

MARYLAND DEPARTMENT OF HEALTH
FY 2019
MDH OVERVIEW BUDGET HEARINGS

Robert R. Neall, Secretary

January 24 and 25, 2018

Department of Health Profile

The Maryland Department of Health (MDH) FY 2019 Allowance totals \$14.4 billion in total funds, \$4.9 billion in general funds, and 6,275.90 full-time regular positions comprising five administrations:

- Administration (Office of the Secretary, Boards, and Commissions)
- Public Health Services Administration (PHSA)
- Behavioral Health Administration (BHA)
- Developmental Disabilities Administration (DDA)
- Health Care Financing (Medicaid) Administration

MDH Priorities

MDH has made significant progress on its foremost priorities:

- Medicare contract and Health Care Delivery Model
- Opioid epidemic
- Operational excellence:
 - Workforce development
 - Organizational and Information Technology (IT) integration/shared services
- Accreditation and Audit Compliance

Opioid Response (1 of 3)

1) **Harm Reduction/Syringe Services Program statewide expansion:** Supporting jurisdictions in developing applications for program implementation and operational support services (MDH's Public Health Services, Center for HIV/STI Integration and Capacity)

2) **Expansion of Maryland's Prescription Drug Monitoring Program (PDMP):**

Intra-departmental initiative across MDH and other state and local partners

Opioid Response (2 of 3)

- 3) **CRISP Opioid Indicators Dashboards:** Provides approved local and State government stakeholders with access to timely, aggregate statistics from the PDMP, Health Services Cost Review Commission (HSCRC), and Office of the Chief Medical Examiner (OCME) to assist in planning and evaluating interventions related to substance use (BHA, Office of Prevention)

- 4) **Enhanced surveillance capacity:** Received two-year Centers for Disease Control and Prevention (CDC) grant funding for Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (intra-departmental initiative across MDH and other state and local partners)

Opioid Response (3 of 3)

- 5) **Increased statewide treatment capacity for behavioral health disorders:** Medicaid 1115 waiver expansion to include coverage for residential/inpatient treatment services (intra-departmental initiative across MDH)
- 6) **Drug Utilization Review Outreach Activities:** Revised Maryland Medicaid opioid prescription policies, supporting MDH's goal of mitigating/avoiding risk associated with prescribing and educating prescribers and patients
- 7) **Opioid Intervention Team (OIT) granting funding:** Supporting local jurisdictions, distributing \$4M in grants

Population Health (1 of 3)

MDH has increased alignment of population health and health disparities with the Department's overall priorities:

- Maryland Primary Care Program is a separate contract element in the overall All-Payer Model contract
- Goals are to transform primary care delivery to patient centered care with a focus on prevention, care management and coordination, behavioral health and population health

Population Health (2 of 3)

- Rural Health initiative is working towards improving health care provider shortages and transportation challenges that present access barriers in rural areas
- Integrated impact of disparities in overall population health initiatives:
 - Launch of the Health in All Policies workgroup
 - Projects focused on reducing diabetes and infant mortality in minority populations

Population Health (3 of 3)

- Review of all department grants for equity-based outcome metrics to ensure population health programs focus on reducing health disparities
- Minority Outreach and Technical Assistance (MOTA) Program
 - Continues its efforts to reach vulnerable populations at the community level
 - Currently partnering with 16 organizations in 13 jurisdictions, aligned with the priorities of the Department to reduce health disparities

Court-Ordered Placements (1 of 3)

MDH has greatly improved ability to handle court-ordered placements, especially in the last six months, taking wait lists from from roughly four dozen patients in springtime to about a dozen patients at present, through:

- Expanded Mental Health and Competence (Title 3) services
- Reorganized Substance Use Disorders (SUD) (8-507) treatment roles/responsibilities
- Streamlined customer service
- Upgraded IT

Court-Ordered Placements (2 of 3) ---

Mental Health and Competence (Title 3): Expanding beds at BHA adult psychiatric hospitals by 82 beds since early 2017, while launching public-private partnership model simultaneously with two community hospitals for 13 additional beds (95 total ⇒ does not include 30+ beds at Regional Institutes for Children and Adolescents [RICAs])

Substance Use Disorders (8-507): Established clarity and accountability for roles and responsibilities via reorganization summer 2017, enabling compliance with Justice Reinvestment Act statutory requirement of placement within 21 days as of October 21 with little-to-no incremental cost

Court-Ordered Placements (3 of 3)

Customer Service: Established a single point of contact for all orders and inquiries in October ⇒ Centralized Admissions Office

IT: Enabled real-time bed management across MDH hospitals in November 2017; implemented Salesforce.com for SUD case management in December 2017

Capital Initiatives (1 of 2)

MDH is significantly overhauling its capital program to address long-standing capital issues:

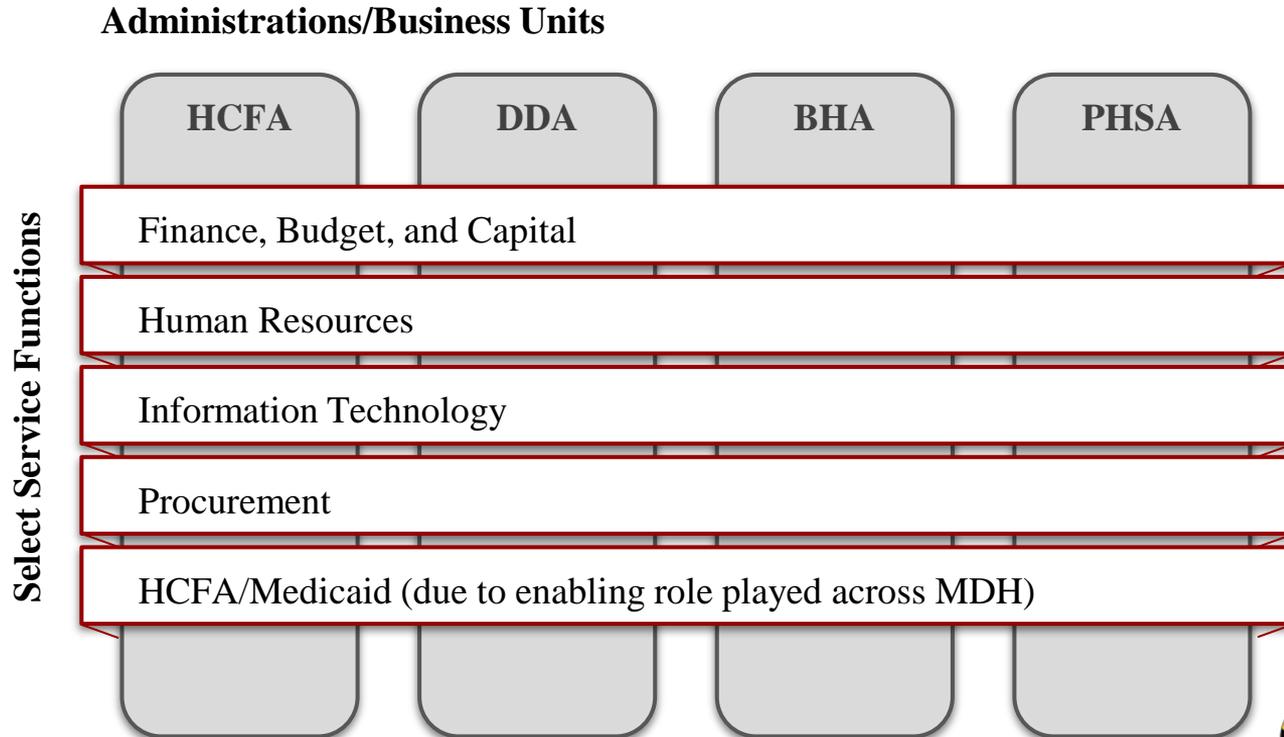
- Conceptual (October 2017) and full (October 2018) facilities master plans
- Re-imagining the Holly Center Campus
- Assessing the former Crownsville Hospital Center property
- Potential public-private partnerships for replacing Western Maryland Hospital Center

Capital Initiatives (2 of 2)

MDH is also reacting to more immediate issues that arise:

- Replacing anti-ligature furniture at BHA hospitals to avoid potential accreditation issues with the Joint Commission and Centers for Medicaid and Medicare Services
- Modernizing the DDA Secure Evaluation & Therapeutic Treatment (SETT) program security infrastructure following a November 2016 patient incident

Shared Services Model



Shared Services Examples

Shared services are being centrally managed to streamline operational processes, emphasize accountability, maximize available resources, and improve customer service delivery:

- All seven BHA hospitals are now managed by an empowered and proven director; Chronic and DDA hospitals expected to follow
- The offices of Facilities, Finance, Human Resources, Information Technology, Policy, and Communications have more autonomy and authority to enforce unified practices across the Department

Enterprise IT

Enterprise Chief Information Officer (CIO): Empowered the CIO as *enterprise* CIO across all administrations and facilities (note: not Boards and Commissions)

Medicaid: Developed roadmap to migrate from monolithic, antiquated Medicaid Management Information System (MMIS) to the so-called Medicaid Informational Technology Architecture (MITA) 3.0 model promulgated and subsidized by CMS

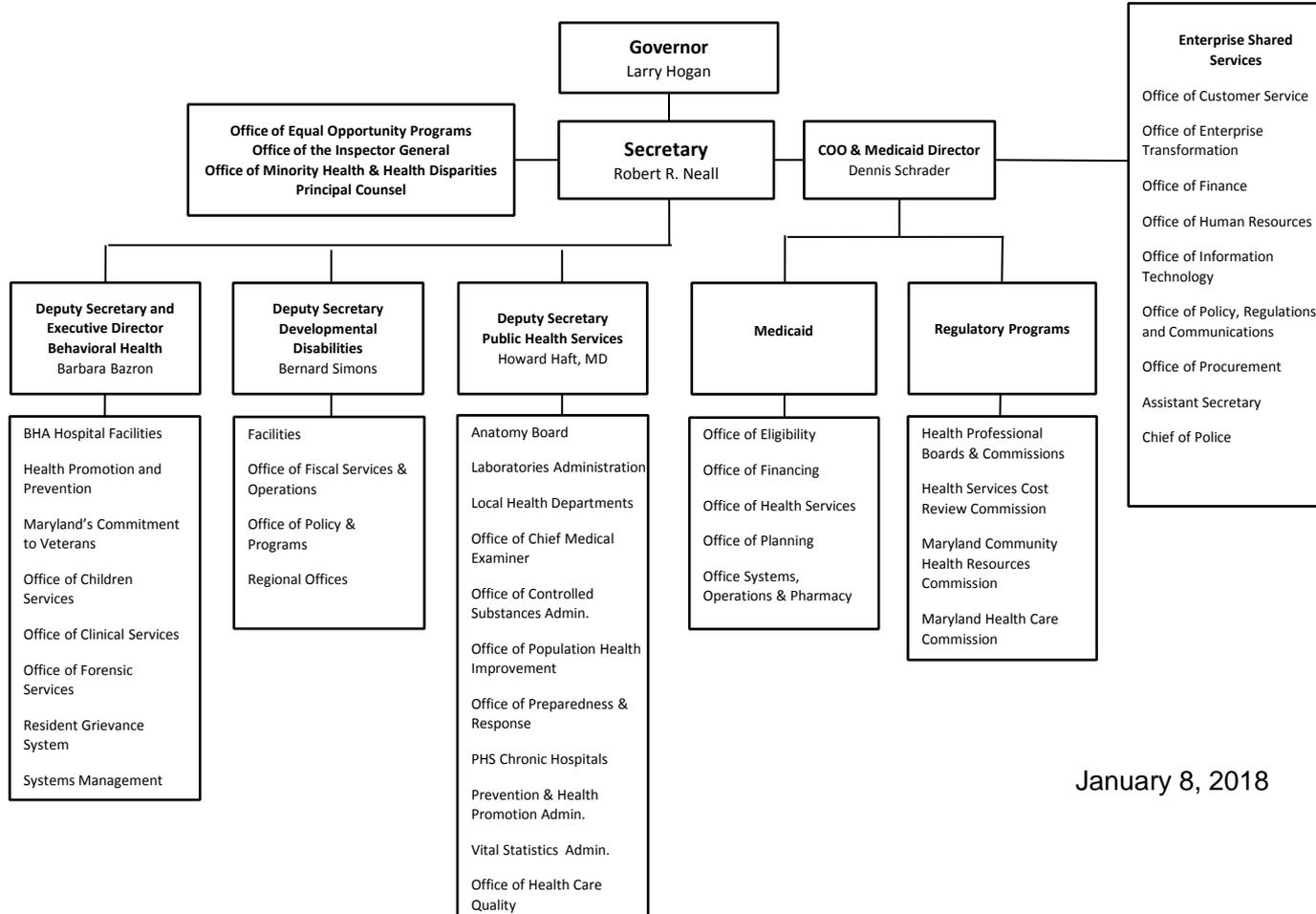
Developmental Disabilities: Migrating from antiquated, brittle system for DDA providers and consumers to so-called Long-Term Services and Supports (LTSS) system integrated with Medicaid

Enterprise IT

MD-THINK: Actively supporting and monitoring MD-THINK program, emphasizing the need proper budget control

Enterprise Data Governance and Public Health Informatics: Launching an office for data and analytics in CY 2018, with Director being recruited

MDH Organizational Structure



January 8, 2018

Vacancy Rates: Summary

Resources, both funding and positions, are more effectively managed and redeployed to priority areas:

- According to the Spending Affordability Committee's November 2017 briefing, MDH's 9.9 percent vacancy rate is the second lowest rate among the State's largest agencies
- A 9.9 percent vacancy rate is also far lower than the national healthcare industry's experience of 13-18 percent

Vacancy Rates: Benchmarks

Staffing Vacancies

	Total Positions	Vacant Positions	Vacancy Rate
Department of Human Services	6,224	528	8.5%
Maryland Department of Health	6,207	615	9.9%
Department of Juvenile Services	1,978	207	10.5%
Department of State Police	2,436	309	12.7%
Department of Public Safety and Correctional Services	10,554	1,750	16.6%

Vacancy Management

Resources, both funding and positions, are more effectively managed and redeployed to priority areas:

- As of November 2017, only 12 percent of MDH's vacant positions have been vacant more than one year, a figure that will drop as hospital expansions are fully staffed
- These positions are primarily direct care positions (psychologists, psychiatrists, nurses, etc.) that are traditionally difficult to fill

Resource Deployment

Resources, both funding and positions, are more effectively managed and redeployed to priority areas:

- 161.5 vacant positions have been reallocated from elsewhere to support State hospital expansions, which include 52.5 positions for out-of-state placements for RICA-Baltimore and RICA-Gildner. An additional 20 new positions were also provided to Perkins in September
- Dozens of other vacant positions in total have been reallocated to areas like the Primary Care Model Office, Office of Health Care Quality (OHCQ), Office of Forensic Services, and Office of Transformation

New Resources

But the Department's FY19 Allowance also includes new regular positions to support the Department's mission, including:

- 33.0 direct care worker positions to maintain overall capacity at BHA adult psychiatric hospitals
- 15.0 associate positions for inmate presumptive eligibility for Medicaid
- 3.0 pharmacist positions to expand the Office of Controlled Substances Administration's capacity to increase enforcement over the opioid epidemic
- 9.0 surveyor positions to address OHCQ's staffing deficit