

Commission to Study Mental & Behavioral Health

Baltimore City
Morgan State University

April 30, 2019

4:30PM

Meeting Minutes

I. Call to order

Lieutenant Governor Rutherford called to order the first regional meeting of the Commission to Study Mental and Behavioral Health in Baltimore City at 4:30PM.

II. Roll Call/Attendees

Commission Members: Lt. Governor Rutherford, Senator Adelaide Eckardt, Secretary Robert Neall, Acting Deputy Secretary Lisa Burgess, Deputy Secretary Randi Walters, Commissioner Al Redmer, Director Steve Schuh, Major Roland Butler, Patricia Miedusiewski, Serena Eckwood, Christian Miele, Dennis Schrader, Richard Abbott, Barbara Allen, Dr. Bhaskara Tripuraneni, Cari Cho, Dr. Randy Nero

Designees: Joy Hatchett, Maryland Insurance Administration

Absent: Delegate Robbyn Lewis

III. New business

a) Lt. Governor Welcoming:

It's past time that we take a serious deliberation of our system. I feel strongly about it and is close to my heart. 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. We want to go around the table and introduce ourselves. We will be sending out the minutes, if you could please respond by email for any edits of the minutes by Friday.

b) Minute Approval via email no later than Friday, May 3, 2019

c) Member Introductions – *See previous minutes, March 19, 2019*

d) Subcommittees – Suggested starting point for subcommittees to focus on:

i) Youth & Families

- K-12 Education - programs currently in schools. Identify the number of school psychologists, school counselors, and school social workers in each county, review best practices and identify successful behavioral and mental health initiative in other states.
 - What support is available for caregivers/family of individuals with MH/SUD? How do we get adequate assistance to families?
 - How can caregivers effectively help “adult” family members? What are the barriers and how can we alleviate them?
- ii) Crisis Services
- Service Capacity - Evaluate the current programs and services in the state (i.e. inpatient facilities, outpatient, detox, rehabilitation, recovery housing, etc.). Evaluation of Maryland’s current treatments capacity. Review the state’s licensing scheme.
 - Review Behavioral Health Advisory Council Crisis Services Strategic Plan (2017).
 - Review the Maryland Health Care Commission (MHCC) State Health Plan - specifically the chapter on psychiatric services. (See HB 626 (2019)).
- iii) Finance & Funding
- Data Infrastructure - develop a flexible data system to drive quality treatment
 - Assess the private and public mental and behavioral health funding model used in the state.
 - Review the gaps with private insurance and coverage for SUD treatment.
- iv) Public Safety / Judicial System
- Procedures and policies for first responders identifying individuals suffering a psychiatric episode and de-escalating the situation.
 - Ensuring patients suffering from mental/behavioral health issues are taken to the correct facility not necessarily a detention center.
- (i) *Review definition of “medically stable” and regulatory interpretation.*

- Evaluation/treatment options for inmates suffering from mental health disorders.

IV. Public Comments:

a) Dr. Christine Miller – *Neuroscientist*

Concerned with the proactive legalization of Marijuana. Marijuana isn't only a gateway drug, it has been connected to chronic psychotic breaks. Medical Marijuana has been prescribed for treatment without any medical label. I ask you to look at Marijuana closely and know it has been linked to permanent psychosis in individuals who have no family medical history of mental illness.

Response – Thank you for bringing this to our attention. There are studies that show the link. Recently, at a workshop with Congressman Trone, it became apparent that the public is pushing for FDA to give a warning about the dangers of Marijuana.

b) Dan Martin – *Co-Chair of Behavioral Health Advisory Council*

Our MD Health System is recognized as one of the best in the nation. We have a system where folks from Medicaid and Medicare are working with the Criminal Justice System. Our system is not perfect but there is a way for us to improve what we have built. I look forward to working with you all and bringing this opportunity to vision.

c) Ann Ciekot – *Representing MD Council on Alcoholism and Drug Dependence*

We appreciate your value on transparency and public input for this Commission. I am encouraged with focus being on our education and community based services for families. We should also show interest for treatment for those incarcerated; we need to make sure that we are able to serve those folks effectively.

Response – We hope that the Public Safety Subcommittee will look at that. Most individuals with substance abuse burn bridges and they need a place they can go. The public should be educated that these treatment centers are not harmful.

d) Anne Geddes – *Maryland Coalition of Families*

I provide support to caregivers with mental health needs and I wanted to come talk to you about with MD Coalition of Families does. We provide general information to families effected by mental health disabilities. We help families get treatment and school meetings are frequent. We also attend court and family meetings. Most of our MCF specialists are restricted about whom they can help.

We are only able to provide help to those who fall into our grant criteria, which limits us to children, adolescence and some families with children effected by metal health disabilities.

e) Christie Barton – *Concerned Citizen*

My son is 24 years old and has been struggling with addiction for 7 years. I hope my experience can shed some light on living with a child with addiction. My son had a car accident when he overdosed, he was given narcan and sent to the hospital. They discharged him to me with a packet and home care instructions at 1:00AM. There was no where we could go, there are no programs or treatment centers open at 1:00AM on the weekend. I reached out to MCF in the middle of the night and they came to my aid. There are huge gaps when it comes to connecting individuals in need to treatment at the time the need it. These facilities need to become available on nights and weekends and holidays.

f) Ellen Webber – *Citizen*

I work for a legal action center who fights discrimination against individuals with substance disorders. We want to protect consumers for cost of mental health services. Consumers need to know how to navigate the system to understand their rights as a consumer.

[Additional Information](#)

g) Oleg Tarkovsky – *Division Director and affiliate of Shepard Pratt System*

The concept of Certified Community Behavioral Health Centers are that anyone can get help anywhere. No service is provided by itself. One of the requirements is that services are connected, if they give outpatient care, they can also prescribe medications as well as crisis services. We want to accomplish 3 things:

- (1) Service
- (2) Connection
- (3) Quality and Outcomes

Question – How do you continue working if you are under a grant?

OT Answer – All these projects end in June but we are advocating for the Feds to extend.

h) Kate Farinholt – Executive Director NAMI Maryland

I have a sister that has suffered with schizophrenia for 45 years, she became ill at 11YO. NAMI MD focuses on improving lives of families that are effected with

mental disorders. We are unusual in that we are almost entirely made up of volunteers. Lived experience is core; and we have individuals that call us for help and then they want to pay it forward and we train them to deliver support to the ones in need. There needs to be a direct focus on crisis response and the criminal justice system. A lot of individuals that need our services end up in the criminal justice system. I want to thank you for what you do and what you are going to do.

i) Steve Davis – *Citizen*

Education in schools about drugs and mental health are important. People would be more likely to get help if they understood it was a health issue. The first speaker spoke about cannabis issues and the lack of education.

Response – You are right, and if we are going to give cannabis as medicine, we should treat it as a medicine.

Davis – THC in young people can cause psychosis and sometimes that stays when you are no longer on it. In regards to opioids, most rehab programs will not take you when you are on Methadone or Suboxone. Pay rates to behavioral health providers are 2x less than medical providers. There needs to be collaborative care. Primary care should be able to manage this.

Response – Often what we see is someone seeking care for what they think is a physical sickness and they are actually suffering from depression and they go to their primary care doctor who might not be thinking about mental illness. Then that person goes on without the care they need. 30% of primary care diagnoses are mental health issues not medical, there are not enough mental care professionals.

j) Lauren Grimes – *Director, On Our Own Maryland*

We are a state wide behavioral health and advocacy education organization. These nonprofits are the purest versions of open door policies in this state. Someone walks in the door and says “I need support”, and we help them. These centers are so under sourced that they are starting to fail. Washington Co, alone, sees 100-120 people a day and they have 3 part time staff and 1 full time. We have hospitals drop people at the door. We are seeing other programs that don’t have beds and we can’t keep up. We need help to keep these services going. We do have a lot of peer support individuals, people who have experienced mental health or addiction and they volunteer.

k) Evelyn Young – *Parole and Probation*

Recently I collaborated with Crisis Intervention Training (CIT) and trained about 50 officers. Probation officers and most Criminal Justice agencies intercept but

there is a gap in working together and I hope this will help shed some light on that issue. We have individuals being released to jail and not being connected with their Parole Officer, there should not be that disconnect. We need to continue education, there are a lot of officers that have not been trained with mental health education and they don't know what to look for in their clients. I look forward to working with the Public Safety Committee on this issue.

V. 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/>

VI. Next Meeting

Prince George's Community College – Kent Hall, Room 262
301 Largo Rd,
Largo, MD 20774
Wednesday, May 29, 2019
4:30PM

VII. Adjournment

Lieutenant Governor Rutherford adjourned the meeting at 6:30PM.