



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Behavioral Health Administration
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October 7, 2020

Dear Behavioral Health Partners:

Happy Harvest Season and a Happy Halloween (in advance) to you all! I hope this fall season will present opportunities for you to enjoy some hot apple cider and outdoor activities with your loved ones. May you find moments to recharge and feel reinvigorated!

Over these past few months, with the COVID-19 pandemic and the challenges transitioning to a new Administrative Services Organization, we have been presented with many challenges. Now as we enter into the fall, with the additional concerns that influenza brings each year, we must remain ever vigilant to keep ourselves safe, our communities well, and our behavioral health provider network stable. So, please **get your flu vaccination**, and set a target to have more of the consumers of your services get vaccinated this year than last year. Make a plan! It is more important this year than ever since more lives can be saved if there are fewer cases of flu combined with COVID-19.

Thank you to everyone who completed the **recent survey about COVID-19** and its impact on those we serve. This is a second survey on the same topic and is helping inform BHA about the needs of consumers, clients, and patients. The survey closed September 25, and we received a total of 930 responses! The respondents represent all provider types and many advocacy/support agencies. They also reflect services provided to all age groups. BHA will be compiling the comments and results into a report that will be available around the end of November 2020.

During the month of September, we celebrated National **Recovery Month** and wore our purple in honor of those with successes in recovery, and those still on their journey. Your messages of hope will continue to inspire individuals and families to never give up and to seek treatment and support that will enable them to succeed and regain wellness. I thank you for your participation in National Recovery Month and sharing your voice to heighten awareness that treatment works and bringing encouragement to Maryland's families.

Early this month we received notification that the U.S. Department of Health and Human Services Secretary Alex Azar announced that he has [issued a renewal of the COVID-19 public](#)

Letter to BH Partners from Deputy Secretary Behavioral Health
October 7, 2020

[health emergency](#), effective October 23 to help individuals access needed services. Assuming another full 90-day extension, this will extend the Public Health Emergency, with its telehealth flexibilities, through **January 21, 2021**. We appreciate that this announcement was made so early.

We are pleased to announce the release of **BHA's 2020-2021 State Behavioral Health Plan**. The 2020-2021 Behavioral Health Plan is the result of a series of discussions by and inputs from internal and external stakeholder groups. BHA would like to acknowledge all of the individuals and organizations who contributed to the development of this plan. The plan addresses major issues that support the implementation of behavioral health integration, access to care, ongoing behavioral health projects, and initiatives and partnerships that foster continued improvement in the delivery of services for individuals with mental health and substance related disorders. The plan is posted on BHA's website:

<https://bha.health.maryland.gov/Pages/Behavioral-Health-Plans.aspx>

October is recognized as **National Depression Education and Awareness Month**. Historical research has shown that when there is a large-scale disaster, whether traumatic, natural (e.g., hurricanes), or environmental, it is almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse. Numerous current national studies have demonstrated increased rates of Depression symptoms in U.S. citizens, Maryland is no exception as the **Household Pulse Survey released by CDC showed that 29-32%** of Marylanders have symptoms of depression that warrant further screening for clinical disease in the final weeks of July 2020. It is more critical than ever that we bring awareness to depression and other mental health issues and educate individuals that treatment works and how and where to seek professional help. I encourage everyone to share the website www.mindresilience.org which can help individuals develop the skills needed to be resilient and mentally healthy. Additionally, it would be an opportune time for us to emphasize the availability of the BHA-sponsored texting program through Maryland's 211 crisis helpline — **MD Mind Health** — whereby texting "**MDMindHealth**" to **898211** individuals can opt-in to receive caring messages to help them stay connected and improve mental wellness.

The various effects of the COVID-19 pandemic, including but not limited to the social isolation, uncertainty, unemployment, difficulty accessing care, loss of life, loss of norms and celebrations, and financial difficulties have contributed to and exacerbated mental distress, which can contribute to thoughts of suicide. To monitor and track any potential spikes by jurisdiction, race, sex or age group, BHA is reviewing current CY19-20 Suicide death data received from the Office of the Chief Medical Examiner (OCME) and the Vital Statistics Administration on a monthly basis. According to data from the OCME:

- March 1–July 31, 2020 suicides are down 14% for this time period as compared to March 1–July 31, 2019
- Proportions of suicides have remained relatively stable across gender and age group

- African Americans represent 25% of suicide deaths for the time period compared to 18% for the same time period in 2019
- Whites represent 66% of suicide deaths for the time period compared to 71% for the same time period in 2019
- Proportions of suicides have remained relatively stable for other racial groups

We are monitoring the number of calls to the **Maryland Crisis Hotline (211, Press 1)**, and regularly sharing this information with the local Behavioral Health Authorities. You may have read reports that we are indeed seeing a rise in utilization. In fact, for the month of August alone we saw a 12% increase in the number of calls related to COVID 19.

Calls

- **FY20 Q4 Calls up 11% compared to FY19 Q4 Calls**
 - Apr-Jun 2019: 6,607 calls
 - Apr-Jun 2020: 7,363 calls

Chats

- **FY20 Q4 Chats up 353% compared to FY19 Q4 Chats**
 - Apr-Jun 2019: 51 chats
 - Apr-Jun 2020: 231 chats
 - August 25% related to COVID

Texts

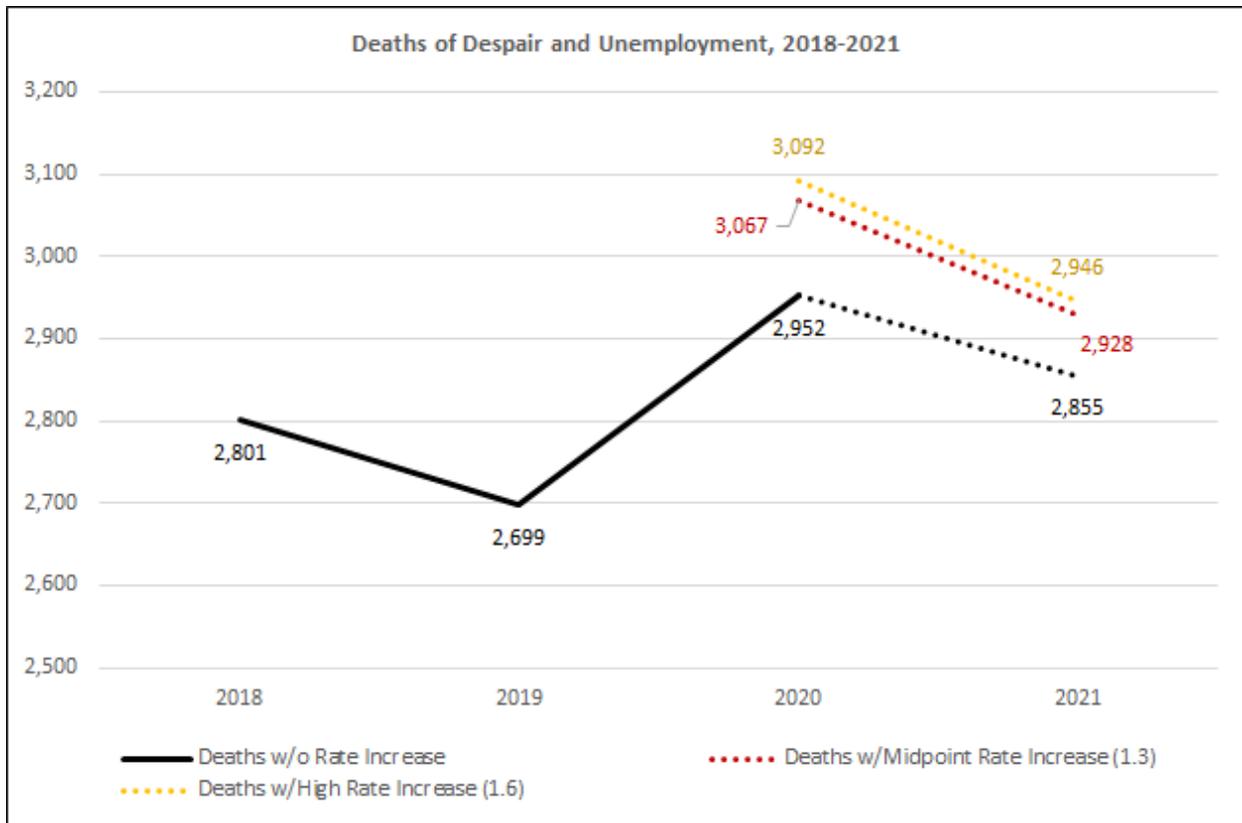
- **FY20 Q4 Texts up 425% compared to FY19 Q4 Texts**
 - Apr-Jun 2019: 221 texts
 - Apr-Jun 2020: 1,160 texts
 - August 42% related to COVID

Though our suicide rates are lower than usual, it is important to note that access to lethal means is a proximal risk factor to suicide, and with stay-at-home orders and people spending more time in their home, lethal means may be more readily accessible than previously. **Extreme risk protection orders (ERPO)** are a gun violence restraining order that allows firearms to temporarily be retrieved from someone who is a threat to themselves or others. The petition can be granted for up to one year through the district court. The ERPO also temporarily prohibits people from purchasing firearms. If other lethal means safety measures have been unsuccessful, ERPO may be an option. Family members, medical and behavioral health professionals, and law enforcement are petitioners under the law. Find out more about ERPO here:

<https://health.maryland.gov/suicideprevention/Pages/extremeriskprotectionorderinformationaltoolkit.aspx>.

ERPO training for hospital Emergency Departments and hospital psychiatric inpatient units will be available in late fall 2020. Look for details in next month's partner letter.

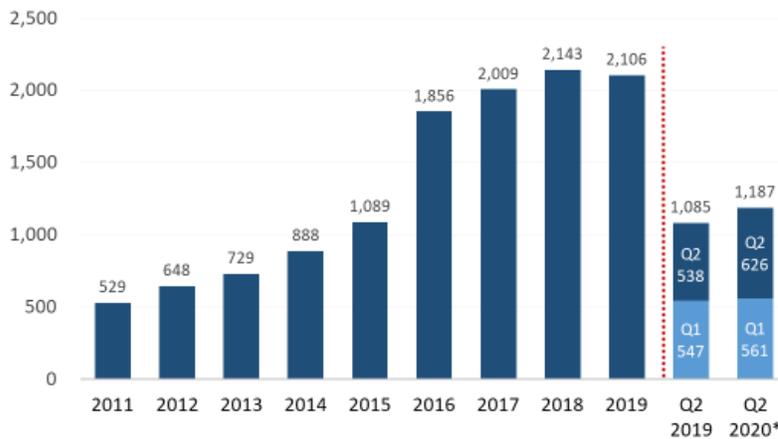
BHA is analyzing the impact of COVID-19 and unemployment on deaths of despair (substance misuse related deaths and suicide). In 2020, deaths of despair are projected to be 5.4% higher than they were in 2018 and 9.5% higher than they were in 2019. When taking into account the economic impact of COVID-19 and national research on the relationship between unemployment and deaths of despair, the projected rates for 2020 increase 3.9% and 4%, respectively. These projections increase the forecasted deaths of despair to between 13.6% and 14.6% above the 2019 total.



Note: Deaths of despair include actual counts of suicide deaths for CY2018 only. Suicide deaths in subsequent years are projections since CY2019 and CY2020 data has not been released. Actual counts of substance related deaths are included for CY2018 through the 2nd quarter of CY2020.

Additionally, in reviewing the recent 2nd quarter opioid-related data, we are also seeing an increase in fatal opioid-related deaths.

Opioid-Related Fatalities – 2011-Q2 2020*



*2020 counts are preliminary.

These numbers are alarming and call for immediate proactive measures to enhance our collaborative prevention efforts. The BHA Office of Suicide Prevention and the Governor’s Commission on Suicide Prevention remain vigilant. BHA continues to partner with the OCCC, other MDH partners, and the local jurisdictions through our Opioid Overdose Prevention Strategy meetings and our partner Clinical Advisory Council to share data, monitor overdoses and discuss local practices designed to mitigate against further such increases.

In addition to emphasizing the importance of self-care to continue the important work that we do, the Behavioral Health Administration (BHA) and MedChi are pleased to announce a new webinar series starting on October 29, titled the **BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve**. These webinars are for the State's healthcare provider workforce from all disciplines, designed to enhance both provider self-care and resultantly the care they provide, as they combat numerous stressors including the COVID-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care. CMEs will be available at no cost, as will Participant Certificates, which for most disciplines also qualifies for their continuing education credit.

Current topics and speakers scheduled are as follows.

- October 29: Coping with the COVID-19 Pandemic. Hinda Dubin, MD.
- November 12: Stress Management During COVID-19 with Attention to Financial Distress. Richard Silver, MD.
- December 3: Coping with the Ambiguous Losses and Stress of the Pandemic. Alex Chan, PhD.

Letter to BH Partners from Deputy Secretary Behavioral Health
October 7, 2020

- December 17: Recognizing and Treating Racial Trauma. Stephanie Slowly, MSW, LCSW-C.
- January 14: The Approach to Impaired Clinicians. Martin Rusinowitz, MD.
- January 28: Behavioral Health Symptoms in Those with COVID-19. Adam Kaplin, MD, PhD.

To register for these and future webinars look for them soon to be posted on [BHA's COVID-19 webpage](#). If you are interested in delivering a presentation, being a moderator for a specific presentation, or have topics to suggest, please contact Steven Whitefield at steven.whitefield@maryland.gov.

The Friday webinars for Behavioral Health Providers with **Public Health** will continue to be held at 10:00 a.m. and at the end of each webinar the recording and PowerPoint slides will continue to be posted on the [BHA COVID-19 webpage](#).

Several weeks ago, BHA developed a **protocol and reporting form to report positive client and staff COVID-19 test results to BHA**, designated only for opioid treatment programs (OTP) and residential/congregate living facilities. This form was designed to help improve communications and coordination of a rapid response between a provider, their local health departments and behavioral health authority, and BHA, with an ultimate goal of minimizing the spread of COVID-19 in programs at greatest risk to be impacted by client/staff disease. Please note, this is not a survey, so only providers who have a positive test should complete this form. This information also helps the BHA to know in advance if there is a risk to service access, so that we might provide support as early as possible. The form and protocol are posted on the top of the [BHA COVID-19 webpage](#) as the [BHA COVID-19 Positive Test Reporting Form and Protocol for OTPs and Residential/Congregate Living Facilities](#).

During the latter part of September, the BHA and Developmental Disabilities Administration (DDA) application for the Maryland Non-Profit Recovery Initiative (NORI) was **extended until October 9** to allow for more participation. The application also has updated funding criteria to include (1) grant assistance for basic operating support and (2) an increase in the maximum grant request amount for all applicants. Eligible non-profit organizations can receive up to \$75,000 in grant assistance for operational support. If you have not submitted an application, I encourage you to do so before 5pm on Friday, October 9. For more information, including eligibility requirements and application guidelines,

visit <https://dhcd.maryland.gov/Communities/Pages/BHA-DDA-NOFA.aspx>.

To apply, click: <https://onestop.md.gov/forms/BHA-DDA-Maryland-Nonprofit-Recovery-Initiative-5f2042f07b104b0100641f0a>

During the month of September, we provided the **updated guidance found below**. We will continue to provide updates as needed. All of these documents will continue to be posted on the BHA web page ([BHA webpage](#)).

Letter to BH Partners from Deputy Secretary Behavioral Health
October 7, 2020

Providers

- [Fight the Flu: Poster](#) (September 30)

Telehealth

- [Frequently Asked Questions](#) (September 23)

The Optum ASO return to go live continues to move ahead. More than half of providers receiving estimated payments have now received all of the data they need to reconcile their estimated payments against claims. Weekly payments from the ASO are now in line with those in the prior ASO, and system improvements are reducing backlogs of paid claims.

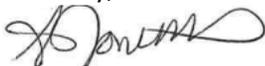
The BHA **BH Equity Workgroup** continues to work towards developing a strategic plan that will bring us closer to equitable outcomes throughout the Maryland behavioral health system. In the coming weeks and months, the BH Equity team will be engaging external stakeholders as we formalize our strategic plan. For more information, contact Stephanie Slowly, Director of Systems Management at stephanie.slowly1@maryland.gov.

The **PRP Workgroup** continues moving forward. We held the inaugural stakeholder's workgroup meeting last month. We continue to develop and implement plans throughout the behavioral health system to continuously engage stakeholders, develop policies, standards and a framework that will ensure quality PRP program outcomes across the state. We are thankful for our engaged partners.

Finally, I am pleased to report that BHA was awarded a **SOR II grant from SAMHSA** in the amount of \$50,751,132 annually for two years, and a **SOR No Cost Extension grant** award in the amount of \$34,607,039. The State Opioid Response II (SOR II) grant will be used to enhance and continue prevention, treatment, and recovery services for individuals who have opioid and/or stimulant use disorders. The SOR No Cost Extension grant will allow SOR I grant prevention, treatment and recovery efforts not fully implemented to be extended through September 29, 2021.

I want to thank each of you for your ongoing due diligence in helping to build community wellness through your provision of service, educational and awareness efforts, and your ongoing partnership in enhancing our preventive efforts to improve and save lives. We will continue to work together on addressing health disparities to improve outcomes and eliminate barriers to quality as well as equality throughout our healthcare system. I appreciate all of your efforts, your support and your fortitude in helping us address all of the challenges we are tackling now and in the coming months. As always, I am encouraged that we will continue to meet these challenges with your support and continued partnership. Until we meet again please remember to wash your hands, wear your mask, stay physically distanced and get your flu shot!

Sincerely,



Aliya Jones, M.D., MBA/ Deputy Secretary Behavioral Health