

**Department of Health and Mental Hygiene  
Behavioral Health Administration  
Maryland Crisis Hotline Operations Workgroup  
Kickoff Meeting- March 28<sup>th</sup>, 2017**

Brief Minutes

**Attendees:** Kathleen Rebbert-Franklin, BHA; Laura Burns-Heffner, BHA; Mary Viggiani, BHA; Barry Page, BHA; Adeline Weber, BHA; Chelsea Bednarczyk; Adrienne Breidenstine; Suzi Borg; Jinlene Chan; Jennifer Kelly Dail; Kate Farinholt; Quinzi Garrett (for Linda Fauntleroy); Shannon Hall; Holly Ireland; Tim Jansen; Katie Dant (for Seth Noble); Rachel Larkin; Dan Martin; Pat Miedusiewski; Robert Pitcher; John Winslow; Beth Schmidt; Trish Todd; Kim Wireman.

1. Welcome and Introductions – Kathleen Rebbert-Franklin
  
2. Review Charter Document (Tasks, Timeline & Meeting Schedule) – Kathleen Rebbert-Franklin  
The Charter Document was reviewed with workgroup, including: Background Information; Call Centers and Locations; Purpose; Specific Tasks; Intended Outcomes; Benefits of the Process; Phases of Work, Member Roles and Responsibilities.

Some Comments or discussion from Workgroup members included:

- Whether we would be taking the Hope legislation into consideration in developing recommendations regarding the MCH? We will know more by next meeting re what is going to be required.
- Comment that a mock call to one center was not handled well 1 year ago, but was handled very well with a repeat call this am.
- MHAA has a summary of mock SUD calls to MCH providers available, feels there should be more of a crisis emphasis, not just I&R. State of the art is needed, people who could OD are in crisis, similar to potential suicide crisis.

Comment from Kathleen Rebbert-Franklin:

- Think about what is a “crisis” in SUD system, who and what are we trying to manage. There are mental health crises other than just suicide, how do we define need for SUD as crisis?

Comments or discussion from Workgroup members included:

- Crisis is how the caller defines it.
- Our structure needs to define it –own SUD as crisis
- Crisis response teams and SUD systems are not always separate entities; there may be some integration, but resources are not always equal, not universally available.

3. Determine mechanisms for group communication between meetings  
We will be using google group to communicate, and will cc members who are unable to join for whatever reason.

4. Review of current MCH procedures and practices- Tim Jansen, Community Crisis Services, Inc.

Tim presented a power point on the MCH services as a whole. Hard copies of the power point were distributed and will be emailed for future reference. A summary chart of services by agency was also distributed. A few clarifying questions were asked during the presentation. Reference was made to a document (previously distributed) which describes how DHMH has asked the hotline providers to handle SUD calls, and that the overall percentage of SUD calls is quite low in comparison to all other types of calls.

5. Review of Best Practice information- Sue Jenkins, BHA

Sue distributed a copy of power point slides highlighting some of the information from Crisis Now: Transforming Services is within our Reach excerpts (previously distributed along with Accreditation Manuals from the American Association of Suicidology and Contact USA; Guidance Documents from the National Suicide Prevention Lifeline Standards; and FESAT drug helpline). This power point will be emailed for future reference.

A discussion was held regarding what is considered best practice when receiving a call from an individual who speaks a language other than English. Providers currently use language lines; some have limited access to Spanish speakers. Medical interpretation is another layer of expertise. It's not just a matter of interpretation but cultural competence as well. A bigger issue is that the next layer of care (for a non-English speaker) doesn't exist.

6. Assign Tasks for Next Meeting-

Review materials provided and come prepared to discuss recommendations for potential enhancements to service delivery models, staffing, and hotline functions.

7. Next Meeting: April 25th, 2017 @ 10:00 Ground Floor Training room, Voc Rehab Building