

MPS NEWS

Volume 35, Number 6

Editor: Heidi Bunes

October 2021

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

Fall Highlights

One of the highlights last month was our CME on "The Impact of Racism in Maryland Psychiatry." The history of the state psychiatric hospital system in Maryland by Dr. Ayah Nuriddin was illuminating. Dr. Nuriddin did an impressive job researching the early beginnings and development of the system. It mirrored society at the time and there was a lack of humane treatment for psychiatric patients, especially patients of color, during the early days and into the 70s. We have come far in treatment options, and we must continue to push forward with our attitudes and approach about race. Kim Gordon-Achebe, M.D. gave an excellent talk on more current racism, emphasizing that we all have biases, and we need to be open to looking inward. If we can acknowledge our own feelings and biases, we can make progress into understanding each other. Walking in another person's shoes can be enlightening.

At our September MPS Council meeting Dr. Robert Herman, head of the Maryland Psychiatric Political Action Committee (MPPAC), spoke about the current financial health of that organization. As recently as 2018, psychiatrists gave over \$14K to MPPAC, but since then donations have dropped to \$2K. There can be confusion about these different organizations. The MPPAC is independent of MPS. MPS cannot legally donate to directly legislator campaigns. We as psychiatrists do need to create a presence and educate various legislators about psychiatry and how psychiatry should be practiced in Maryland, and about laws and regulations regarding patient care. The MPPAC is one way we can influence legislators. The MPPAC do-

nates to selected state Senators and Delegates who are helpful in mental health matters. There may be concern that donations are not aligned with personal political beliefs, but please keep in mind that the MPPAC supports issues, for example, opposing a bill about psychologist prescribing. MPPAC receives advice and input from members of our legislative committee to help promote a unified platform on behalf of psychiatry. Donations are dramatically down over the last few years, and MPPAC is trying to get back to a level where it can make a difference. If you would like to donate, use the yellow button at the bottom of [this link](#).

Looking forward, on October 20 we have the annual meeting of the MPS Nominations and Elections Committee. Anyone who is interested in volunteering for an MPS leadership role, or has an idea of a colleague to nominate, please [email Heidi Bunes](#). To see who is serving now [click on this link](#) for current MPS leadership. There will be openings for Councilor, Secretary Treasurer, RFM Councilor, Assembly Rep and Nominations & Elections Committee. The MPS is led by a distinguished and friendly group who welcome the participation of other interested members!

Everyone have a safe October!

Ginger Ashley, M.D.

The MPS Council will meet by videoconference on November 9th at 7:30 PM. All members welcome!



MPS Leadership Opportunities

The MPS Nominations & Elections Committee invites recommendations and self-nominations for a two-year term on the [MPS Council](#) (board of directors equivalent) from any member in good standing. Council meets seven times per year and terms begin with the June 2022 meeting. A contested election will be held in March.

The MPS Council, Executive Committee and Community Psychiatry & Diversity Coalition continue the emphasis on the [organization-wide priority](#) of addressing social justice issues and structural racism. Members who are committed to these issues are specifically encouraged to consider running for Council.

Serving in MPS leadership can be very rewarding, enabling members to be a resource for information, education, networking, and advocacy. MPS Council members set and execute strategic priorities for the organization and help pave the way for improving psychiatric practice in Maryland. In turn, the experience helps expand their network, their understanding of psychiatry and their professional growth.

Please submit your name and a brief statement of interest **by October 19** to heidi@mdpsych.org to be considered for this year.

MPS Membership

The following individuals have applied for membership. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Allison L. Aldrich, M.D.
 Laura Avigan, M.D.
 Misty Embrey, M.D.
 Celia S. Islam, M.D.
 Dhruthi S. Kalangi, D.O.
 Lisa Kremen, M.D.
 Kimia Momeni, M.D.
 Swetha Mummini, M.D.
 Nisha S. Naik, M.D.
 Francis Pham, M.D.
 Alexandru Sorohan, D.O.
 Boris Tizenberg, M.D.
 Solomiya Tsybalyuk, M.D.
 Annabel Umeh, M.D.
 Bernadette Wharton-Hawthorne, M.D.

Transfer Into Maryland

Xiaolin Deng, M.D.
 Christopher E. Jackson, M.D.
 Lisa L. Large, M.D.

2022 MPS Dues Notices

The MPS sent 2022 dues invoices by email at the end of September and will send via regular mail this month. There is no change in rates! Dues remain the same as last year.

To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

If you have questions or concerns please call the MPS office at 410.625.0232 or email mps@mdpsych.org. Thanks for your continued support of the Maryland Psychiatric Society!

2021-2022 MPS Membership Directory

Thank you to members who updated their practice information! The 2021-2022 MPS Directory was sent in September via USPS. The annual directory contains information on all MPS members, including a referral index, while the online [Find a Psychiatrist](#) lists only the members who have opted in. Enjoy! (If you didn't receive your copy please email mps@mdpsych.org)

Volunteer Opportunities To Assist Afghan Refugees

SAMHSA is asking for psychiatrists to respond to the growing Afghan Refugee Crisis in 4 sites across the US. The need is immediate and will require **in-person deployment**.

Volunteers will be deployed to 1 of 4 sites identified in New Jersey, Texas, Wisconsin or Indiana to provide specialized care to the Afghan refugees that the government is caring for across these sites. Deployment will be 1-2 weeks each time (or longer if you agree), based on availability. Travel and accommodations will be covered. Thank you for considering volunteering, and sharing this information with qualified colleagues. **Please send your information and qualifications to Amy Dominguez, adominguez@vibrant.org**. Those unable to deploy may also volunteer generally for the CECT [here](#).

MPS members looking to help with the Afghan refugees within the state of Maryland may want to consider:

- <https://lssnca.org/>
- <https://www.rescue.org/volunteer-opportunities/baltimore-md>
- <https://www.tfaforms.com/4922452>
- [CAIR Donations](#)
- [World Church Service, Washington DC](#)

September 14 Council Highlights

Support for MPS Strategic Priorities

Dr. Ashley reported on efforts related to [MPS priorities](#) since the April meeting. She said the Washington Psychiatric Society (WPS) requested a minor revision during the MOU review that would allow them to appoint a member who does not work in Maryland to the MPS Legislative Committee. Since this person would have to live in Maryland, Council agreed and voted unanimously to approve the update as submitted.

Executive Committee Report

Dr. Ashley narrowed her report to focus on results of the [2021 member survey](#) (many other topics are in the consent agenda). About a quarter of members answered the survey, with the majority in practice over 20 years and working in central Maryland. She noted that a third experienced a decline in practice income since the pandemic began. Overall, 85% are satisfied with the MPS and 42 of them want more information on how to maximize their member benefits. Recurring concerns about psychiatry in Maryland were quality of care provided by mid-level practitioners and scope issues, insurance reimbursement, and telepsychiatry, among others. Increased advocacy, free CME and social events appeared most often among member requests. She asked for ideas about how to make the MPS even more relevant to younger members. Dr. Dionesotes suggested networking events when the pandemic permits and noted that the listserv has been helpful.

Membership and Recruitment Committee Report

Dr. Lacap reviewed the committee's recommendation regarding the MPS Early Career Psychiatrist dues structure (reduced for 2 years before full dues are required, vs 7 years of reductions with APA dues). Dues drops in recent cycles show a trend in write offs for members who owed MPS only, not APA dues, including multiple ECP members. The Membership Committee suggests adding a year to the period of graduated MPS dues; members would pay 75% of full dues in the third-year post training. This may initially cost \$2500, but hopefully retention will increase so more will eventually pay full member dues. After discussion, Council voted unanimously to approve the recommendation that MPS add a third level to its ECP dues structure.

Secretary-Treasurer's Report

Dr. Vidal reviewed the second quarter financial statements as of June 30, 2021. Assets, liabilities, and equity are very similar to this time last year. Compared to budget, total income of \$134K is \$18K less than expected, mainly due to changes in meetings because of the pandemic, but also less membership dues. Total expenses are \$145K, \$32K less than budget, reflecting shared lobbyist expense, and lower meeting costs. The \$11K loss to date is \$14K better than budget. Compared to last year, total income is \$6K lower and total expenses are \$10K lower, so the loss is \$4K better than last year's. There has been a \$36K net decrease in cash since the

beginning of January, reflecting the annual dues billing cycle.

She then presented the proposed 2022 MPS Operating Budget. Although Council can approve an increase up to 9.2%, the Executive Committee recommends no change in dues. Although it would add \$15-19K more income, it could jeopardize member retention. CME programs are estimated to net \$5600 overall. Total 2022 budgeted revenue is \$329K, a \$4K decrease from 2021. Given reduced income, projected expense increases compared to 2021 are minimal: salaries are 2% higher with a possible staff bonus and \$2K more for PayPal fees due to a greater proportion of online payments. Significant expense reductions come from lobbyist fees (because of WPS sharing the cost) and depreciation. Total 2022 budgeted expenses are \$348K, down \$10K from 2021. There is a projected 2022 budget deficit of \$18,760, compared with \$25,014 in 2021, an improvement of \$6K. After discussion, Council voted unanimously to approve the proposed budget.

Next Dr. Vidal presented information related to the MPS office, which costs over \$30K/year including utilities, etc, and has been used minimally during the pandemic. Given recurring budget difficulties, the Executive Committee requested information about alternatives, including renting a small space at MedChi and going completely virtual. Council received information to consider prior to voting in November about whether to leave the MPS office. Several points were raised that counter the \$20K of reduced operating costs every year and the estimated \$130K from selling the condo. A move to MedChi might facilitate greater collaboration with other physician groups. Council was encouraged to request any additional details that would help in reaching a decision.

MedChi Delegate's Report

Dr. Oviedo reported that two Resolutions have been drafted for introduction at the November MedChi House of Delegates (HOD) meeting: Prior Authorization Reform Legislation and Psychologist Prescribing Within the State of Maryland: Oppose. He explained that both resolutions relate to expected legislation for the 2022 Maryland General Assembly. The prior auth bill is a joint effort of the MPS, WPS and APA. The psychologists have apparently communicated with legislators about a prescribing bill. HOD adoption of the resolutions will add these topics to the MedChi legislative agenda. After a slight change, Council voted unanimously to approve both resolutions and submit them for the HOD meeting.

APA Assembly Representatives' Report

Dr. Hanson reported on highlights of the virtual August Area 3 meeting. The APA is fundraising for its **Chester Pierce Award**. A District Branch (DB) in New York, Greater Long Island Psychiatric Society, voted to

(Continued on P. 4)

(Council continued)

disband, in part because over a third of its members are dues-exempt. Another DB is being organized in its place. Work continues to address structural racism, diversity, equity and inclusion at the APA, and to improve the atmosphere of the Assembly. Action Papers are honoring Assembly leaders, Drs. O'Leary and Napoli, who recently passed away. Dr. Shaya noted that Area 3 is seeking nominations.

New Business

Dr. Herman, Maryland Psychiatric Political Action Committee (MPPAC) Chair, gave an overview of a concerning trend with psychiatrist donations. As recently as 2018, psychiatrists gave over \$14K to MPPAC, but since then their donations have dropped to under \$2K. MPPAC contributes to campaigns of candidates for legislative office who are helpful to psychiatry, which the MPS is expressly prohibited from doing. He requested suggestions, volunteer and financial support. The idea of approaching corporate donors was met with concern about potential conflict of interest. Someone suggested including a platform with solicitation requests so recipients are aware what their contributions will fund.

New Provider Relief Funds

HHS [announced](#) that \$25.5 billion in new funding is available for health care providers affected by the COVID-19 pandemic. This funding includes \$8.5 billion in American Rescue Plan (ARP) resources for providers who serve rural Medicaid, Children's Health Insurance Program (CHIP), or Medicare patients, and an additional \$17 billion for Provider Relief Fund (PRF) Phase 4 for a range of providers who can document revenue loss and expenses associated with the pandemic. PRF Phase 4 payments will be based on providers' lost revenues and expenditures between July 1, 2020, and March 31, 2021. Similarly, HRSA will make ARP rural payments to providers based on the amount of Medicaid, CHIP and/or Medicare services they provide to patients who live in rural areas.

To expedite the application process and minimize administrative burdens, providers can [apply for both programs on a single application](#). Also, because of recent natural disasters and the Delta variant, a final 60-day grace period will help providers comply with their [PRF Reporting requirements](#) if they do not meet the September 30 deadline for the first period. [Click here](#) for more information about eligibility, documents and information needed to apply, and the application process for PRF Phase 4 and ARP Rural payments.

2021 Back to School Toolkit

The "Facing Fears, Supporting Students" toolkit aims to help students, parents, and school personnel recognize how feeling unsafe can impact mental health and school performance, and what can be done to help young people who are struggling with their mental health. [Click here](#) for Back to School downloads from Mental Health America.

The Maryland Psychiatric Society presents

Psychiatry and Legal Interventions

November 10, 2021

7:00-9:00 PM

[A virtual CME meeting](#)

Agenda:

7:00-7:30 Arka Deb, MD

Utilizing EPs, ERPO and MCT during a mental health crisis

7:30-8:00 Cynthia Lewis, MD

Legal issues in the care of psychiatric patients in the emergency department

8:00-8:30 Ronald Means, MD

Behavioral Health Crises on College and University Settings: Factors to consider

8:30-9:00 Panel Discussion With Drs. Deb, Lewis and Means

Accreditation Information:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Only \$15 for
MPS Members!**

[Register today!](#)

Maryland News

New Laws of Interest to MPS Members Taking Effect October 1st

Mental and Emotional Disorders – Consent

[Senate Bill 41/House Bill 132](#), reintroduced by Senator Malcolm Augustine (D – Prince George’s County) and Delegate Heather Bagnall (D – Anne Arundel County), establishes that a minor who is at least age 12 and is determined by a health care provider to be mature and capable of giving informed consent, has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic. A minor younger than age 16, however, may not consent to the use of prescription medications to treat a mental or emotional disorder. Supporters of the bill argued that this is sound public policy that allows young people to seek help from trained professionals before they reach a point of crisis. Opponents to the legislation pointed out that almost every effective strategy at treating younger children with mental illness benefits from the involvement of the parent or guardian. Parent or guardian involvement undisputedly increases the effectiveness of most therapies and some interventions require such participation to even occur.

Involuntary Admission Application – LCWS

[Senate Bill 466/House Bill 689: Certificates for Involuntary Admission – Licensed Certified Social Worker](#) - Authorizes a licensed certified social worker-clinical (LCSW-C) or a licensed clinical professional counselor (LCPC), in conjunction with a physician, to (1) certify an individual for involuntary admission to a facility or a Veterans’ Administration (VA) hospital and (2) assent to the voluntary admission of a minor to the child or adolescent unit of a State facility. Currently, both psychologists and psychiatric nurse practitioners are able to sign such certificates so long as they are joined by a licensed physician. This bill will add the highest level of professional social workers to the list of people authorized to join with doctors in signing such a certificate.

Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities

[Senate Bill 5/House Bill 28](#) requires the Office of Minority Health and Health Disparities (“Office”) to collaborate with MHCC and professional licensing boards to publish the annual “Health Care Disparities Policy Report Card”, which is to include data on the ethnic and racial composition of the health care provider community. It also requires the professional licensing boards to include in their licensing applications a request for information on race and ethnicity and the boards are required to urge the professionals they oversee to provide the information. By January 1, 2022, the Office, in coordination with MHCC and MDH, will establish and implement a plan for improving the collection of health data that includes race and ethnicity information; ensure that the Office has access to up-to-date health data that includes race and ethnicity information; and to the extent authorized under federal and State privacy laws, post health data that includes race and ethnicity information on the Office’s website.

Public Health – Medical Records – Fees

[House Bill 849](#) - Changes the current law governing fees that may be charged to patients or their representatives seeking copies of medical records. It prohibits a fee being charged if the record will be used for the purpose of filing a claim or appeal regarding denial of social security disability income or social security benefits under the Social Security Act.

Veterans – Behavioral Health Services

[House Bill 605/Senate Bill 164](#) - Mental Health First Aid requires MDH to include mental health first aid among the behavioral health services for which MDH provides service coordination for eligible veterans.

October BHA Regional Stakeholder Meetings

The Behavioral Health Administration’s Division of Planning will host virtual regional Stakeholder meetings to inform the development of the State Behavioral Health Plan and Federal Block Grant.

Please email mps@mdpsych.org if you can attend on the following dates in the following regions:

- **Southern Maryland** – Wednesday, October 13, 9AM to noon
- **Central Maryland** – Wednesday, October 20, 9AM to noon
- **Western Maryland** – Friday, October 22, 9AM to noon
- **Eastern Shore Maryland** – Friday, October 29, 9 AM to noon

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

October 14: [“So Often and So Casually”: Recognizing and Responding to LGBTQ Workplace Microaggressions](#)

Courtney Resnick, EdD. Moderator: Rowan Willis-Powell.

October 28: [Putting Your Self-Care on a Pedestal](#)
David Woods Bartley. Moderator: TBD

Maryland News

Crisis System Workgroup Update

BHA met with the New York Family Services League (NYFSL) to gain an understanding of the elements of their crisis system, which includes a central hotline hub, mobile crisis teams, crisis stabilization centers and use of technology-driven software (among other services).

For the last two years, under the Lt. Governor's Commission for Mental and Behavioral Health, the Opioid Operational Command Center (OCCC) has led the Crisis Subcommittee. At the direction of the Lt. Governor, the Crisis Subcommittee will be assumed under the Maryland Crisis System Workgroup (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 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 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.

From [September 2021 Deputy Secretary Behavioral Health Monthly Update](#)

New MDH Facilities Master Plan

The Maryland Department of Health (MDH) [announced](#) the release of its new 20-year [Facilities Master Plan](#) to align MDH's projected patient care needs with health care services offered or provided by the Department. MDH also submitted it to the Maryland General Assembly, and legislators will be able to weigh in. MDH has 14 health care facilities throughout the state. Eleven are currently operational, although many are aging and no longer align with evolving patient care models or are reaching or at the end of their useful life. The three facilities that are now closed will be divested. The Master Plan was developed in collaboration with MDH General Services (Operations) beginning in 2018. Implementation of the plan is expected to save the state \$321.6 million.

Phase I of three phases in the Facilities Master Plan will occur from 2022-2026 and will entail:

- Divesting three closed facilities: Crownsville Hospital Center in Anne Arundel County, Regional Institute for Children & Adolescents (RICA) Southern Maryland in Prince George's County and Upper Shore Community Mental Health Center in Kent County;
- Constructing four 24-hour regional crisis centers in Western Maryland, Central Maryland, Southern Maryland and the Eastern Shore;
- Identifying strategic partners to transfer services currently provided at Western Maryland Hospital Center in Hagerstown and Deer's Head Hospital Center in Salisbury to healthcare and community providers; and
- Performing an assessment of the current Central Maryland inpatient behavioral health capacity.

[Click here](#) for more details, including a copy of the plan itself.

Maryland's 33rd Annual Suicide Prevention Conference will be held on October 6.
[Click here](#) for information.

Maryland News

MPS Joins Letter to Governor Hogan

The MPS signed on to a Maryland Behavioral Health Coalition letter to Governor Larry Hogan pleading for help in addressing the shortcomings of the Public Behavioral Health System's claims payment system. Dysfunctions in Optum's Incedo system continue to negatively impact Medicaid providers, some to the point that they withdraw from providing care to this underserved group. The Coalition urged that direct action be taken to address the problems and that Optum be held financially accountable. [Click here](#) for a copy of the letter.

More MPS Advocacy on Parity Compliance Reporting

In a follow up to earlier [comments](#) on parity compliance reporting, the MPS and other Maryland Parity Coalition members sent a [letter](#) to the Maryland Insurance Administration (MIA) responding to their proposed templates and instructions for carriers to use in reporting the details of their compliance with the Parity Act. The letter includes several specific recommendations for improving the data that MIA will receive from carriers, including non-quantitative treatment limitations for mental health and for substance use disorder benefits, prior authorization and formularies, as well as provider reimbursement rates.

Children's Behavioral Health Forum

On behalf of the [Maryland Children's Behavioral Health Coalition](#) and the Mental Health Association of Maryland, we invite you to join a community forum to advance a shared vision for children's mental health at a time of unparalleled need. This virtual Children's Behavioral Health Forum will be held on **October 18, 2021, 1-4 pm**.

The agenda will include:

- An overview of the vision and progress to date in Maryland and nationally
- Perspectives from youth, family and community leaders
- A moderated conversation among participants to build consensus around a shared vision for the future and preliminary planning for next steps to move forward

Please [register in advance for this meeting](#). After registering, you will receive a confirmation email containing information about joining the meeting.

Maryland Commission on Health Equity

The inaugural meeting of the Maryland Commission on Health Equity will be **October 18 from 2 to 4 PM**. Call in is available, please [click here](#) for more details. The Commission was formed as a result of the [Shirley Nathan-Pulliam Health Equity Act of 2021](#).

BHA Disparities Task Force

The Disparities 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. 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. Determine how to increase acceptance of evidence-based practices for opioid use disorders in affected communities using a tailored approach
4. Considering historical inequities, ensure equitable allocation of resources to combat the opioid epidemic

Workgroups are being formed in alignment with the Task Force's stated goals. Workgroups will meet between September 2021 and March 2022 to further investigate contributing factors and to deliberate policy and program solutions to reduce overdose mortality within the Black Community.

From [September 2021 Deputy Secretary Behavioral Health Monthly Update](#)

NAMI Maryland Virtual Annual Meeting

October 15 & 16

[Register Here](#)

Observances in October

- ADHD Awareness Month – [Reframing ADHD: Discovering New Perspectives](#)
- Bullying Prevention Month - [STOMP Out Bullying™](#)
- [Mental Illness Awareness Week](#) October 3-9
- National Depression Screening Day October 7
- [World Mental Health Day](#) October 10
- [Red Ribbon Week](#) Drug Free America October 23-31

Maryland News

Medicaid Grant for Mobile Crisis Intervention Services

CMS [announced](#) that, under the American Rescue Plan Act, it awarded \$15 million in planning grants to Maryland and 19 other state Medicaid agencies for providing qualifying community-based mobile crisis intervention services. The planning grants provide funding for state Medicaid agencies to assess community needs and develop programs to bring crisis intervention services to individuals experiencing a substance use-related or mental health crisis outside a hospital or facility setting. The grants will help states integrate community-based mobile crisis intervention services into their Medicaid programs. Grant funds can be used to support states' assessments of their current services; strengthen capacity and information systems; ensure that services can be accessed at any time; provide behavioral health care training for multi-disciplinary teams; or seek technical assistance to develop State Plan Amendments, demonstration applications, and waiver program requests under the Medicaid program. For more information about this demonstration project, email PlanningGrantsMCIS@cms.hhs.gov.

Crisis Stabilization Facility Grant Opportunity

Maryland Medicaid [announced](#) the OMHC-CSF Small Grant Opportunity to provide technical and financial support for Outpatient Mental Health Centers (OMHCs) interested in expanding to provide Crisis Stabilization Facility (CSF) services. Awardees will receive technical assistance to identify the costs associated with expanding to provide CSF services. In addition, awardees will receive incentives to undergo DATA 2000 waiver training to prescribe buprenorphine. Medicaid aims to award up to six Small Grants and will offer twenty-five DATA 2000 waiver incentive slots to awardees. Licensed OMHCs in good standing are eligible to apply. [Click here](#) for details.

Medicaid Update

The Maryland Medicaid Fee-for-Service Program rescinded its pandemic-related advisories waiving early refills and non-enforcement of preauthorization requirements. It now enforces preauthorization requirements for drugs not on the preferred drug list and no longer permits a 14-day emergency supply and will only allow a 72-hour emergency supply as per COMAR 10.09.03.06 (D)(3). Please see [Provider Advisories](#) for more information.

SAMHSA CMHC Grants

To address the pandemic's impact, SAMHSA [announced](#) grants to 231 Community Mental Health Centers (CMHCs) that will help address local behavioral health needs. Maryland recipients of the grants include:

- Volunteers of America Chesapeake, Inc., Lanham \$5,000,000
- Montgomery County Maryland \$4,999,994
- Family Services, Inc., Gaithersburg \$5,000,000
- Arundel Lodge, Inc., Edgewater \$2,420,438

SAMHSA Grants for Awareness Training

SAMHSA [announced](#) a total of \$17.8 million of [Mental Health Awareness Training Grants](#) that help organizations increase mental health awareness among individuals who interact with people who are experiencing or exhibiting symptoms of a mental health disorder and refer them to appropriate services.

- Access to Wholistic and Productive Living (Lanham)
- Board of Child Care (Baltimore)
- EveryMind (Rockville)
- Mosaic Community Services, Inc. (Timonium)

APA News & Information

Collaborative Care Bill

The Collaborate in an Orderly and Cohesive Manner (COCM) Act was introduced to improve access to evidence-based mental health care and substance use treatment by supporting and investing in the implementation of the Collaborative Care Model in primary care offices. The APA joined 17 other health organizations in [supporting](#) the legislation. In the Collaborative Care Model, a primary care physician, a psychiatric consultant, and a care manager work as a team to identify and provide evidence-based treatment for patients with mental health conditions, measure their progress, and adjust care when appropriate. Research has demonstrated its efficacy in improving patient outcomes. Although Collaborative Care Model treatment is covered by Medicare, most private insurers, and many state Medicaid programs, the model has not been implemented on a wide scale in the U.S. The COCM Act will provide primary care practices with startup funds and technical assistance as they adopt the model. The bill also provides funds for research on other models of integrated behavioral health care. [Click here](#) for more about its provisions. For more information on the Collaborative Care Model and training, see the APA webpage, [Learn About the Collaborative Care Model](#).

APA News & Information

APA Mental Health Equity Fireside Chat

[The Impact of the Covid-19 Pandemic on the Mental Health of Latinas/os](#)

From 4 to 5 PM on Monday, **October 4** panelists will examine strategies and opportunities to improve the mental health of Latinas/os during and post pandemic and will raise awareness of the additional pandemic stressors facing this community such as unemployment, insurance benefits inequities, and social isolation.

Ask an App Advisor

The 7th APA "Ask an App Advisor" web event will be **October 12th** @ 3 PM. Join for a live Q&A on mental health apps from both the provider and patient perspectives. The event is open to the public; however, pre-registration is required. Registrants can submit questions during registration or ask them during the event. [Click here](#) for information and registration. If you're unable to join but have a question about apps or App Advisor, submit it to appadvisor@psych.org.

APA Mental Health Services Conference

Held virtually on **October 14 and 15**, the conference will include Deep Dive Sessions led by top-tier moderators with whom you can interact directly. Size is limited so that everyone can ask questions and comment. [View program and register](#).



APA Seeks Nominations for Awards

The [Distinguished Service Award](#) honors an individual or organization who has contributed exceptional meritorious service to the field of psychiatry. The nomination deadline is **October 31**.

The [Carol Davis Ethics Award](#) promotes the educational role of the ethics process and is presented to an APA member who has written an outstanding publication on ethics. The nomination deadline is **November 15**.

Chester Pierce Award Endowment Campaign

The APA launched a [campaign](#) to highlight the contributions of psychiatrist Chester Pierce, M.D. in whose name it retitled its annual Human Rights Award. Dr. Pierce pioneered the concept of *microaggressions*, which relates to our current pursuit of *diversity, equity, and inclusion*. He was a visionary who could project what is needed to bring about *individual* change so that fundamental *societal* change can be made real. In his role as senior consultant to "Sesame Street" from its inception, he influenced children throughout the world. His 1972 article, [Becoming Planetary Citizens: A Quest for Meaning](#), described a future world and outlined the skill set needed for children and the next generation of professionals. He opined that we must:

- Develop a mindset to "give greater credence to other people's ideas, to correlate and integrate ideas from various disciplines - across barriers that now separate you. . .the only way we can live will be as planetary citizens."
- Inject the future more deliberately into education and preparation for adulthood, as change in the technological era will occur in less time than we might anticipate. The present we know will not be sufficient to prepare them.
- Understand the implications of pollution, increased consumption of raw material, energy sources and protein by a minority of the world's population.
- Cultivate skills in conflict resolution, sound decision-making and learning to control one's destiny through collaboration rather than through excessive, destructive competition. Ongoing segregation of our urban centers creates distance between groups of people, feeds xenophobia (fear of strangers) and makes common ground more difficult to identify.

The [Chester Pierce Human Rights Award](#) is an opportunity to share, reflect, and to be inspired each year to continue our quest for a more just and equitable world. To make a gift to endow the award, please [click here](#), or via mobile phone: text CHESTERPIERCE to #44321.

FREE APA Course of the Month

[Cognitive Behavior Therapy for Suicidal Behavior](#)

Research has shown that Cognitive-Behavior Therapy (CBT) is an effective method for reducing suicide attempts. This course will briefly review research on CBT for treating suicidal patients, as well as demonstrate central features of CBT methods for suicide risk.

[Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

Medicare Updates

MIPS Performance Feedback and 2022 Payments

Performance for 2020 will be reflected in MIPS payment adjustments applied to Medicare payments for professional services furnished in 2022. View your MIPS performance feedback, final score (posted September 27), and payment adjustment on the [Quality Payment Program \(QPP\)](#) website. 2020 MIPS final scores reflect COVID-19 flexibilities, including automatic extreme and uncontrollable circumstances policy applied to all individual MIPS eligible clinicians, as well as CMS corrections to its scoring. If there is an error with your 2022 MIPS payment adjustment, submit a targeted review via the QPP website no later than November 29.

Groups, virtual groups, and Alternative Payment Model (APM) entities can request MIPS performance reweighting for 2020 based on Extreme and Uncontrollable Circumstances (pandemic) through November 29. **(Individual clinicians have been automatically reweighted; no need to request.)** [Click here](#) for details.

Following are some related resources:

- [NEW! 2020 Performance Period Benchmarks \(ZIP\)](#) – Performance period benchmark results (as available) for measures without a historical benchmark and general information about benchmarks.
- [2020 MIPS Performance Feedback FAQs \(PDF\)](#) – Performance feedback, who receives it, and how to access it on the Quality Payment Program [website](#).
- [2022 MIPS Payment Adjustment User Guide \(PDF\)](#) – Information about the calculation and application of 2022 MIPS payment adjustments, and frequently asked questions.
- [2020 Targeted Review Guide \(PDF\)](#)
- [2020 MIPS Scoring Guide \(PDF\)](#)

Medicare Update on Interstate Licensure

Medicare revised its [guidance](#) on recognition of interstate licensing compacts for physicians. CMS recognizes licenses through interstate license compact pathways as valid and full licenses for purposes of meeting federal license requirements for physicians treating Medicare patients. Physician compacts streamline the licensure process for physicians who want to practice in multiple states. However, if a physician meets all requirements, each state will still issue a separate license from each state where the physician intends to practice. Medicare will continue to rely on the license the state medical board issues to confirm compliance with federal requirements.

Medicare Mental Health Publication Revised

[Updates](#) to the Medicare Learning Network booklet clarify information on eligible professionals (mostly non-MDs), including adding certified registered nurse anesthetists, coverage and payment requirements, and incident to provision.

Efficient Integrated Behavioral Health Care Workflow

An efficient workflow that creates a seamless experience for patients and care team members is essential to successfully integrating behavioral health care. To help physicians create practices that treat the whole patient, the AMA established the [BHI Collaborative](#) with seven other leading medical associations, including the APA. Primary care practices can treat more patients when the patient receives mental health care within the primary care office, whether from a psychiatrist, other mental health professional or a combination by using a team-based care approach. [Click here](#) for an AMA article with seven steps to efficient BHI workflow, an example from family practice, and AMA resources.

Disaster Behavioral Health Resources

SAMHSA revamped its [Disaster Behavioral Health Information Series](#) (DBHIS) resource for planning and responding to mental and substance use needs after disasters. The DBHIS has over 1,000 searchable resources authorized for noncommercial use.

Family Resource Kit Available in Spanish

The Children's Mental Health Matters! Campaign Family Resource Kit is now available in Spanish. The toolkit and fact sheets are helpful for families to find access to care, crisis services, and to learn more about mental health conditions their child may be facing. [Download a copy](#).

PRMS Resource for Seeing Patients in Person

PRMS has a short publication that addresses four topics to consider when seeing patients in the office: masks, vaccinations, consent to be seen, and ventilation. [Click here](#) to access the information.

CLASSIFIEDS**POSITIONS AVAILABLE**

CHILD/ADOLESCENT PSYCHIATRIST OPPORTUNITY: FACULTY POSITION Kennedy Krieger School Programs (Part time-20 hr/week position): The Kennedy Krieger Schools serve students with a variety of psychiatric disorders and disabilities, including autism spectrum disorders. The age range served is 5 through 21. Responsibilities: This position will be split between 2 of our school programs, with 10 hours/week needed at each program. Both programs are located in Baltimore. This position is eligible for a faculty appointment, commensurate with experience. The position entails providing psychiatric evaluations and direct medication management for students on the caseloads, including classroom observation and individual meetings with students, communication with parents, and communication with the school team and senior psychiatrist. Attending team meetings may occur as needed and if they fall within the agreed upon schedule. Qualifications: BE/BC in Child and Adolescent Psychiatry. To apply or inquire, please visit our website www.kennedykrieger.org (Job ID #1112). Contact Jocelyn McCarty, Senior Talent Acquisition Partner, McCartyJ@kennedykrieger.org. Equal Opportunity Employer M/F/Disability/ProtectedVet

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to stephen.pasko@medstar.net

CHILD/ADOLESCENT PSYCHIATRIST OPPORTUNITY: Kennedy Krieger School Programs (Part time-20 hr/week position) The Kennedy Krieger Schools serve students with a variety of psychiatric disorders and disabilities, including autism spectrum disorders. Responsibilities: This position will be split between 2 of our school programs, with 10 hours/week needed at each program. Both programs are located in Baltimore and the age range served is 5 through 21. The position entails providing psychiatric evaluations and direct medication management for students on the caseloads, including classroom observation and individual meetings with students, communication with parents, and communication with the school team and senior psychiatrist. Attending team meetings may occur as needed and if they fall within the agreed upon schedule. Qualifications: BE/BC in Child and Adolescent Psychiatry. To apply or inquire, please visit our website www.kennedykrieger.org. (Job ID #6605) Contact Jocelyn McCarty, Sr. Talent Acquisition Partner, mccartyj@kennedykrieger.org. Equal Opportunity Employer M/F/Disability/ProtectedVet

Maryland Centers for Psychiatry seeks general psychiatrist and child and adolescent psychiatrist: Busy private group practice in Ellicott City. Flexible hours - part time with a build up to full time as an option. Position includes administrative/office support, collegial multi-disciplinary setting, professional autonomy, desirable office location, premium office space, and significant room for growth. If interested, please email your CV to office@marylandpsychcenters.com.

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Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.

BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or

Addressing Overdoses

An [AMA report](#) shows that opioid prescribing nationwide has dropped 44.4% in the past decade, while drug-related overdoses and deaths are increasingly driven by illicit fentanyl, fentanyl analogs, methamphetamine and cocaine, according to this [news item](#). AMA calls for policymakers to:

- Stop prior authorization for meds to treat OUD.
- Ensure access to care for patients with pain, including opioid therapy.
- Better support often stigmatized harm-reduction services like naloxone and needle and syringe-exchange.
- Collect data to identify and treat at-risk populations, and better understand the issues facing communities.

SAMHSA Funding to Reduce Overdoses

SAMHSA [announced](#) six grant programs to combat the overdose epidemic. The Maryland Department of Health got over \$700K to raise awareness about the dangers of sharing medications and the risks of overprescribing to young adults. The University of Maryland Baltimore received almost \$150K for its Provider's Clinical Support System (PCSS) to fund education and training in MAT for students in the medical, physician assistant, and nurse practitioner fields.



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REQUIREMENTS

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
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About Sheppard Pratt

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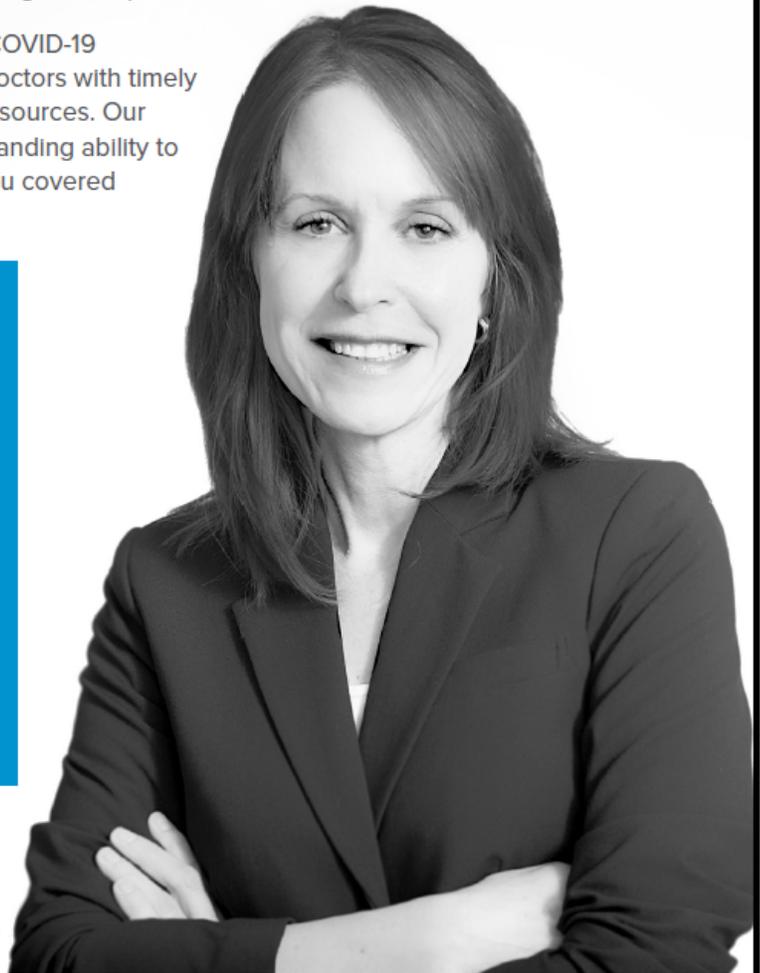
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