



Deputy Secretary Behavioral Health Monthly Updates

September 2021

1. COVID-19 Vaccine Update

- **September 8, 2021 COVID-19 Vaccine Announcement**

Governor Larry Hogan today announced that the State of Maryland is immediately authorizing COVID-19 booster shots for all Marylanders 65 and older who are living in congregate care settings, including nursing homes, assisted living facilities, residential drug treatment centers, and developmentally disabled group homes. [Please see the release for more information.](#)

- **September 7, 2021 COVID-19 Vaccine Announcement**

Governor Larry Hogan today (September 7) announced that, according to [official CDC data](#), 95% of Marylanders 65 and older have now received at least one dose of a COVID-19 vaccine.

To date, Maryland has reported 7,616,568 vaccinations. According to CDC data:

- 95% of Marylanders 65 and older have received at least one dose.
- 81.5% of Marylanders 18 and older have received at least one dose.
- 80.4% of Marylanders 12 and older have received at least one dose.

As part of the No Arm Left Behind campaign, the Maryland Departments of Health and Aging continue to engage in [a number of multi-agency initiatives](#) to get more seniors vaccinated. The state's multilingual call center—available 7 days a week at 1-855-MD-GOVAX (1-855-634-6829)—provides direct assistance to seniors in need of help booking an appointment and finding transportation. Clinics are also available at [covidvax.maryland.gov](#).

- BHA continues to work in partnership with MDH, the local behavioral health authorities, and providers to increase the number of individuals being served through the Public Behavioral Health System with becoming vaccinated. We continue to see increases in the number of individuals who have behavioral health disorders becoming vaccinated.
- Based on data obtained on 8/29/21, 68% of individuals 65 and above are fully vaccinated, 44% of individuals 18 years of age and above are fully vaccinated, and 42% of individuals 12 years of age and older are fully vaccinated.
- The data helps behavioral health providers further to identify and prioritize individuals who may have chronic conditions or social vulnerabilities that pose barriers to vaccination. The below table shows Montgomery (60%), Howard (54%), and Fredrick (48%) are the top three counties with greater than 45% of their service recipients within the PBHS being fully vaccinated.



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- The below table is for Individuals (Age 12+ As of 08/29/2021) Served in the Public Behavioral Health System Since January 2020 by Vaccination Status.
 - Excluding Out of State Individuals, Out of State Providers, and Individuals with Less than Four Service Dates after November 2020 and those with Only Assessment/Evaluation, Inpatient, Emergency Room, Laboratory Services.
 - Count by Jurisdiction and based on Claims Paid through 08/29/2021.

Jurisdiction	Individuals Served	Partially Vaccinated	% Partially Vaccinated	Fully Vaccinated	% Fully Vaccinated
MONTGOMERY	11,950	846	7%	7,172	60%
HOWARD	3,876	279	7%	2,103	54%
FREDERICK	5,693	370	6%	2,738	48%
PRINCE GEORGE'S	14,026	1,077	8%	6,528	47%
TALBOT	1,095	71	6%	497	45%
BALTIMORE COUNTY	16,159	1,129	7%	7,105	44%
ANNE ARUNDEL	12,587	878	7%	5,359	43%
CARROLL	3,588	237	7%	1,487	41%
CHARLES	2,821	199	7%	1,166	41%
CALVERT	1,909	128	7%	771	40%
BALTIMORE CITY	51,817	4,347	8%	20,848	40%
HARFORD	6,933	417	6%	2,727	39%
QUEEN ANNE'S	956	69	7%	374	39%
SAINT MARY'S	2,551	162	6%	995	39%
KENT	821	64	8%	319	39%
WORCESTER	2,171	130	6%	834	38%
WICOMICO	4,274	285	7%	1,531	36%
CAROLINE	1,372	75	5%	480	35%
DORCHESTER	1,757	134	8%	588	33%
SOMERSET	1,167	73	6%	381	33%
WASHINGTON	7,208	372	5%	2,138	30%
CECIL	4,198	235	6%	1,182	28%
ALLEGANY	4,009	209	5%	1,108	28%
GARRETT	952	62	7%	255	27%
Total	163,890	11,848	7%	68,686	42%

- BHA supports outreach initiatives to increase COVID-19 vaccination uptakes of individuals served within the Public Behavioral Health System (PBHS). The vaccination uptake rate among service recipients of the PBHS lags far behind at lower rates than the general population. This may be due to available COVID-19 vaccine information, community norms, perception of vaccine safety and efficacy, and trust in the health care system, among other reasons. Clients with



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severe mental illness are at risk for increased morbidity and mortality resulting from COVID-19 are at higher risk of not being vaccinated.

2. ASO Updates

Optum Maryland continues to work with providers to reconcile payments from the “estimated payment” period. Providers who have received estimated payments and have not yet made contact with an Optum reconciliation manager are encouraged to email maryland.provpymt@optum.com.

3. BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve

The below September webinars are open for registration. All webinars are from 5-6 p.m. Registration for other webinars, which are also on the 2nd and 4th Thursdays of each month, are posted on the [BHA/MedChi webinar webpage](#), where webinar recordings and slides are also archived.

- September 9: **Ten Strategies on Building Resilience and Preventing Burnout.** Michelle Pearce, PhD. Moderator: TBD. [Register here.](#)
- September 23: **Dealing with Compassion Fatigue and Burnout.** Sarah E. Frazell, LCSW-C. Moderator: Daniela Acero, LMSW. [Register here.](#)

4. BHA Total Quality Management Initiative

BHA has also embarked on a total quality management (TQM) initiative. Total quality management focuses on the improvement of the quality of programs and services through continual improvement of internal processes, practices, and systems by ensuring accountability of all staff, stakeholders involved in the process for the overall quality of program and service outputs and outcomes. This initiative will allow the administration to align with a TQM consultant as we align our state and quality plan to measure the outcomes of the system and drive towards exemplary care. As we continue to lay the foundation of our TQM, we will be engaging with external stakeholders for feedback and recommendations. For more information on this work, please contact Stephanie Slowly at stephanie.slowly1@maryland.gov.

5. Block Grant

The Division of Planning submitted the annual Community Mental Health Block Grant and Substance Abuse Prevention and Treatment Block Grant applications on September 1. Maryland’s mental health allotment is \$14,009,566 and the substance abuse allotment is \$34,083,266. BHA received approval of its Mental Health APRA supplemental application on September 1.

6. COVID updates with Public Health Webinars

These webinars continue bi-weekly Fridays at 10 a.m. Archived recordings and slide presentations are available [on our website](#).



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- The August 25 webinar covered vaccine program highlights, including the future of the vaccine program, COVID-19 variants, testing, long COVID-19, monoclonal antibodies, and the long-term outlook for the pandemic. [This webinar and all BH/Primary Care webinars can be found on our website.](#)

You can also register for the September COVID-19 update webinars:

Wednesday, September 22 (5 - 6:30 p.m.) [Register here.](#)

7. COVID-19 Survey

- A presentation on the COVID-19 survey of providers regarding access to care and wellness of those they serve will be held on September 27, 2021.
- This presentation will review the results of the three surveys completed during the spring, fall, and winter of 2020.
- The results are focused on how COVID-19 affected access to care and success in treatment as well as successes and challenges of telehealth.
- The reports are available on the [BHA COVID Recovery webpage.](#)

8. COVID-19 RELIEF Act Funding

The State of Maryland Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families (RELIEF) Act provided support to providers who are essential to the behavioral health provider networks to have the support, resources, and opportunity to be sustained through the global pandemic and continue the vital work of assisting those individuals who are in need during this time. During the pandemic, crisis providers, recovery residences, residential rehabilitation programs (RRP), residential substance use treatment programs, and residential treatment centers continued to serve people experiencing a behavioral health crisis.

In April 2021, through the RELIEF Act, BHA provided \$1,717,135 in funding to seven crisis providers. The opportunity to expand the funds became available in the summer of 2021. This expansion allowed BHA to award funding to additional providers. In late summer 2021, BHA provided \$4,784,265 in funding to 16 providers across Maryland. BHA will be issuing a second Request for applications in September. BHA will provide additional details through a Provider Alert.

9. Crisis System Workgroup

BHA had the opportunity to meet with the New York Family Services League (NYFSL) to gain an understanding of the elements of their crisis system. NYFSL has a fully developed crisis system including a central hotline hub, mobile crisis teams, crisis stabilization centers and use of technology-driven software (among other services).

BHA has been working very closely with the Opioid Operational Command Center (OCC). For the last two years, under the Lt. Governor's Commission for Mental and Behavioral Health, OCC has led the Crisis Subcommittee. At the direction of the Lt. Governor and his office, the Crisis Subcommittee will be assumed under the Maryland Crisis System Workgroup. BHA is



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privileged to have the members of the OOC Crisis subcommittee join in the MCSW for a unified effort in building the Maryland Crisis System.

The five MCSW subcommittee updates include:

Best Practices/Standardization - In developing statewide standards, this subcommittee is working to implement HB 332 (Mental Health – Confidentiality of Medical Records and Emergency Facilities) which specifies that comprehensive crisis response centers, crisis stabilization centers, crisis treatment centers, and outpatient mental health centers (OHMC) may be included on the Emergency Facilities List. The Best Practices/Standardization subcommittee is currently collaborating with stakeholders to develop the program model, structure and standards to support crisis providers that wish to serve as an emergency facility (and receive emergency petitions).

Data Infrastructure/Dashboard - The data subcommittee is continuing to develop a standardized data collection, reporting and performance measurement system. The workgroup is launching a feasibility study for HB 1121 (Maryland Mental Health and SUD Bed Registry and Referral System).

Financial Stability/Sustainability - The Subcommittee met with representatives from the Maryland Medicaid Administration (MMA), behavioral health providers, and commercial insurance representatives to begin reviewing current and emerging funding opportunities of the Maryland Crisis System. In partnership with MMA, a grant was submitted to the Centers for Medicare and Medicaid Services to seek funding for a State Planning Grant for crisis system development.

Children, Adolescents, Young Adult (Crisis) Services (CAYAS) - BHA is working closely with the University of Maryland School of Social Work and School of Psychiatry on data collection, conducting a landscape survey and working to develop the response model which includes a uniform assessment and early stabilization for children, adolescents and young adults in crisis followed by a warm handoff to longer term stabilization services, community based outpatient or higher levels of care.

988 Integration - BHA, in partnership with the 988 Coalition, is in the middle of a six-month planning period which is funded through SAMHSA. SAMHSA and Vibrant, the 988 vendor, plan to launch 988 in July 2022. BHA is developing a draft plan on the integration of 988 into Maryland. This will be reviewed by the coalition in September with a final draft plan due to Vibrant and SAMHSA at the end of September.

10. Dangerousness Standards

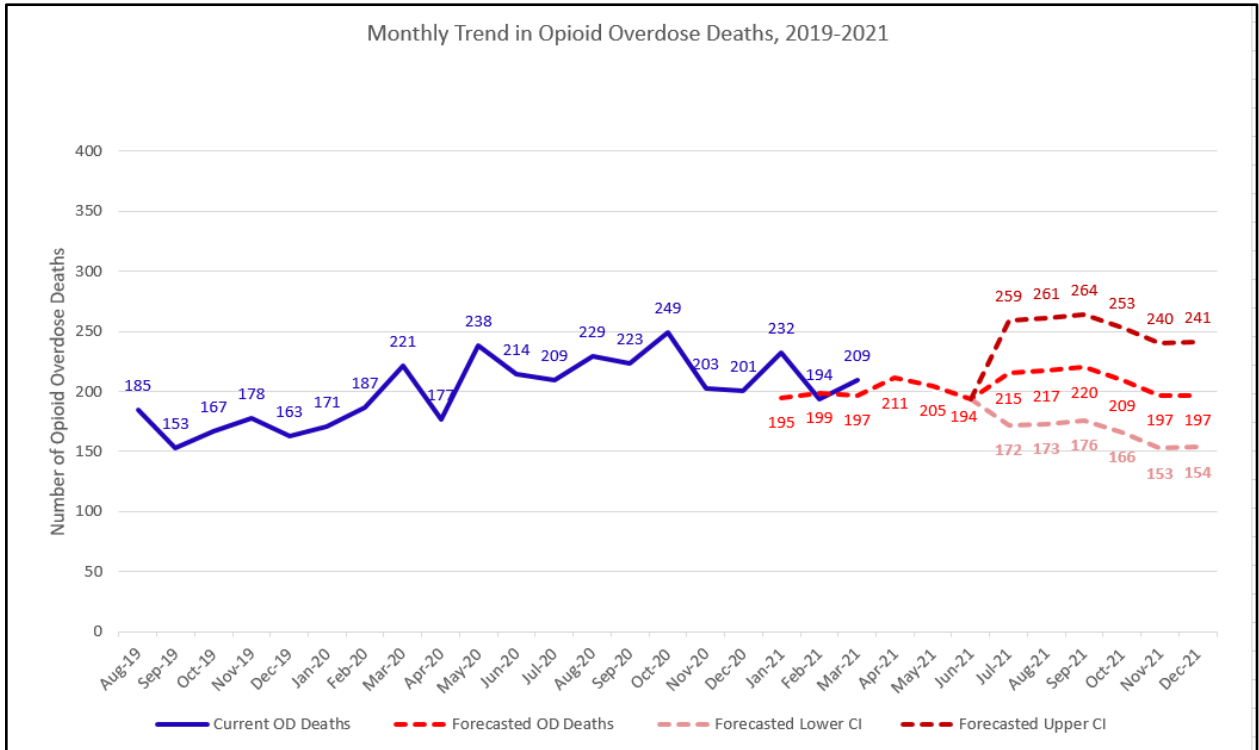
Over the last several months BHA and numerous stakeholders have been meeting to better define the language of involuntary civil commitment. The purpose of the meetings was to review national best practices on civil commitment and develop recommendations to provide greater clarity to Maryland's civil commitment definition.

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11. Multi-Agency Opioid Overdose Death Prevention Strategy Team

The BHA overdose death forecast model has been updated to reflect data through the 2nd quarter 2021, showing a revised forecast of 2,472 opioid overdose deaths for CY 2021 (an increase of <1% from the forecast (2,456) provided in March 2021. This change also reflects a 7% increase above the forecast of 2,301 at the end of CY 2020.



12. Racial Disparities Task Force

The Task Force has identified four goals:

1. Identify focused, data-informed interventions (programs/policies) as well as seek out innovative pilot/emerging projects that will reduce the disparity in overdose fatalities in the Black community which has been showing escalating rates of death despite statewide interventions.
2. To recommend programs/policies that will decrease factors contributing to the disparity in overdose deaths that reflect and include community voice/insights and address the structural determinants of drug use.
3. To determine how to increase acceptance of evidence-based practices for opioid use disorders in affected communities using a tailored approach



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4. Considering historical inequities, ensure equitable allocation of resources to combat the opioid epidemic

Workgroups are currently being formed in alignment with the Task Force's stated goals. To further investigate contributing factors and to deliberate policy and program solutions to reduce overdose mortality within the Black Community, workgroups will meet between September 2021 and March 2022. Workgroups are open to the public and we encourage your participation.

If you are interested in joining a workgroup, **please contact Marianne Gibson:** Marianne.Gibson@maryland.gov, **by Friday, September 10**. We anticipate broad interest in the workgroups, so when responding, please rank order your preference for participating in each workgroup and indicate the skills and expertise you will bring to the group.

13. Suicide Prevention

[Maryland's Suicide Prevention Conference](#) is held every year on the first Wednesday of October. The 33rd Annual Suicide Prevention Conference will be held on October 6, 2021.

An analysis of Maryland suicides over the past four years shows that the rate of veteran suicides in comparison to adults across the state has been more than double that of its counterpart. In CY 20, veterans 18-34 were 2.5 times more likely to commit suicide than their civilian peers in the general population. Across the country, the U.S. has seen an increase in suicide attempts, and anticipates a lagging behavioral health response to the COVID-19 pandemic. To quell this rate, it is critical that providers pay particular attention to veterans for the foreseeable future.

14. Telehealth

MDH has launched a [BHA telehealth equipment pilot program](#) to help increase access to clinically appropriate telehealth services for mental health and substance use disorder patients in ten Maryland jurisdictions. The program provides funding for smartphones, tablets, and high-speed internet access for telehealth videoconferencing.

15. Workforce Training

BHA has a new online training portal: bhatrainings.health.maryland.gov. The portal offers a self-paced opportunity for behavioral health professionals, peers, and family members to engage in and learn about various topics. The portal provides access to implementation training videos, downloadable materials, tips from providers who have already implemented the interventions, and expert advice on a variety of topics related to implementation and fidelity.

- To register for the current course offerings and to create your unique account go to the Login/Register page at appbhatrainings.health.maryland.gov/register.
- All courses provided in the BHA Training Portal are free and sponsored by 3C Institute, which is accredited by the American Psychological Association (APA) and the National Board for Certified of Counselors (NBCC) to provide CE credit.
- Available courses include Assessment and Strategic Planning and Data-Driven Approaches to Addressing Disparities, Cultural and Linguistic Competency, Distinguishing Suicidal Ideation from Intrusive Self-Harm Obsessions, Extreme Risk



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Protection Orders: A Health Intervention for Preventing Firearm Suicide, Suicide Prevention Training: Recognize, Ask, Care, Encourage, and Suicide Risk Assessment and Management for Behavioral Health Professionals.

- FAQs about the webinars and CE credit can be found here: bhatrainings.health.maryland.gov/faqs.