



Meeting Minutes

I. Call to Order

Lieutenant Governor Rutherford called to order the fourth regional meeting of the Commission to Study Mental and Behavioral Health in Washington County at 4:30PM.

II. Roll Call/Attendees

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

Designees: Walter Sallee – MSDE & Joy Hatchett – MIA

Absent: Senator Katie Hester, Delegate Robbyn Lewis & Dr. Bhaskara Tripuraneni

III. New Business

- a. Lt. Governor Welcoming Remarks
- b. Subcommittee Updates
 - i. Youth & Families – *Christian Miele & Dr. Randi Walters*
 1. Maryland Webpage Recommendations.
 - a. Interest in more clear and user-friendly webpage
 2. Analyzing legislation in surrounding states regarding mental health curriculum in our schools.

3. Looking at the need for treatment resources for children that stay overnight in hospitals.
- ii. Crisis Services – *Director Steve Schuh & Delegate Robbyn Lewis*
 1. Addressing crisis services from the point of entry into the crisis system through stabilization.
 2. The Subcommittee reviewed Substance Abuse and Mental Health Services Administration’s Crisis Services: Cost Effectiveness Report, along with the Behavioral Health Advisory Council’s 24/7 Mobile Crisis & Walk-in Centers Report to develop a list of critical crisis components to explore further.
 3. The Subcommittee has identified 8 buckets to explore:
 - a. Call Centers
 - b. Mobile Crisis Teams
 - c. Behavioral Health Urgent Care Centers
 - d. Residential Beds
 - e. ED Psychiatric Services
 - f. Crisis Services offered by Peers
 - g. Adolescent Crisis Services
 - h. Law Enforcement’s Role in Providing Crisis Services
 4. The next meeting will focus on MD Crisis Connect (211, press 1).
 - iii. Finance & Funding – *Commissioner Redmer & Dennis Schrader*
 1. Evaluating principals for the system of care.
 - a. Align the Behavioral Health Administration and manage care organizations and local system managers.
 2. Parity between behavioral and physical health.
 3. Commission Discussion – The purpose of this subcommittee is that programs are typically paid with Medicaid and Medicare and we need to make sure we look into all the rules and regulations as well as working with private and state insurers.
 - iv. Public Safety/Judicial System – *Secretary Green (Rep) & Richard Abbot*
 1. Two meetings since the last full Commission; focuses were:

- a. Warm hand offs of incarcerated individuals with behavioral health disorders returning to the community.
- b. Adjudication issues associated with individuals with behavioral health issues.
 - i. Concerns with follow up community supervision & housing availability.
2. Commission Discussion – Across the U.S. there is about 30% of people in the corrections system who suffer from mental health or disabilities and with the Baltimore Detention Center; the percent with co-occurring conditions is closer to 55-60%. Person is usually in jail for about 6 months and you need to be able to start treatment there and have a warm hand off.

Mental Health NAMI Meeting – the Department of Corrections was recognized and awarded the Wild Iris Award for their leadership in their crisis de-escalation training.
- c. Two-Gen Presentation – *Christina Church*
 - i. See Presentation
 - ii. Commission Discussion – Because of the number of issues that confront families when they are trying to move out of poverty: housing, healthcare, employment, transportation as well as substance-use disorder and mental health disparities. It was believed this topic should be relevant to the discussions. The Two-Gen Commission’s approach is intended to address the full spectrum of problems that families face. We have individuals on this Commission that have experienced these things and we also hear real input from Marylanders that have lived experiences on the subject.

IV. Public Comments

- a. Elected Officials:
 - i. Delegate Mike McKay – *District 1C, Allegany and Washington Counties*
 1. Thank you for being here. We are looking forward to bridging the gap between Two-Gen and Legislation.

b. Public Comments:

- i. Myra Derbyshire – *Thurmont Addiction Commission Member*
 1. Importance of awareness and education on harm reduction and other pathways of treatment.
- ii. Jim Raley – *Executive Director, Archway Station Inc.*
 1. Archway serves adults and youth.
 2. A lot of today's youth are being raised by individuals other than their parents due to the result of addiction and substance abuse.
 3. [See attachment](#)
- iii. Jennifer Patterson - *Carroll County Parent*
 1. I have been on a two year journey with a 13 year old daughter that has mental illness.
 2. No beds in the hospitals have resulted in long waits in the ER.
 3. We drive two hours to a psychiatrist in order to be covered by insurance.
 4. Three things that I would ask of the Commission to consider:
 - a. Craft the best message to raise awareness.
 - b. Integrate intervention earlier in a way that does not blame/shame parents.
 - c. Family Support – some caregivers are dealing with their own mental illness and don't have the time to care for themselves.
- iv. Liz Park – *MD Association of Youth Service Bureaus*
 1. Schools are limited to what they are able to offer to children.
 2. Importance of Community Based Services:
 - a. They work with the entire family and pick up where the schools cannot assist.
 - b. These programs need state funding.
- v. Christie Moore & Mr. Moore – *Carroll County Parents*
 1. Once stayed in an ER pod for 28 hours waiting for a bed.
 2. Daughter has been failed by the school system

- a. Lack of resources and help.
3. Lack of resources in the community
4. Need for education and awareness for the parents/caregivers
5. Suggestion:
 - a. Create a forum where doctors can give advice on resources or answer quick questions online.
 - i. Incentivize them with a tax credit.
 - ii. Information sharing is key for caregivers and families.
- vi. Teresa Friend – *Maryland Coalition of Families, Garrett County & Parent*
 1. There is a lack of housing, transportation and employment in Garrett County.
 - a. Need for one-room houses/apartments.
 2. If our citizens are not able to drive to Cumberland, they are certainly not going to be able to drive to Baltimore for care.
 3. There are no warm hand offs for the incarcerated individuals that are coming back to the County.
 4. I know an individual that is struggling with addiction and has waited for 3 weeks for a bed at Massey
 - a. Because of insurance
 - i. She was told she has to be actively using every single day; even though she has had 12 relapses in the last year.
 - b. We have no recovery/halfway houses or treatment centers.
 5. I ask the Commission to please remember Garrett County.
 6. Commission Discussion – You are not forgotten, we are working with the counties on getting resources. It is a challenge in areas that do not have the concentrations of population and transportation is a big issue.
- vii. Anita Rhodes – *Medication Treatment Center, Cumberland*
 1. There is a need for:

- a. Accountability for supervisors in the mental health field in the local community.
 - b. Support groups in our community.
 - c. Transitional housing for people being released from jails in Cumberland.
- viii. Rod Kornrumpf – *Regional Executive Director, Behavioral Health, University of Maryland Upper Chesapeake Health*
1. We have the opportunity to change the model for behavioral health for the first time in history.
 2. Our problems are not unusual for here or anywhere in the U.S.
 3. We have a fractured behavioral health system.
- ix. Jacqueline Stone – *Vice President, Clinical Programs at Kennedy Krieger Institute*
1. [See attachment](#)
 2. Commission Discussion: There is challenge with telework psychiatry and professions of the like is you have to be licensed in the state in which the patient is. When it comes to HIPAA questions, health information, and substance and mental health information – because it is so walled off, your practitioner doesn't know your history. You can walk in with a busted shoulder and unless you tell them that you are in recovery or on other treatment, for example, they do not know. It isn't just a state issue, we are also going to advocate to the federal government that they are going to have to do something about this.
- x. Christina Vaughan – *Family/Peer Support Specialist, MD Coalition of Families*
1. Parents/caregivers are feeling isolated.
 2. There is a need for earlier intervention from schools:
 - a. Notifying the parents as first signs of issues.
 3. There is a lack of resources and distrust in government agencies.
 - a. Information online is outdated or hard to find.

4. There is no connection between schools, families and community services.
- xi. Marshall Rock – *Director of Washington County Mental Health Authority*
– *Core Service Agency*
1. We need more funding for mental health services.
 - a. SORE Grant just came out specific to substance use which excludes people with specific mental health disorders; where do these people go? This is a big concern.
 - b. Commission Discussion: The SORE Grant is restrictive only to substance abuse disorder. For clarity, it is for Opioids Treatment because it is an Opioid Response Grant. We have voiced the concern of these restrictions.
 - c. In my office, we have not had an increase to the Administrative or Purchase of Service Grant since 2004.
 - d. I am an advocate for parity in mental health services all across the state.
 2. Resources:
 - a. Concern for providers to come in is the issue of any willing provider. We want to make sure that we have a say in the providers coming in for the quality of care coming into our state.
- xii. Debbie Santini – *Family/Peer Support Specialist, MD Coalition of Families*
1. Closing of Catoctin Summit Adolescent Program – Thurmont
 - a. There is no treatment provider here that handles 15 and under youth.
 2. I am a mom of 2 adult children that are struggling with addiction issues. There is a disconnect between mental health and substance use when it comes to insurance.
 - a. If you have state insurance and you have a child with substance abuse issues, you are not going to find them a

quality of care treatment center that you would if you had private insurance. If you have a mental health child and you have private insurance, you are not going to find the quality care you would if you had state insurance.

xiii. Avi Burstein – *Executive Director, Behavioral Health Partners of Frederick*

1. We provide outpatient care for mental health individuals as well as onsite and offsite services to the public mental health and commercial sector.
2. We have aging population that isn't able to continue seeing the same counselor after they transfer to Medicare; I have to refer them out. I do not have enough social workers to meet the demands of Medicare legalese.
3. We urge you to consider CCBHC as a model for MD
 - a. A flat rate for services versus service rates which results in more available services.
 - b. Commission Discussion: Regulations with insurance – social workers are the only provider that can bill Medicare directly as a therapist, counselors cannot do that. There have been bills for this for the last 10 years; there is tons of advocacy for this change for the aging population. As for CCBHCs, it is a different way of funding and it does allow providers to develop their own funding model so they can get paid what it actually costs for the service. There are requirements for that model that cover all aspects of care from substance use to mental health and coordination with justice, schools and homes.

V. Next Meeting

- a. Wednesday, December 11, 2019
4:30PM

Upper Eastern Shore – Chesapeake College

VI. Adjournment

- a. Lt. Governor Rutherford adjourned the meeting at 7:30PM