



DEPARTMENT OF HEALTH

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

February 26, 2020

The Honorable Shane E. Pendergrass, Chair
Health, and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: HB 1121 – Maryland Mental Health and Substance Use Disorder Registry and Referral System – Letter of Information

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Health (Department) submits this letter of information for House Bill 1121 – Maryland Mental Health and Substance Use Disorder Registry and Referral System.

The Department is currently in the process of developing a voluntary, light-weight bed registry to support all behavioral health crisis beds, substance use disorder residential beds, and inpatient beds through a combination of federal and state grants at the cost of \$360,975 based technically on a pilot project by the City of Annapolis and Anne Arundel County. A presentation that the Department provided to the House Judiciary Committee in fall 2019 is attached. It was also provided to the Committee Vice-Chair's Post-Acute Care Workgroup of 2019.

The development of the registry and referral system in HB 1121 is beyond the scope of the Department's existing bed registry project and, therefore unbudgeted. The Department estimates the registry and referral system under HB 1121 will cost an additional \$5,762,183 and be subject to the state procurement process which is typically an 18-month long activity.

When evaluating HB 1121, we suggest that the Committee consider two threshold questions:

1) Would the Committee prefer that this registry system be a more full-featured system that contains patient health information or a lightweight, simple system that just contains services/facilities and available capacity?

If the former, the registry would need to be HIPAA compliant and would result in much greater technical complexity and considerable fiscal cost.

2) Depending on the answer to question 1, the Committee should also consider an enforcement mechanism for providers to use the Committee's system.

Currently, HB 1121 as introduced, mandates that the Department create this system, but provides no mechanism by which a provider must use the system. The Department is committed to developing a voluntary system, but should the Committee mandate the implementation of a registry system, it should provide the necessary incentives for a provider to use the system.

Unlike the Department's current bed registry project, HB 1121 establishes a statewide registry and referral system, an advisory committee, and a real-time searchable resource inventory of available behavioral services. To achieve the information technology (IT) components necessary to implement the registry and referral system, the Department will need a database that is highly interactive, has referral capacity, allows real-time information on services, and is HIPAA compliant. The establishment of such a database is a major IT project that will cut across diverse provider types in the substance use disorder and mental health systems of care. If passed, the bill requires the implementation of the referral system to begin by June 1, 2020 and the inventory available by December 1, 2021. More time will be needed to implement the system envisioned by the bill as introduced.

Depending on the guidance of the Committee to the above two questions, the Department is committed to working with stakeholders and the Committee Members on a solution that is technically feasible and operationally effective.

I hope this information is useful. If you would like to discuss this further, please contact the Director of Governmental Affairs Webster Ye at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,



Robert R. Neall
Secretary

Maryland Bed Availability Registry (MD-BAR)

Presentation to the House Judiciary Committee

November 7, 2019

Anne Arundel County SUD Bed Finder

Application Demonstration

Opioid Intervention Team



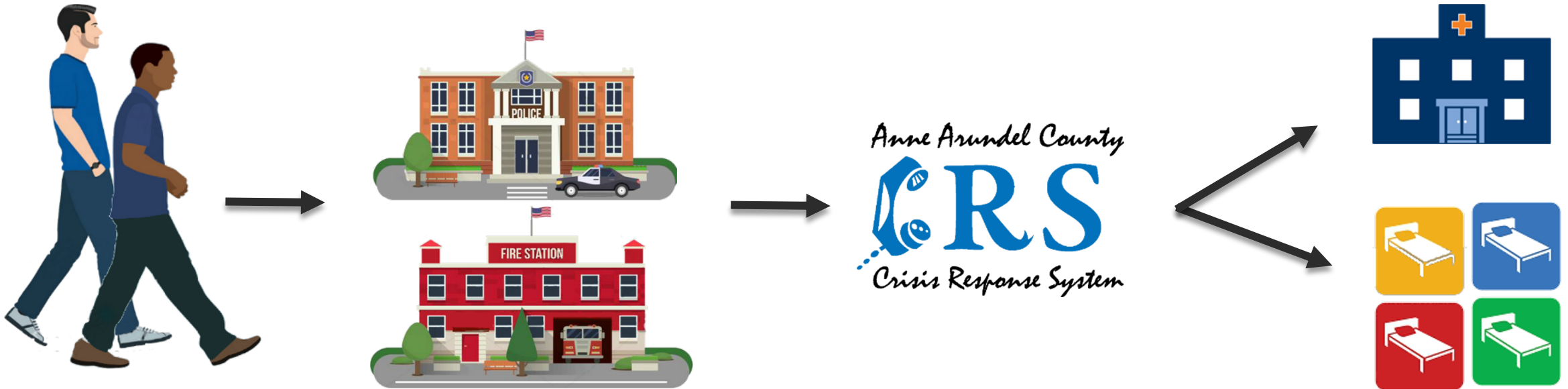
Anne Arundel County and City of Annapolis Opioid Intervention Team

Dept. of Health
Frances Phillips
Acting Health Officer

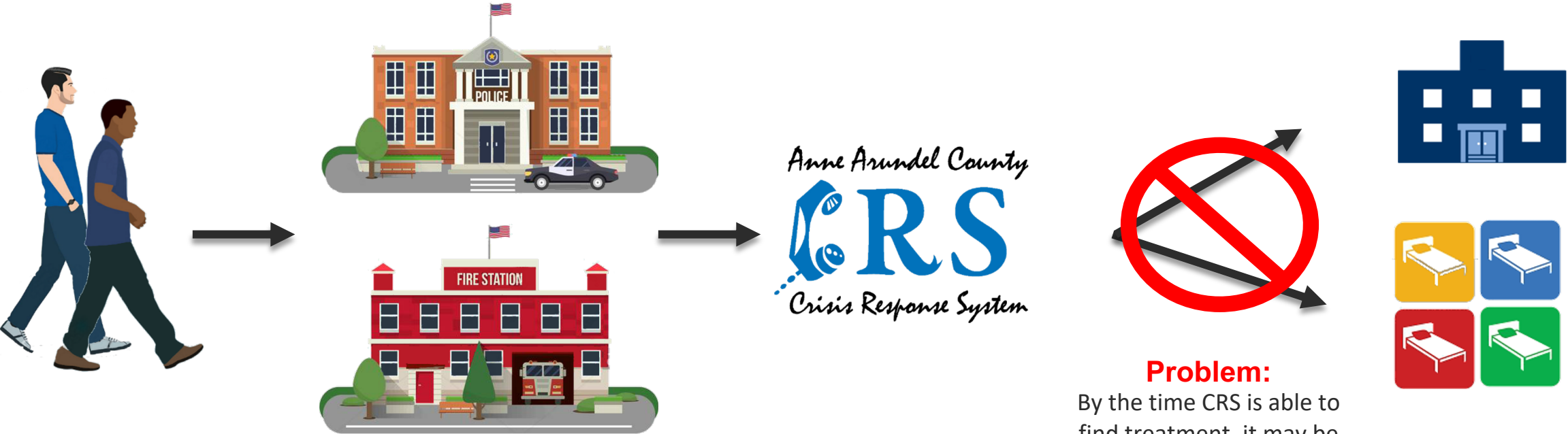
AA County OEM
Kevin Aftung
Director

Annapolis OEM
D/C Kevin Simmons
Director

Safe Station Process

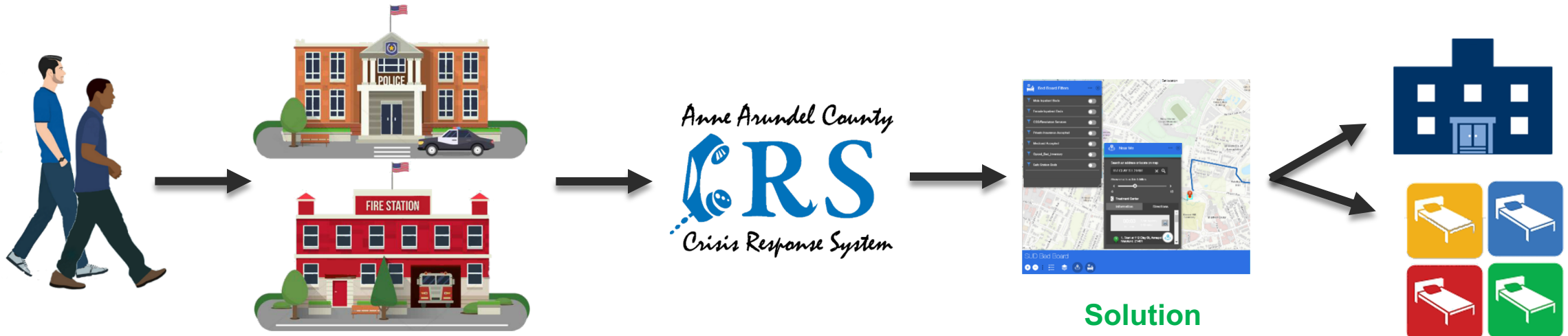


The Problem



Problem:
By the time CRS is able to find treatment, it may be too late to place the individual seeking help.

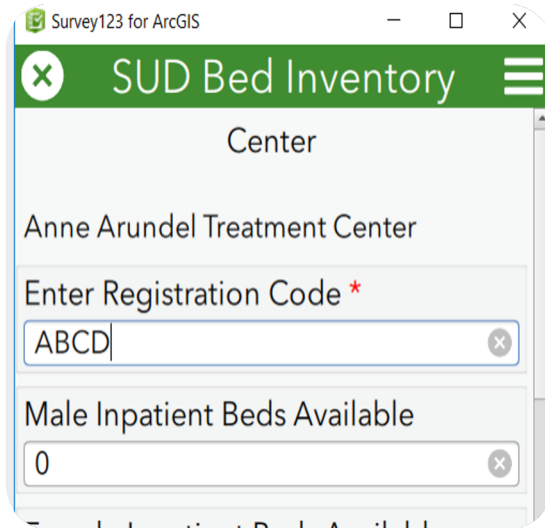
The Solution: Bed Finder



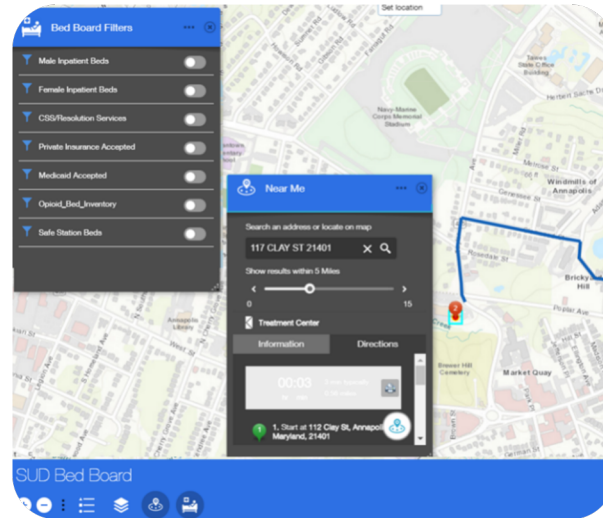
Solution

The Bed Board reduces the number of calls from CRS to treatment centers which reduces the overall time it takes to place someone into treatment.

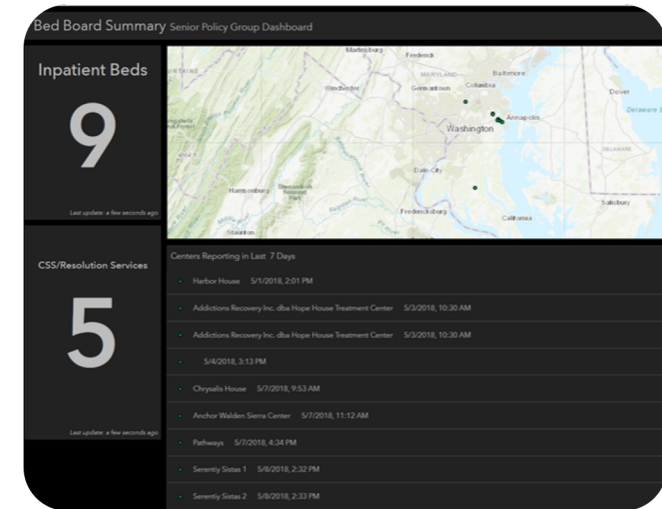
Current SUD Bed Finder



Bed Inventory



Bed Board



Dashboard

Maryland Bed Availability Registry (MD-BAR)

Project Overview

Maryland Bed Availability Registry (MD-BAR)

Enhance and Expand - Substance Use Disorder (SUD) Bed-Finder System

- Web-based ArcGIS (Global Information System) software
 - Data entry through Survey 1 2 3 (included with ArcGIS software)
- System functionality – Three (3) components:
 - **Bed availability Inventory:** Available beds across identified providers, updated a minimum of twice daily (or whenever there are changes in bed availability).
 - **Bed Board:** Displays bed availability, location and information on treatment facilities and beds.
 - **Dashboard:** Designed for administrators and policy makers and provides high-level summary of available beds.

Alternatives

[?] Open Beds

- [?] Expensive (approx. \$270-320K per yr)
- [?] Must be HIPAA compliant due to patient information
- [?] Providers select patients “cherry pick” based on assessments and information
- [?] Must be procured (not on DoIT Master Contract)

[?] Salesforce

- [?] Initial approach due to other uses of software and master contract.
- [?] Funding award (\$150K) would not cover initial set-up.
- [?] Proposed licenses would exceed over \$320,000 per year.

[?] BHA Built application

- [?] Built in house utilizing Microsoft Visual Studio, SQL Server 2016, Google forms and Google Maps.
- [?] Not viable due to time and resource requirements

Outcome Metrics

- ❑ Timely and appropriate access to beds statewide
- ❑ Diversion from Emergency Departments (Law enforcement and other first responders)
- ❑ Reduction of unnecessary use of high cost treatments

Current Funding

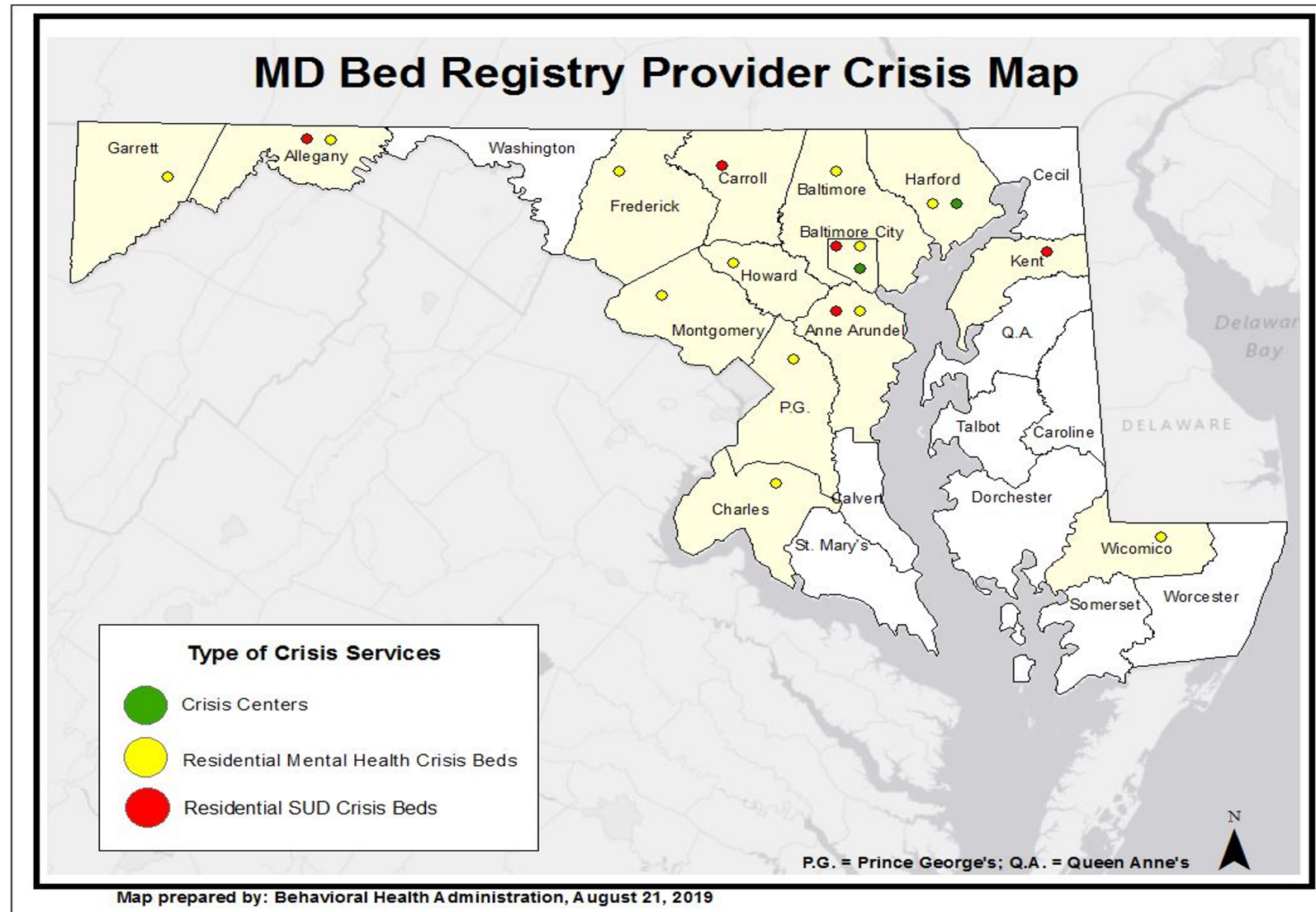
❑ \$150,000 grant from the National Association of State Mental Health Program Directors (NASMHPD)

❑ \$210,972 from MORR/SOR grant

Licenses Required

- Example of End Users: MCT/Crisis Response Teams, Maryland Department of Health, Local Health Authorities, Inpatient/ED Facilities, and Acute Care General Hospitals
- Requires approximately 200 licenses
- Example of Providers: MH/SUD Crisis Stabilization, SUD Residential, Inpatient Psychiatric Hospitals, Private Psychiatric Facilities, Acute Care Hospitals with Psychiatric Units, SUD Recovery Residences, MH Residential Rehabilitation Programs, MH Group Homes
- Requires approximately 350 licenses

MD-BAR Phase I Providers



Phase I Providers: Crisis Centers, MH/SUD Residential Crisis Beds

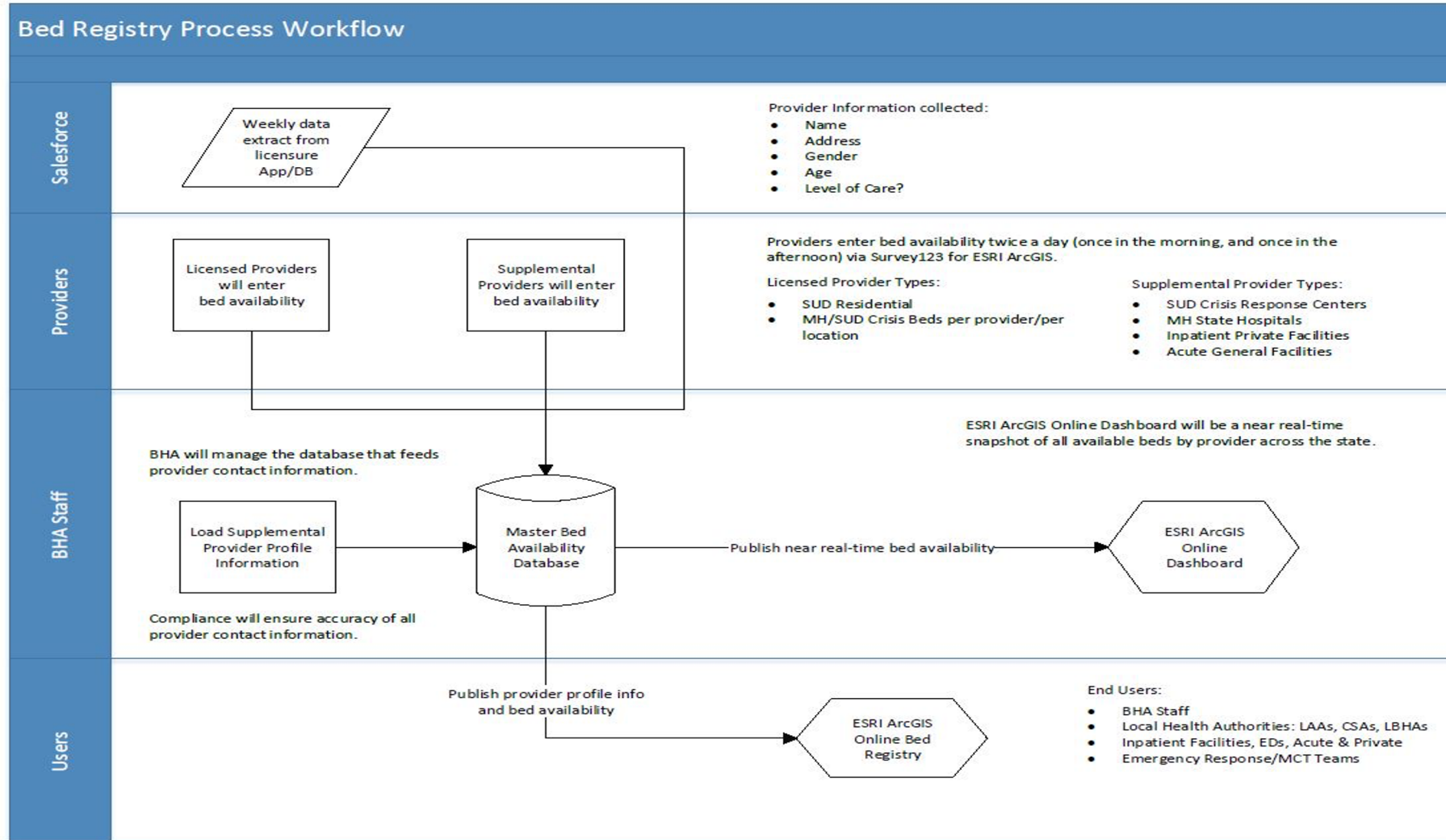
- Crisis Centers/MH Residential Crisis beds are across 12 jurisdictions, 26 distinct site locations for a total of **180 beds**.
- Residential SUD Crisis beds are across 5 counties, 8 distinct site locations for a total of **79 beds**.

Maryland Bed Availability Registry (MD-BAR)

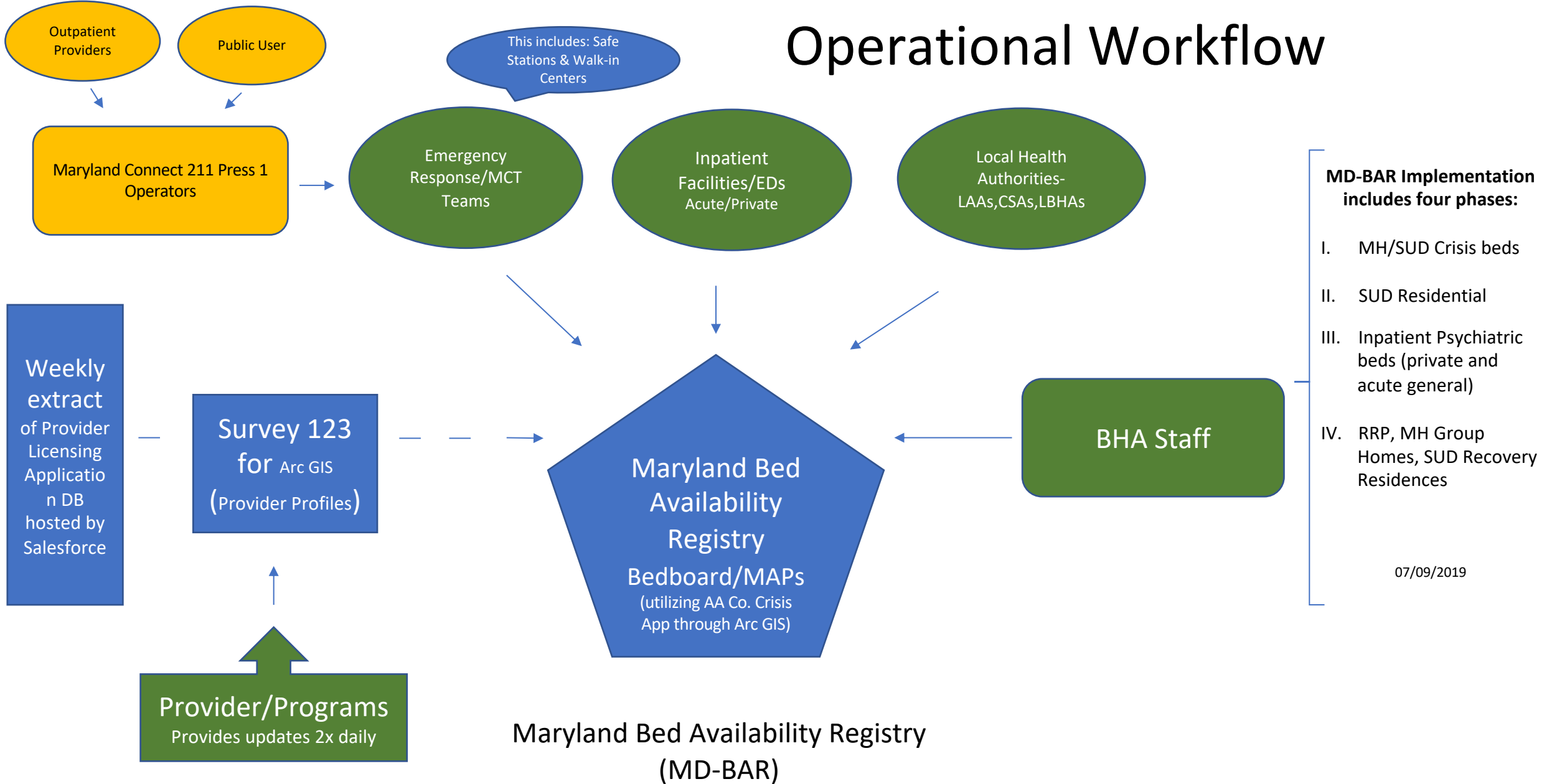
Reference Slides

October 30, 2019

Process



Operational Workflow



MD-BAR Implementation includes four phases:

- I. MH/SUD Crisis beds
- II. SUD Residential
- III. Inpatient Psychiatric beds (private and acute general)
- IV. RRP, MH Group Homes, SUD Recovery Residences

07/09/2019