



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health
55 Wade Ave., Voc. Rehab., SGHC
Catonsville, MD 21228

February 7, 2022

Dear Behavioral Health Partners:

As we enter the second month of the new year, we are slowly beginning to see a decline in the number of positive COVID-19 cases. While this is hopeful, we need to continue to follow CDC guidelines to ensure our community remains safe. In this month's update, you will find more specifics on Maryland's vaccination rates within our behavioral health community. Based on these numbers, we are making a difference. I thank you for your continued vigilance in encouraging vaccinations and boosters to help improve community health and wellness.

During the month of February, as National African American (Black) History month, we have an opportunity to recognize African Americans' contributions and achievements that have enriched our society in health, science, and the arts. We can also use this time to bring greater awareness to health inequities that impact outcomes, and work towards trying to address them.

Opioid-related deaths for African Americans have more than doubled since 2015. More specifically, between 2010 and 2021 opioid-related deaths for non-Hispanic African Americans have increased more than 6-fold (607%). These are alarming numbers, and we need to challenge ourselves to continue to do more and help people access effective and evidence-based care, treatment, and services. Noting that older African Americans are dying from opioid overdoses at disproportionate rates, it becomes evident that we need to expand our community outreach and awareness initiatives to help get individuals into treatment earlier.

Equally important to improving outcomes, is cultural competency. Research has shown that the lack of cultural understanding may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations. Factors include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms. Recognizing that each community has its own ethnic and cultural design, we encourage you to seek to have cultural humility. This stretches us beyond the understanding of cultural differences to seek true understanding from those we serve and allows ourselves to be taught what we do not know. Lastly, we must also strive to have structural competency, awareness of social determinants of health and other non-clinical factors that impact health outcomes.

I would like to honor African American History Month by encouraging and challenging each of us to improve the cultural competency of our workforce, starting with ourselves. I also invite you to participate in the work of our Behavioral Health Equity Workgroup which also aligns with the important work of the Racial Disparities Task Force.

Monthly BH Partner Letter
February 7, 2022

I thank you for your continued support and hope you find our continued Monthly Updates a useful communication tool that keeps our communities informed.

Sincerely,

A handwritten signature in black ink, appearing to read "Aliya Jones". The signature is fluid and cursive, with a large initial "A" and "J".

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health

cc: Attachment