



**GOVERNOR'S
COMMISSION ON
SUICIDE PREVENTION**

MARYLAND

Governor's Commission on Suicide Prevention Meeting
May 18, 2022 1:00pm-3:00pm

Commission Members on Zoom

Robert Anderson	Department of Juvenile Services
Ed Bartlinski	Police, Local Corrections, or Fire and Rescue
Lynda Bonieskie	Department of Public Safety and Correctional Services (Represented by Timothy Vail)
Dionne Bowie	Behavioral Health Administration
Dana Burl	Department of Veterans Affairs
Jada Carrington	Representative of Young Adults
Amanda Celentano	Department of Aging
Delegate Bonnie Cullison	Member of the Maryland House of Delegates
Johanna Dolan	Substance Use Recovery Community
Senator Adelaide Eckardt	Member of the Maryland Senate
Monica Guerrero Vazquez	Hispanic/Latino Community
Kevin Johnson	Faith Community
Dorothy Kaplan	Suicide Prevention Group
Julie Matheny	Family Member
Georgette Lavetsky	Deputy Secretary Public Health
Cynthia Macri	Asian American/Pacific Islander Community
Henry Meiser	High School Representative
Kirsten Robb-McGrath	Department of Disabilities
Andrea Walker	Maryland Health Officers
Kristin Washington	Representative of Active/Former Armed Forces Member
Holly Wilcox (Vice-Chair)	Academic Community
Eileen Zeller (Chair)	Mental Health Association of Maryland

Maryland Department of Health (MDH) Staff

Teresa Burns	Behavioral Health Administration
Phillip Thompkins	Behavioral Health Administration

Behavioral Health Administration (BHA)

Laura Burns-Heffner	Behavioral Health Administration
Barry Page	Behavioral Health Administration
Edward Soffe	Speaker (BHA)
Mary Viggiani	Behavioral Health Administration

Welcome

Eileen Zeller welcomed all attendees and outlined the agenda. Commissioners and MDH/BHA staff introduced themselves, including Dionne (Dee) Bowie, new commissioner and director of BHA's Office of Suicide Prevention.

Approval of March 16, 2022 Minutes

The March 16, 2022, meeting minutes were approved.

Behavioral Health Administration (BHA) Updates

Barry Page, Program Manager of Early Intervention and Wellness at BHA

- Appointed commissioners (i.e., commissioners who are not ex-officio) must re-apply for their seats in June or July this year if they want to continue serving. BHA staff will email the application link to commissioners. Note that the process includes submitting an updated resume.
- The Office of Suicide Prevention (OSP) continues to grow. In addition to Dee Bowie, Teresa Burns, and Phillip Thompkins, a new Health Policy Analyst (Anne Claggett) will be joining in June.
- As of June 2022, there will be a re-alignment, with OSP moving from under Barry's office to the Office of Problem Gambling and Peer Support, directed by Laura Burns-Heffner. Barry will continue to collaborate with the Commission and OSP, especially on 211 and 988.

Dee Bowie described her plans for OSP, including strengthening connections with jurisdictions, community organizational partners, and MDH inter-office partners to address suicide as a holistic, multifaceted problem. Her team sent a brief survey to each of Maryland's 24 jurisdictions asking about their suicide prevention and postvention efforts. This will be followed by a survey to local suicide prevention coalitions. The goal is to get a picture of activities being implemented and gaps across the state. Results will be shared with the Governor's Commission to inform our state plan.

988 Presentation – Ed Soffe

Ed Soffe, Program Coordinator with BHA, is the point person for Maryland's 988 and 211 Press 1 crisis hotline services. He is also the lead for SBIRT (Screening Brief Intervention and Referral

to Treatment), HBBI (Hospital Based Buprenorphine Induction), and OSOP (Overdose Survivors Outreach Program).

Maryland's 2-1-1 Press 1 system connects callers with a Maryland phone number to a statewide crisis hotline with five regional call centers. The National Suicide Prevention Lifeline (800-273-8255) is available to callers across the country. By July 16, 2022, the Lifeline's 10-digit number will transition to a 3-digit number, 9-8-8. 988 is envisioned as the 9-1-1 for behavioral health crises. 988 will still allow callers to directly access the Veterans Crisis Line and Spanish Crisis Line.

Calls will continue to be answered by 180 local crisis centers across the country, eight of which (including Maryland's 211 providers) are in Maryland: Frederick County Hotline; EveryMind; Community Crisis Services; Grassroots Crisis Intervention Services; Baltimore County Crisis Response; Baltimore Crisis Response, Inc.; Life Crisis Center; and Eastern Shore Crisis Response.

Since 2016, Maryland's Lifeline/988 crisis centers have experienced a 69% increase in calls. In 2020, Maryland's crisis centers answered 29,066 calls from 211 Press 1 and 27,957 calls from Maryland Lifeline/988.

Maryland's 988 Implementation Plan was developed by a broad coalition that included individuals with lived experience; representatives from Lifeline-affiliated crisis centers; state suicide prevention coordinators; county/regional mobile crisis service providers and oversight bodies; providers of crisis respite/stabilization services; law enforcement leaders; 9-1-1/PSAP (Public Safety Answering Point) leaders; peer support service providers; and major state and local advocacy groups. BHA recently received a SAMHSA grant to help fund a 911 Behavioral Health Crisis Call Diversion Plan that will be developed with representatives from 911 and other stakeholders to develop Maryland's approach.

The Maryland Crisis Model centers on having somewhere to call (hotline), someone to see a person in crisis (mobile crisis teams), and somewhere to go (crisis center, urgent care, safe station, etc.). The Maryland Crisis System Workgroup will be developing plans to incorporate 988 into existing plans, including changing the narrative to call 988 or 211 Press 1 for behavioral health crises instead of 911.

SAMHSA has released a 988 Partner Toolkit (<https://www.samhsa.gov/find-help/988>) to facilitate state efforts to promote and brand 988.

Discussion

- Maryland will promote 988 instead of 211 Press 1, but this is a “no wrong door” scenario for callers since they’ll be routed to crisis centers participating in both. 211 Press 1 will continue to serve Maryland for the foreseeable future. The state will research existing efforts to promote 211 Press 1 so that those efforts can incorporate 988 branding and marketing in the future.
- Calls from 988 will be routed to geographically closest crisis centers based on the caller’s area code. Given the fact that cell phone area codes often don’t coincide with a caller’s residence and current location, many calls will not route to the caller’s closest crisis center. However, 80-85% of calls are resolved with talk intervention only and systems are in place to mobilize face-to-face interventions when needed.
- Maryland’s 988 Implementation Plan will evolve and additional integration work (e.g., coordinating 211 and 988) remains to be done. Mr. Soffe’s team welcomes ideas from a broad range of stakeholders.
- BHA secured funding to recruit and train Spanish-speaking counselors and to develop online training to address cultural competencies for unique and marginalized populations. Commissioners stressed the need for counselors who speak other languages (e.g., diverse Asian languages, Haitian Creole) and the importance of ensuring that callers aren’t referred to inaccessible services (e.g., geographically distant, un-/underinsured callers, long waiting lists, etc.). The 988 team will reach back to the Commission for input on how to best address these concerns.
- BHA needs to hear about current efforts that promote 211 (e.g., schools that include 211 on student IDs) so they can encourage agencies to switch to the new 988 branding.

Suicide Fatality Review Committee – Senator Eckardt

Senator Eckardt and Delegate Lisa Belcastro championed the Suicide Fatality Review Committee legislation, which was recently signed by the Governor. The Committee will identify and address the factors contributing to suicide deaths and facilitate system changes to decrease suicide mortality in Maryland. Senator Eckardt strongly believes that this legislation, which the Commission supported, will allow earlier prevention and intervention efforts.

A copy of the [enacted bill](#) can be found on the General Assembly’s web site. It will become law on October 1, 2022. The legislation included a fiscal note for an epidemiologist and an administrator, and for enhancing, managing, and maintaining the CRISP database.

Discussion

- Cynthia Macri shared feedback from Korean and Vietnamese communities that because these cultures do not speak openly about suicide, there is often an effort to obscure the cause of death. She stressed the importance of counselors understanding the cultural and generational beliefs, attitudes, and practices around suicide.

State Suicide Prevention Plan

Task Force Members:

- Dionne Bowie, Monica Guerrero Vazquez, William Jernigan, Dorothy Kaplan, Cynthia Macri, Henry Meiser, Phillip Thompkins (staff), Andrea Walker (co-chair), Kristin Washington, Holly Wilcox, Eileen Zeller (chair)

Purpose of the Plan:

- To provide guidance (a road map) and leverage to Maryland's executive branch, local jurisdictions, policy makers, and advocacy groups.

Vision Statement:

- Communities and systems across Maryland are committed to reducing and preventing suicides and suicidal behaviors, and have comprehensive, multi-faceted, coordinated, and well-funded programs and services that meet the needs and enhance the wellness of all of their residents.

Mission Statement:

- Develop a 2-year strategic plan for suicide prevention, intervention, and post-suicide/postvention practices, programs, and services that
 - Is data-driven and evidence-based;
 - Is informed by the voices of at-risk communities and historically marginalized communities;
 - Aligns with other state and local jurisdictional behavioral health plans; and
 - Provides a framework for identifying and implementing Maryland's suicide prevention priorities.

Approach:

- I. Assess needs, gaps, strengths, challenges, and priorities.
 - a. Analyze national, state, and jurisdictional data and literature, considering numbers, rates, trends, and emerging trends. (In process)
 - b. Gather information about existing services and programs, needs, and gaps from
 - i. Local jurisdictions (In process)
 - ii. Commissioners: Executive branch agencies
 - iii. Commissioners: Communities and organizations they represent
 - iv. Other stakeholder input as needed
 - c. Review current plans and priorities, collaborating with the Behavioral Health Advisory Council (BHAC); Governor's Challenge for Service Members, Veterans, and their Families (SMVF); and local jurisdictions.

- d. Review literature for evidence-based and promising practices. (Ongoing)
2. Develop goals and objectives based on #1 and #2.
3. Determine actionable priorities and sustainable funding for the next two years.

BHA Behavioral Health Plan

BHA's current Behavioral Health Plan expires June 30, 2022. The agency is finalizing an interim plan that will last until June 30, 2023. In September 2022, BHA will begin a revamped process for plan development, resulting in a 3-year strategic plan (July 1, 2023 – June 30, 2026). Sarah Reiman (BHA's Office of Planning) will coordinate with the Behavioral Health Advisory Council (BHAC) to engage the Suicide Prevention Commission in a more ongoing and in-depth way.

BHA will be holding four stakeholder brainstorming meetings for its Plan between May 24 and June 1 to increase input and transparency with other offices and organizations. Representatives from consumer, family, and provider organizations, state and local behavioral health advisory committees, local behavioral health authorities (core service agencies, local addiction and behavioral health authorities, etc.), as well as BHA and other state agencies are involved. Eileen encouraged commissioners who have the time to attend one or more of the stakeholder meetings.

Discussion:

- Many commissioners expressed concern that the timing of the meetings (daytime, business hours, short notice) and lack of public awareness will severely limit the number and diversity of participants. In addition to people who simply did not know about the meetings, people and communities who are struggling, working adults, students, non-English speakers, and people who are not able to commit three hours to a meeting would be excluded.
- Johanna Dolan and Kirsten Robb-McGrath both serve on BHAC and worked with BHA to help plan the meetings. They will discuss the Commission's feedback with the BHAC chairs.
- The Commission has already begun working with BHAC and other State behavioral health planning efforts.

Postvention Plan

Task Force Members:

- Alison Athey, Dee Bowie, Dana Burl, Kim Klump, Henry Meiser, Dorothy Kaplan (chair), Deana Krizan, Jill Matheny, Amelia Noor-Oshiro, Andrea Walker, Holly Wilcox, Eileen Zeller

Definition of Postvention:

- Postvention practice guides a caring, organized, and evidence-based response to a suicide attempt, crisis, or death that implements targeted programs and activities for individuals, families, and communities to facilitate healing, provide a safe space to process grief, and mitigate risk of negative psychological outcomes including contagion and suicidal thoughts and behaviors.

The Task Force is developing its Vision and Mission Statements, and its goals and objectives will be included in the overall State Plan.

Announcements & Open Discussion

Eileen said that applicants are currently being vetted for two vacant Commissioner seats, and that another Commissioner Orientation will be scheduled this summer, when they are appointed. Dee asked that any Commissioner who didn't want to reapply for their seat should let the Office of Suicide Prevention know as soon as possible.

The meeting was adjourned at 2:55 pm.

The next Commission meeting will be held on:

Wednesday, July 20, 2022 from 1:00 pm to 3:00 pm.