



CHANGING
Maryland
for the Better

THE 2017 ANNUAL REPORT OF
**THE MARYLAND BEHAVIORAL HEALTH
ADVISORY COUNCIL**

HB § 7.5-305 and SB0174/Ch. 328 (2015)

Barbara L. Allen
Co-Chair

Dan Martin, Esquire
Co-Chair



State of Maryland Behavioral Health Advisory Council

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

October 23, 2017

The Honorable Larry Hogan
Governor
State House
Annapolis, Maryland 21401

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: HB § 7.5-305 and SB0174/Ch. 328 (2015) – Behavioral Health Advisory Council Annual Report and HB 0682/Ch.406 and SB0551/Ch. 405 (2015) – Report of the Maryland Crisis Services Committee

Dear Governor Hogan, President Miller and Speaker Busch:

We present to you two reports for your review: the 2017 Annual Report for the Maryland Behavioral Health Advisory Council, pursuant to the Annotated Code of Maryland, Health General 7.5 - 305, Federal Public Law (PL) 102-321, and in compliance with Senate Bill 174; followed by the Report of the Maryland Crisis Services Committee based on House Bill 682/Senate Bill 551. This Annual Report provides an overview and summary of the activities of this Council during calendar year 2017 and The Strategic Plan for Maryland Crisis Services.

The Maryland Behavioral Health Advisory Council was established in statute in October 2015. The legislation provided for the membership, duties, and purpose of the 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 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.

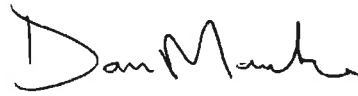
The Council membership consists of 55 members from the recovery community, families, the advocate community, behavioral health organizations, the legislature, local behavioral health authorities, and state agencies. The Council met bi-monthly since January 2017 and has elected officers, amended by-laws, and established a committee structure that gives greater focus to specific areas of interest within the behavioral health arena and across the lifespan. These areas include planning, prevention, cultural and linguistic competency, children and adolescents, adults and older adults, criminal justice, crisis services, and community behavioral health services.

This has been an active year for the Council and we look forward to the continued process of monitoring and enhancing the behavioral health system of care, advocating for continued and increased access to services, and promoting adequate and appropriate wellness and prevention activities for individuals with mental illness, substance use, and other addictive disorders. We will continue submitting suggestions and recommendations to the BHA leadership and to you, as appropriate, to improve the work of the Public Behavioral Health System in Maryland.

Sincerely,



Barbara L. Allen
Co-Chair
Maryland Behavioral Health
Advisory Council



Dan Martin, Esquire
Co-Chair
Maryland Behavioral Health
Advisory Council

Enclosure

cc: Tiffany Robinson, Deputy Chief of Staff, Office of the Governor
Dennis R. Schrader, Secretary, Maryland Department of Health (MDH)
Barbara J. Bazron Ph.D., Deputy Secretary for Behavioral Health,
Maryland Department of Health/Executive Director, Behavioral Health Administration
J. David Lashar, Chief of Staff, Office of the Secretary, MDH
Kathleen A. Morse, Assistant Attorney General, MDH
Webster Ye, Director, Office of Governmental Affairs, MDH
Kim Bennardi, Special Assistant, Office of Appointments and Executive Nominations,
MDH
Kimberly Cuthrell, Ph.D., Director, Systems Management, BHA
Cynthia Petion, Deputy Director, Systems Management, BHA
Hilary Phillips, Director, Office of Planning, BHA
Sarah T. Albert, MSAR# 10584 and 10868, Department of Legislative Services

INTRODUCTION

This report is the Annual Report of the Behavior Health Advisory Council, which, according to statute, is due to the Governor at the end of the calendar year.

Senate Bill 174 (2015) established the Council as of October 1, 2015, to promote and advocate for 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. Also, the Council will promote and advocate for a culturally 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.

The Maryland Behavioral Health Advisory Council consists of 55 members - 28 in statute Ex-Officio members (or designees) representing state and local government, the Judiciary, and the Legislature; 13 members appointed by the Department of Health (MDH) Secretary, representing behavioral health provider and consumer advocacy groups; and 14 representatives that include a diverse range of individuals who are consumers, family members, professionals, and involved community members. According to the legislation, membership is appointed/selected to be composed of balanced representation from areas of mental health and substance use disorders and a range of geographical areas of the state. Membership is also representative of ethnic, gender, cultural, and across the lifespan (parents of young children with behavioral health disorders) diversity. Sign language interpreters are available at meetings for an individual representing the Governor's Office of Deaf and Hard of Hearing.

On the following pages, we have included the membership list, highlights, and activities of the Council for FY 2017.

Maryland Behavioral Health Advisory Council

Barbara L. Allen, Co-Chair
Community Advocate for Substance Use Disorders

Dan Martin, Co-Chair
The Mental Health Association of Maryland, Inc.

Makeitha Abdulbarr
The Maryland County Behavioral Health Advisory
Councils

Dori S. Bishop
Family Member

Lori Brewster
The Maryland Association of County Health Officers

Mary Bunch
Family Member (Child)

*Sara Cherico-Hsii
The Office of the Secretary, Maryland Department of
Health

Marian Currens
The Maryland Association for the Treatment of Opioid
Dependence

Allysa Dittmar
The Governor's Office of Deaf and Hard of Hearing

The Hon. Adelaide Eckardt
Maryland State Senate

Kate Farinholt
The National Alliance on Mental Illness of Maryland

Ann Geddes
The Maryland Coalition of Families for Children's
Mental Health

Elaine Hall
The Maryland Health Care Financing, MDH

Christina Halpin
Consumer (Youth/Young Adult)

Dayna Harris
The Maryland Department of Housing & Community
Development

Barbara J. Bazron
The Office of the Deputy Secretary, Maryland
Department of Health

Karyn M. Black
The Maryland Association of Behavioral Health
Authorities (MABHA)

*Kelby Brick
The Governor's Office of Deaf and Hard of Hearing

*Laura Cain
Disability Rights Maryland
(Formerly the Maryland Disability Law Center)

Kenneth Collins
The Maryland County Behavioral Health Advisory
Councils

Jan A. Desper Peters
The Black Mental Health Alliance, Inc.

Catherine Drake
The Maryland Division Of Rehabilitation Services

Stevanne Ellis
The Maryland Department Of Aging

Robert L. Findling
Academic/Research Professional

Lauren Grimes
On Our Own of Maryland, Inc.

Shannon Hall
The Community Behavioral Health Association of
Maryland

Carlos Hardy
The Maryland Recovery Organization Connecting
Communities

Virginia Harrison
The Maryland Association of Boards of Education

Maryland Behavioral Health Advisory Council

The Hon. Antonio Hayes
Maryland House of Delegates

Jim Hedrick
The Governor's Office of Crime Control and Prevention

*Joel E. Klein
Medical Professional

Sylvia Lawson
The Maryland State Department of Education

Sharon M. Lipford
Community Advocate

Theresa Lord
Family Member (Child)

Dennis L. McDowell
Family Member

The Hon. Dana Moylan Wright
The Maryland Judiciary Circuit Court

Yngvild Olsen
The Maryland Association for the Treatment of Opioid
Dependence

Mary Pizzo
The Office of the Public Defender

Keith Richardson
The National Council on Alcoholism and Drug
Dependence of Maryland

Catherine Simmons-Jones
Medical Professional

Jeffrey P. Sternliet
Medical Professional

Tracey Webb
The Governor's Office for Children

Anita Wells
Academic/Research Professional

Albert Zachik
The Maryland Behavioral Health Administration

Japp Haynes, IV
Consumer

Michael Ito
The Maryland Department of Juvenile Services

Jonathan Kromm
The Maryland Health Benefit Exchange

*Susan C. Lichtfuss
The Maryland County Behavioral Health Advisory
Councils

The Hon. George Lipman
The Maryland Judiciary District Court

Jonathan Martin
Maryland Department of Budget and Management

Stephen T. Moyer
The Maryland Department of Public Safety and
Correctional Services

Kathleen O'Brien
The Maryland Addiction Director's Council

Luciene Parsley
Disability Rights Maryland

Charles Reifsnider
Consumer

Linnette Rivera
The Maryland Department Of Disabilities

Clay Stamp
The Office of the Secretary, Maryland Department of
Health and Mental Hygiene

Brandi Stocksdale
The Maryland Department of Human Resources

*Ellen M. Weber
The Drug Policy and Public Health Strategies Clinic,
University of Maryland Carey School of Law

John Winslow
The Maryland County Behavioral Health Advisory
Councils

*Individuals who are no longer members and, in most cases, have been replaced

BHA Staff Support: Cynthia Petion, Deputy Director, Systems Management; Hilary Phillips, Director of Planning; Sarah Reiman, Judith Leiman, Tsegereada Assebe and Greta Carter, Office of Planning; Larry Dawson, Office of Prevention and Wellness for Public Health; Deirdre Davis, Office of Treatment and Recovery Services; Thomas Merrick, Office of Children's Services

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Highlights and Activities of Maryland’s Behavioral Health Advisory Council

During the past year, the Council has been informed on several main issues: the application and implementation of several grants; the amendment of Council by-laws; and the accreditation and the transfer to a fee-for-service system for substance use providers and community recovery residences. The Council has continued to help monitor the progress of goals and efforts of the Behavioral Health Administration (BHA) as it continues to shape and refine the process of behavioral health integration.

The Council met bi-monthly, six times during the year. In January, 2017 the Council discussed changes to the by-law language as it related to key leadership roles. At the March 2017 meeting, members of the Council voted to approve the amended by-laws with significant changes centered on language that established Co-Chairs of the Council, replacing the terms Chair and Vice Chair. Also in March 2017, Barbara Allen was voted in as the new Co-Chair of the Council, replacing Yngvild Olsen, to serve alongside Dan Martin.

During the full Council meetings, members received and shared pertinent information from BHA leadership, people in recovery, families, and other involved stakeholders through presentations on a variety of topics from the areas of mental health, substance use, and other addictive disorders. The Council has been closely following the efforts of BHA through interface with the Executive Director, Barbara J. Bazron, Ph.D., who is an appointed member of the Council and who provides updates on the PBHS, also known as “The Director’s Report”, to the Council. Presentations included, but were not limited to, substance use disorder residential treatment services, recovery residences, transfer of grants to fee-for-service structure, Medicaid, Maryland’s opioid epidemic, the 2017 Legislative Session, and crisis services.

Public Behavioral Health System Integration Updates

- ***Transfer of Grants- Substance Use Disorder (SUD) Residential Treatment Services***

BHA, in collaboration with Medicaid and Beacon Health Options (the Department’s Administrative Services Organization) was successful in transferring grant-funded ambulatory and community residential clinical services for individuals with substance use disorders (SUD) to a fee-for-service (FFS) structure. Efforts are underway to move the specialty services, which will include individuals court ordered under 8-507s and pregnant women with children, to a FFS by January 2018.

- ***Recovery Residences***

Legislation requires the Maryland Department of Health (MDH) to approve a credentialing entity to develop and administer a certification process for recovery residences. The credentialing entity must submit a list of the recovery residences that have a certificate of compliance and this list must be published on MDH’s website.

- ***Accreditation***

The Department and BHA is moving towards accreditation-based licensure for community behavioral health providers. All behavioral health providers should be scheduled to obtain accreditation by an approved accrediting organization no later than January 1, 2018 in order to be licensed by April 1, 2018 to provide community-based behavioral health services.

Other presentations included Maryland's Medicaid Office, Behavioral Health Unit Initiatives; as well as effort to address the opioid crisis:

- ***Medicaid Behavioral Health Unit:***

- Updates to the Maryland's 1115 HealthChoice Waiver Renewal which allows Medicaid funds to cover residential treatment for substance use disorder treatment in Institutions for Medicine (IMD).
- Rebundling: changing reimbursements for Ongoing Methadone or Medication Assisted Treatment Programs
- Community Waivers: Community Pathways Waiver and Community Options Waiver
- Medicaid Telehealth Program

Efforts to Address the Opioid Crisis in Maryland

- ***Opioid Operational Command Center (OCCC)***

In March the Governor declared a State of Emergency, which enabled an increase and more rapid coordination between state/ local jurisdictions. The Council was provided a presentation on the Governor's Heroin and Opioid Prevention, Treatment and Enforcement Initiative to highlight its efforts to address the opioid epidemic in the state. The Governor's initiative created the Opioid Operational Command Center (OCCC) as a way to assist in breaking down governmental silos and to aid in the coordination of federal, state, and local resources.

- ***Maryland Opioid Rapid Response (MORR)***

Maryland received funding under the auspices of SAMHSA's CURES Grant, created through an Act requiring federal support to states to address the opioid epidemic. The State Targeted Response (STR) renamed the grant the MORR grant, which will assist in initiatives that coordinate with the efforts of the OCCC.

Legislative Highlights

Representatives from the Council were engaged in addressing ongoing behavioral health issues during the 2017 Legislative Session. The Council was pleased with many victories such as the Keep the Door Open Act, supplemental funding to address the opioid crisis, the Hope Act, and other bills that improved access to mental health and substance use services. The Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 is a comprehensive behavioral health measure that includes provisions to establish crisis treatment centers, 24/7 crisis hotlines to connect callers with appropriate mental health and substance use disorder resources, dissemination of information about opioid use, and

requiring the development of a plan for increasing SUD treatment in jails and prisons. The HOPE Act also requires hospitals to have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder. The HOPE Act will include recommendations made in the final version of the Maryland Crisis Strategic Plan.

Crisis Services

Additionally, the Council was charged through Senate Bill 551 and House Bill 682 with developing a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide. A Steering Committee was created to guide the process and since being given this charge, the Committee has completed an environmental scan on crisis services in Maryland, developed and implemented a survey for stakeholder input, and has developed a draft strategic plan. In addition, a timeline was established in order to move the process through review and finalization. A two week time period was given in July 2017 for editorial comments to be given to the Committee. CSA's and LAA's were given a Public Comment Period in the form of a "one voice per jurisdiction" format in August 2017, with an additional Public Comment opportunity in September 2017. All comments were relayed to the Steering Committee at their meeting in October. These comments were incorporated into the Strategic Plan as appropriate and a final draft was sent to the Council for review at their November meeting. The Strategic Plan is included in this Annual Report.

The Committees of the Behavioral Health Advisory Council

The Council has established committees to further support its purpose, as well as to enhance full participation of members and other stakeholders, in developing recommendations for input and advocacy for the PBHS in Maryland and its overarching mission and duties for individuals with mental health, substance use, and addictive disorders. There are two Standing Committees, and six Ad Hoc Committees. Committee participation is open beyond Council membership. The following section highlights committee activities for the period covering May to September 2017:

- **Planning Committee: Co-Chairs – Dori Bishop and Dennis McDowell**

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, which is a standing committee, also identifies focus areas/issues to be monitored and makes recommendations to the Council.

The Planning Committee met periodically to review and comment on several policy documents including the Federal Mental Health Block Grant application, the State Behavioral Health Plan and The Annual Implementation Report.

On April 21, 2017, members of the Planning Committee joined Mental Health advocates from many jurisdictions and organizations across the State to discuss key

areas for building BHA's new FY 2018 Behavioral Health Plan. The Planning Committee met on July 18, 2017 to review the initial draft of the FY 2018 Behavioral Health Plan and provided recommendations. The final draft of the plan was reviewed by the Committee again in August 2017, along with elements of the combined Mental Health and Substance Abuse Block Grant. The final draft was submitted to the full Council for approval in September. Some of the recommendations that came out of the review included:

- Increase efforts with local universities to establish standing study of addiction
- Better equip ERs and hospitals to handle the opioid epidemic
- Lessen the criminalization of addiction through increased training and education
- Identify additional areas where peers/consumers can be utilized
- Expand recognition and support of advocacy groups
- Provide SBIRT screening in all schools
- Cite Legislation behind all strategies and clarify the populations served
- Provide explanations for terminology and abbreviations

- **Prevention Committee: Co-Chairs – Sharon Lipford and Lori Brewster**

The purpose of the Prevention Committee, also a standing committee, is to meet the Substance Abuse and Mental Health Services Administration's (SAMHSA's) requirement of the Strategic Prevention Framework (SPF) grantees to form a Strategic Prevention Framework Advisory Committee (SPFAC). This Committee, acting as a SPFAC, monitors the progress of BHA's SPF grant and strengthens and informs grant activities by making recommendations to the BHA, if needed. Additionally, the duties of this Committee include providing guidance and advocacy in the areas of prevention across the lifespan.

During the past year the Committee reviewed its purpose and the federal grant funding requirements related to prevention activities. In March the Committee completed their Substance Misuse Prevention Needs Assessment Report (Statewide Youth Needs Assessment). The information was collected during the summer and fall of 2016. From the report five substance misuse issues emerged:

- Underage drinking
- Non-medical use of prescription drugs/opioids
- Youth binge drinking
- Heroin
- Marijuana

The recommendations from this report will be included in Maryland's Substance Misuse Prevention Strategic Plan that will be submitted for FY 2018 to SAMHSA/CSAP.

The Committee continued to identify risk factors associated with mental health, substance use and other addictive disorders, and to define prevention and wellness opportunities to address these risk factors in schools, families, and individuals. Over the past year the Committee has worked on developing a strategic focus that has included:

- Defining the scope of Prevention
- Developing a population health/wellness framework
- Reviewing risk/prevention factors
- Targeting key initiatives around the State

Coming into the next year, the Committee is looking forward to seeing how their goals will correspond and complement the goals of other Prevention efforts throughout the State.

Some next steps for the Committee include identifying promising and evidence-based practices; generating a list of research programs that are effective, through SAMHSA and local programs; and identifying key stakeholders to join the Committee. The Committee has also proposed to the Council to change the name of the Committee to Prevention and Wellness.

- **Lifespan Committee I: Children, Young Adults, and Families Co-Chairs – Ann Geddes and Mary Bunch**

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

The Committee focused on crisis beds/service needs for children and adolescents, especially in Baltimore City, and shared their recommendations with the Crisis Services Committee. BCARS, a crisis response program for children and adolescents, presented to the Committee and spoke of the barriers it faces while serving the youth in Baltimore City, leading the Committee to explore types of supports that would be helpful, as well as to learn more about block grant funded projects for children and adolescents. The Committee also reviewed Mobile Crisis Response System models from New Jersey and Connecticut and how these systems handled integration related issues.

The Committee identified recommendations in the following areas:

- Enhanced crisis services for children and adolescents. As the BHAC moves towards the development of the Strategic Plan for Crisis Services models from different states, particularly for children, should be considered.
- Expanding the Children's Mental Health Matters Campaign to include awareness of substance use disorders and prevention for youth.
- Developing Family Navigation programs, such as those that were funded by the Governor's Office for Children.
- Developing recovery houses (half-way housing) for young adults. The Committee would like more information on the percentage of MHBG funding for Children and Adolescent services. Additionally, the Committee would like clarity on the strategic planning process and incorporation of recommendations in the plan.

• **Lifespan Committee II: Adults and Older Adults Co-Chairs – Barbara Allen**

The duties of this ad hoc committee are 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 for adults and older adults.

The Committee met approximately five times as of October 24, 2017 and will met one more time on November 21, 2017. The Committee encountered challenges with retaining membership over the past year and there is a need for new committee co-chairs due to Ms. Allen's position as full Council Co-Chair. However, committee membership is growing due to interest from others attracted to the focus recently determined.

In March, 2017 the Committee participated in a collaborative meeting with Life Span I and Prevention and addressed common goals and concerns as it related to systems issues and needs.

Early on the Life Span II Committee identified the following focal points:

- Focus on saving lives - Good Samaritan Law education, naloxone access; stabilizing the expanding epidemic through crisis services and public education.
- Increase public awareness efforts through anti-stigma initiatives for mental health and substance use disorders.
- Promote timely access to services, including recovery housing and wrap around services across the lifespan.
- Increase use of advocates, peer specialist and young adults with lived experiences, including family support. This increased use includes prevention, anti-stigma and education involvement including sharing of personal stories in PSAs, community forums.
- Mandatory use of PDMP and cross state integration.
- Continue to address Parity in our system as well as issues related to criminal justice reform.

The committee most recently chose to re-focus its efforts on Recovery Support Services, including:

- Recovery Housing – efforts are underway in Maryland through HB 1411 and HB 869 to require a certification process for recovery residences, a published list of the credentialing entities and a list of all recovery residences, and that all residential facilities considered as "recovery residences" receive a certificate of compliance from the BHA
- Transportation – addressing the issues many experiencing mental health/substance use disorder issues struggle with such as getting to various appointments and treatment services.
- Peer workforce development – i.e. within recovery houses at all levels.
- Strengthening ties between treatment and recovery communities.
- Expansion of Recovery Community Centers (similar to On Our Own of Maryland for mental health support).

- Older Adults- efforts to strengthen this unique population through services specific to their needs as SUD and mental health disorders continue to grow with the population.

The next steps for 2018 to Address Committee's Charge and Goals are as follow:

- Continue to expand membership with a goal to identify two new co-chairs.
- Expand efforts towards the new focus drawing on expertise within the BHAC and beyond.

- **The Cultural and Linguistic Competence Committee Co-Chairs – Makeitha Abdulbarr* and Kelby Brick*, Allysa Ditmar new Co-Chair**

The duties of the Cultural and Linguistic Competence Committee are to assist the Council in its role of gathering and disseminating information about the role diversity – including language and culture - plays in the delivery of behavioral health services in the public behavioral health system. This includes efforts to generate recommendations and concepts that will facilitate the development of cultural and linguistic competence and culturally responsive services, and efforts to shape and inform strategies for the BHA Cultural and Linguistic Competence Plan.

*Co-chairs, Makeitha Abdulbarr and Kelby Brick resigned from the Committee due to other commitments. Allyssa Ditmar was appointed Co-chair at the September meeting. The Committee is looking for another co-chair.

In the past year the Committee has discussed the following issues and concerns:

- Increasing the provision of qualified pool of interpreting services,
- Concerns regarding the states' lack of specific oversight requirements over jurisdictions linguistic services. A potential response would include requiring service providers to have a contract and process already in place with interpreting services in order to be accredited by the state.
- The need for more deaf and hard of hearing professionals in the field who are culturally competent and able to provide services. Many face barriers in testing and are unable to get licensed.
- The lack of residential services for rehabilitation, especially in regard to opioid and heroin crisis.
- Based on the community providers' feedback, referrals to the Springfield Hospital Deaf Unit are reportedly denied.

The committee also met several times to review the FY2018 State Behavioral Health plan and provided recommendations to the Council and Behavioral Health Administration's staff.

- **Criminal Justice/Forensics Committee Co-Chairs - Hon. George Lipman and Kathleen O'Brien, Ph.D.**

The purpose of this ad hoc 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 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 use disorders treatment; are released into the community from a MDH facility under court-mandated conditions of release; or have psychiatric, substance use, or co-occurring disorders and are incarcerated, or are at risk of incarceration, in jails, prisons, or juvenile detention facilities.

The Committee continues to address two main issues:

- 8507's Residential Substance Abuse Treatment
- Competency Admission Delays

- **The Steering Committee for Clinical Crisis Walk-in Services and Mobile Crisis Teams Strategic Plan Co-Chairs – Yngvild Olsen, M.D., M.P.H.*, Dan Martin, Esquire and Barbara Allen**

*Yngvild Olsen left the position of Council Co-Chair to serve as an expert consultant. Barbara Allen was voted in by the Council as the new Co-Chair in March.

In 2016, Senate Bill 551/Ch. 405 (2015) and House Bill 682/Ch. 406 (2015) were passed requiring the Behavioral Health Advisory Council to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide. One approach, facilitated by the Council, was to establish a Steering Committee, comprised of the Council Chair, Vice Chair, and Committee Co-Chairs, also referred to as the Executive Committee of the Council, to guide the process for the development of the Maryland Crisis Services Strategic Plan. Additionally, this Committee's work will be integrated into the MDH/BHA Forensic Services Advisory Council to further support the recommendations to increase the availability of community crisis services as identified through the Forensic Services Workgroup process. Two Council members are also representatives on the Forensics Services Advisory Council.

As required by statute – Senate Bill 551 - “on or before December 31, 2016, under 7.5-305 of the Health-General Article, an update on the development of the strategic plan [for clinical crisis walk-in services and mobile crisis teams, shall be included] in the Annual Report.” The update can be found as an attachment to this document.

Over the past year, the Committee has completed the following:

- An environmental scan on crisis services in Maryland.
- Developed and implemented a survey for stakeholder input, with over 1000 respondents. Data was collected during the period of October 2016 – January 2017.
- Drafted a strategic plan which included the results of the survey, findings from the environmental scan and other processes. The HOPE Act will include recommendations made in the final version of the strategic plan.
- Provided the draft to LAA's and CSA's for recommendations and comments. The Committee received 19 proposals.

- Recommendations were reviewed and incorporated into a revised document that was submitted to the Advisory Council for final review and approval at the November meeting.

The Behavioral Health Advisory Council, created in 2015, will continue to advocate for effective treatment and recovery support for individuals with mental health, substance use, and other addictive disorders. We look forward to the further development of behavioral health integration as we move into 2018.

Appendix

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. Lifespan Committee I: Children, Young Adults, and Families

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. Lifespan Committee II: Adults and Older Adults

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 for 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 March 21, 2017.

“The services and facilities of the Maryland Department of Health (MDH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.”

“The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from MDH services, programs, benefits, and employment opportunities.”

**For copies of the Maryland Behavioral Health Advisory Council’s Annual Report,
contact:
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