid Related Deaths By Race (January – June): 2010-2020



Data Source: OCME VSA Unintentional Intoxication Death Data, 2010 - 2021, updated through October, 2021.

Racial Disparities Overdose Task Force Workgroups

1. Identify focused, data-informed interventions (programs/policies) as well as seek out innovative pilot/emerging projects that will reduce the disparity in overdose fatalities in the Black community which has been showing escalating rates of death despite statewide interventions.
2. To recommend programs/policies that will decrease factors contributing to the disparity in overdose deaths that reflect and include community voice/insights and address the structural determinants of drug use.
3. To determine how to increase acceptance of evidence-based practices for opioid use disorders in affected communities using a tailored approach
4. Considering historical inequities, ensure equitable allocation of resources to combat the opioid epidemic

Figure 1. Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland, 2011-2020.

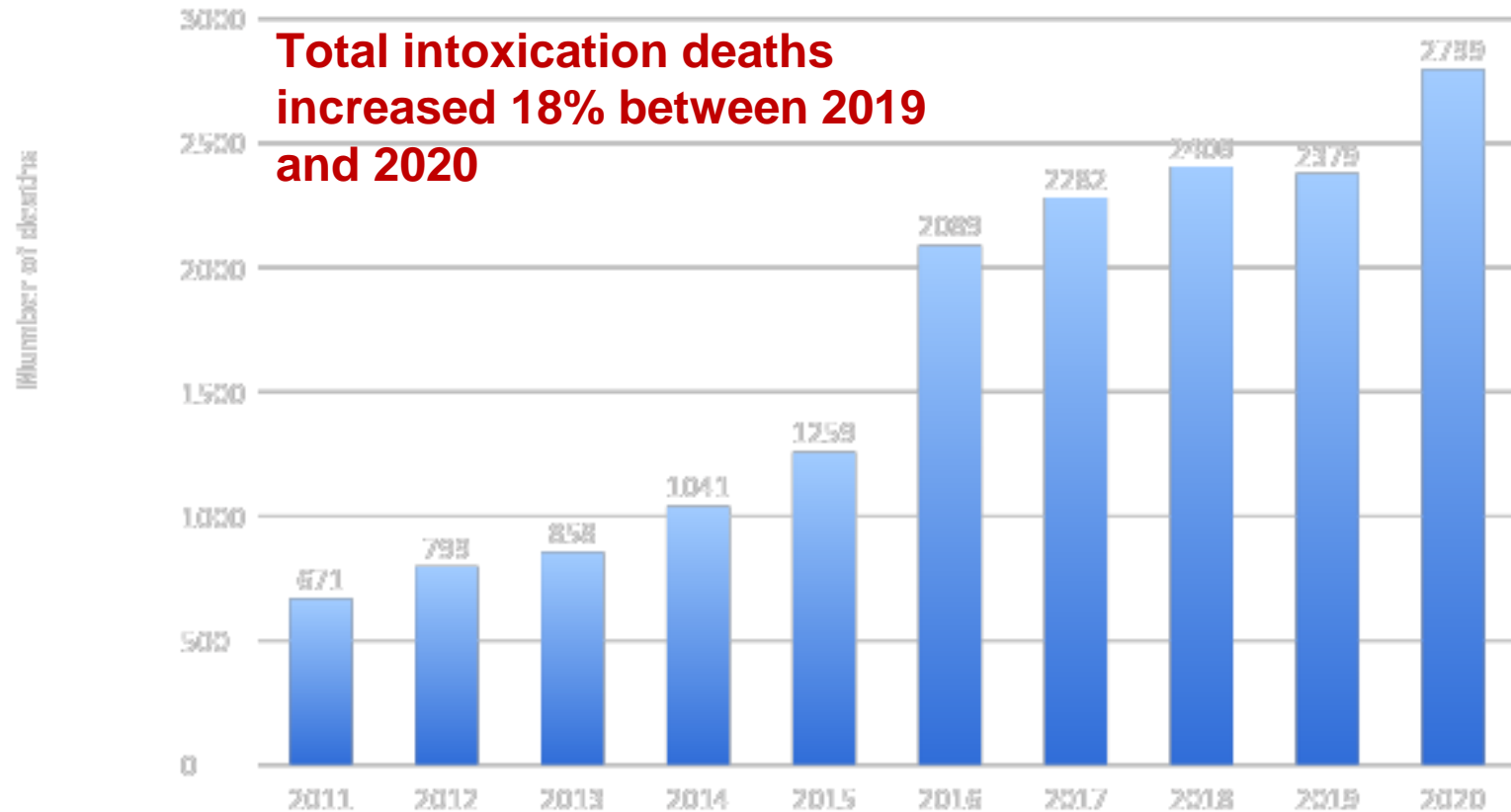


Figure 2. Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2020.

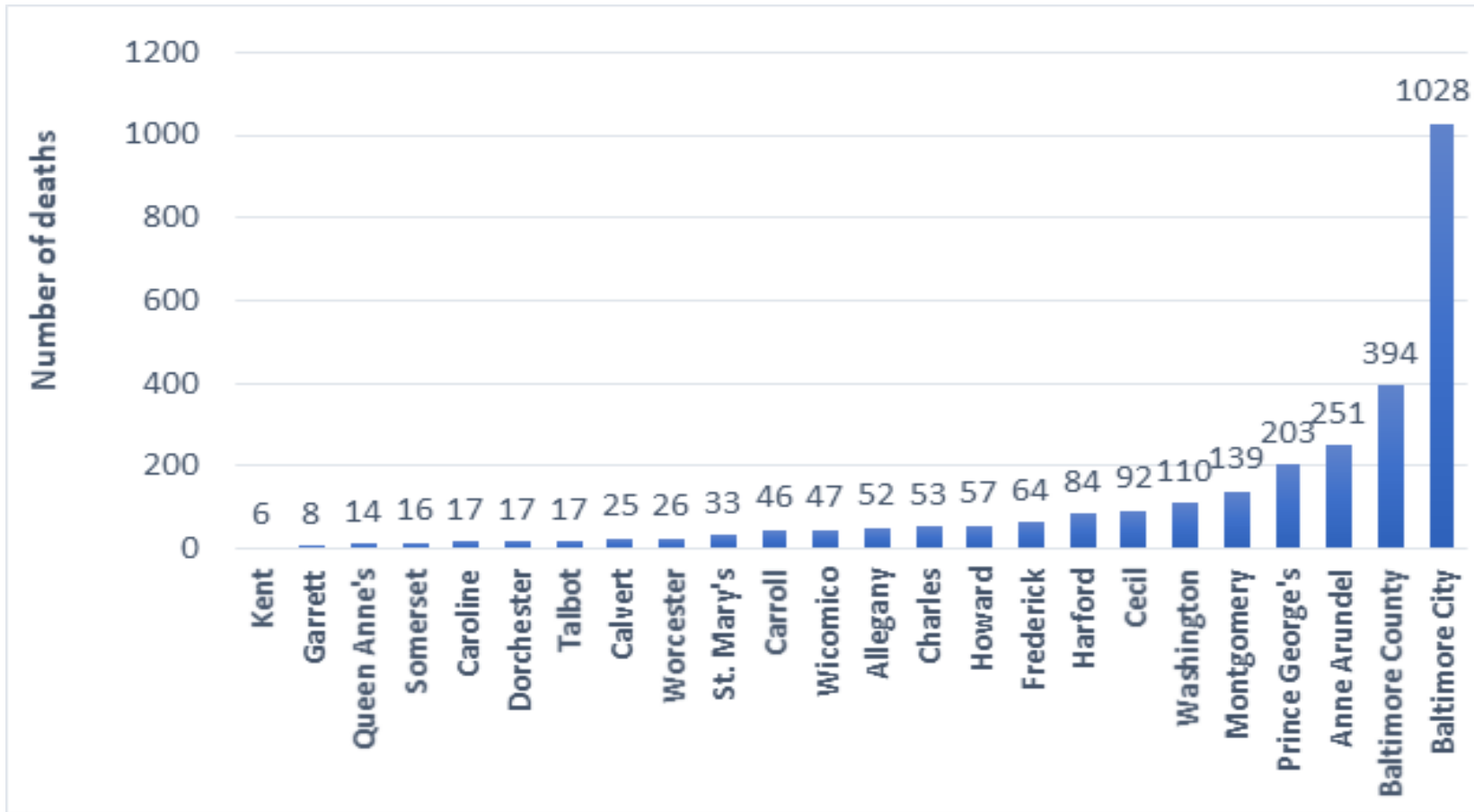


Figure 3. Change in Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2019 to 2020.

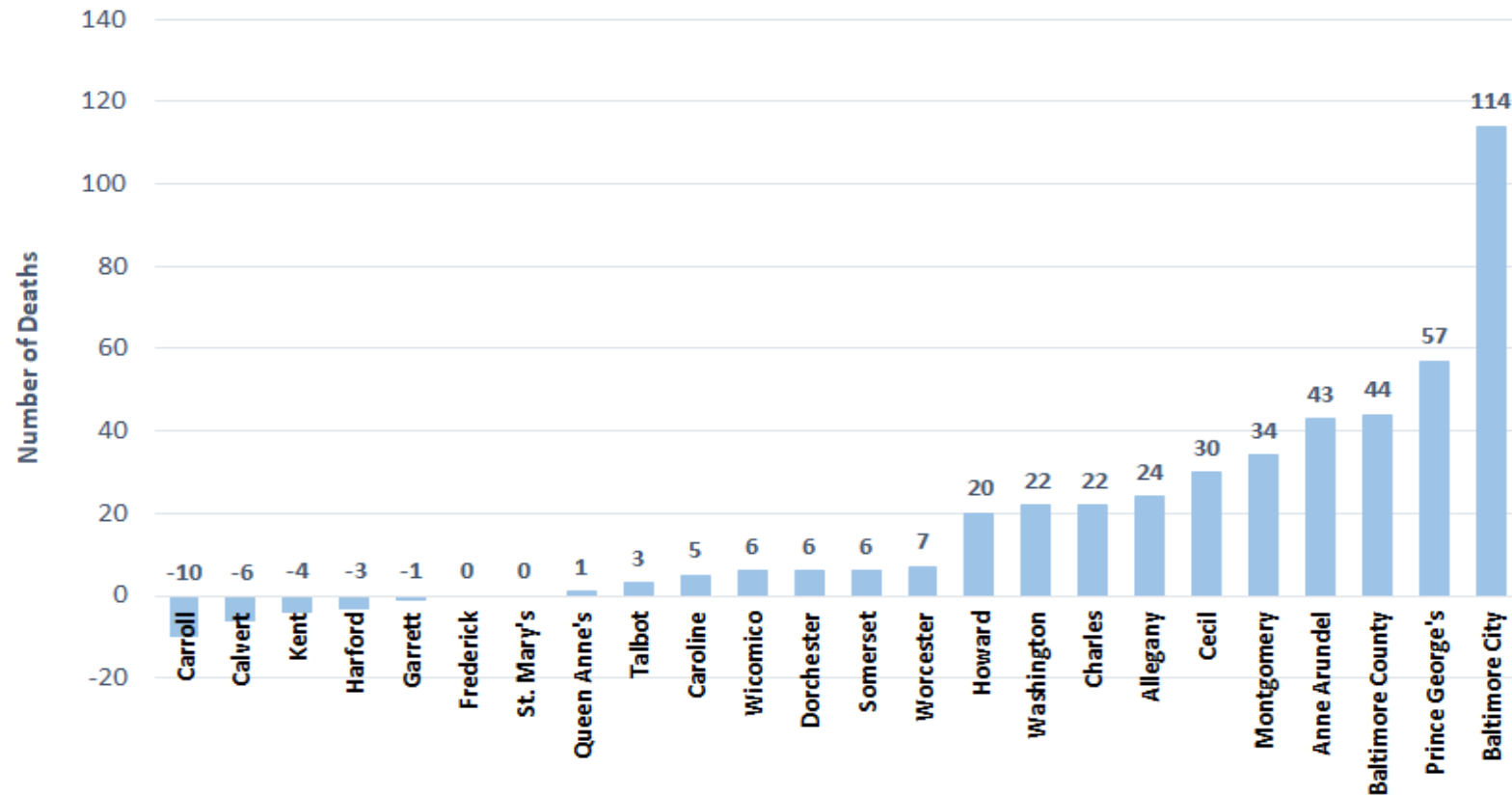
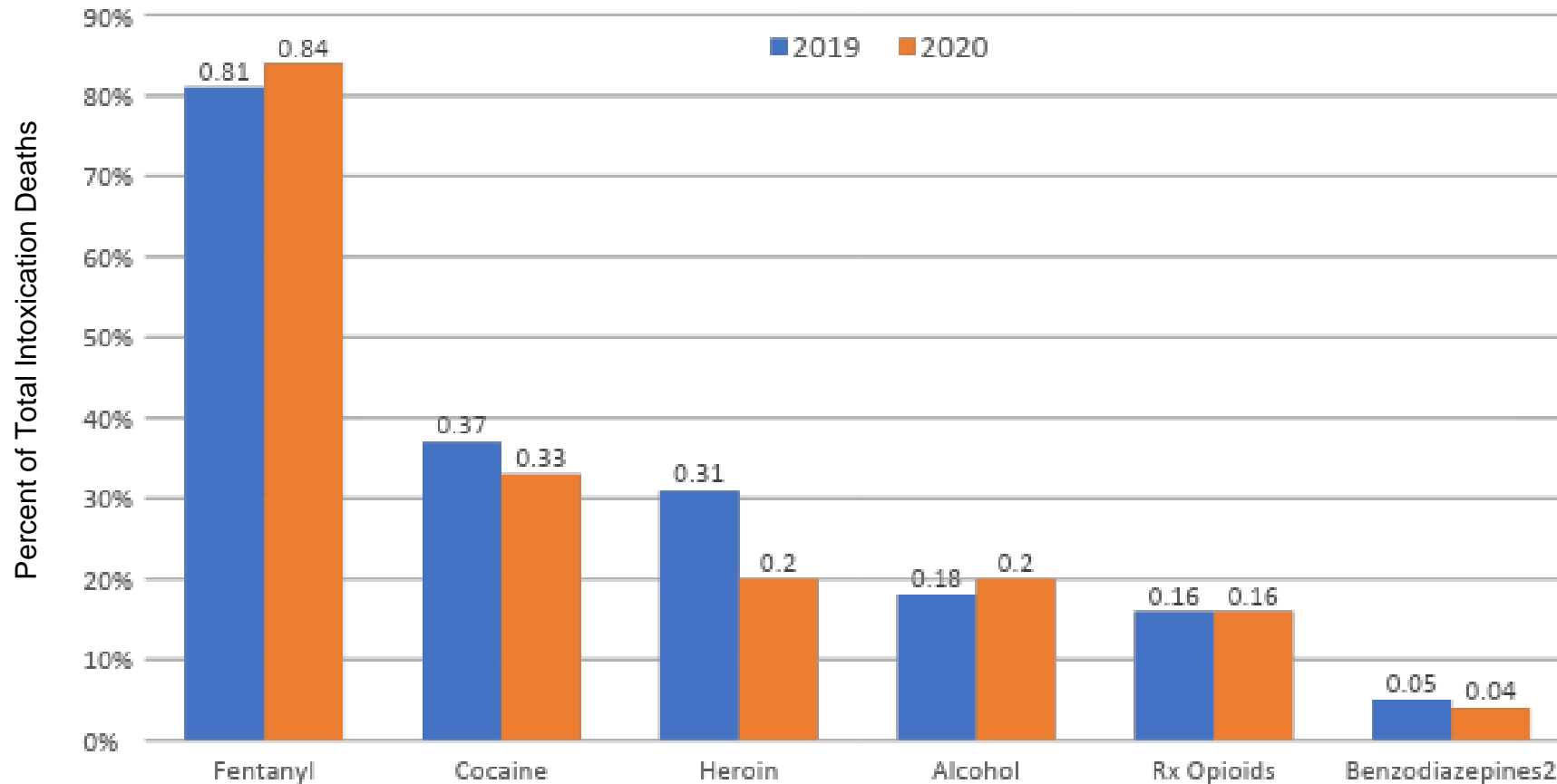


Figure 4. Percent of Total Intoxication Deaths Occurring in Maryland involving Selected Substances¹, 2019-2020.

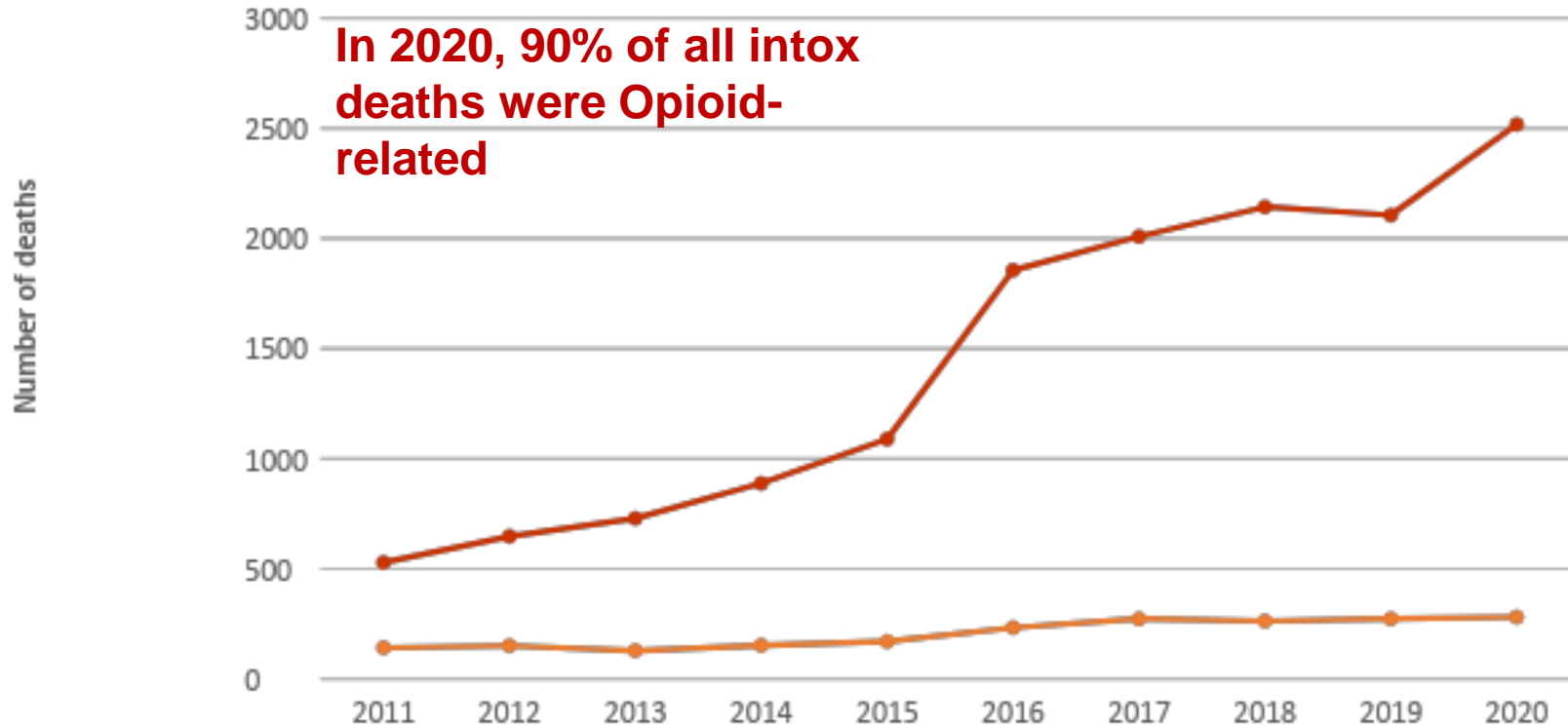


¹Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.
²Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.



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Figure 5. Number of Opioid* and Non-Opioid- Related Deaths Occurring in Maryland, 2011-2020.

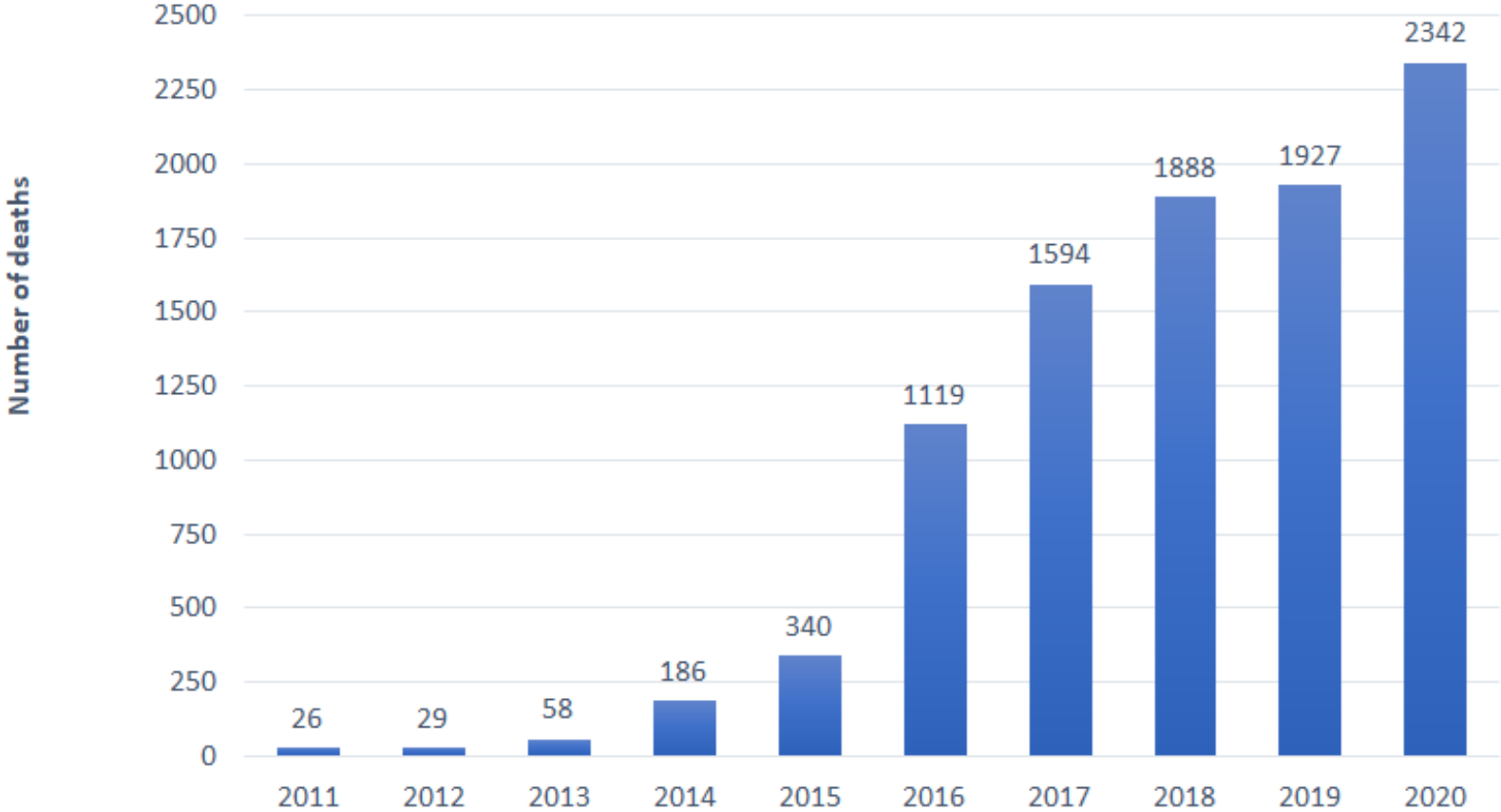


*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.



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Figure 6. Number of Fentanyl-Related Deaths Occurring in Maryland, 2011-2020.

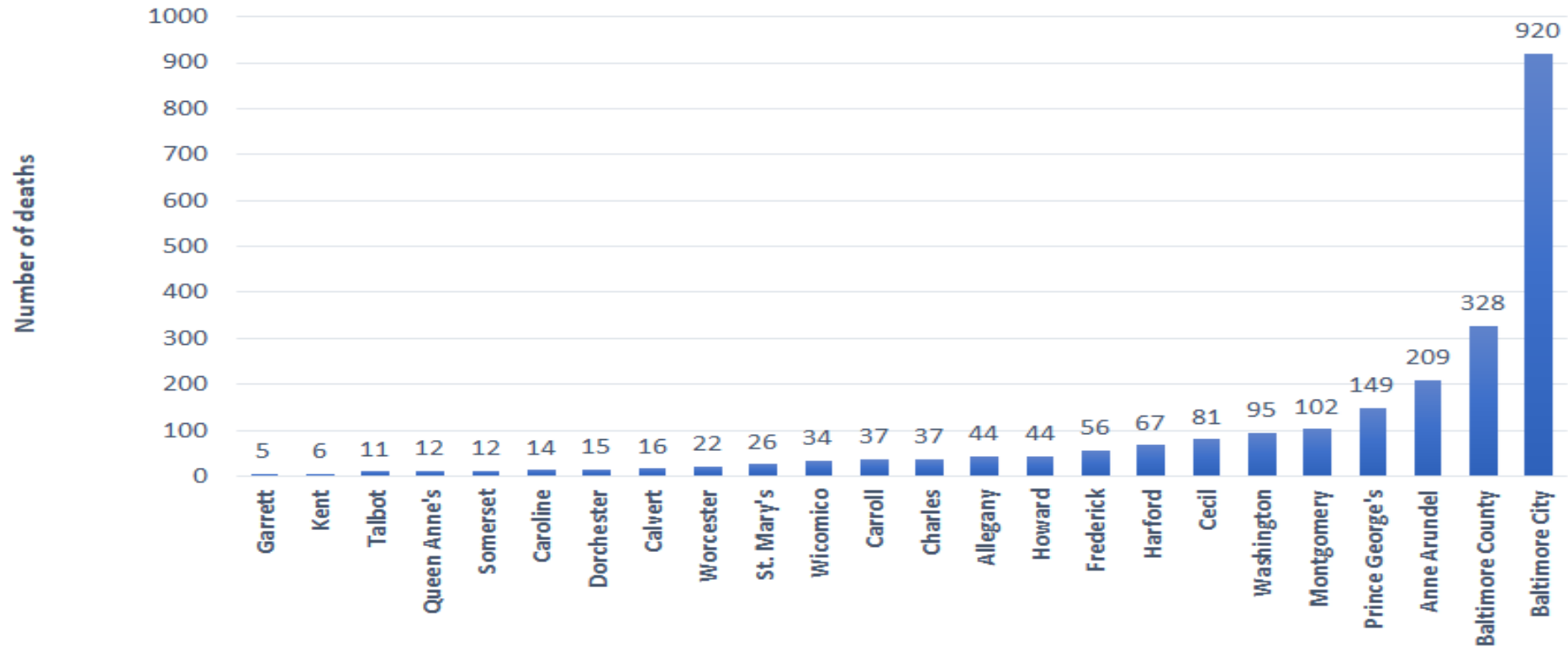


Fentanyl-related deaths increased 22% between 2019 and 2020



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Figure 7. Number of Fentanyl-Related Deaths Occurring in Maryland by Place of Occurrence, 2020.



Suicide Attempt/ Self-Harm - ED Visits

Percent Change over the Period of January-June of Calendar Year 2018-21 by Age Groups

Calendar Year (January-June)	Total Number of Suicide Attempt ED Visits	Percent Change from Prior CY
2018	7,979	
2019	9,200	15.3%
2020	7,264	-21.0%
2021	9,837	35.4%

Age Group	CY 2018-19	CY 2019-20	CY 2020-21	CY 2018-2021
0-17	8.9%	-27.7%	46.3%	15.2%
18-24	12.4%	-16.8%	39.2%	30.1%
25-34	22.8%	-21.9%	30.7%	25.3%
35-54	13.6%	-19.9%	30.1%	18.4%
55-64	22%	-13.5%	23.1%	29.9%
65+	48%	-7.8%	40.9%	90.9%

Data Source: Health Services Cost Review Commission and CRISP; Public Health Dashboard, run date September 8, 2021.

Suicide Counts for January to June Calendar Year to Date

Calendar Year	Suicide Count Year to Date [^]
2017	275
2018	287
2019	243
2020*	287
2021*	260

[^]The table compares the total number of suicides for the first half (January-June) of each calendar year.

Year-to-date suicide counts are consistent with previous years, which does not indicate an overall increase in suicides in Maryland. However, the first half of 2019 (n=243) experienced our lowest suicide count in the last five years. Comparing the two time periods, 2019 to 2020, represents an 18% increase, but still in range from prior years.



Maryland Crisis System Developments



Maryland Crisis System Workgroup

Subcommittee Updates

Best Practices and Standardization

- HB332 – Expands eligibility on entities who can be designated as a Psychiatric Emergency Facility.
- Standardize definitions – The University of Maryland School of Social Work and School of Psychiatry has completed a comprehensive across-the-life-span definitions for crisis services.

Data Dashboard & Bed Registry

- Working to identify and prioritize uniform crisis system data indicators and assessment tools. Preliminary data metrics and performance measures have been identified. A crosswalk was created to compare various elements of data system platforms. The data subcommittee has also begun to finalize the selection of standardized assessment tools to be used across the crisis system. These assessment tools include the CAT and CANS.

Maryland Crisis System Workgroup

Subcommittee Updates

Financial Stability and Sustainability

- Work has begun on the implementation of the newly awarded CMS State Planning Grant. This grant will help Maryland integrate community-based mobile crisis intervention services into the Medicaid programs.

Maryland Crisis System Workgroup

Subcommittee Updates

Child and Young Adult System (CAYAS)

- Working closely with the Data Subcommittee on what data elements are best captured to reflect the child space. We are also finalizing both of these data elements and a screening tool (CAT) w/ supplemental modules (intent is to use for full age span) which will be shared with the broader crisis system workgroup next month.
- Wrapping up the comprehensive crisis and stabilization landscape analysis of crisis and stabilization services available across the lifespan conducted by the Innovations Institute from the University of Maryland.

Maryland Crisis System Workgroup

Subcommittee Updates

988 Integration

- 988 goes live July 16, 2022. BHA submitted an implementation plan to Vibrant Emotional Health (contractor for SAMHSA that administers the Lifeline/988)
- Three areas of focus
 - Funding: Life Line Call Centers will need more funding to handle the anticipated increase in volume of calls, chats, and texts
 - Capacity: How to expand service capacity to manage increased volume while maintaining quality of service
 - Coordination: How to coordinate between existing call centers (211 Press 1 and the Lifeline/988) and coordinate with other stakeholders

Maryland Crisis System Workgroup- Funding

There are three Notice of Funding Availability (NOFA) opportunities to continue building the crisis system:

- Embed Peers in Urgent Care Centers (released in mid-November)
- Expand Behavioral Health Urgent Care Centers (late November)
- Care Traffic Control Software Platform: This software integrates crisis call centers, dispatches and tracks mobile crisis teams, schedules urgent care appointments, and creates a real-time dashboard (late November).

BHA's Commitment to Quality Management

BHA Quality Statement

BHA is committed to ensuring that individuals receive outstanding, quality-driven behavioral health services that promote recovery, resiliency, health, and wellness for all Marylanders, especially those participating in the public-funded system of care; thus, improving their ability to function effectively in their communities.

Total Quality Management Plan

BHA's approach to Total Quality Management will focus on performance improvement funded behavioral health services in Maryland.

The TQM approach components:

- ❖ Quality Planning
- ❖ Quality Assurance
- ❖ Quality Control
- ❖ Quality Improvement

BH Equity Workgroup

Mission

Create a behavioral health system and administration that is equitable, accessible, and provides quality services to all Marylanders.

Vision

Through engagement with stakeholders and community engagement, implement practices and services that include, recognize and value all individuals, regardless of their age, culture, disability. Gender identity, ethnicity, race, religious and/or sexual orientation

BH Equity Workgroup Update

- ❖ Have worked in collaboration with the Office of Minority Health and Health Disparities health equity conference: *Mental Health Equity in a Post-Pandemic Maryland*.
 - The virtual conference is scheduled for December 9, 2021 click [here](#) to register.
- ❖ *The awareness outreach and community engagement community subcommittee will host Quarterly BHA lunch and learns.*
 - *The next internal BHA lunch learn will be on Self-Care during the Holidays*
- ❖ *The workgroup will focus on data and data gaps related inclusive data capturing in the coming months.*

PBHS COVID-19 Vaccination Status

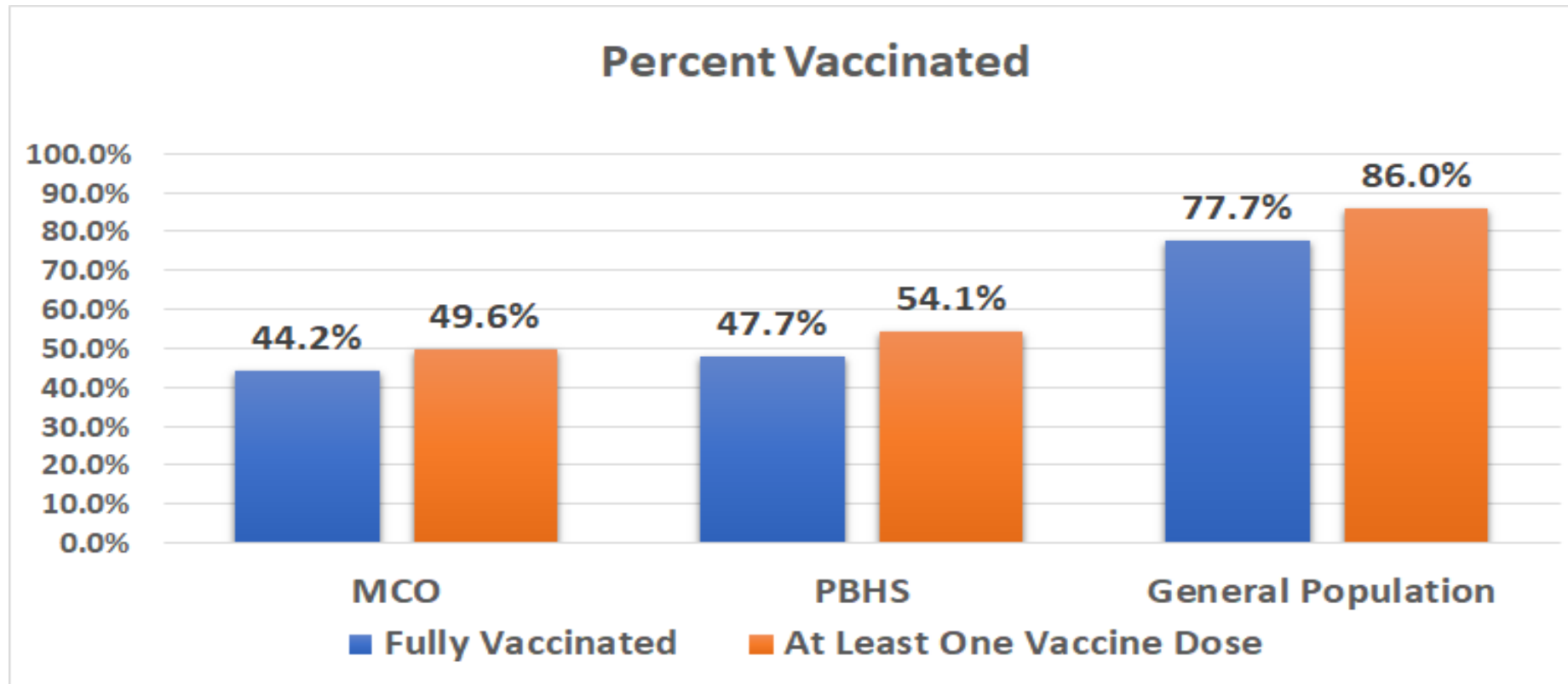
- As of 11/01/2021: Montgomery (71%), Howard (67%), and Frederick (59%) are the top jurisdictions with individuals (ages 12+) who have received at least one dose of any COVID-19 vaccines.
- COVID-19 Vaccination Rates with Age Groups, Percentage With At Least One Vaccine Dose:

Age	PBHS	MCO/FFS	General Population
12+	54.1%	49.6%	86.0%
18+	55.4%	50.5%	87.5%
65+	78.6%	0.0%*	98.9%

- *Individuals with age 65+ would be eligible for non-Medicaid enrollment.
- COVID vaccination status data for MCO - as of 11/05/2021, PBHS- as of 11/01/2021, and for the general population is as of 11/15/2021.

Maryland COVID-19 Vaccination Rates

- Percentage of Healthchoice MCO Members, PBHS Participants, and the General Population age 12+.



- COVID vaccination status data for MCO - as of 11/05/2021, PBHS- as of 11/01/2021, and for the general population is as of 11/15/2021.



Questions?

Thank you!