

Access to Behavioral Health Care in Charles County



THE SYSTEM, CURRENT CHALLENGES, AND FUTURE OPPORTUNITIES



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Maryland's Public Mental Health System



- Services are “Carved Out” and managed by the Behavioral Health Administration in partnership with Core Service Agencies (CSAs) and the Administrative Service Organization (ASO).
- Utilizes established Medical Necessity Criteria to determine eligibility for specific services.
- Strong emphasis on delivering care in the most appropriate setting
- Collects data through the ASO hired to manage the authorization and claims process.
- Benefit package varies based on eligibility status, i.e. Medicaid vs. Uninsured vs. Private Insurance

Charles County: Then & Now

Individuals Served/Expenditures



Fiscal Year 2002

• Early Child (0-5)	91
• Child (6-12)	368
• Adolescent (13-17)	287
• Transitional (18-21)	122
• Adult (22-64)	927
• Elderly (64+)	12
• Total	1812
• Total Expenditures	\$6,720,136

Fiscal Year 2013

• Early Child (0-5)	108
• Child (6-12)	448
• Adolescent (13-17)	382
• Transitional (18-21)	162
• Adult (22-64)	1484
• Elderly (64+)	22
• Total	2606
• Total Expenditures	\$7,882,933

43.8% Increase in total number of individuals served
17.3% Increase in total expenditures
22.6% Decrease in expenditures per individual served

Steps in the Right Direction



Increased Number of PMHS Providers

- Outpatient Mental Health Clinics 6
- Mobile Treatment 1
- Psych. Rehab. 6
- Res. Rehab. 2 (19 beds)
- Res. Crisis Beds 1 (4 beds)
- Supported Empl. 1
- M. H. Case Mgt. 2
- Trans. Age Youth 1
- Private Practitioners 20+
- Urgent Psych. Care 1
- Homeless Case Mgt. 1
- Re-entry/Diversion Case Mgt. 1

Improved Availability of Family and Peer Supports

- Our Place at Charles County Freedom Landing
- NAMI Southern Maryland
- Mental Health First Aid
- Youth Mental Health First Aid

Steps in the Right Direction



- **Urgent Psychiatric Care Program:** grant funded program to serve individuals in crisis referred by local emergency departments who do not meet the medical necessity criteria for inpatient admission.
- **SSI/SSDI Outreach, Access and Recovery:** national project by SAMHSA to increase access to SSI/SSDI who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder.
- **Mental Health First Aid and Youth Mental Health First Aid:** the initial help given to someone developing a mental health problem or in a mental health crisis before professional assistance can be engaged.

Steps in the Right Direction



- **DataLink:** collaboration between the Charles County Detention Center, the Core Service Agency, the Department of Public Safety and Correctional Services, the DHMH-Behavioral Health Administration and the Administrative Service Organization to share information and improve access to care inside the detention center and upon re-entry.
- **Tele-psychiatry:** Charles County is recognized as one of the jurisdictions in Maryland able to use tele-psychiatry in order to increase availability of psychiatric services.
- **Crisis Intervention Training:** grant funding to develop a tri-county collaboration and training for law enforcement.
- **Identification for Homeless:** grant funding to assist with obtaining Birth Certificates and Maryland IDs for individuals with mental illness and homeless or at risk.

Opportunities for Improvement



- **Behavioral Health Integration:** Behavioral Health Administration spearheading the integration of two very different service systems, Mental Health and Substance Use Treatment and Prevention
 - Billing mechanisms
 - Regulations
 - Licensing requirements, including accreditation
 - Co-occurring competent workforce, no wrong door
 - Workforce recruitment and retention
 - Integration of Behavioral Health with Somatic Health through Health Homes

Opportunities for Improvement



- Expansion of services to include availability of **Psychiatric** services, especially child and adolescent
- Expansion of services to include availability of Physicians able to prescribe **Suboxone**
- **Local Acute Behavioral Health Services** including inpatient and partial hospitalization services
- **Local Crisis Response Services** including Residential Crisis, Mobile Crisis Services
- Expansion of services to include more providers paneled with **private insurances**, management of services for families who transition between Medicaid and the Exchange

Opportunities for Improvement



- Availability of services for children and adults with **multiple diagnosis** including developmental, mental health, substance use and somatic health
- **Proximity to services** – access to specialty behavioral health services, majority of MH services located in the Waldorf/LaPlata corridor
- **Behavioral Health Awareness, Stigma Reduction Efforts, Suicide Awareness**
- **Outreach and Engagement:** Some individuals living with Serious and Persistent Mental Illness are disorganized, frequently miss appointments, are mistrustful, and very mobile. How do we reach out and assist them to engage in services?
- **Affordable Housing/Recovery Housing**
- **Public Education** of available services and resources to the Community at large