

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

Minutes

1. **Attendance:** Laurie Scherer – St. Mary's College of Maryland (SMCM), Lauren Abell – MedStar St. Mary's Hospital (MSMH), Gary Willis – Department of Aging & Human Services (DAHS), Carolyn Cullison – On Our Own (OOO), Dawn Sisk – Pathways, Richard Russell – St. Mary's County Sheriff's Office (SMCSO), Michael Merican – SMCSO, Greg Reuss – American Foundation for Suicide Prevention (AFSP), Esther Vanderwal – Serenity Place, Glori Van Brunt – Private Practice, Gerry McGloin – Pathways, Gena McCaskill – Outlook Recovery, Jessica Hartman – St. Mary's County Health Department (SMCHD), Sue Myers – community member, Nat Scroggins – Minority Outreach Coalition (MOC), Rebecca Jackson – SMCHD, Ashley Nelson – SMCSO, Deborah Dietrich – SMCSO, Dee Rathbone – Parents Affected by Addiction (PABA), Wendy Drys –CCDC, Terry Prochnow – SMCHD.
2. **Presentation:** Detention Center Mental Health & Substance Abuse Needs
 - a. [PowerPoint](#)
 - b. [Press Coverage](#)
 - c. **Key takeaways:** Aligns with Healthy St. Mary's 2020 BH 4 Objective. The St. Mary's County Detention Center (SMCDC) has 230 beds, they are considered "full" at 85% capacity. Lately, they have consistently stayed full and inmates are staying longer than usual. Concern: jails are turning into psychiatric holding facilities.
 - i. 50% of the jail population are presenting with mental health needs, 97% of these inmates have co-occurring disorders.
 - ii. 40% of jail suicides occur in the first 7 days
 - iii. SMCDC is having to do detox services (not offered at MSMH)
 - iv. Over \$28,000 spent last year on psychiatric meds
 - v. Inmates with mental illness are usually sentenced with misdemeanors and recidivism is very high (around 90%)
 - vi. SMCHD does approximately 8,000 drug screenings per year, 69% referred for treatment (working on the possibility of another Vivitrol grant)
 - vii. 2 counselors/40 hours per week, 1 psychiatrist/6 hours per week
 - viii. No funding increase for years
 - ix. Jail expansion currently put on hold
 - x. Decreasing resources makes it harder to provide services
 - xi. Lack of affordable housing also leads to recidivism – Pathways mentioned that there has been no new funding to expand housing services for mental health patients for years.



- xii. In the past, it was a priority for people to be transferred from the detention center to a behavioral health facility (dropped off since December)

d. Questions & Suggested next steps:

- i. Dr. Brewster suggested a multi-disciplinary team meeting (failure to form teams is a barrier)
- ii. SMCDC expressed frustration with unreliable/unresponsive resources. Timely response from providers and partners is essential to developing a plan for services upon release to avoid re-entry. Pathways suggested that maybe the BHAT could assist with better linkages to available services
- iii. On Our Own asked if SMCDC had a forensic peer support specialist like larger counties do (they do not - PSS guides to resources in the community such as housing and mental health services, schedules appointments, etc.)
- iv. Providers: Help out by returning calls ASAP, make detention center call-backs a priority as they have limited time to coordinate services
- v. Suggested a hotline system or number that is available for the detention center to use in order to coordinate services
- vi. Many local providers are at capacity or have a wait list. It was suggested that maybe therapists could work with SMCDC to designate a number of emergency slots for inmate release.
- vii. Currently no “mental health court”. This is up to the judiciary to decide if they would like to create one. Gerry suggested that we may be able to help advocate for this as a team.
- viii. Critical time to interact with someone leaving DC is in the first 30 days. Presumptive Medicaid eligibility was discussed.
- ix. Dr. B suggested that care navigators/peers might be a good idea to help with the transition, though currently the only ones in the county are employed by Walden.
- x. Brought up that there is a distinct need for in home care since most people are not able to access services out in the community due to lack of transportation.

3. Suicide Prevention Updates

- a. **Suicide Means Restriction:** Reviewed the [means restriction presentation](#) from last year. AFSP are currently working on a gun prevention effort. Cost is the major barrier to implementing anything further, although literature can be distributed and we should be able to find money for the locks.
 - i. **Gun Locks:** AFSP volunteered to help start a pilot program in this county for gun lock distribution and coordinating it with their “talk saves lives” efforts. Pathways volunteered to help with the distribution of literature and locks as well. SMCDC said they tried this a while ago but discontinued the program. They also suggested sending locks out with the officers on patrol in case they come across situations where it may be appropriate to



distribute. SMCSO currently provides pamphlets when guns are returned to owners, they suggested giving the gun back with a lock already on it. AFSP said that this was done in Texas and it worked out well. The team also discussed coordinating distribution with local conceal/carry classes.

b. Suicide Prevention Panel

- i. Laurie from SMCM said that a date is being worked on in May. Space is not an issue at this time, getting speakers together is the issue.

4. Partner Updates:

- a. [Walden](#) is starting a grief recovery peer support group. Will be held on Wednesdays in the evening. They are also holding a Parent Café on March 25th.
- b. [PABA](#) distributed a bullying handout related to the recent suicide at Spring Ridge
- c. [On Our Own](#) offers a Nicotine Anonymous group Tuesdays at 7 p.m.
- d. [Pathways](#): The Transitional Age Youth (TAY) program (16-25 years old) is changing admission form to make it easier to make referrals. An updated questionnaire was provided for review.

5. Other business:

- a. **Opioids:** The team discussed the executive order from Governor Hogan and the possibility of starting of an opioid focused sub-committee. Priority is to prevent non-fatal overdoses from becoming fatal ones.
- b. **RSDT:** Gerry informed the team that copies of the letter from the Superintendent re: random student drug testing cannot be distributed at this time. The HSMP Steering Committee is working on a procedure for letter writing and response distribution at their meeting in March and the Co-Chairs will be able to share information with the team after a decision is made at that meeting. If you would like to view the letter, without taking a copy with you, please contact Jenna.
- c. **The next meeting of the Behavioral Health Action Team** will be held on Friday, May 12, 2016 from 2:00 – 3:30 at the St. Mary's County Health Department. The April meeting has been cancelled out of respect for team members and partner organizations that observe Good Friday. A [doodle poll](#) will be sent to the team for a sub-committee meeting in April that is focused on planning the Suicide Prevention Panel event.
- d. **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.

