Welcome!
We will start in just a few minutes.

Mental Health and the Dual Pandemic: Town Hall with Behavioral Health Administration

A copy of the presentation slides & a recording of the presentation will be shared after the program.

Web-Participant Instructions:
All lines are muted.
Submit questions to the presenter using the Q&A feature.

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• See Upcoming Events
Upcoming Events –

COVID-19 UPDATES FOR NONPROFITS
New Guidance on PPP Loan Forgiveness – July 1
Weekly Member Call on COVID-19
July 8, 15, 22, 29

COVID19 EQUITY SERIES
Inequities and the Incarcerated
July 9

FINANCIAL MANAGEMENT
Chief Financial Officer Roundtable
July 2020

LEADERSHIP, PEER-TO-PEER
Executive Director Roundtable The First 5 Years
July 1
Advanced Executive Director Roundtable
July 22

NONPROFIT FUNDAMENTALS
Advocacy Rules in an Election Year for Nonprofits
July 2020

Nonprofit Basics: Fundraising Regulations, Advocacy & Public Policy
August 6

#MANOAC2020 - Maryland Nonprofits & MARFY Annual Conference
October 14 - 15

marylandnonprofits.org
Call to Action:

Today’s Presenters

Jan Desper Peters
BTST Cares, Inc.
Director of Strategic Partnerships

Stephanie Slowly
Behavioral Health Administration
Chief of Staff

Kate Farinholt
NAMI Maryland
Executive Director
Mission

BTST Cares Inc. is a 501(c)3 nonprofit whose mission is to work with the clients served by BTST Services and others in the communities in which we provide those services to achieve a high quality of life in an equitable world.

BTST Services, where a “Better Tomorrow Starts Today” is a CARF accredited mental health agency that has been operational since 2008. BTST Services provides comprehensive programming and integrated care to children, teens, and adults throughout the state of Maryland. BTST Services are collaborative as we offer an array of primary and support services, including an Outpatient Mental Health Clinic (OMHC), Psychiatric Rehabilitation Program (PRP), better understood as therapeutic mentoring, and medication management. Chris Simon, the CEO, founded BTST Cares Inc., a 501(c)3 nonprofit organization and Jan Desper Peters is the Executive Director.
Community Initiatives

- Served as a regional sponsor, curator, moderators, and speakers for Taraji P. Henson’s Boris L. Henson Foundation’s first national 3-day conference on Black mental health, “Can We Talk?”
- Partnered with Raven’s tight end, Haden Hurst’s Foundation, to provide no-cost mental health services to athletes in Baltimore city public schools.
- Hosted Charlamagne tha God in BTST’s signature community initiative Mental + Healthcare with the purpose of identifying notable figures in pop culture with lived mental health experience to have an authentic conversation with young people about mental health.
- Partnering to Build a Community Playground in West Baltimore – Playmore B’more.
- To address the digital divide for the youth we serve, we have implemented a Laptop Giveaway initiative in partnership and because of donations from Baltimore Robotics and Digital Harbor Baltimore.
- Selecting a family each month to provide resources for a specific need or sponsor a fun family outing.
- Quarterly Care Packages for the Homeless to include a sandwich, snacks, water & toiletries.
- Periodic Care Packages for Breast Cancer Survivors in Treatment at Franklin Square Hospital.
- Annual Prom for Client Parents who may not have experienced their own prom. This includes receiving beauty/barber services and formal attire for males and females.
COVID-19 Response and Behavioral Health Equity: Behavioral Health Presentation

Stephanie Slowly, MSW, LCSW-C
Chief of Staff, Behavioral Health

June 25, 2020
COVID-19 Response and Behavioral Health Equity

Today’s Objective

1. Overview of the Behavioral Health Administration
2. What is meant by the “Dual Pandemic”
3. What has been BHA’s response
4. Review key terms
5. Trauma of racism
6. Review the harmful impact of trauma
7. Doing our part – Call to action
8. Next steps and take away
COVID-19 Response and Behavioral Health Equity

The Behavioral Health Administration: Who are we?

**Mission:** The BHA will, through publicly-funded services and supports, promote recovery, resiliency, health, and wellness for individuals who have or are at risk of having emotional, substance-related, addictive and/or psychiatric disorders to improve their ability to function effectively in their communities.

**Vision:** Improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care.
Goal: Building community wellness and improving/saving lives

**COVID-19 Response and Behavioral Health Equity**

**Populations served:** Medicaid beneficiaries and uninsured individuals with behavioral health disorders who meet medical necessity.

**Increasing access to care by expanding:**
- capacity of 24/7 crisis services
- the workforce
- the use of telehealth and other information technology applications

**Improving quality of care by:**
- improved data collection and analysis capabilities
- moving to measurement-based care
- expanding cultural and linguistic competency trainings
- increasing support of Evidence-Based Practices and promising practices
- increasing integration of care

**Improving coordination of care by:**
- developing and utilizing an integrated systems management approach
- expanding recovery services and supports
COVID-19 Response and Behavioral Health Equity

What is the Dual Pandemic: COVID-19

March 5, 2020:
The first positive COVID-19 cases were reported MD
**COVID-19 Response and Behavioral Health Equity**

**What is the Dual Pandemic: COVID-19**

<table>
<thead>
<tr>
<th>Basic Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of positive cases (June 24): 65,337</td>
</tr>
<tr>
<td>The greatest impact by ethnicity: African Americans</td>
</tr>
<tr>
<td>The greatest impact by age median: 40-49</td>
</tr>
</tbody>
</table>
COVID-19 Response and Behavioral Health Equity

What is BHA’s Response

• Helping to **expand and strengthen telehealth and telephonic options**

• Developed **PSAs** on recognizing anxiety, stress, and depression

• **Shared Suicide Prevention Guidance**

• **Developed a Telehealth Resource Guide** and an [interactive Telehealth Map](#)

• **Organized webinars for the Maryland Primary Care Program (MDPCP)** for ambulatory care providers to help support the mental resilience of frontline physician providers
COVID-19 Response and Behavioral Health Equity

BHA Response (continued)

• In the process of developing a new program
  • A collaborative partnership focused on providing mental health support for personnel working in skilled nursing and other long-term care facilities impacted by COVID-19.

• We are working with the Maryland Institute Emergency Services System (MIEMSS) to provide 24/hr telehealth services for these front-line support staff.
COVID-19 Response and Behavioral Health Equity

What is the Dual Pandemic: Behavioral Health Equity
What is the Dual Pandemic? Behavioral Health Equity

Mr. Freddie Gray:
April 12, 2015

Mr. George Floyd:
May 25, 2020
Key Terms

- **Bias** – a prejudice in favor of or against one thing, person or group compared with another usually in a way that’s considered to be unfair.

- **Implicit (Unconscious) Bias** – attitudes towards people or associate stereotypes with them without our conscious knowledge.

- **Micro Aggressions** – a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.

- **Race** – a social construct that refers to belonging to a group of people who shared a common ancestry from a particular region of the globe. Common ancestry is accompanied by superficial secondary physical characteristics such as skin color, facial features, and hair texture.

- **Racism** – prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment. Racism can be expressed on interpersonal, structural/institutional, or internalized levels.
The Harmful Impact

The impact trauma can have on mental health:

- Create a hostile and invalidating work or campus climate
- Perpetuate stereotype threat
- Create physical health problems
- Saturate the broader society with cues that signal devaluation of social group identities
- Lower work productivity and problem-solving abilities, and be partially responsible for creating inequities in education, employment and health care
COVID-19 Response and Behavioral Health Equity

What is the impact on mental health

Life Expectancy: 79 years vs. 70 years
What is BHA’s Response

- BHA has developed a Behavior Health Equity Workgroup
- The workgroup is striving to find programs, policies and pathways to move upstream to address the Social Determinants of Health
- We seek to work with colleagues, stakeholder, providers and community partners to move this work forward
Trauma Characteristics

- Racism-related experiences can range from frequent ambiguous “macroaggressions” to blatant hate crimes and physical assault. Racial macroaggressions are subtle, yet pervasive acts of racism.

- African Americans experienced significantly more instances of discrimination than either Asian or Hispanic Americans (Chao, Asnaani, Hofmann, 2012). Non-Hispanic Whites experience the least discrimination (11% for Whites versus 81% for Blacks; Cokley, Hall-Clark, & Hicks, 2011).

- African Americans who experienced the most racism were significantly more likely to experience symptoms of PTSD as well.
COVID-19 Response and Behavioral Health Equity

What is BHA’s Response

- Partnering with the Maryland Corrections Department of Correction on cultural competency training for officers
- Partnering with the Office of Maryland Office of Minority Health on joint messaging, outreach and alignment to meet the needs of minority population
- Developing a strategic training outreach program for minority based-focused organization to have them training on Mental Health First Aid
- Committed to shared learning and support
COVID-19 Response and Behavioral Health Equity

Doing Our Part – Call to Action

Learn the language of racial equity and inform yourself about the struggle. There are many resources available highlighting ways to fight racism.

Actively engage in discussions with community members, influencers, and decision makers at all levels and of all backgrounds.

Don’t perpetuate stereotypes. Before you re-tweet, re-post, or repeat what you see or hear, think to yourself: “am I contributing to the problem?”

Be an ally of anti-racist struggles. Challenge yourself and your friends to stand against racism in your circles as boldly as you would any other form of discrimination.
**Doing Our Part – Call to Action**

- **Talk to your children and family about race.** Diversity and multiculturalism mean more than eating ethnic foods and having friends of color.

- **Recognize the additional challenges faced in minority communities.** Everyone has stressors in life. Minorities often deal with the significant added stressor of discrimination. Turning a blind eye to this perpetuates the cycle, vs. supporting a solution.

- **Help those who need help, get help.** If someone is experiencing trauma or a mental health issue, encourage them to seek professional help.
COVID-19 Response and Behavioral Health Equity

Doing Our Part – Call to Action

Change The Story!

EQUALITY  EQUITY  LIBERATION
COVID-19 Response and Behavioral Health Equity

Resources

For COVID-19 guidance specific to behavioral health professionals:

bha.health.maryland.gov/Pages/bha-covid-19

For information and resources regarding COVID-19

coronavirus.maryland.gov
COVID-19 Response and Behavioral Health Equity

Resources

Kirwan Institute
kirwaninstitute.osu.edu

implicit.harvard.edu/implicit/takeatest

psychologytoday.com/us/blog/culturally-speaking/201509/the-link-between-racism-and-ptsd


HARMFUL IMPACT OF IMPLICIT BIAS
Questions?
THANK YOU

Stephanie Slowly, MSW LCSW-C
Chief of Staff, Behavioral Health Administration

stephanie.slowly1@maryland.gov
The Dual Pandemic: Addressing Mental Health Disparities & Advocacy Efforts

Kathryn S. Farinholt, Executive Director
June 25, 2020
Minority Mental Health Disparities

- Black Marylanders are 10% more likely to experience some forms of severe mental illness. Approximately 30% of Black adults with mental illness receive treatment each year, compared to the U.S. average of 43%.
  - Why? Access and barriers to care, including stigma. Discussing and seeking treatment is difficult with and without insurance. Transportation issues, out of pocket fees, shame around diagnosis and seeking treatment.
  - Misdiagnoses, inadequate treatment and lack of cultural competence/provider bias by health professionals cause distrust and prevent many minority individuals from seeking or staying in treatment.
  - All of these factors and more are due in part to systemic discrimination and exclusion from health, educational, social and economic resources.
Minority Mental Health Disparities + the Criminal Justice System

Can’t discuss one without acknowledging the other.

What’s troubling is that even though people of color are more likely to be involved in the criminal justice system, there is evidence that they are less likely to be identified as having a mental health problem. Also, they are less likely to receive access to treatment once incarcerated.

- Overrepresentation of both populations in the criminal justice system.
- Despite our best efforts, Marylanders are STILL more likely to start treatment in a criminal justice setting versus health care.
Advocacy Solutions? Diverse, Community-Focused on Diversion + Crisis Response

Diversion – diverting people away from the criminal justice system and into community settings where they have access to the resources and support they need.

• Improve police responses to people with mental illness and to create diversion programs that link people to community-based treatment instead of incarceration.
  • Reducing contact with police + improving responses overall are keys to diversion

Jurisdictions across the state are developing and implementing models to improve responses to people with mental illness. Benefits include fewer uses of force, less on the job harm to officers, and less incarceration for people with mental illness.

• ACT Teams
• CIT
• Crisis Centers
Advocating for Needed Services

• Without a conscious commitment to racial equity in this work, communities risk recreating patterns of unequal justice even as they strive to improve responses to people with mental illness.

• Advancing racial equity is a commitment that must go hand-in-hand with reform to both the criminal justice system and the mental health system.

• For Maryland to be a leader, investment in crisis services is critical. BHA has been an excellent partner in doing everything they can with every dollar they have, but systemic change won’t come from a pilot program or study, it comes from investment in new systems designed with the best health and community outcomes in mind.
Call to Action

**Courageous Conversations**

1. Stay Engaged
2. Speak Your Truth
3. Experience Discomfort
4. Expect/Accept Non-Closure

Are you having courageous conversations within your own organizations? With your staff, board, members, constituents, partners?
Is this informing the work you do every day in the community? In your policy work?
Will you share with us some of the steps you’re taking to ensure the racial equity lens is one you use at all of these levels?
Let’s learn from each other as we go forward.
Kate Farinholt, Executive Director
NAMI Maryland
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ed@namimd.org
Questions for You:
*Please type your answers in the chat-box*

1. What was an "aha" moment for you?

2. What did you learn from today’s presentation?

3. What challenged you about the conversation?

4. What will you do differently tomorrow?