

MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL BY-LAWS

PURPOSE:

Pursuant to the Annotated Code of Maryland, Health General 7.5 - 305, and Federal Public Law (PL) 102-321, the State of Maryland has established the Maryland Behavioral Health Advisory Council to promote and advocate for:

- (i) planning, policy, workforce development, and services to ensure a coordinated, quality system of care that is outcome-guided and that integrates prevention, recovery, evidence-based practices, and cost-effective strategies that enhance behavioral health services across the state; and
- (ii) a culturally and linguistically competent and comprehensive approach to publicly-funded prevention, early intervention, treatment and recovery services that support and foster wellness, recovery, resiliency, and health for individuals who have behavioral health disorders and their family members.

Article I: Guiding Principles

1. All activities and efforts of the Behavioral Health Advisory Council take into consideration cultural and linguistic competence, diversity, and gender identity.
2. Serve as a forum for the dissemination and sharing of information concerning the Public Behavioral Health System (PBHS) among: Maryland Department of Health (MDH); Behavioral Health Administration staff; behavioral health advocates; including consumers and providers of mental health, substance-related disorders (SRDs), other addictive disorders services in Maryland; and other interested parties.
3. Advocate for a comprehensive, broad-based, person-centered approach to provide the social, economic, and medical supports for people with behavioral health needs; as mandated by Health General 7.5 – 305 and by PL 102-321.
4. Serve as a linkage with state agencies seeking collaboration for improved behavioral health services.

Article II: Duties

The Council shall:

1. Review and make recommendations to the state on the behavioral health plan and federal grant documents/applications developed in accordance with any applicable state and federal law.
2. Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of behavioral health services and funding; as mandated by PL 102-321.
3. The Council may consult with state agencies to carry out the duties of the Council.
4. Submit an Annual Report of its activities to the Governor and, subject to Section 2-1246 of the State Governor Article, to the General Assembly.
5. Receive and review annual reports submitted by the County Advisory Committees as mandated by Health General 7.5-305.

Article III: Membership

In adherence to Federal Public Law PL 102-321, the membership should include:

1. Representatives of certain principal state agencies – behavioral health, education, vocational rehabilitation, criminal justice, housing, and social services
2. Certain public and private entities concerned with need, planning, operation, funding, and use of behavioral health services and related support services
3. Family members of adults with a behavioral health disorder and children involved with the behavioral health system
4. Adults who are currently or formerly involved with behavioral health services

Not less than 50 percent of the members of the planning council are individuals who are not state employees or providers of behavioral health services. The ratio of parents of children, with a serious emotional disorder to other members of the planning council should be sufficient to provide adequate representation of such children in the deliberations of the Council.

The composition below, as stated in Maryland Senate Bill (SB) 174, satisfies the federal law.

A. Composition

1) The Behavioral Health Advisory Council consists of 28 Ex-Officio Members (or designees) representing state and local government, the Judiciary, and the Legislature. They are listed in statute as:

- One Member of the Senate of Maryland
- One Member of the House of Delegates
- The Secretary of Maryland Department of Health
- The Deputy Secretary for Behavioral Health
- The Director of the Behavioral Health Administration
- The Executive Director of the Maryland Health Benefit Exchange
- The Deputy Secretary for Health Care Financing
- The Secretary of Aging
- The Secretary of Budget and Management
- The Secretary of Disabilities
- The Secretary of Housing and Community Development
- The Secretary of Human Services
- The Secretary of Juvenile Services
- The Secretary of Public Safety and Correctional Services
- The Executive Director of the Governor's Office for Children
- The Executive Director of the Governor's Office of Crime Control and Prevention
- The Executive Director of the Governor's Office of the Deaf and Hard of Hearing
- The Public Defender of Maryland
- The State Superintendent of Schools
- The Assistant State Superintendent of the Division of Rehabilitation Services
- Two representatives of the Maryland Judiciary: a District Court Judge and a Circuit Court Judge, appointed by the Chief Judge of the Court of Appeals
- The President of the Maryland Association of County Health Officers
- Four representatives from County Behavioral Health Advisory Councils, one from each region of the state

2) The Council also consists of 13 members, appointed by the MDH Secretary, representing behavioral health provider and consumer advocacy groups. One representative shall be appointed by the Secretary from each of the following organizations:

- Community Behavioral Health Association
- Drug Policy and Public Health Strategies Clinic
- University of Maryland Carey School of Law
- Maryland Addictive Disorders Council
- Maryland Association of Boards of Education
- Maryland Association for the Treatment of Opioid Dependence
- Maryland Black Mental Health Alliance
- Maryland Coalition of Families
- Disability Rights Maryland
- Maryland Recovery Organization Connecting Communities
- Mental Health Association of Maryland
- National Alliance on Mental Illness of Maryland
- National Council on Alcoholism and Drug Dependence of Maryland
- On Our Own Of Maryland

Additional representatives or individuals designated by the Council may also be appointed by the MDH Secretary.

3) The Council shall also consist of 14 representatives that include a diverse range of individuals who are consumers, family members, professionals, and involved community members. These representatives should not be state employees or providers of behavioral health services. Two individuals, representing the mental health and the substance-related disorder treatment community, shall be appointed by the Governor from each of the following:

Academic or research professionals

Medical professionals

Individuals formerly or currently in receipt of behavioral health services

Family members of individuals with mental health or substance-related disorders

Parent of a young child with behavioral health disorders

Youth between the ages of 16 and 25 years with a behavioral health disorder

Individuals active in behavioral health issues within their community

Members appointed by the Governor shall be representative, to the extent practicable, of: (1) geographic regions of the state; (2) at-risk populations; (3) ethnic, gender, across-the-lifespan, and cultural diversity; and (4) balanced representation from areas of mental health and substance-related disorders.

B. Term of Membership

1. Ex-Officio Members serve as long as the member holds the specified office or designation.
2. Members appointed by the MDH Secretary may serve as long as the organizations they represent wish to have them as a representative of the organization.
3. Members appointed by the Governor: serve a three-year term; may serve for a maximum of two consecutive terms; and after at least six years have passed since serving, may be reappointed for terms that comply with the original appointment. At the end of a term, a member may continue to serve until a successor is appointed and qualifies.
4. Terms of Governor-Appointed Members can be staggered so that one third of members' terms end each year. If a member is appointed by the Governor after a term has begun, he or she may serve only for the rest of the term and until a successor is appointed and qualifies. If appropriate, the Council may recommend that he or she may qualify him or herself, through the Governor's Office of Appointments, for the option of serving a second full-term.
5. Notwithstanding any other provisions of this subsection, all members serve at the pleasure of the Governor and with the consent of the Council.

C. Attendance

It is the expectation of this Council that members attend the majority of the meetings, participate in Council activities, and exercise the duties and responsibilities of the Council on a regular basis.

Governor-Appointed Members

Members of the Maryland Behavioral Health Advisory Council, who are appointed by the Governor, are subject to the Maryland State Government Code Annotated 8-501(2013) which states:

(a) Member deemed to have resigned - A member of a state board or commission [applicable to this Council as well] appointed by the Governor who fails to attend at least 50 percent of the meetings of the board or commission during any consecutive 12-month period [*] shall be considered to have resigned.

(b) Notice to Governor - Not later than January 15 of the year following the end of the 12-month period, the chairman of the board or commission shall forward to the Governor:

- (1) the name of the individual considered to have resigned; and
- (2) a statement describing the individual's history of attendance during the period.

(c) Appointment of successor - Except as provided in subsection (d) of this section, [just below] after receiving the chairperson statement the Governor shall appoint a successor for the remainder of the term of the individual.

(d) Exception - If the individual has been unable to attend meetings for reasons satisfactory to the Governor, the Governor may waive the resignation if the reasons are made public.

*This Council will meet six times per year. Fifty (50) percent attendance means at least three meetings per year attended.

Ex-Officio Designees and Department-Appointed Members

In the event an Ex-Officio designee or Department-Appointed representative on the Council fails to attend 50 percent of the meetings during any period of 12 consecutive months (three meetings per year), the Co-Chairs/Executive Committee shall send a letter of reminder to the head of the agency/organization/department of the member. If, after a reasonable period of time, there is no attendance, then the Co-Chairs/Executive Committee shall send a letter to the head of the agency/organization/department of that the member recommending that he or she be replaced. If the agency member has been unable to attend meetings as required for reasons satisfactory to the Executive Committee or MDH Secretary, such resignation may be waived if such reasons are made public.

Suspension or Removal of Governor-Appointed Members

Additionally, as excerpted from the Maryland State Government Code Annotated, 8-502 (2013), "A member of a State board or commission shall be suspended...from participation in the activities of the board or commission [applicable to this Council for Governor Appointed Members] if the member is convicted of or enters a plea of nolo contendere to any crime that: (i) is a felony; or (ii) is a misdemeanor related to the member's public duties and responsibilities and involves moral turpitude for which the penalty may be incarceration in any penal institution. The suspension shall continue during any period of appeal of the conviction. If the conviction becomes final, the

member shall be removed from the office and the office shall be deemed vacant. Reinstatement - If the conviction of the member is reversed or otherwise vacated...the member shall be reinstated to the office for the remainder, if any, of the term of office during which the member was so suspended or removed..."

Article IV: Meetings and Voting

A. Meetings

Times and Location

The Council shall meet at least six (6) times a year. The location to be determined as coordinated through Council Support Staff. The recommended schedule is once (day to be set as coordinated through Council Support staff) during each of the following months: September, November, January, March, May and July. Special meetings, or meetings of the Council to replace meetings postponed due to inclement weather or other circumstances, shall be authorized by the Executive Committee.

Teleconferencing will be available and counts as attendance.

Agenda and Notice of Meetings

Notice of regular meetings shall be announced by email (by mail for those without computer access). When appropriate and available, an agenda will be included in the announcement.

Official Record

The minutes of the Council meeting shall be the official record of the Council. The minutes shall be distributed to all members of the Council and to the Director of the Behavioral Health Administration within four to six weeks following a meeting. After final adoption, minutes will be distributed to local behavioral health authorities. All minutes, recommendations, and related materials will be posted on the Behavioral Health Administration's Web site.

Ad hoc and standing subcommittee meetings may be convened whenever necessary. If necessary, the Executive Committee or any other committee can meet and converse by telephone when it is not feasible to convene and/or when an immediate decision is required. Decisions reached by telephone shall be recorded as meeting minutes for that date and considered official meeting minutes.

Travel Allowance

Council members whose transportation costs are not reimbursed by an agency, group or organization, and who need financial assistance in order to attend a Council meeting and/or when officially representing the Council at other meetings, are eligible for reimbursement by the Behavioral Health Administration. Members may not receive compensation as a member of the council; but are entitled to reimbursement for travel expenses as provided for in the state budget. Travel expenses shall be consistent with the Standard State Travel Regulations and are dependent upon resource availability. Council members are responsible for completing all expense reporting forms in a timely manner, and submitting appropriate accompanying documentation as required.

B. Voting

1. Ex-Officio Members in statute and Appointed Members are all considered voting members.
2. A majority of the voting members of the Council is a quorum. A simple majority of those present at a meeting (face-to-face or by teleconferencing) is sufficient to adopt a motion.
3. The Executive Committee may call for a Council-wide vote on issues of greater import. If a quorum is not present at the meeting specified for the vote, the Executive Committee shall determine the method and timeline to collect the additional votes.
4. Council Officers shall be elected according to a balanced (mental health and substance- related) slate presented by the Nominating Committee every two years or as required.

Article V: Officers

A balanced representation of areas comprising the behavioral health system should be taken into consideration. Also, it is encouraged to consider at least one officer to be a recipient or former recipient of behavioral health services or a relative of such an individual. Officers shall serve for one two-year term. However, an officer's term may be extended due to unusual circumstances by a vote of the full Council.

A. Co-Chairs

The two Co-chairs shall be elected from among the full membership of the Council. The Co-chairs shall serve for one two-year term. Elections shall be held bi-annually in December and the term shall begin on January 1 through December 31 of the following year.

The Co-chairs shall be responsible for:

1. Calling and presiding over all full meetings of the Council;
2. Coordinating the activities of the Council, including preparation of the required state and federal reports;
3. Collaborating in the preparation of the agenda for the meeting of the Council;
4. Serving on the Executive Committee;

5. Appointing the Chairpersons or co-chairs and members of the Nominating Committee and the Chairpersons or co-chairs of standing and ad hoc committees;
6. Signing, when appropriate, in the name of the Council, all letters and other documents;
7. Serving as Ex-Officio on standing and ad hoc committees, except for the Nominating Committee; and
8. Representing the opinion of the Council to the public.

B. Committee Chairs

The Council Co-Chairs will designate a chair or co-chair for each committee from among the Council membership. Chairs and co-chairs of each committee must be members of the Council. Committee co-chairs or chairs shall serve as members of the Executive Committee. Additionally, committee co-chairs or chairs may be called upon to be responsible for the duties of the Council Co-Chairs in the absence of either or both officers.

Committee chairs or co-chairs are expected to convene, attend, and preside over all committee meetings of their respective group (by teleconferencing, if necessary) and designate the means for an official record (summary or minutes) to be generated of meetings held. Committee chairs or co-chairs shall: follow the policy for and monitor the attendance of committee members.

Article VI: Committees

The Maryland Behavioral Health Advisory Council's committee structure will consist of standing committees and ad hoc committees to facilitate the Council's role of gathering and disseminating information. Membership on committees is not limited exclusively to Council members except the Executive and Nominating committees. The Council may adopt procedures necessary to do business, including the creation of committees or task forces. Standing and ad hoc committees may be convened as determined by the Council Co-Chairs and agreed upon by the Executive Committee. The committees will make recommendations that will enhance aspects of the behavioral health system and to ensure a coordinated, culturally and linguistically competent, quality system of care that is outcome-guided and that integrates prevention, recovery, evidence-based practices, and cost-effective strategies in the delivery of behavioral health services state-wide.

Council members are requested to serve on at least one committee. A focus on the following themes will remain central to committee operations:

1. Facilitate a balance between mental health and substance-related disorder services and systems; maintain the understanding that representation across the behavioral health service system is required and needed, and promote discussion about the ongoing concerns and care coordination associated with the behavioral health integration process.
2. Focus on information sharing and committee coordination to avoid the duplication of effort, since multiple Council members work on other projects and stakeholder groups. Also, the Council must maintain clarity in terms of the role and duties of the Maryland Behavioral Health Advisory Council.
3. Each committee must report how it is moving toward achieving the Council's mission and core priorities and issues.
4. An official record such as minutes or a summary of actions must be taken at all standing and ad hoc committee meetings.

Policies and Procedures for Committees:

Standing Committees

A. Executive Committee

The Executive Committee shall be composed of the Council Co-Chairs, together with any standing committee and ad hoc committee chairs and co-chairs. The Executive Committee shall meet as needed. The Executive Committee responsibilities include, but are not limited to, preparing, reviewing or approving testimony or other public presentations/documents/reports submitted on behalf of the Council when sufficient time does not permit review and approval of the entire Council and timing is of critical importance, etc. Another duty of the Executive Committee will be to develop and identify directives and initiatives for the work of standing and ad hoc committees, as well as provide oversight, when needed, to ensure that each committee of the Council completes assigned special projects.

B. The Planning Committee

The Planning Committee will address efforts that comply with the Federal Mental Health Block Grant (MHBG) requirement. The duties of this committee include participation in a yearlong planning process comprised of development, review, and final recommendation of the Maryland Behavioral Health Plan and Federal Mental Health Block Grant Application which may be used to inform special projects. The committee shall also identify focus areas/issues to be monitored and make recommendations to the Council. Also, the committee shall participate in the development of the Annual Report, which summarizes the activities, priorities, and recommendations of the Council and is submitted to the Governor annually. On an ongoing basis, the Planning Committee will give input to identify workgroups and targeted projects for the Lifespan Committees and, as needed, give input toward the action plans of ad hoc committees and/or special studies/workgroups committees to ensure they are in concert with the Behavioral Health Administration's goals and priorities.

C. Prevention Committee

This committee will address efforts that comply with the Federal Substance Abuse Block Grant (SABG)/Strategic Prevention Framework Grant (SPFG) which is currently in phase 2. The SPFG began in September, 2015 and ends on September, 2020 at \$1.6 million per year. The focus during the second phase of the initiative is to prevent and reduce underage drinking and youth binge-drinking. The Prevention Committee will serve as Maryland's required Strategic Prevention Framework Advisory Committee (SPFAC), a requirement for Strategic Prevention Framework grants from SAMHSA for monitoring progress and strengthening the initiative by making recommendations to the Behavioral Health Administration if needed. Additionally, the duties of this committee include providing guidance and advocacy in the areas of prevention across the lifespan. This may include areas such as substance-related prevention, suicide prevention, and addictive behaviors such as gambling. This committee may examine data, research, identify risk factors, evidence-based resources, and make recommendations or suggest strategies to the Administration as appropriate and/or as elements for further study.

Ad Hoc Committees

These committees will be formed, as needed, to address specific duties, needs, or issues as deemed appropriate by the Executive Committee or Council. The Council Co-Chairs may appoint temporary committees or Council representatives for a specified purpose and time. Upon completion of the task, the committees shall be dissolved. Another duty of the Executive Committee will be to develop and identify directives and initiatives for the work of standing and ad hoc committees, as well as provide oversight, when needed, to ensure that each committee of the Council completes assigned special projects.

A. Children, Young Adults, and Families Committee

The duties of this committee will be to identify recommendations for the development of strategies and initiatives, including evidence-based practices, which are important for a comprehensive system of care of behavioral health services and supports for children, young adults and families.

B. Recovery Services and Support Committee

The duties of this committee will be to identify recommendations for the development of strategies and initiatives, including evidence-based practices, which are important for a comprehensive system of behavioral health services and supports youth, adults and older adults.

C. The Cultural and Linguistic Competence Committee

The primary objective of the Cultural and Linguistic Competence Committee will be to assist the Council in its role of gathering and disseminating information about the role culture plays in the delivery of behavioral health services in the behavioral health system. The Cultural and Linguistic Competence Committee will generate recommendations and concepts that will facilitate the development of cultural and linguistic competence and culturally responsive services important for the behavioral health system, providers, and communities across the state. Recommendations and concepts generated by the committee will be general and will also make reference to specific cultural groups and communities across the state of Maryland, including those related to gender, gender identity, and disability. The recommendations and concepts made by this committee will be used to shape and inform strategies that are part of state, federal, and local planning processes.

D. Criminal Justice/Forensics Committee

The purpose of this committee is to advise the Administration regarding the delivery of behavioral health services to individuals who are involved with the criminal and juvenile justice systems, including those who: are court-ordered to the Maryland Department of Health (MDH) for evaluation, commitment, and/ or treatment relative to competency to stand trial or criminal responsibility; are court-ordered to MDH for a substance-related evaluation and/or for substance-related disorders treatment; are released into the community from a MDH facility under court-mandated conditions of release; or have psychiatric, substance-related, or co-occurring disorders and are incarcerated, or are at risk of incarceration, in jails, prisons, or juvenile detention facilities.

E. The Nominating Committee

Composition

The Nominating Committee shall consist of a chairperson and four other members, all appointed by the Council Co-Chairs. Members shall represent a balance in the areas of mental health and substance-related disorders.

Slate

The Nominating Committee shall convene bi-annually in September and conduct a search for the offices of Council Co-Chairs from among the Appointed and Ex-Officio Membership. If the present officers are deemed eligible to serve a second term, it is appropriate that the Nominating Committee take their names into consideration for the slate. Additionally, the Committee must consider the need to maintain the balance between the areas of mental health and substance-related disorders when considering names for the slate. The slate shall consist of up to two names for Co-Chairs.

Voting

The slate shall be presented electronically to the full Council, bi-annually in October, and voted to be approved or not approved the following November during a meeting with a quorum of Council members present. If the slate is approved, those named will begin their term on the following January 1. If the slate is not approved, then the Nominating Committee will be requested to develop an alternate slate of names.

F. Ad Hoc Committees and Workgroups

Additional ad hoc committees or special studies workgroups may be convened to: address a specific behavioral health priority area identified by the Council for review, presentation, and possible advocacy recommendation; or to meet the requirements of other legislative processes or task forces.

The membership of ad hoc committees or special studies/workgroups may include an individual(s) representing the Council on various Behavioral Health Administration or other agency or organization-sponsored task forces, workgroups, etc.

Membership on committees is not limited exclusively to Council members. Non Council members may serve on committees, ad hoc committees, and specialty workgroups, except the Executive and Nominating committees.

Article VII: Support Services

The Behavioral Health Administration shall provide support staff for administrative coordination, as necessary, to support the functions of the Council.

Article VIII: Amendments

The By-laws may be amended by recommendations of the Executive Committee and two-thirds of the voting members of the Council who are present, provided that copies of the proposed amendments and notice for consideration have been mailed to every member at least two weeks before the date of the meetings, during which adoption of the amendment(s) would be considered. The amendment goes into effect immediately upon its adoption unless otherwise specified.

The Maryland Behavioral Health Advisory Council By-Laws were amended and approved September 18, 2018.