DEPARTMENT OVERVIEW

Secretary Dennis Schrader
Department of Health and Mental Hygiene
January 2017

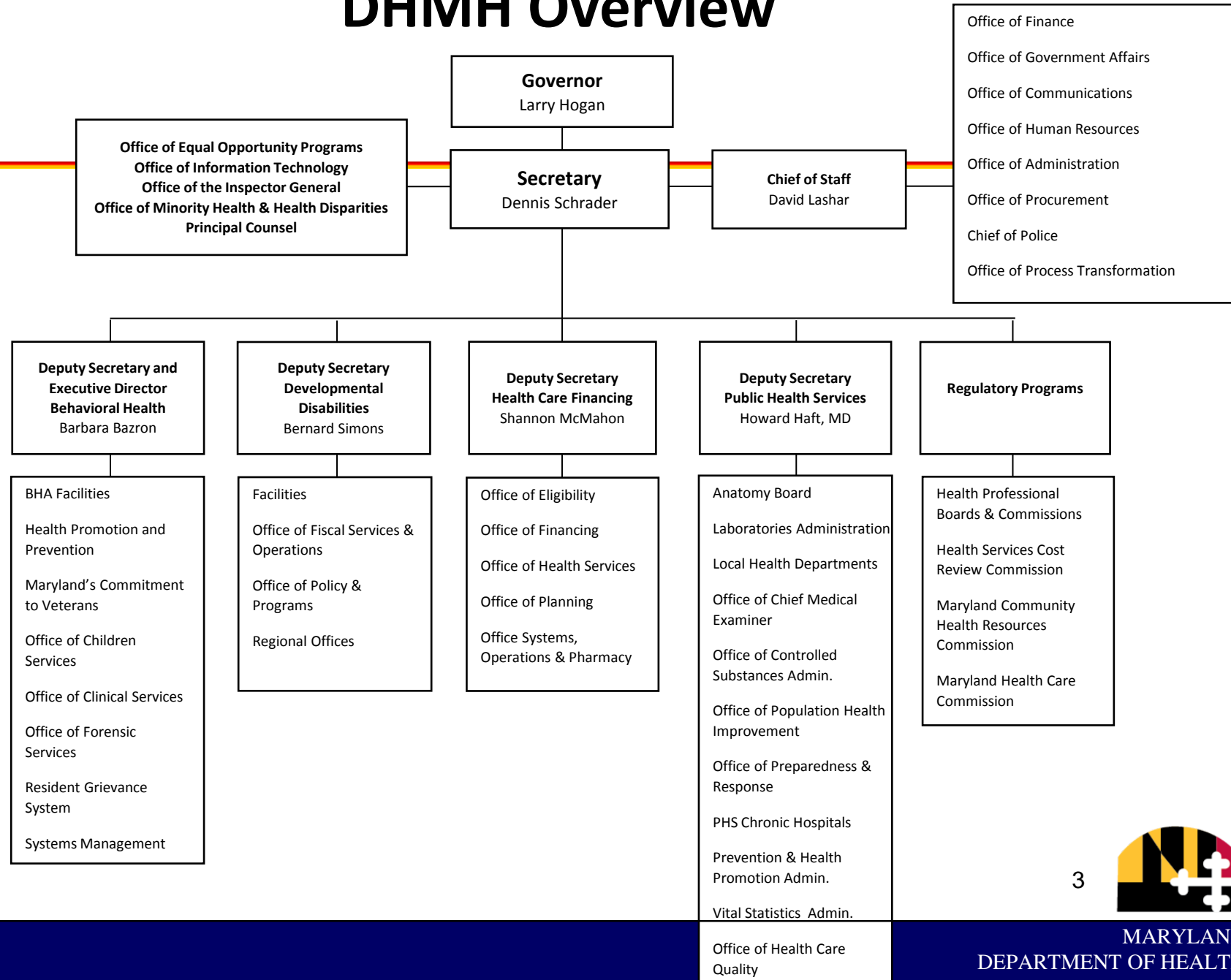# Department of Health and Mental Hygiene

Vision

Lifelong health and wellness for all Marylanders.

Mission

We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management and community engagement.

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DEPARTMENT OF HEALTH
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DHMH Overview

Governor
Larry Hogan

Office of Equal Opportunity Programs
Office of Information Technology
Office of the Inspector General
Office of Minority Health & Health Disparities
Principal Counsel

Secretary
Dennis Schrader

Chief of Staff
David Lashar

Office of Finance

Office of Government Affairs

Office of Communications

Office of Human Resources

Office of Administration

Office of Procurement

Chief of Police

Office of Process Transformation

Deputy Secretary and Executive Director Behavioral Health
Barbara Bazron

Deputy Secretary Developmental Disabilities
Bernard Simons

Deputy Secretary Health Care Financing
Shannon McMahon

Deputy Secretary Public Health Services
Howard Haft, MD

Regulatory Programs

BHA Facilities

Health Promotion and Prevention

Maryland's Commitment to Veterans

Office of Children Services

Office of Clinical Services

Office of Forensic Services

Resident Grievance System

Systems Management

Facilities

Office of Fiscal Services & Operations

Office of Policy & Programs

Regional Offices

Office of Eligibility

Office of Financing

Office of Health Services

Office of Planning

Office Systems, Operations & Pharmacy

Anatomy Board

Laboratories Administration

Local Health Departments

Office of Chief Medical Examiner

Office of Controlled Substances Admin.

Office of Population Health Improvement

Office of Preparedness & Response

PHS Chronic Hospitals

Prevention & Health Promotion Admin.

Vital Statistics Admin.

Office of Health Care Quality

Health Professional Boards & Commissions

Health Services Cost Review Commission

Maryland Community Health Resources Commission

Maryland Health Care Commission

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Department of Health and Mental Hygiene

Proudly serves

100%

of the State of Maryland

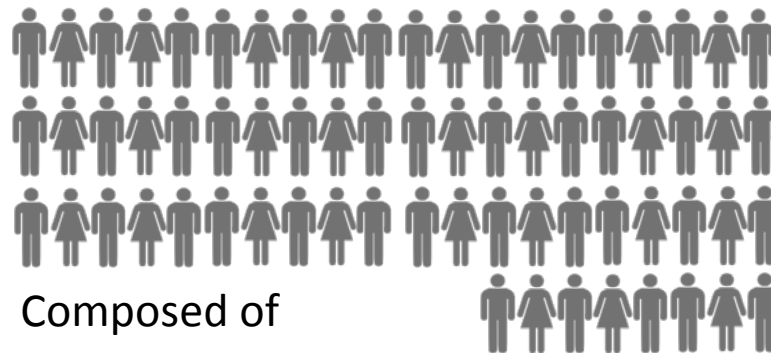## $14.02 **Billion Budget***

Partners with

47

Hospitals

Operates

11

Facilities

Oversees

24 **Local Health Departments and Baltimore City Health Department**

25 **Boards and Commissions**

Composed of

6,657.08 **employees**

6,180.85 PINs
476.23 SPP
Does not include LHD's

DHMH Facility Summary

Operating Facilities (11)

Total Space for Operating Facilities: 3,477,633 GSF
Leased or Vacant Space: 33%

DDA
Holly Center
Potomac Center

Chronic Care
Deer's Head Hospital Center
Western Maryland Hospital Center

Behavioral Health
Clifton T. Perkins Hospital Center
Eastern Shore Hospital Center
Thomas B. Finan Center
Spring Grove Hospital Center
Springfield Hospital Center
RICA Baltimore
John L. Gildner RICA

Non-Operating Facilities (5)

Total Space for Non-Operating Facilities: 1,706,106 GSF
Leased or Vacant Space: 98%

Brandenburg Center
Crownsville Hospital Center
RICA Southern Maryland
Rosewood Center
Upper Shore Community Mental Health
Center

5,183,739 GSF
Total Space

53.7%
Total Leased or Vacant Space

Position Parity

Comparison of Registered Nurse Salaries to Industry Benchmarks

Benchmark	Value
State Salary Range*	$75,012 (top), $44,017 Lowest Salary
National Mean Annual Wage**	$71,000
Maryland Mean Annual Wage**	$73,200
FY17 Average DHMH Budgeted Salary***	$60,964
Maryland 25th Percentile**	$60,880
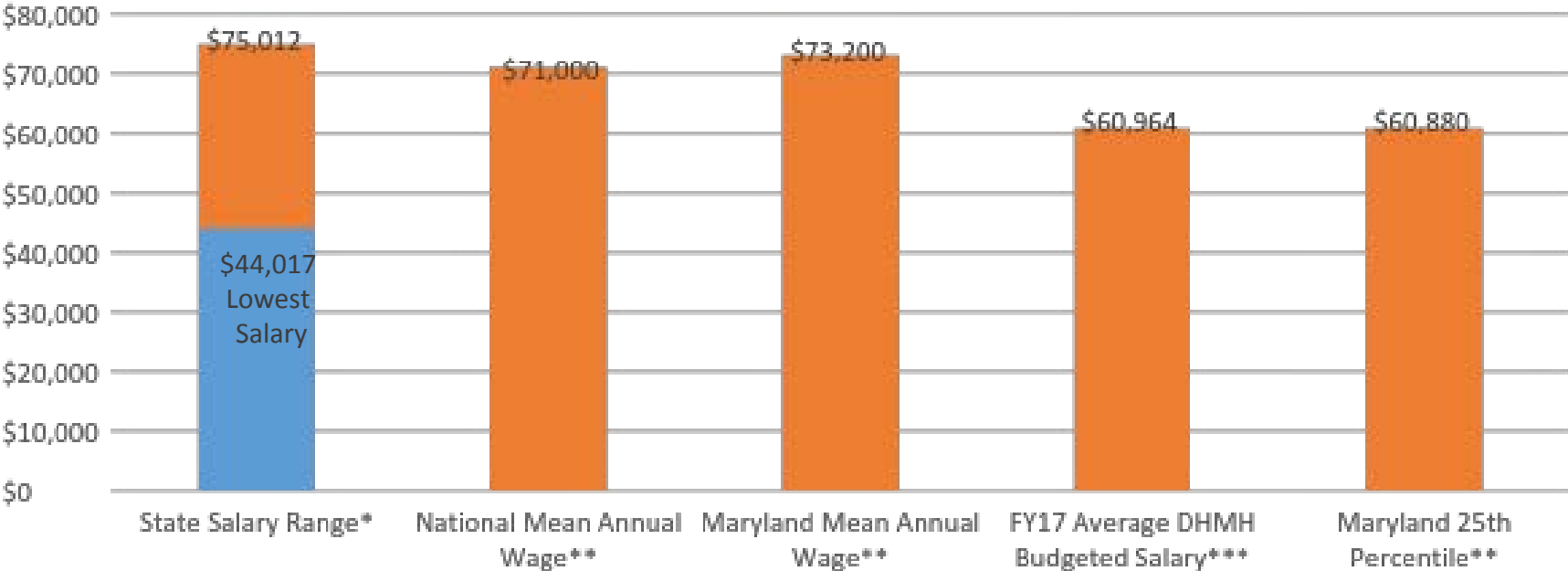
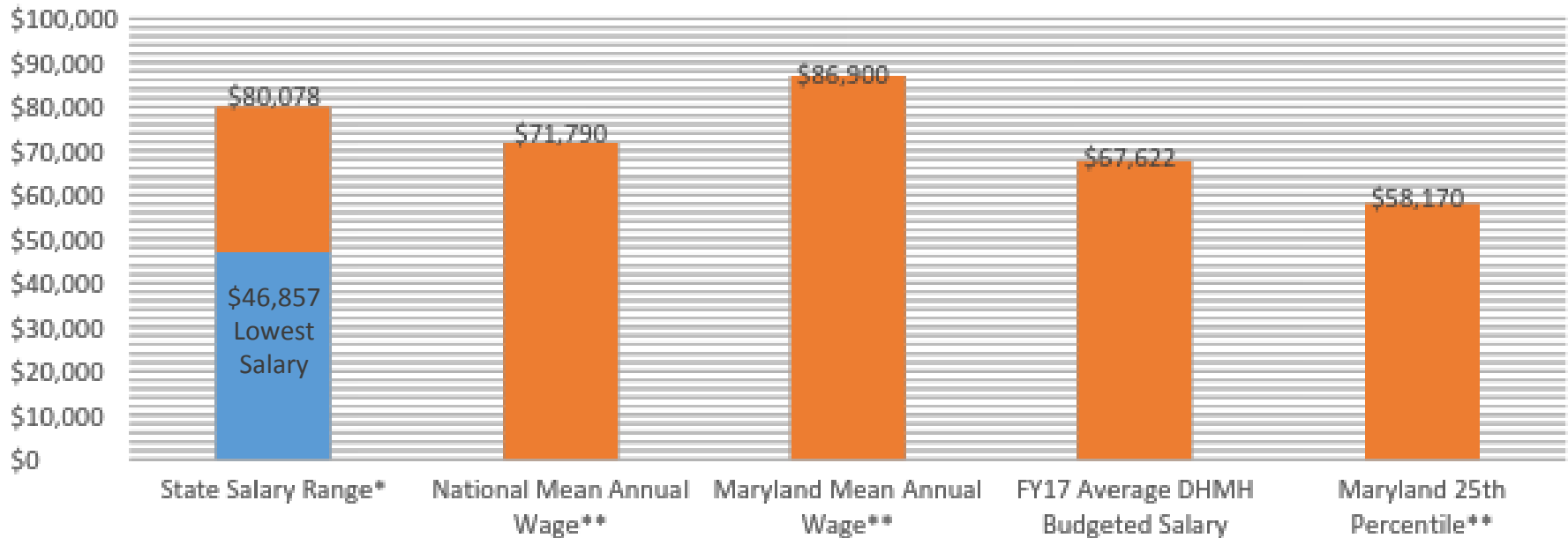*Excludes Salaries for Perkins, which due to the difficult nature of the population has a top salary range of $80,078.
** Source: Bureau of Labor Statistics May 2015 Data
*** Excludes Perkins data, as it was excluded from the salary range and is an outlier in the nursing profession.

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Position Parity

Comparison of OHCQ Nurse Surveyor Salaries to Industry Benchmarks

- State Salary Range*: $80,078 (with $46,857 Lowest Salary)
- National Mean Annual Wage**: $71,790
- Maryland Mean Annual Wage**: $86,900
- FY17 Average DHMH Budgeted Salary: $67,622
- Maryland 25th Percentile**: $58,170

** Source: Bureau of Labor (BOL) Statistics May 2015 Data. BOL category used is Occupational Health and Safety Specialists, as that most closely aligns with Nurse Facility Surveyors.

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2016 Achievements

Since January 2016 DHMH has:

- Reduced vacancies department wide by 100.6, per Section 20 of the FY17 Budget Bill, without dramatically affecting operations.

- Secured $11 million in federal preparedness funding to support emerging infectious disease.

- Found $10 million in funding from the Maryland Health Insurance Program (MHIP) reserves to pay for Institution Mental Disease (IMD) services in FY16, which otherwise would have been a General Fund obligation.

- Increased number of available state hospital beds in our behavioral health institutions from -14 in March 2016 to 11 in December 2016, thereby reducing wait times for court ordered admissions.

2016 Achievements Continued

Since January 2016 DHMH has:

- Identified $6 million in the Senior Prescription Drug Assistance surplus to offset Behavioral Health uninsured General Fund expenditures.

- Generated $5.4 million in savings to Marylanders through 155 fee reductions.

- Secured $3 million for additional treatment beds.

- Converted 58 University contractual employees to full time State employees yielding $750,000 savings in General Funds annually.

- On-boarded the Case Management Entity Program from the Governor's Office of Children, increasing federal revenue for the program and providing an opportunity for program participants to better access other DHMH run programs.

2016 Achievements Continued

Since January 2016 DHMH has:

- Improved tobacco sale compliance to minors (reducing the violation rate by 21.1% to 10.8%), eliminating a multi-million dollar penalty incurred in past years.

- Maintained 9 day turnaround time period (down from 53 days) in processing Controlled Dangerous Substances applications.

- Established Opioid Associated Disease Prevention and Outreach Program (syringe services program), authorized during 2016 legislative session.

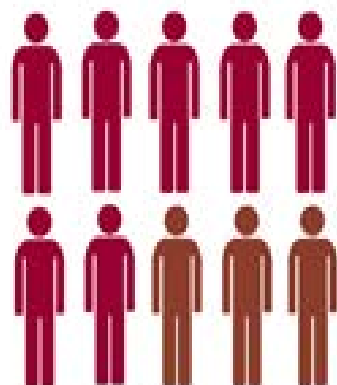- Replaced all Window XP computers (over 300) to reduce network security issues.

Prescription opioid misuse is a major risk factor for heroin use
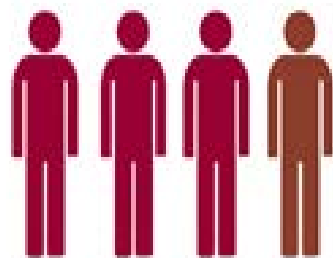
3 out of 4 people
who used heroin in the
past year misused
opioids first

7 out of 10 people
who used heroin in the
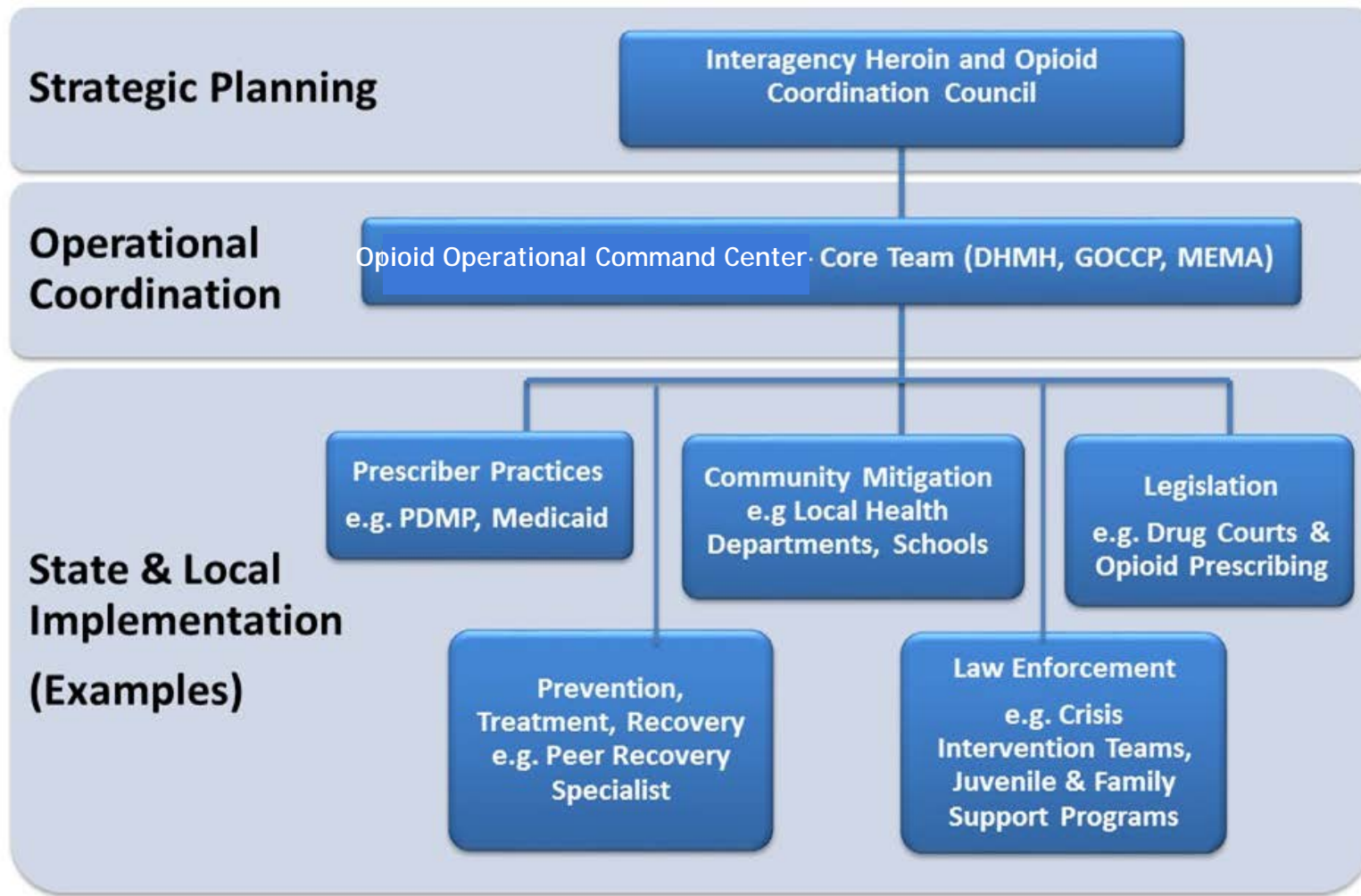past year also misused
opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. Drug Alcohol Depend. (2013).
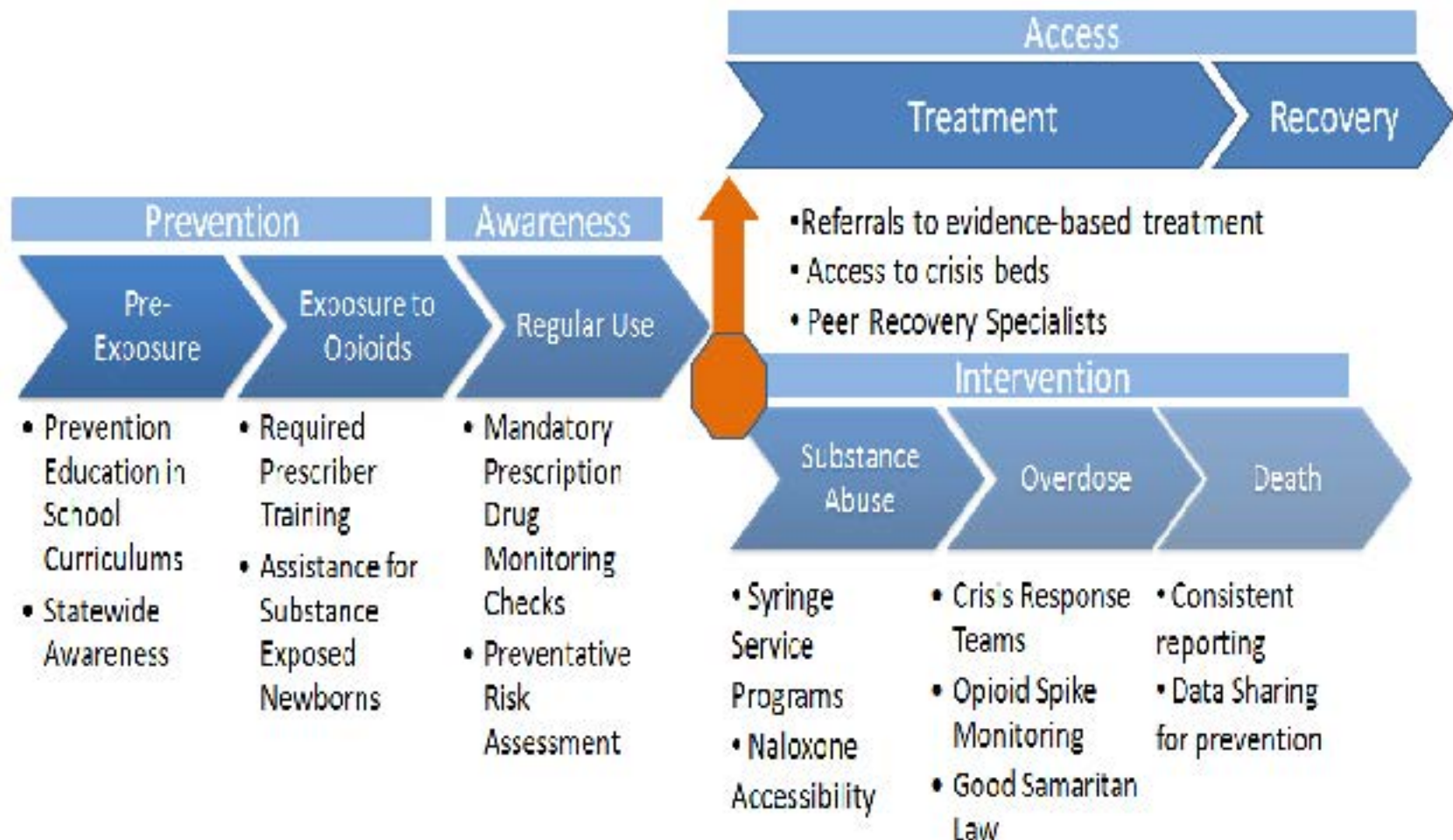
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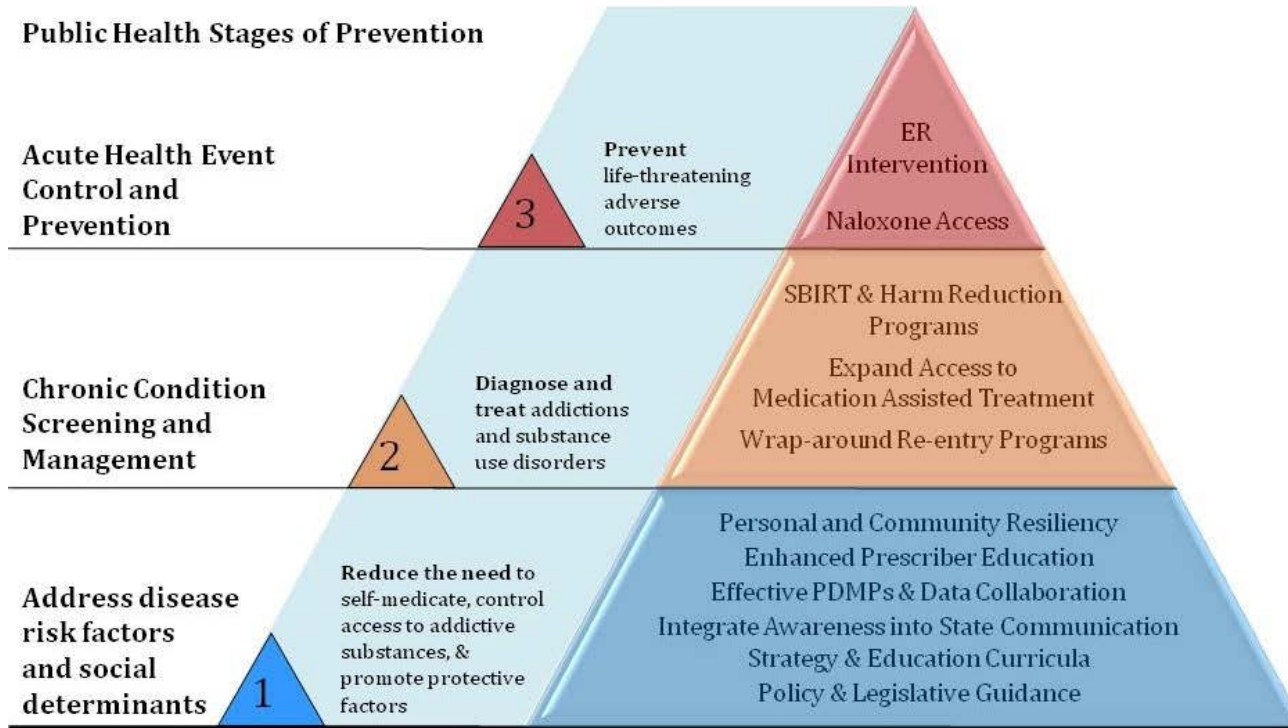
Maryland Heroin & Opioid Response Structure

Prevent, Mitigate, Respond, Recover

Strategic Planning

Interagency Heroin and Opioid Coordination Council

Operational Coordination

Opioid Operational Command Center · **Core Team (DHMH, GOCCP, MEMA)**

State & Local Implementation (Examples)

Prescriber Practices e.g. PDMP, Medicaid

Community Mitigation e.g Local Health Departments, Schools

Legislation e.g. Drug Courts & Opioid Prescribing

Prevention, Treatment, Recovery e.g. Peer Recovery Specialist

Law Enforcement e.g. Crisis Intervention Teams, Juvenile & Family Support Programs

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Breaking the Cycle

Maryland Heroin & Opioid Crisis Response Priorities

Public Health Stages of Prevention

Acute Health Event Control and Prevention — 3 — Prevent life-threatening adverse outcomes — ER Intervention, Naloxone Access

Chronic Condition Screening and Management — 2 — Diagnose and treat addictions and substance use disorders — SBIRT & Harm Reduction Programs, Expand Access to Medication Assisted Treatment, Wrap-around Re-entry Programs

Address disease risk factors and social determinants — 1 — Reduce the need to self-medicate, control access to addictive substances, & promote protective factors — Personal and Community Resiliency, Enhanced Prescriber Education, Effective PDMPs & Data Collaboration, Integrate Awareness into State Communication Strategy & Education Curricula, Policy & Legislative Guidance

** Adapted from Virginia Opioid Crisis Addiction Response Public Health Practice Paradigm

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Affordable Care Act

100% Federal Match for expansion population (24.3% of Total Medicaid Population)

- From 2014-2016, CMS pays 100% of the costs of the expansion population. Beginning in 2017, the match is mandated to decline until 2020 when the federal match will be 90%.

- While relatively small as a General Fund expenditure ($142.8 million GF/$2.6 billion TF) in comparison to the rest of Somatic Care Medicaid ($2.7 billion GF/$9.5 billion TF), the Total Fund expenditures are a significant portion of Maryland Medicaid provider budgets.

ACA - FUNDING

88% Federal Match for CHIP

- The ACA provides states with a 23 percentage-point increase in its CHIP federal match or Enhanced Federal Matching Percentage (EFMP) until 2019.

- As a result of this enhanced match, the Department estimates the CHIP program in FY18 will receive approximately $62 million more in federal funding than it otherwise would with the pre-ACA CHIP rate of 65%.

ACA - FUNDING

90/10 Funding for IT

- States have had access to 90/10 federal funding to modernize eligibility and enrollment IT systems to be efficient, timely, and accurate. This was not contingent on Medicaid expansion.

- Maryland leveraged this enhanced match to develop the enrollment engine at the Exchange, which currently only assesses enrollment eligibility for MAGI enrollees. Initial plans, know as the MD Think project, have been developed to broaden the capability of all of our social benefit enrollment platforms by using the 90/10 federal funding match.

- Expenditures that qualify for this match must be classified as Design, Development, and Implementation, Program Management, or Independent Verification & Validation.

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ACA - MARKETPLACE

Guaranteed Issue/Guaranteed Renewal/Preexisting conditions impact on Medicaid

- Provisions under the ACA were designed to expand access to private health plans to individuals with preexisting conditions and other factors.

Marketplace Subsidies

- The ACA offers individuals and families with tax credits (100-400% FPL) and cost reduction subsidies (100-250% FPL) to assist with paying health insurance premiums. In CY16, Exchange subsidies were approximately $285 million.

ACA - PAYER MODEL

HSCRC Regulatory Authority over Hospital Reimbursements and Total Cost of Care across All Providers

- In addition to spreading costs of hospital uncompensated care among all payers, thereby eliminating cross subsidization of hospital reimbursements from private payers to governmental payers, the waiver brings in over $2.3 billion more in federal revenue for our hospital system.