



# Governor's Grants Conference

November 9, 2015

Grants and Projects  
Administered by the  
Maryland Behavioral Health  
Administration

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# Population-Based Behavioral Health Services

- Primary Prevention
- Opioid Misuse Prevention Program
- Overdose Prevention
- Statewide Projects (Gambling and Smoking Cessation, SYNAR)
- Workforce Development
- Stigma Reduction Campaign and AVATAR



# Methods of Funding Primary Prevention and Opioid Misuse Services

The Statewide Prevention System, consists of approximately \$6,767,755, funded by prevention set-aside funds (20% of the total 32 million dollar Federal SABG).

- Awards made to the AOD Prevention Office in each of Maryland's 24 local jurisdictions for their on-going youth AOD prevention activities from the Substance Abuse Block Grant (SABG)
- Opioid Misuse Prevention Program (OMPP) awards (also SABG treatment funds) are provided to the AOD Prevention Office in 22 local jurisdictions to support planning and implementation of evidence-based opioid misuse strategies .



# Primary Prevention Federal Block Grant Services

- Alcohol and Other Drug (AOD) Prevention  
Coordinator/Office in each of 24 jurisdictions as well as a wide variety of Prevention Services in each jurisdiction
- Four College ATOD Prevention Centers
- The Maryland Collaborative to Reduce College Drinking and Related Problems
- The Maryland State Epidemiology Work Group (Contract with UMD School of Pharmacy)

# Prevention SAMHSA Discretionary Grants

## Partnership for Success Grant

- Maryland was awarded \$6,367,300 to begin 9/30/15 for 5 years to continue the efforts of prevention Coalitions in ten selected jurisdictions
- Focus is on preventing underage drinking and reducing youth binge drinking
- Includes State Technical Assistance & Evaluation Team Contract with UMD School of Pharmacy to provide technical assistance, training and program evaluation for 10 sub-recipients (beginning 10/1/15)

# Prevention

## SAMHSA Discretionary Grants

### Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- August 2014, Maryland was awarded a 5 year, \$10 million grant from SAMHSA to implement SBIRT services in community health centers across Maryland. MD intends to screen 90,000 patients over 5-years in 12 FQHCs with 45 locations, and in 2 hospitals across Maryland.
- Maryland simultaneously received a separate 3-year, \$1 million grant from the Conrad N. Hilton Foundation to implement SBIRT services for adolescents at pediatric practices and 10 schools.

# Overdose Prevention

Strategy: State and local plans, State Overdose Advisory Council, Enhanced epidemiology

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

Local Overdose Fatality Review Teams (LOFRT)

Overdose Survivor Outreach Program

Stigma Reduction and PR Campaigns

# Overdose Prevention

## Department of Justice, Bureau of Justice Assistance Harold Rogers Grants

- FFY2013, BHA was awarded the Harold Rogers Grant for Category III: **Data Driven Multi-Disciplinary Approaches to Reducing Rx Abuse**. The award was for a total of \$400,000 for two years, with a no-cost one year extension grant through March 2016.
  - Primary focused on start up the Overdose Fatality Review process in Maryland, provided funding for coordinator to provide technical assistance to three pilot teams and cost of travel to team's meetings and a Naloxone program manager.
- BHA is in the final year of a **2012 DOJ BJA Harold Rogers PDMP grant** (through 9/30/2016) for IT development and vendor procurement needed to **implement interstate data-sharing of PDMP data**, as well as funding towards the PDMP Evaluation project being conducted by research teams at the University of Maryland School of Pharmacy and the Johns Hopkins Bloomberg School of Public Health.
- FFY2015, BHA was awarded a 3-year, \$750,000 grant from **DOJ's BJA Harold Rogers PDMP grant** program under a new category (2: Research and Practitioner Partnerships). BHA is working with research partners at the Johns Hopkins University Bloomberg School of Public Health's Center for Population Health Information Technology (CPHIT) and CRISP on this **predictive risk model project**.



# Heroin and Opioid Emergency Task Force

On February 24, 2015, Governor Hogan issued Executive Order 01.01.2015.12, creating the 11 member Heroin and Opioid Emergency Task Force. Task Force members have expertise in addiction treatment, law enforcement, education, and prevention.

Chaired by Lieutenant Governor Boyd K. Rutherford, the Task Force was charged with advising and assisting the Governor in establishing a coordinated statewide and multi-jurisdictional effort to prevent, treat, and significantly reduce heroin and opioid abuse.

The Task Force will provide recommendations for policy, regulations, or legislation to address the following:

- Improvement in access to heroin and opioid drug addiction treatment and recovery services across the State, including in our detention and correctional facilities, as well as development of specific metrics to track progress;
- Improvement and standardization of the quality of care for heroin and opioid drug addiction treatment and recovery services across the State, as well as development of specific metrics to track progress;
- Improvement in federal, state, and local law enforcement coordination to address the trafficking and distribution of heroin and opioids throughout the State;
- Improvement of coordination between federal, state, county, and municipal agencies to more effectively share public health information and reduce duplicative research and reporting;
- Help for parents, educators, community groups, and others to prevent youth and adolescent use of heroin and opioids;
- Development of alternatives to incarceration for nonviolent offenders whose crimes are driven primarily by their drug addiction; and
- Increased public awareness of the heroin and opioid abuse crisis, including ways to remove prejudices associated with persons suffering from substance use disorders.



# Interim Task Force Report

The Lieutenant Governor released an interim report on August 24, 2015 identifying:

1. Summit Findings
2. Workgroup areas of further study
  - Access to Treatment and Overdose Prevention
  - Quality of Care and Workforce Development
  - Intergovernmental Law Enforcement
  - Drug Courts and Re-entry
3. Preliminary Recommendations
4. Approved Resource allocations

# Interim Task Force Report

Governor Hogan provided additional funding for FY16:

- \$2,000,000 to DHMH for prevention and treatment
  - naloxone training and distribution to local health departments and local detention centers
  - overdose survivor outreach programs in hospital emergency departments
  - prescriber education to address high-risk prescribers
  - recovery housing for women with children
  - detoxification services for women with children
  - to 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

# Substance Use and Mental Health Clinical Services

- Treatment and Recovery Services
- Women's services
- Adult Services
- Specialized Behavioral Health Services  
(Special Populations)

# Methods of Funding SRD Treatment Services

- BHA provides funding for substance related disorder services through grants and contracts to Local Addictions Authorities (LAAs).
- Most LAAs are under the local health departments and provide services directly or contract with community-based provider organizations.
- Medicaid funded ambulatory services are provided through a fee for service system managed by an Administrative Service Organization.

# Maryland RecoveryNet

**Access To Recovery** (ATR) was a four year \$9,767,440 SAMSHA funded grant to implement a voucher-based program for substance abuse clinical treatment and recovery support services (including faith-based providers).

- At the conclusion of ATR, Maryland committed state general funds to continue access to the recovery support services for the remainder of FY 15, and fully funded **Maryland RecoveryNet** for FY16.
- Maryland RecoveryNet develops partnerships with service providers statewide and funds access to clinical and recovery support services for individuals with substance-related disorders and substance-related disorders co-occurring with mental health conditions who have treatment and recovery support needs.
- All Maryland RecoveryNet service recipients receive Care Coordination through which they can access a menu of services which includes Halfway House, recovery housing, transportation, employment services, vital records reports, medical and dental services, and other unmet needs as expressed by the individual and/or identified by the Care Coordinator.

# Treatment

## SAMHSA Discretionary Grants

- **CSAT-Medication Assisted Treatment/ Prescription Drug and Opioid Addiction) MAT-PDOA** (\$2,444,470 over 3 years) Opioid Treatment Outreach, Access, and Expansion.
  - Funding will be used to increase enrollment in Medication Assisted Treatment (MAT) in two high risk communities with high rates of opioid-related emergency room visits by outreach to overdose survivors in emergency rooms.
  - Interim Methadone Maintenance (IM) services will also be used as a strategy to increase access to MAT in these survivors and bridge any gaps between the overdose experience and entry into a standard MAT program.
  - All project participants entering MAT programs will also be provided care coordination to connect them to available “wrap-around” support services, such as housing, transportation, and employment assistance.
  - This combination of peer involvement, care coordination, and support services is expected to increase retention in effective MAT programs, and to increase adherence in BHA’s two chosen high-risk communities, where in some cases over 60% of people leaving MAT programs have done so against medical advice.
- **CSAT-MD Behavioral Health for Adolescents and Young Adults (BHAY) Child and Adolescent Services.**
  - Develop a training and evaluation infrastructure to support the dissemination of evidence-based SUD and COD assessments and treatment for adolescents and TAY.
  - Increase access to quality behavioral health services for school-aged youth and underserved populations in school and community settings.
  - Facilitate the development of integrated approaches to sustainable financing and delivery of services for youth and young adults with SUD and COD.

# Methods of Funding Mental Health Services

- BHA pays for Medicaid and some uninsured community-based mental health services and residential rehabilitation services through a fee for service system managed by an Administrative Service Organization (ASO).
- BHA also provides funding for mental health support services through state and federal grants and contracts primarily to the Core Service Agencies or Local Behavioral Health Authorities.
- Core Service Agencies are the local Mental Health Authorities responsible for planning, managing, and monitoring public mental health services in Baltimore City and the counties. Local Behavioral Health Authorities (LBHA) are integrated CSA/LAAs.



# Mental Health Block Grant (MHBG) Services

Maryland's MHBG allocation is currently \$9,032,000. MHBG program provide funds for the following initiatives:

- Crisis Response Systems/Services
- Evidence Based Practices (EBPs)
- 5% Set-Aside – First Episode Psychosis/Early Intervention Programs
- Systems Evaluation/Outcome Data
- Consumer Quality Improvement Team
- School-based Mental Health
- Housing Supports
- Public Awareness/Education/Outreach

# Treatment

## SAMHSA Discretionary Grants

**Maryland Healthy Transitions (MD-HT)** is a 5 year, 5 million dollar CMHS grant to:

- raise awareness of mental health challenges faced by youth and young adults of transition age (16-25 years old),
- increase early identification of mental health conditions,
- improve access to and engagement in treatment, and
- provide empirically-supported services and supports to meet the needs of youth and young adults with or at risk of developing a significant mental health condition or co-occurring mental health and substance use disorder as they transition into adulthood.

**Maryland Collaborative Enhancement Services (MD-CHES)** is a 3 year, \$8.5 million dollar CMHS/CSAT grant to:

- increase the service capacity of the Public Behavioral Health System (PBHS) and public housing systems in providing comprehensive, accessible, coordinated and integrated evidence-based and person-centered practices to support individual recovery and housing permanency for chronically homeless adults with either a substance use disorder, a serious mental illness (SMI), or a co-occurring mental health and substance use disorder ;
- and for Veterans meeting federal criteria for homelessness or chronic homelessness who have either a substance use disorder, a SMI, or a co-occurring mental health and substance use disorder.

# Treatment

## SAMHSA Discretionary Grants

### **Projects for Assistance in Transition from homelessness (PATH)**

Formula grant funded at \$1.2 million annually from CMHS. PATH provides flexible community and detention center based services to individuals who are homeless or at imminent risk of becoming homeless, and have a mental illness or co-occurring substance use disorders.

- PATH provides the following:
  - Outreach, screening and diagnostic services
  - Case management
  - Community mental health
  - Alcohol and drug treatment services
  - Supportive services in residential settings
  - Housing assistance
  - SOAR

BHA solicit proposals through CSA/LBHA annually.

# Other Grants and Programs

## Continuum of Care Program (formerly known as Shelter Plus Care)

Since 1995, BHA (formerly MHA) has been a recipient of funding from the Department of Housing and Urban Development (HUD) to provide housing for individuals who are homeless, who have a serious mental illness or co-occurring substance use disorders. BHA currently receives \$4.7 million in Continuum of Care funding for 21 counties.

- The purpose of the program is to provide permanent (no time limit) housing in connection with supportive services to individuals who are homeless who have a mental illness who meet HUD's criteria of disabled.

## Other State Programs:

- **Housing First** - State grants to 3 jurisdictions which pay for rental assistance, housing supports, and representative payee services;
- **Homeless ID** - Pays for birth certificates and Identification for individuals who have a mental illness or co-occurring disorders who are homeless or at risk for homelessness.
- **SSI/SSDI Outreach, Access and Recovery (SOAR)** is a strategy that helps states to increase access to mainstream benefits for individuals who are homeless or at risk of homelessness and have a severe mental health illness through training, technical assistance and strategic planning.

# SAMHSA Discretionary Grants - Continued

- **Maryland LAUNCH-** a five year CMHS early childhood mental health demonstration grant of \$4.2 million
- LAUNCH is focused in Prince George's County to develop local systemic capacity to best intervene with families of young children of pre-school age.
  
- **Maryland LIFT** – a four year CMHS system of care grant of \$4 million initially focused on Baltimore County
- LIFT is focused on developing the capacity of local systems to intervene with families of your with emotional disturbance, including the expansion of care coordination and specialized services statewide.
  
- **MARYLAND SPIN** – a three year CMHS “Garret Lee Smith” youth and young adult suicide prevention grant
- SPIN is focused on suicide prevention strategies in public schools and participating college campuses.

# Certified Community Behavioral Health Clinics (CCBHCs)

DHMH is being awarded \$982,373 one year planning grant to develop a Prospective payment system and provide funding for 2 CCBHCs (one rural and one metropolitan )

The two CCBHCs must meet threshold criteria: provide basic required services, be accredited, and have a sophisticated electronic health record and accounting system.

The grant will expand and enhance care coordination, including:

- the expansion of peer driven care navigation;
- provide technical assistance to improve peer and family support;
- offer enhanced services to veterans;
- enrich linkages between correctional health;
- improve access to crisis support and crisis follow up;
- reach out to individuals and families who are not engaged or are only utilizing the ER;
- improving care; providing consistent training;
- and increase access to a more diverse workflow.

# Contact Information

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