

CHANGES...

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BEHAVIORAL HEALTH SERVICES NETWORK

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"If we could see the miracle of a single flower clearly, our whole life would change."



Telehealth: States broaden options for locations, providers

More states are expanding their telehealth policies to reach patients, and pulling back on rigid in-person requirements.

Several state Medicaid programs now explicitly allow the home to serve as an originating site for telehealth, with 10 states – Delaware, Colorado, Maryland, Michigan, Minnesota, Montana, New York, Texas, Washington, and Wyoming – adding the home as an approved site since 2016.

In addition, 16 jurisdictions now allow schools to serve as originating sites for telehealth, although some have restrictions about when the sites are acceptable, said Mei Kwong, an attorney and executive director for the Center for Connected Health Policy and the author of the center's Spring 2018 report on telehealth trends.

At the same time, nearly all states have now dropped Medicaid restrictions that limited reimbursable telehealth services to rural or underserved areas. Colorado, Idaho, Nebraska, New Hampshire, Nevada, and Missouri are the most recent states to remove such geographic restrictions.

"[The expanded locations are] extremely helpful in providing greater access for patients to needed services," Ms. Kwong said in an interview. "For example, a person who has difficulty leaving his or her home for a physical or other reason, they can get care, [or] a child having a rough time in school, can seek out a mental health counselor while at school."

More telehealth providers

In addition to expanding telehealth sites, states are increasing acceptance for telehealth providers beyond physicians. Most recently, New Jersey enacted a broad telemedicine law that includes doctors, nurses, psychologists, social workers, physician assistants, counselors, respiratory therapists, speech pathologists, and optometrists, among others. The New Jersey law addresses telemedicine practice standards, prescribing, patient consent, privacy, and other requirements for providers.

In addition, more states are carving out telehealth regulations. Since 2016, 11 states have revised or adopted new scope of practice restrictions for counselors providing telemedicine, according to a state telehealth analysis published in July 2018 by law firm Epstein, Becker, Green.

Please see TELEHEALTH on page 4



Our Mission To continually improve the provision of behavioral health services for residents of Caroline, Dorchester, Kent, Queen Anne's and Talbot counties through effective coordination of care in collaboration with consumers, their natural support systems, providers, and the community at large.

Our Vision A rural behavioral healthcare delivery system that is clinically and culturally competent. This system will ensure access, have a community focus, be cost-effective, and be integrated to serve the community as a whole.

New additions to our team...

MSBH welcomes three new team members and recognizes the promotion of a current member to a new position.

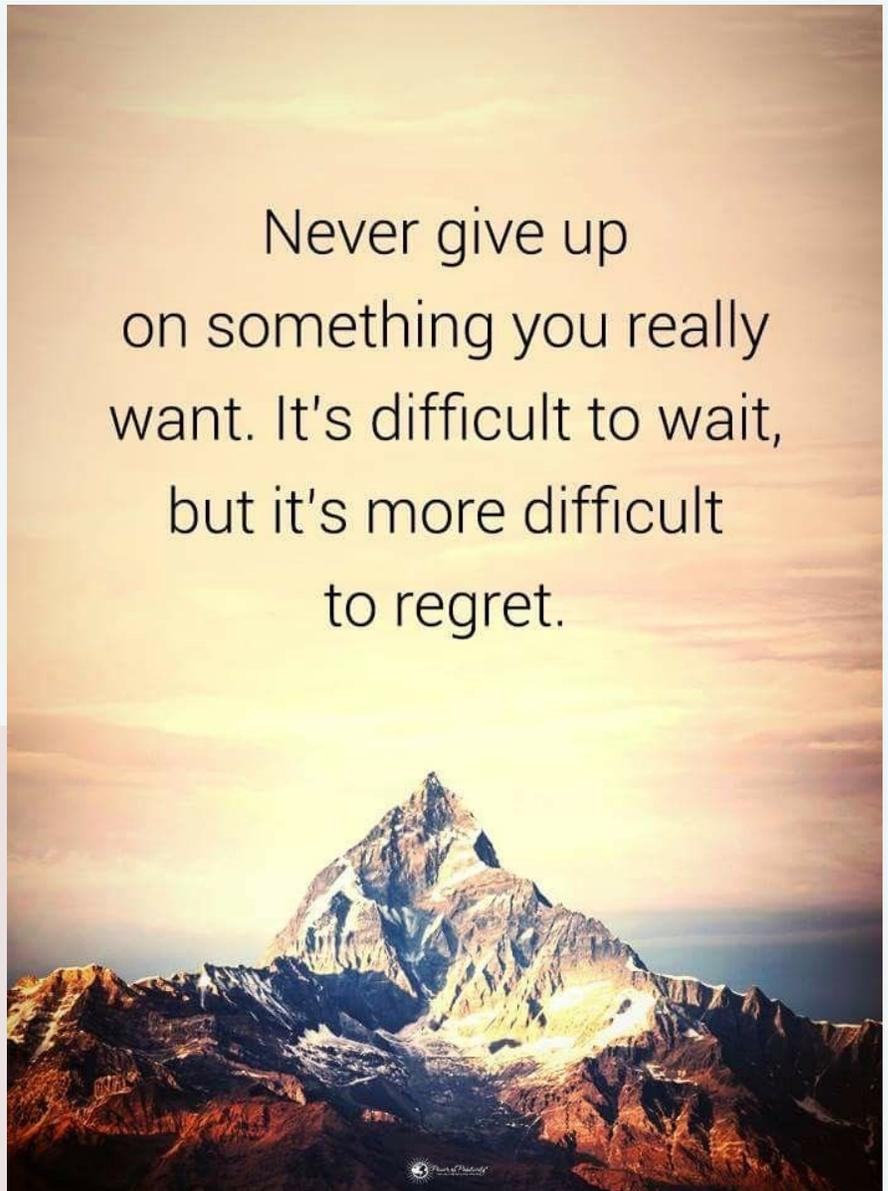
Former Forensic Mental Health Case Specialist, Sherone Thompson, has accepted a new position as Behavioral Health Coordinator serving special populations. She has been with MSBH for four years and we continue to look forward to her commitment and enthusiasm as she transitions to new responsibilities.

Akima Copper will assume the role of Forensic Mental Health Case Specialist at MSBH. She has extensive case management experience, having worked as a Family Advocate for Caroline County Public Schools/Judy Center for twelve years.

Brigitte Kealy joins MSBH as a Behavioral Health Coordinator for Crisis Populations. She previously worked with CASA of the Lower Shore as their Community Services Program Director. Prior to her work with CASA, Brigitte worked for in case management for Maryland Department of Human Resources and the Delaware Division of Family Services.

MSBH announces a new position, Program Support Specialist, working in our Continuum of Care program. Recent Stevenson University graduate, Jazzmine Davis, will be joining our team to fill this position. Her past internship experience and eagerness to learn this new position make her a great fit at MSBH.

Mid Shore Behavioral Health is located at 28578 Mary's Court, Easton, MD 21601. MSBH invites community members, agencies and local advocates to participate in the Behavioral Health Services Network, which are workgroups that seek to address issues pertaining to behavioral health services specific to adults, youth, aging, homeless people, and individuals involved in the criminal justice system. See <https://www.midshorebehavioralhealth.org/bhsn> for more information or call 410-770-4801.





The youngest victims of the opioid crisis

BALTIMORE — Maryland is one of the top five states with the highest rates of opioid-related overdose deaths, and some of the victims are still in the womb. One infant is born every 15 minutes with withdrawal symptoms after being exposed to opioids before birth in the United States, according to a study published in *Pediatrics*. In Baltimore, doctors at Mt. Washington Pediatric Hospital said babies born with neonatal abstinence syndrome, account for 25 percent of the hospital's admissions.

Neonatal abstinence syndrome is a set of conditions caused by withdrawal from exposure to drugs. It is linked to use of opioids, including heroin, and Vicodin. "The infant goes through a very severe withdrawals for

the first couple of weeks in life," said Chief Medical Officer at Delphi Behavioral Health Group Dr. Neeraj Gandotra.

"These children require a week or two in the Neonatal Intensive Care Unit to be watched over to not go through extreme discomfort. They are at increase the risk of physical abnormalities, seizure disorders and higher risks of mental retardation and some cognitive impact."

According to the Centers for Disease Control and Prevention, rates of opioid use disorder at delivery hospitalization more than quadrupled from 1999 to 2014. Gandotra said the mothers who are addicted to opioids come from a low socioeconomic status, and are the ones who need the most health care, food assistance and a stable place to live.

"A majority of them did not have good modeling from good parents. They didn't have the modeling of frustration tolerance, maladaptive modeling; and then the other elephant in the room, where are they in the picture, not practicing safe sex," Gandotra said. "The innovative thing really is to provide resources including comprehensive care, psychiatric services with the substance abuse services, center of addiction and pregnancy and decreasing urine toxicology."

According to Health Affairs, addiction treatment advocates say two provisions would substantially improve access to treatment — one that would allow Medicaid pay for residential treatment in large facilities and another that would allow Medicare to pay for methadone treatment. .

"Health providers are supposed to report pregnant women with addiction problems to the Department of Social Services for a follow-up," said Talbot County Health Department Officer Fredia Wadley. "However, if a physician does a risk assessment and there are no suspicions of maternal drug use, then a referral will not be made. Physicians may ask the health department to do a home visit on mother and newborn with Medicaid (Medical Assistance) if they feel the infant is at risk for problems but this can be a risk due to anything and not just maternal use of drugs."

To expedite assistance for families, the Talbot County Department of Social Services and Talbot County Health Department are partnering to implement START — Sobriety Treatment and Recovery Team. This evidence-based program will pair a social worker and a family mentor to provide intensive support to families affected by substance abuse who are involved in the child welfare system. The goals of the program are supporting parents in achieving recovery and keeping children safe in drug free homes.

"It is my understanding that we should be hearing soon, perhaps this month, about those details and will then be able to work together to recruit and hire the Family Mentor," said Talbot County Department of Social Services Director Linda C. Webb, LCSW. "Once that person has been hired, training will be provided and the service will be implemented with families impacted by substance abuse who are engaged with the Department of Social Services."

START hopes to be running in a few months.

Pregnant women with an addiction can seek help in getting into appropriate treatment at the Talbot County Health Department. Many addiction providers also will assist a pregnant woman in finding the care she needs.

Courtesy of: The Star Democrat



TELEHEALTH *from page 1*

Arkansas, Idaho, Maine, New Jersey, and Rhode Island recently imposed regulations for the practice of telepsychology. In addition, seven states have new or revised scope of practice restrictions for advanced practice registered nurses (APRN) providing telehealth services, while eight states have new licensing requirements specific to telehealth practice by APRNs, according to the Epstein analysis.

A telehealth compact that would allow APRNs to practice nursing via telemedicine across state lines is also in the works. Similar to the physician Interstate Medical Licensure Compact, the APRN Compact would establish an interstate commission and guidelines for uniform licensing requirements and criminal background checks. The compact will become effective when 10 states enact the compact legislation. So far, three states – Wyoming, North Dakota, and Idaho – have enacted the model legislation.

Another telemedicine compact for psychologists is getting ready to launch. In August, Illinois became the seventh state to join the Psychology Interjurisdictional Compact (PSYPACT). The pact requires seven states to enact compact legislation to become effective, however Illinois law does not go into effect until 2020.

The developments highlight the rise in more mid- and lower-level providers practicing telemedicine, said Anjali B. Dooley, an attorney and chief legal and compliance officer for Forefront Telecare, a telehealth platform for behavioral health services. While the increase allows greater care access, the expansion also poses scope of practice challenges, she notes.

“Increasing scope of practice extensions also increases risk if physician extenders are not trained properly in telehealth technology use and protocols,” Ms. Dooley said in an interview. “Providers and provider extenders need to be educated and learned in human factors such as communication, empathy, and etiquette.”

Read this article in it’s entirety at <https://www.mdedge.com/psychiatry/article/176599/business-medicine/telehealth-states-broaden-options-locations-providers>

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Courtesy of MD Edge Psychiatry

Podcast: Dr. Jessica Strong: Female Service Members at War: Unique Experiences of Deployment and Reintegration

In this episode, our guest Dr. Jessica Strong describes why having a clear understanding of the unique experiences of women's combat deployment and other military experiences can inform social work practice, policy, and advocacy efforts. Our guest discusses how gender serves as a powerful context for how women talk about their combat experience, for exacerbating an already stressful experience, and for informing women's reintegration following deployment.



To listen to this podcast go to: https://www.insocialwork.org/mp3/insocialwork/strong_women_combat.mp3



November 2018

Sun Mon Tue Wed Thu Fri Sat

				1	2	3
4	5	6	7	8	9	10
11		13 Roundtable on Homelessness 1:30-3:4 @ CVI Consumer Council	14 5th Annual SIM Meeting Temple B'Nai Israel 9-3:30	15	16	17
18	19	20 Aging Workgroup 11am	21		23	24
25	26	27	28	29	30	31

IT IS GOOD TO HAVE AN END TO
 JOURNEY TOWARD; BUT IT IS
 THE JOURNEY THAT MATTERS
 IN THE END.

-Ernest Hemingway



5th Annual SIM Meeting

The 5th Annual Sequential Intercept Mapping Meeting (SIM) will take place on November 14th, 2018 at the Temple B'Nai Israel located in Easton, MD. This event will have two sessions.

The morning session, scheduled for 9:00am to 12:00pm will focus on mapping youth resources and needs. The afternoon session from 1:30pm-3:30pm will include a presentation from speaker Bette Stewart from the University of Maryland, discussing Assertive Community Treatment (ACT). This session will also entail the review and update of the current Adult SIM map.

To RSVP for one or both sessions please contact Sherone Thompson sthompson@midshorebehavioralhealth.org or Megan Pinder mpinder@midshorebehavioralhealth.org.