

Healthy St. Mary's Partnership
Behavioral Health Action Team (BHAT)
February 10, 2017 from 2:00 PM – 3:30 PM
St. Mary's County Health Department

Minutes

1. **Attendance:** Gerry McGloin – Pathways, Gina Carey – American Addiction Centers, Sharon Gudger – Center for Children (CFC), Jenna Mulliken – St. Mary's County Health Department (SMCHD), Meena Brewster – SMCHD, Nat Scroggins – Minority Outreach Coalition (MOC), Jessica Hartman – SMCHD, Shannon Bingham – SMCHD, Rebecca Jackson – SMCHD, Dee Rathbone – Parents Affected By Addiction (PABA), Tammy Loewe – Department of Social Services (DSS), Heather Wolfe – Pastoral Counseling Center, Glori Van Brunt – Private Practice, Richard Russell – St. Mary's County Sheriff's Office (SMCSO), Sue Maskelaris – American Foundation for Suicide Prevention (AFSP), Greg Ruess – AFSP, Pete Cucinotta – Circuit Court, Carolyn Cullison – On Our Own (O.O.O.), Anastasia Jones – St. Mary's County Public Schools (SMCPS).

2. **Advocacy Agenda Revisions:** A draft of the HSMP Advocacy Agenda was shared and discussed at the last meeting. The team Co-Chairs used the feedback from last month and revised the behavioral health objectives from the draft advocacy agenda. A [reworked version](#) was distributed for the team to look over.
 - a. Advocate for financial incentives and regulatory changes to better recruit and maintain behavioral health providers.
 - i. To improve prescriber continuity of care, urge the Behavioral Health Administration to make a change in the Code of Maryland (COMAR) Regulations that will permit outpatient mental health clinics in federally-designated psychiatry shortage areas and with demonstrated experience in telehealth to fulfill the requirement for medical director via telehealth versus the current requirement to have someone physically on site.
 1. The team discussed the positive and negatives of having a psychiatrist on-site vs. using tele-psychiatry. The downside may be – No actually asking about the medical director. Medicare billing requirements were mentioned as a possible barrier
 2. General consensus was that this could increase access to care for the community. Many local therapists aren't connected with a Psychiatrist – this may open the doors for additional access.
 3. Pete motion to accept, Carolyn 2nd, all in favor.
 - b. Advocate for improved organizational policy in the local school system to expand access to behavioral health services for youth.
 - i. If St. Mary's County Public Schools has determined the counseling program at Great Mills High School to be effective and warranting



additional support to expand, lobby the funding source for funds to incrementally expand the service at Great Mills and/or another designated county high school.

1. Discussion from last meeting about the Great Mills counseling service indicated that it is limited (2 days per week, can only serve 9 kids with state insurance – high number of referrals and wait list). Could this be expanded? What kind of funding would be needed? What is the school position on this? CFC recently expanded its role in the schools but is still hiring therapists. In 3 elementary schools currently, plan to add 1 more elementary school, 1 middle school and 1 high school. CFC will follow up with more information on these plans. There was some group discussion on treatment vs prevention funds – prevention funds need to be spent on environmental rather than clinical strategies. Tabled until next meeting for new information from CFC.
 - ii. If St. Mary's County Public Schools determines the QPRT assessment to be effectively identifying students in need of behavioral health care, urge the Schools to consider, as policy, at least an annual proficiency training for teachers in this assessment tool.
 1. Suggested rewording to include teachers, staff, faculty, and counselors. OPRT is a lethality assessment, evaluates risk and urgency for referral rather than just sending to the ER
 - a. If SMCPSS determines the QPRT assessment “to effectively evaluate for lethality”, urge...
 2. Motion: Greg 1st, Rebecca 2nd, all in favor to support as reworded
 3. Group discussion on a new bill requiring annual training for teachers. AFSP is tracking MH bills if community agencies have questions or needs they can get assistance from their policy office.
 4. Pete requested information on the letter to SMCPSS on RSDT. The response letter from the Superintendent outlined the current prevention work that is happening at SMCPSS but declined the implementation of RSDT in the school system at this time. PABA requested a copy of the letter. The Co-Chairs will follow-up on this at the next meeting.
 5. The School Health Council is working to redraft the school wellness policy – this may be a good platform for members to advocate. Rebecca will provide upcoming [meeting dates](#) for interested members.
3. Suicide Prevention: [Discussion Guide](#)
- a. Use words like “safety” rather than “restriction” to avoid negative backlash and engage the gun community – Need to work well with the gun owners and the gun sellers for impact. Gerry waiting to hear back from Kathy Barber, expert at



Harvard School of Public Health. We had two presentations last year on this topic. Currently planning a community forum with St. Mary's College (working to nail down dates) all of these are "awareness focuses" Gerry would like to move into prevention. Need to develop a focused plan. AFSP happy to provide talks for free to community partners, sellers, gun clubs, etc.

- b. Grants available for cable gun locks
 - c. Use 2012 national strategy for suicide prevention as guide
 - d. Other key partners: law enforcement, concealed carry class instructors, shooting ranges, gun sellers, gun clubs, hunting safety class instructors, ducks unlimited clubs, media contacts, veterans
 - e. High risk communities: Seniors, LGBT community, youth
 - f. Piggyback securing medications with securing guns. How do we publicize this and get the message out to target audiences?
 - g. Can one of the non-profit partners collect and manage funding?
 - h. Add presentations from previous meetings on the website and distribute.
 - i. The Health Department may be able to examine the CSA funding for some assistance but other funding sources are needed.
- 4. Proxy Designation:** Carolyn Cullison – OOO. The Proxy member will attend the [Steering Committee](#) Meetings to represent BHAT if one of the Co-Chairs is unable to attend.
- 5. Partner Updates:**
- a. [AFSP](#): Talk Saves Lives presentation in Prince Frederick on Presidents Day at Community Wellness Day in St. Mary's. Shared handouts with new statistics.
 - b. The county is not moving forward with integration of mental health and substance abuse services until after the transition from DAHS to SMCHD. Trying to convene both groups for approval of grants for next FY. More info to come.
 - c. Update of opioids from Dr. Brewster: Emergency response approach/framework is needed and will happen at both the state and local levels. SMCHD will bring together data sources to identify risks and respond locally. Live time data will drive initiatives. A formalized group will be established to meet this need. Discussion on data from the sheriff's office – Richard will follow up on this. Several opioid related bills have been introduced at state level.
 - d. Jessica – Working with CSM to do a "[Chasing the Dragon](#)" Screening.
 - e. [Article](#) in today's Enterprise talks about Vivitrol
 - f. PABA put a paid ad in the Washington Times – SAM sensible approach to marijuana
 - g. Salisbury University at the Southern Maryland Higher Education Center needs placements for interns (mental health, hospital or school settings). Email Kathleen Arban at KSARBAN@salisbury.edu for more information.
- 6. Other business:**



- a. **The next meeting of the Behavioral Health Action Team** will be held on Friday, March 10, 2016 from 2:00 – 3:30 at the St. Mary’s County Health Department. **Presentation from Captain Merican on Detention Center needs.**
- b. All members are encouraged to submit information for the HSMP Newsletter, social media postings and website content (e-mail jenna.mulliken@maryland.gov with program, event or training information). The newsletter is published every other Thursday.

