

Commission to Study Mental & Behavioral Health

Prince George's Community College

May 29, 2019

5:00PM

Meeting Minutes

I. Call to order

Lieutenant Governor Rutherford called to order the second regional meeting of the Commission to Study Mental and Behavioral Health in Prince George's County at 5:00PM.

II. Roll Call/Attendees

Commission Members: Lt. Governor Rutherford, Secretary Robert Neall, Acting Deputy Secretary Lisa Burgess, Secretary Lordes Padilla, Commissioner Al Redmer, Director Steve Schuh, Patricia Miedusiewski, Serena Eckwood, Christian Miele, Dennis Schrader, Richard Abbott, Dr. Bhaskara Tripuraneni, Cari Cho, Dr. Randy Nero

Absent: Senator Adelaide Eckhardt, Delegate Robbyn Lewis, Major Roland Butler & Barbara Allen

III. New business

a) Lt. Governor Welcoming:

I have worked the past 5 years on the Heroin & Opioid challenge and have come to appreciate the relationship between addiction & mental health. There is a stigma attached to substance use disorder, but it can be greater with mental health. Commission members, please go around the table and introduce yourselves.

b) Member Introductions - *See Minutes for March 19, 2019*

c) Minute Approval – *Approved* – Posted on MBH webpage.

Subcommittees – *Update on meetings* – Subcommittee meeting notices are posted on MBH webpage.

1. Youth & Families

- Friday, May 24, 2019
- Objective was to identify stakeholders for moving forward. We will meet again before our next full Commission Meeting.

2. Crisis Services

- Thursday, May 16 & Friday, May 24, 2019
- Heard a presentation from Health Administration and heard questions from public. Please contact email if interested.

3. Finance & Funding

- Tuesday, May 28, 2019
- 6 other participants; Secretary Neall working on approach for System of Care.

4. Public Safety / Judicial System

- In process of scheduling meeting.

IV. Elected Officials:**a) Senator Augustine – 47th District, Prince George's County**

This is an important topic for me personally, I am a brand new Senator and I want to offer my help to this Committee. I look forward to what you all come up with and working with you.

b) Senator Griffith – 25th District, Prince George's County

Welcome to the 25th District where behavioral and mental health care are an extreme priority. My background is social work & public health. I encourage you to consider behavioral health and substance abuse as two big issues. I also encourage you to pay attention to seniors and caregivers as our community is aging.

c) Dr. Jacquelyn Duval-Hague - Deputy Health Officer

I would like to echo how important it is that you are here – thank you.

d) Delegate Barron – 24th District, Prince George's County

There is an intersection of health care and criminal justice. Mapping would be vitally important in knowing where resources are and I know legislators would support.

Response – This is something that our Crisis Services subcommittee can look into. Committee members have discussed inventory of support and delivering of services. In 2017, there was a map done specific to crisis services, county by county; we need a full map of services.

V. Public Comments:

- a) James Drake – *Deputy Director of PG Crisis Response Systems*

Your efforts and work is felt in this community. Bringing awareness to mental health crosses many different areas. I would like to move the conversation forward when it comes to crisis response, there are a number of areas doing very well but some areas that need improvement.

- b) Shannon Hall – *Executive Director of Community Behavioral Health Association of Maryland*

There is a rise of overdoses and suicide levels. The population of individuals committing are 10-14 YO girls, nationwide. However, more people are actually seeking care at higher rates than they used to but our behavioral health system is strained. The challenge is in the way we structure our service access and identify those resources. These two components are critical.

- c) Katie Boston Leary – *Chief Nursing Officer UM Prince George's Hospital Center*

We plan on moving our hospital to Largo in 2021. The gaps we have with delivery of care is what we see at our hospital. Delivering babies in the ER because we do not have a place to keep them and we are still subject to complaints from the State. We are overwhelmed with geriatric patients; assisted/nursing homes will bring them here for a little thing and then we have to keep them because their place was taken at the home and we don't have beds for them. We are looking for any help.

- d) Kent Alfred – *Director of Behavioral Health UM Prince George's Hospital Center*

On behalf of the Behavioral Health Ward, we struggle with resource sharing, specifically transportation and housing. Our patients are not able to make it to their appointments or places of wellness. Unfortunately, it causes people to come to the hospital in a crisis mode when it could have been averted. We struggle with where we can safely place our patients when they are discharged.

Question – Are you seeing an increase in babies being born with opioid addiction?

Boston Leary & Calvery – We aren't really seeing that much. We are seeing more of mental health disorders. Patients are increasingly hostile and aggressive; social issues are huge here and the drug of choice is PCP. The care delivery model was changed and with everything going on, it is not enough.

Response – Many years ago, we pushed to deinstitutionalize and we closed a lot of facilities and pushed for short term care for patients. Now that we have a better understanding of the health care system and mental health issues, maybe we should think about modernizing the old model and returning to that approach of care. Maybe we should have facilities for individuals that have severe mental issues and have separate wards for individuals that are older or less of a threat.

Boston Leary – Agreed, and social stigma doesn't help. Movies made it hard on the health care system, all the horror movies that dramatize mental institutions. Another approach, something that Kenya is doing, Community Benches – recruiting grandmotherly like women or social workers to sit on benches in areas that young people can come and talk to them.

Response – That worked well for their community because the cultural respect of the elderly and mothers. We discussed this approach when we were discussing how the health department might send a social worker to help a mother care for a child and that social worker is only 4 years older – they don't want to listen to someone close to their age with lack of experience. A social worker may have a portfolio of more than 100 people and if they had someone like an elder, similar to the community benches story, that could help with some of their cases; that would be good.

e) Employee of Health Department –

1. Sister Circles are free and shown to be effective. They are women coming together to talk about stressors in their lives and it becomes their support system. Most form a bond and the application of learning and training spreads through the community.
2. We partnered with the National Crisis Hotline – 741-741 and we have volunteers that will sit and respond to people in need that reach out via text. In addition to volunteers, we have professionals that can step in if the situation is extreme. The ability to text is an extremely positive thing for youth and allows for anonymity. This is great for our community as we do not have any residential institutions for children in the county.
3. We need to take advantage of peer support, it is more effective in most situations. We as professionals do not have the credibility to speak to experiences.

Committee Question – Where would your peer support individuals be placed throughout a treatment process?

Employee – We would have a peer support person be the very first person of contact when a patient is seeking treatment.

f) Secretary Neall – *Department of Health*

Everyone has a phone, is there any way to subscribe to a service where you receive positive messages? We could use this service and let schools know about it for children to subscribe.

g) Joane Opert – *Commission of Opportunity Affairs*

I urge you to think about immigrant communities when doing your research. There is a gap of getting these services to immigrants. There are cultural/social differences that we all have which might affect our mental health differently.

h) Dr. Beverly Sargent – *Youth & Family Services Bureau*

There are some core services you should pay attention to:

1. Mental Health
2. Substance Abuse
3. Crisis Counsel
4. Information Referral

Thank you for what you are doing and I look forward to seeing what you all do.

i) Collette Harris – *Executive Director of NAMI, PG County*

I am pleased that we are represented on your Commission – I wanted to say that a common issue we share is the short time period that is spent in the hospital as a patient. We bring in the patient and discharge them before there is any real stabilization. This brings trauma and stress and sometimes a return visit for the patient. We need to pay attention to the cost associated with the early release of a patient. We need to focus on crisis situations and we need to address how we educate the public. People do not understand mental health or mental illness and are not aware of symptoms. It is one thing to address the need for access but we have a responsibility to educate the public as well.

j) Deborah Bennet – *Mother, Cousin, Sister & Friends to individuals with mental Health Issues*

I have navigated the system that we have talked about in PG County. As a loved one effected by this, we want to be involved in the policy changes. I encourage you to include family members. We know what works and what doesn't and what needs to be improved. A lot of residential rehab programs are tied to mental

health providers so if you're not getting care through that mental health provider, you are not approved for care at the residential program.

Response – There are limited options with insurance; we encourage people to get Medicaid along with private insurance, if they are able, as there are not equal services provided among the two.

k) Ivania Morales – NAMI

1-3 people in PG are Latino and the people in this room are not representative of that population. I work for NAMI and I speak and connect to Latino communities – there is a lack of behavioral health care and other services for them. There are a lack of translators and education for people in my community. I was part of the first generation helping my parents because they cannot speak English. This can bring stress and trauma to individuals, especially if you're undocumented. Take into consideration of the media adding stress. I ask that you please take our community into consideration when thinking of health care for PG County.

Response – Similarly to the young lady from Kenya, we need to hear those voices. There are gaps in the system and challenges with general living. Please know we will be thinking about the different ethnicities and how to extend these services to all.

VI. Closing Remarks:

Lt. Governor – thank you for coming out. Look at our website for future meeting notices. We look forward to hosting regional meetings to get local stakeholders perspectives on issues that they see. Please note there is an email to contact the commission: MBH.Commission@maryland.gov.

<https://governor.maryland.gov/ltgovernor/commission-to-study-mental-and-behavioral-health-in-maryland/>

VII. Next Meeting

Montgomery College - Germantown
Wednesday, July 31, 2019
4:30PM

VIII. Adjournment

Lieutenant Governor Rutherford adjourned the meeting at 6:40PM.