



Deputy Secretary Behavioral Health Monthly Updates

December 2021

- **American Rescue Plan Act (ARPA)**

Stakeholder FMAP Reinvestment Ideas survey is now closed. Thank you for your comments and submissions.

- **BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve**

- The next webinar is on January 13: Cultivating Compassion and Resilience for Yourself and Those in Your Care. Beth Terrence, MS. Moderator: TBD. [Register here.](#)

Registration for future webinars, which are on the second and fourth Thursdays of each month, will be posted on the [BHA/MedChi webinar webpage](#), where webinar recordings and slides are also archived.

- **PBHS COVID-19 Vaccination Status:**

- **COVID-19 vaccination rates increased by age, with the lowest rate in individuals aged 12 years and older and the highest rate in individuals aged 65 years and older. As of 11/22/2021:**

- 55% of individuals aged 12 years and older have received at least one dose of the vaccine and 49% of them have completed the series.
- 56% of individuals aged 18 years and older have received at least one dose of the vaccine and 50% of them are fully vaccinated.
- 79% of individuals aged 65 years and older have received at least one dose of the COVID vaccine and 73% of them are fully vaccinated.
- Montgomery (72%), Howard (67%), and Prince George's (61%) are the top three jurisdictions with individuals aged 12 years and older who have received at least one dose of any COVID-19 vaccine.

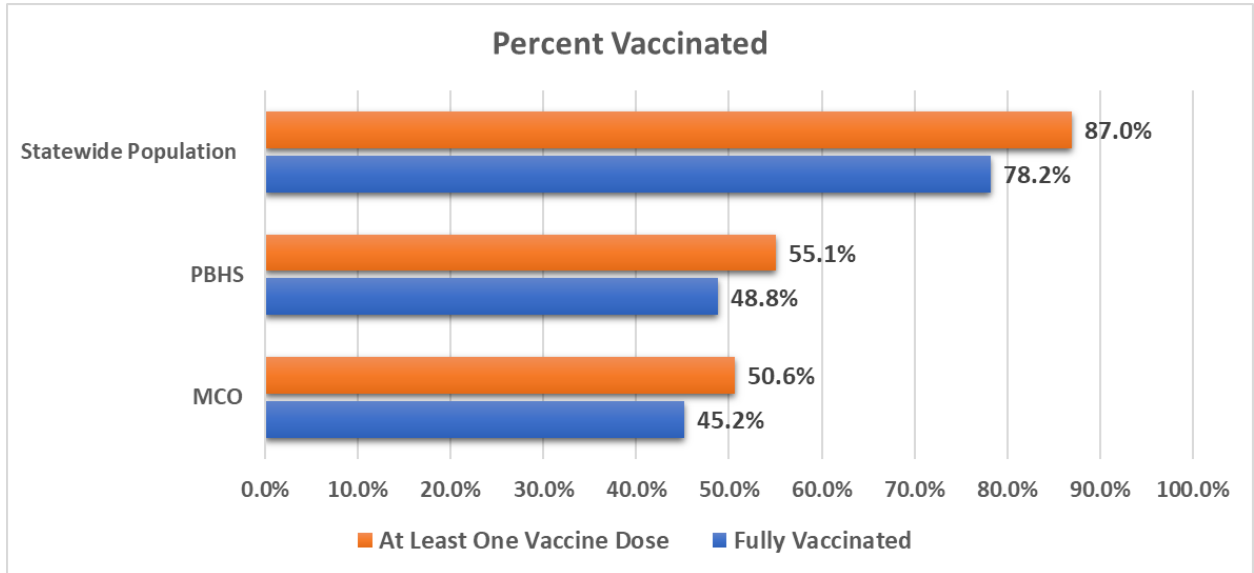
- **Comparing MCO, PBHS, and All Marylanders Vaccination Rates (Percentage of Individuals Ages 12+).** COVID-19 vaccination rates are lower among individuals served



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within the PBHS than the general population.



- **Percentage With At Least One Vaccine Dose by Age Groups:**

Age	PBHS	MCO	General Population
12+	55.1%	50.5%	87.0%
18+	56.3%	51.5%	88.8%
65+	79.4%	0.0%*	98.0%

- **Individuals with age 65+, eligible for Medicare enrollment.*
- *Data is current for MCO - as of 11/19/2021, PBHS- as of 11/22/2021, and for the General Population is as of 11/30/2021.*

- **COVID-19 Updates with Public Health Webinars**

Held Every Other Friday from 10:00 am to 11:00 am. Next webinar is January 7, 2022. Starting January 7, the webinar is moving to a ZOOM platform, and here is the registration information:

You are invited to a Zoom webinar titled Behavioral Health Provider Webinar with Public Health
 When: Jan 7, 2022, 10:00 AM Eastern Time (US and Canada)



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Every 2 weeks on Friday at 10am until Nov 10, 2023, 49 occurrence(s).

Please download and import the following iCalendar (.ics) files to your calendar system.

https://us02web.zoom.us/webinar/tZ0uc-yprz8oH90COcLkuMhi24h-pZaCMKQH/ics?icsToken=98tyKuGhrT8vG9WRshyORpx5A4-gZ-vzmClBgvoNvzDmLytGTWv_ZLZKf6JFEfv9

Topic: Behavioral Health Provider Webinar with Public Health (every other Friday at 10 a.m.)

To join any of the webinars:

Please click on this link: <https://us02web.zoom.us/j/89345114259>

Or One tap mobile:

US: +13017158592,89345114259# or +19292056099,89345114259#

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +1 301 715 8592 or +1 929 205 6099 or +1 312 626 6799 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833

Webinar ID: 893 4511 4259

International numbers available: <https://us02web.zoom.us/j/89345114259>

- **Crisis System Workgroup**

BHA is developing the crisis care continuum based on 6 regions: Capital, Central, Lower Eastern Shore, Mid-Eastern Shore, Southern and Western.

BHA met with LBHA directors in the Western Region to begin discussing the development of the Facilities Master's Plan - Comprehensive Crisis Center in Washington County.

BHA was invited by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to join the Crisis Scene Collaboration Workgroup. The purpose of the workgroup is to improve collaboration between law enforcement and emergency medical services when responding to a person in a behavioral health crisis.

Best Practices/Standardization - BHA is working with GBRICS and the University of Maryland Innovations Institute to develop definitions and practice standards for crisis services.

Data Infrastructure/Dashboard - A crosswalk of various crisis screening tools was completed. The Crisis Assessment Tool (CAT) will be used as the state recommended screening tool. This tool will be implemented and used in the mobile response (crisis) teams and urgent care centers.

Child, Adolescent and Young Adult System (CAYAS) - The University of Maryland Innovations Institute completed a survey of child crisis services across Maryland. The survey reached counties



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and individual providers (mobile crisis and stabilization services). The survey provides a landscape analysis of funding and includes services provided by non-MDH funding sources.

- **Crisis Services**

Two Notices of Funding Availability were issued to the local behavioral health departments and core service agencies to provide support for a regional crisis system using the nationally recognized Care Traffic Control model. The other award supports the establishment of an urgent care center preferably in a rural region of the state.

- **The Racial Disparities in Overdose Task Force**

The next Task Force meeting will be held on December 15th and will include discussions of how each workgroup is compiling information and resources to inform the group's recommendations, and a presentation by Mark Luckner of the Community Health Resources Commission (CHRC). The CHRC will be issuing a request for proposals, and one of their focus areas will be on proposals that are related to behavioral health and the impact of opioid use disorders on the black community.

Work groups continue to meet monthly to discuss their goal and potential programs and policies that may be recommended to the Lt. Governor.

- **Suicide Prevention**

The Office of Suicide Prevention is focusing on youth suicide prevention. The Office will be releasing a youth suicide prevention toolkit titled "Keeping Our Kids Safe" to stakeholders and to the public by mid-December. This toolkit has been created primarily for professionals and adults who work with youth and includes factsheets that address when and how to talk to youth about suicide, along with risk factors for suicide among youth. This comprehensive resource is also appropriate for teens looking to learn more about how to ask for help.

The Maryland Office of Suicide Prevention will also launch MD Young Minds, an extension of the highly acclaimed mental health outreach texting program, MD Mind Health. This program will go live along with the release of the youth suicide prevention toolkit in mid-December. MD Young Minds is a text-based mental health initiative geared towards youth and young adults to help fight isolation, encourage mental wellness, and provide helpful tools for peer and self-assessment. Text messages sent through the program provide supportive youth-focused mental health messages, but also remind recipients that immediate access to mental health services is available. If in distress, individuals can call 2-1-1, chat through the 2-1-1 website (pressone.211md.org), or text 898-211. All actions will link the individual to a call specialist available 24/7. Once the service is live, young Marylanders can text MDYOUNGMINDS to 898-211 to sign up.

Subscribe to The Office of Suicide Prevention's mailing list to receive a copy of the toolkit, more information about MD Young Minds, future training opportunities, and more from the Office of Suicide Prevention: <https://lp.constantcontactpages.com/su/XHXHIEn>

- **Clozapine Risk Evaluation and Mitigation Strategy (REMS)**



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The [FDA is temporarily exercising enforcement discretion with respect to certain Clozapine REMS program requirements to ensure continuity of care for patients taking clozapine](#). Last month's update discussed the FDA alert on modifications to the Clozapine REMS system that indicated that by November 15, 2021 all prescribers and pharmacies using the system must be recertified, and that prescribers must also re-enroll their patients.

Due to problems with implementation of these modifications to the Clozapine REMS program, and the potential impact to patient care, FDA does not intend to object if:

- Pharmacists dispense clozapine without a REMS dispense authorization (RDA).
- Wholesalers ship clozapine to pharmacies and health care settings without confirming enrollment in the REMS.

Also per the FDA: Abrupt discontinuation of clozapine can result in significant complications for patient treatment. Health care professionals should use their clinical judgment with regard to prescribing and dispensing clozapine to patients with an absolute neutrophil count (ANC) within the acceptable range.

- **Projects for Assistance in Transition from Homelessness (PATH) Webinars and Upcoming Conference -**

BHA will be hosting a PATH Conference for PATH funded providers and behavioral health providers working with individuals who are experiencing homelessness:

January 19, 2022 - from 9 AM to 4 PM More information regarding registration to come out soon. The conference will have the following sessions:

- Landlord Engagement in a Housing First Framework
- Understanding Insidious and Historical Trauma and How to Deliver Trauma-Informed Care to Promote Healing and Recovery
- Outreach and Engagement for Special Populations People with Co-occurring Disorders
- Outreach and Engagement for People Who Identify as LGBTQIA+