



## Meeting Minutes

### I. Call to Order

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

### II. Roll Call/Attendees

Commission Members: Lt. Governor Rutherford, Senator Katie Hester, Dennis Schrader, Deputy Secretary Aliya Jones, Major Roland Butler, Dr. Lynda Bonieskie, Dr. Randi Walters, Director Steve Schuh, Christian Miele, Mary Gable, Barbara Allen, Patricia Miedusiewski, Serena Eckwood, & Cari Cho

Designees: Joy Hatchett – MIA

Absent: Senator Adelaide Eckardt, Delegate Robbyn Lewis, Richard Abbott & Dr. Bhaskara Tripuraneni

### III. New Business

- a. Lt. Governor Welcoming Remarks
  - i. Discussion of Annual Report
- b. Subcommittee Updates

- i. Crisis Services – *Director Steve Schuh & Delegate Robbyn Lewis*

1. Met monthly between May – December of 2019 and will begin bi-monthly in 2020. Next meeting is February 26.

2. In December 2019, we submitted 4 recommendations to the Commission for consideration; they identified the following as priorities:
    - a. Designing a comprehensive crisis system
    - b. Improving the crisis services hotline – 211 Press 1
  3. Our Subcommittee is tracking legislation – HB0332 & SB0441 Mental Health Emergency Facilities Lists, Comprehensive Crisis Response Centers, Crisis Stabilization Centers and Crisis Treatment Centers. This legislation aims to provide additional options to first responders for those that are in a behavioral health crisis.
- ii. Youth & Families – *Deputy Secretary Christian Miele & Dr. Randi Walters*
1. Last meeting on February 4, 2020
    - a. System of Care Workgroup
    - b. Parity between private and public pairs
    - c. Privacy concerns & HIPAA
- iii. Finance & Funding – *Commissioner Al Redmer & Dennis Schrader*
1. Throughout last year, our focus was on the public behavioral health side and developing quality outcome principles in coordination with our Behavioral Health System of Care Workgroup.
  2. On the commercial side, we focused on network advocacy and private insurance.
  3. This coming year’s focus, in addition to what we are doing for the system of care development, is to also work with Crisis Services Subcommittee to develop and design a statewide crisis services system.
    - a. Key to providing access to care
    - b. Diversion from the criminal justice system and the hospital emergency departments

4. System of Care Categories:
  - i. Case management
  - ii. Care coordination
  - iii. Data sharing improvements
  - iv. Cost management improvements
  - v. Behavioral health provider network improvements
  - vi. Accountability and parity improvements
- b. By the end of summer, we will have a consensus on 6-8 projects that we will focus on for the next few years and beyond.

iv. Public Safety/Judicial System – *Dr. Lynda Boniskie*

1. Focuses:
  - a. National best practices for interviewing social workers in the law enforcement environment
  - b. Reducing recidivism
  - c. Review of the definition of emergency facility

#### IV. Public Comments

a. **Elected Officials**

i. Welcome Remarks from Calvin Ball, *Howard County Executive*

1. New Local Behavioral Health Authority – Ensures that individuals of families that are served by the Behavioral Health System are able to access the needed services available on a 24/7 basis. Howard County’s population is largely privately insured so it falls on us locally to build that system to meet the needs of all our citizens.
2. 2019 – Opened first county-owned halfway house for 16 men and we are working to open one for women this year.
3. December 2019 – We opened our 24/7 Substance Abuse Crisis Services & Grassroots with the assistance of the Maryland Opioid Operational Command Center.

4. Working to bring residential treatment to Howard County which currently does not exist. In an effort to increase access of care and referrals to behavioral health services, we created a new position.
  - a. Hired a behavioral health court liaison in Howard County District Court Parole and Probation Office to provide Screening Brief and Intervention Referral Treatment that we call SBIRT Services.
5. Local Overdose Prevention Efforts have also been successful: Opioid Overdose Response Program (OORP) – Opioid Misuse Prevention Program, Overdose Fatality Team & Overdose Prevention and our Intervention Team. Success outreach and promotional outreach includes the Opioid Awareness Campaign: One Opioid Death is Too Many and The OPR Campaign: This Spring can Save a Life which is targeted to parents, children, grandparents and grandchildren.
6. Through our Health Department, we have developed a youth suicide prevention plan:
  - a. Increase awareness and reduction of stigma
  - b. Primary prevention
  - c. Early identification & intervention
  - d. Referral to treatment
  - e. Post intervention
7. Social workers in middle schools
8. Expanding our partnerships with Baltimore City and County
9. To the Commission: you all are doing really important work and just being here helps reduce the stigma so thank you.

**b. Public**

i. Michael Byer, Maryland Mental Health Research Group

We look at mental health and stigma. We want to volunteer our data to give you a number that could be used to monitor, measure, destigmatize and communicate where mental health is.

ii. Janet Eldemen, Advocate for people with mental illness

This Commission is doing a great thing but I want to mention 2 things that are major failures.

## 1. Lack of beds in the ER

- a. Recently spoke to a woman with a 60 year old son with autism and behavioral health problems who spent 30 days in the ER.

2.  $\frac{1}{4}$  -  $\frac{1}{2}$  of the people in the Howard County's Detention Center are on psychotropic medications.

- a. The fact that people in the criminal justice system are suffering from mental illnesses is a major failure.

iii. Public Participant of the Youth & Family Subcommittee

I have a child with autism who recently had to be hospitalized and we were in the ER for 4 days. I was told by a social worker that Sheppard Pratt was the place to be but there are only 6 beds for kids with autism when 1 in 50 kids in MD has autism. I was told I had to stay in the ER until there was a bed available at Sheppard Pratt. Once we received a bed at The Teens with Autism Unit, they gave inappropriate and confusing care. The system is failing and we have to do more.

iv. Jessica Riseman – Maryland Healthcare Commission

We are working to update the psychiatric healthcare chapter. A lot of the things you are discussing here is the reason we are doing what we do. We publish our minutes online and I would love for you all to review those and provide feedback.

Commission Response – Working on building a crisis system; why don't we send individuals that need mental/behavioral health care from the criminal justice system to hospitals with excess capacity?

Jessica Riseman – We will look into that but I will say that it could appear there are beds open in hospitals when actually there isn't. There's an issue with private rooms versus number of beds actually available.

v. Jo Glasco – Attorney & Mother

My son has schizophrenia and it became apparent when he was a sophomore in college in 1987. If we visited a mental health institution and he proved he was not an immediate harm to himself or others he would be released even though I tried to tell them he needed help. When he was in college, he had an episode and drove across state lines and took someone's life. He spent 6 years in the prison system in Maine and he has since been released to my care. We have a duty to help those that are mentally ill. We have a duty to educate people and schools and we cannot tolerate governments that aren't going to provide funding for beds and treatment.

Commission Response – For all of you that have shared your stories with us: it flames a fire for our sense of urgency and we want to thank you for being willing to share your stories with us, it really matters.

vi. Harris Spice – Vice President, Community Assistance Network

Largest nonprofit in Baltimore County that serve the homeless. We have people call rapid rehousing specialist that assist these individuals to find housing after 90 days. When our men and women are getting ready to go back to a house, they have anxiety attacks and we are finding that a lot of contributory factors are from when they were younger and they lived in temporary housing situations. We are working with Department of Housing but I wanted to bring to your attention the need for focus on housing and making sure we are creating housing that will last and be affordable to these vulnerable populations.

vii. Joseph Duwer – Social Work Student, Salisbury University

Interested in the bill you all brought up earlier, SB441 HB332 – expanding emergency facilities lists and taking the burden off emergency departments. The fiscal note names Howard County and how relatively lower the use of emergency departments are, so it would be interesting to know what Howard County is doing right. What is the criteria of a crisis center and where would they be taking these people?

Commission Response – Thank you, the Maryland Department of Health does currently publish this list every year and we are not sure where that bill is going to go but we are sure once the bill passed we would have a definition of what a crisis center is.

viii. Chris McCabe – Howard Co. Resident and Executive Director of Chrysalis House

Chrysalis House is a drug treatment center for women. On any given day we have over 70 women and children living together who are trying to get back on their feet. We are a co-occurring program. We rely on the greater community for services to help these women. We work with a lot of state departments and we want to be a resource for the state as well. We have a waiting list for our patients and prioritize women with children.

I ask Dr. Jones to look into our program to see if there is a way that the state could speed up the approval of women and children for placement.

We cap our waiting list at 25 but it could be as long as we want. Our Director assures that if we can't help someone in an appropriate amount of time then he will refer them. We do not provide detox services and the first 30 days are the most critical. The last thing I will add: every Saturday we provide family education where everyone's families are invited and we speak about mental health and addiction and that's helpful to the families and the patient.

ix. Manuel - Physical Therapy Practice, Howard Community College

I have a virtual staffing solution to help focus on prevention. One problem that people face is social isolation. This program offers a virtual companion. This could be an option to address mental health.

x. Andrea McDonald – Local Behavioral Health Director, Calvert County

For Director Schuh – we held a workgroup meeting in Calvert County and the federal recommendation for the 988 crisis number came up. How does that impact Maryland's 211 press 1 hotline? I wanted to bring this up as a potential kink in the road if they do follow through with the 988 hotline.

Also to keep in mind that all local communities do not have a crisis hotline.

- xi. Nicky Grant – Works for the State’s Attorney’s Office & Chair for the Employee Wellness Program, Howard County

There needs to be more services that are more readily available for when a child needs them and are also compatible with your insurance. My children’s therapist is no longer taking our insurance because they were given such a low rate that they can’t afford their own livelihood and I am forced to pay out of pocket which is too expensive.

We need to focus on preventative care. Counselors are overwhelmed and they are limited in what they can do in order to manage their workload.

The school system is overwhelmed and they aren’t able to help the children.

Commission Response – Regarding the insurance rate, that is considered a private contractual matter that based on the current law, we are not able to say “this is the appropriate rate”. We understand that this is an issue and we are trying to help credential more providers. Legislation SB113 is trying to expand the definition of the providers so that we can do that.

- xii. Laura Torres – Howard County General Hospital Social Worker

All 3 of my children have mental health conditions. The challenges in this county is that we have providers that don’t participate in any insurance. The parity isn’t an issue because we are very rich in outpatient providers but they’re not accessible. I pay out of pocket for a psychiatrist. There needs to be a better incentive for outpatient providers to participate in insurance.

Commission discussion – I listened to the webinar that MIA had and I heard that a provider said they tried to apply but the insurance company was full. What is full? Do all insurance companies have a number of how many they can take?



Commission Answer – The insurance companies are able to declare those numbers but I think once we can review the network adequacy requirements we will have more authority over what “full” means.

- xiii. Shareese Montgomery – Deputy regional director of Gardenzia  
Gardenzia is a substance abuse treatment facility in Baltimore City, County and Anne Arundel County. We have a crisis unit in Crownsville that emergency responders can bring patients to be assessed and transitioned to a level of care that they need. We need to look at the Board of Professional Counselors and Therapist and the things that are required to become a professional and how long it takes to get your certifications. I would encourage going into the treatment facilities and hearing from the patients themselves about what they need. We need to do a better job at educating people.

Commission Response – We have gone on the substance abuse side to a number of facilities and spoke to several individuals about the challenges that they face.

**V. Closing Remarks**

**VI. Next Meeting**

- a. Virtual Meeting  
Tuesday, June 23  
4:00 - 6:00 PM

**VII. Adjournment**

- a. Lt. Governor Rutherford adjourned the meeting at 6:30PM