



## Meeting Minutes

### I. Call to Order

Lieutenant Governor Rutherford called to order the fifth regional meeting of the Commission to Study Mental and Behavioral Health at Chesapeake College at 4:30PM.

### II. Roll Call/Attendees

Commission Members: Lt. Governor Rutherford, Senator Adelaide Eckardt, Senator Katie Hester, Dennis Schrader, Acting Deputy Secretary Lisa Burgess, Major Roland Butler, Dr. Randi Walters, Director Steve Schuh, Barbara Allen, Patricia Miedusiewski, Serena Eckwood, & Dr. Bhaskara Tripuraneni

Designees: Mary Gable– MSDE, Joy Hatchett – MIA & Kirsten Robb-McGrath - MDOD

Absent: Delegate Robbyn Lewis, Richard Abbott & Cari Cho

### III. New Business

- a. Lt. Governor Welcoming Remarks
- b. Subcommittee Updates:
  - i. Crisis Services – *Director Steve Schuh & Delegate Robbyn Lewis*
    1. Recommendations:
      - a. Identify a minimum crisis-service standard
      - b. Expand crisis-stabilization services

- c. Support the Mental Health Association and the Maryland Hospital Association in their efforts to expand the definition of emergency facilities for emergency petitions.
    - d. Understand the governance and infrastructure of Maryland Crisis Connect (211, Press 1) and its relationship to the local crisis hotlines.
  2. Commission Discussion – Tech Ops does a crisis response vehicle for Calvert County which is used for substance use disorder. They will meet at overdose sites with the first responders and provide the victims with care as well as peer counselors for victims to follow up with care if they choose. Other counties or regions could look at this model.
- ii. Youth & Families – *Christian Miele & Dr. Randi Walters*
  1. Commission Discussion – In regards to psychiatric beds, do we need to go through the Certification of Need (CON) process? It can take multiple years to go through this process and money; maybe we need to ask this question. CON is the Maryland Health Care Commission issue; it is defined in the law to determine the need and if you have the means to address the need. Some of our providers are expanding into Pennsylvania because it is equal quality of care but not the burden of cost and need.
- iii. Finance & Funding – *Commissioner Redmer & Dennis Schrader*
  1. Maryland Insurance Administration (MIA) is hosting a webinar for Providers – January 8, 2020 at 11:00AM.  
This webinar will walk providers through the process on how they can meet credentials with various insurance companies. In the future, there will be a webinar for consumers on how to proceed with a complaint and how to get services authorized.
- iv. Public Safety/Judicial System – *Randall Nero & Richard Abbot*
  1. It is difficult for individuals to be aware of all the different services available across the state; Recommendation: statewide mapping of

services. Not only does this help with awareness across the state, but it will let us know where there are gaps in services.

Recommendation: Incarcerated populations - Initiation and expansion of the Second Chance Grant. We have had successful grant-related programs which connect institutional mental health services and community health services and we have seen a decrease of recidivism. Recommendation: Expansion of standardized training on behavioral health issues within criminal justice system. This will allow for better understanding of behavioral health issues within the system.

#### IV. Public Comments

a. Elected Officials:

- i. Delegate Johnny Mautz – *District 37B, Caroline, Dorchester, Talbot & Wicomico*

Thank you for being here, it's an honor to host you on the shore. I am sitting in the back of the room listening and a lot of the issues in regards to access to care and the statistics are the issues we have spoken about in the past years. Every year we put bills in the legislature and every year it seems we don't have much to show. We are talking about things that have been talked about before. I would urge the Commission to do what they can to answer these concerns.

b. Public Comments:

- i. Ms. Teresa Simmons – *Salisbury University, Child & Adolescent Behavioral Health Education Initiative*

Please see additional testimony.

- ii. Dr. Jennifer Jewels – *Interim Director of Social Work at Salisbury*

Please see additional testimony.

- iii. Janet McIntyre – *Salisbury University, School of Social Work*

Please see attached testimony.

Commission discussion: We do work with curriculum development and the pressures of teaching a curriculum is a conversation we talk about a lot. We discuss where the community programs come into play so the school system isn't overloaded.

Janet McIntyre – In the rural setting, afterschool programs such as: 4-H, girls and boy scouts and other activities are lacking because of financial strain and transportation. The increasing number of grandparents becoming guardians need support as well; they are not able to maintain the hectic schedules as easily.

- iv. Dr. Justin Wade – *Child, adolescents and adults psychiatrist*

See attached testimony.

- v. Carol Masden – *Director of Eastern Shore Crisis Services Mobile Team*

Our model that we created on the shore is different. We started out with two mobile crisis teams and we have now increased to four teams that work 24/7. We have school-based service in Cecil County and a 24/7 call service. We are now co-occurring accredited. The model that started 8 and  $\frac{3}{4}$  years ago is grant funded. We cover 8 counties and a range of age: youngest of 3 and oldest of 96 years old. Last year we completed 3,073 dispatches and our call center handled 14,000 incoming and outgoing calls. We diverted 1,062 people from ER according to the Health Care Blue Book, with a savings of \$2,324,718. The average visit at the Dorchester general ER is \$2,078; for those 1062 diversions, that's a lot of potential savings we bring with our service. So I bring it back around to the hospital in Chestertown. We need to keep traditional psychiatric beds in Easton and add psycho-geriatric beds that are needed on the shore. We need beds for both sides of the spectrum.

- vi. Carol Spurrier – *Lived experience as a caregiver & NAMI, Lower Shore*

I do training for family-to-family, an evidence based program that shows improved algorithms for family members and caregivers. I didn't hear a lot about caregivers or family members during discussions today. As a caregiver of individuals of mental illness, I have only had one

hospitalization; that has to do with my knowledge gained from NAMI and my ability for de-escalation. You were talking about BIPHAA earlier – during our training we talk to family members and BIPHAA does prevent doctors to talk to caregivers; however, not for the caregiver to talk to the physician. We encourage them to do that. This could result in an appropriate diagnosis and treatment plan. Regarding the moving beds to Chestertown, there are 13 beds in Salisbury that serves 3 counties and 12 beds here- that's 25 beds for the entire eastern shore. Many patients get transported across the bridge. Some families are not able to travel that far and it is hard to have effective family support and input to make sure there is a good diagnosis, treatment and follow up plan. Transportation is an issue, the family members are not able to be involved and the outcomes are diminished. Please consider treating family members as a critical piece. Educate them and support them.

**V. Next Meeting**

- a. Wednesday, February 19, 2020  
4:30PM  
Howard Community College

**VI. Adjournment**

- a. Lt. Governor Rutherford adjourned the meeting at 6:40PM