THE 2021 ANNUAL REPORT OF

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

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

Barbara L. Allen
Co-Chair

Lauren Grimes
Co-Chair

INTRODUCTION

Senate Bill 174 (2015), codified as Health-General Article (HG) § 7.5–305, established the Council in October 2015. According to statute, the annual report of the Council is due to the Governor at the end of each calendar year.

The Council consists of 54 members - 28 in statute Ex-Officio members (or designees) representing state and local governments, the Judiciary, and the Legislature; 12 members appointed by the Secretary of the Maryland Department of Health (MDH), representing behavioral health provider and consumer advocacy groups; and 14 representatives that include individuals who are consumers, family members, professionals, and involved community members. According to the legislation, membership is to be appointed/selected and 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 different ethnicities/races, genders, cultures, age groups and languages, including American Sign Language.

The following pages include the membership list, highlights, and activities of the Council for 2021.

Maryland Behavioral Health Advisory Council

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

Lauren Grimes, Co-Chair
Community Behavioral Health Association of Maryland

Makeitha Abdulbarr
The Maryland County Behavioral Health Advisory Councils

Barbara L. Allen
Community Advocate for Substance Use Disorders

Robert Anderson
The Maryland Department of Juvenile Services

Dori S. Bishop
Family Member

Lynda Bonieskie
The Maryland Department of Public Safety and Correctional Services

Katherine Breen
The Governor's Office of Deaf and Hard of Hearing

Lori Brewster
The Maryland Association of County Health Officers

Andrea Brown
The Black Mental Health Alliance for Education and Consultation Inc.

Mary Bunch
Family Member (Child)

Kenneth Collins
The Maryland County Behavioral Health Advisory Councils

Kathryn Dilley
The Maryland County Behavioral Health Advisory Councils

Johanna Dolan
Consumer

Catherine Drake
The Maryland Division of Rehabilitation Services

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

Kevin E. "Finch" Grace
Consumer (Youth/Young Adult)

Lauren Grimes
Community Behavioral Health Association of Maryland

Roseanne Hanratty
The Maryland Department of Aging

Carlos Hardy
The Maryland Recovery Organization Connecting Communities

Candace Harris
Community Advocate

Dayna Harris
The Maryland Department of Housing & Community Development

Joyce Harrison
Academic/Research Professional
Johns Hopkins, Kennedy Kreiger

Jim Hedrick
The Governor's Office of Crime Prevention, Youth, and Victim Services

Helene Hornum
The Office of the Secretary, Maryland Department of Health

Aliya Jones
The Office of the Deputy Secretary for Behavioral Health, Maryland Department of Health

Jennifer Krabill
The Children and Youth Division (formerly the Governor's Office for Children), Governor's Office of Crime Prevention, Youth, and Victim Services

Sylvia Lawson
The Maryland State Department of Education

The Hon. George Lipman
The Maryland Judiciary District Court

Michelle Livshin
On Our Own of Maryland, Inc
Consumer (Adult)

Tammy Loewe
The Maryland Association of Behavioral Health Authorities (MABHA)

Dan Martin
Mental Health Association of Maryland, Inc.

Jonathan Martin
Maryland Department of Budget and Management

Brendel Mitchell
Consumer (Youth/Young Adult)

Caterina Pangilinan
The Maryland Health Benefit Exchange

Luciene Parsley
Disability Rights Maryland

Mary Pizzo
The Office of the Public Defender

Tiffany Rexrode
The Maryland Department of Human Services

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

Kirsten Robb-McGrath
The Maryland Department of Disabilities

Jose Rosado
The Maryland County Behavioral Health Advisory Councils

Sabrina A. Sepulveda
Medical Professional
Calvert County Health Dept.

Jeffrey P. Sternlicht
Medical Professional
GBMC

Deneice Valentine
Consumer

Mary Vaughn
Family Member (Child)

Vickie Walters
The Maryland Association for the Treatment of Opioid Dependence

Ambrosia Watts
Maryland Medicaid,
The Behavioral Health Unit,
Maryland Department of Health

Kimberlee Watts
Family Member

Anita Wells
Academic/Research Professional
Morgan State University

Kim Wireman
The Maryland Addiction Director's Council

The Hon. Dana Moylan Wright
The Maryland Judiciary Circuit Court

Behavioral Health Administration Staff Support: Division of Systems Management, Division of Planning: Cynthia Petion, Jennifer Howes, Sarah Reiman, Tsegereda Assebe, Doris Chen, Shifa Mohiuddin and Greta Carter.

I. Activities of the Maryland Behavioral Health Advisory Council

The Council meets bi-monthly on the third Tuesday of the month (from January through November) for information sharing and discussion regarding new developments and activities in the Public Behavioral Health System (PBHS). In 2021 Council meetings and committee meetings were all held virtually. Meetings included various presentations, discussions and information sharing that helped to inform Council members of activities and initiatives within the public behavioral health system across the state.

This year the Council gathered the Executive Committee to make recommendations for replacement of BHAC co-chairs. A list of candidates was developed and a Council vote brought two new Council co-chairs. Kate Farinholt will begin her term October 1, 2021, and Katie Dilley will begin January 1, 2022.

There were several membership changes over the course of the year, some member term limits expire in October and these members will need to apply for reappointment or serve until a replacement is found. Some Council seat vacancies were filled with new members. The Council has both Youth/Young Adult seats filled for the first time in several years.

A. Public Behavioral Health System Updates

1. BHA Deputy Secretary Reports

The Council has continued to help monitor the progress of goals and efforts of the BHA as it continues to shape and refine the process of behavioral health integration. The Council has been closely following these efforts through interaction with BHA's Deputy Secretary 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. Through the Director's Report, information is shared regarding various State and federal grants that BHA monitors, the Legislative Session, and progress, updates, and relevant initiatives within the PBHS related to integration. A few of the updates provided to the Council by the Executive Director this past year are as follows:

ASO Transition

BHA works in collaboration with Maryland Department of Health's (MDH) Medicaid Administration (MA) , in monitoring the Administrative Services Organization (ASO) implementation for the PBHS. In 2020 a new ASO, Optum, was selected. Implementation of the new ASO brought some systemic issues. Optum, providers, and MDH have been working through these issues, including addressing claims processing functionality. BHA kept the Council abreast on systemic issues that occurred during the

implementation, the ASO reactivation of their system to address challenges, and BHA's assistance in the process. The Council continues to monitor the progress of these efforts.

COVID-19

After the Governor's Proclamation of the State of Emergency in response to COVID-19 on March 5, 2020, BHA took action to address concerns within the PBHS related to the pandemic. Dr. Jones fostered extensive communication among the Council, behavioral health providers, partners, and the greater community by providing cohesive and consistent monthly updates on BHA's prevention and response plans for COVID-19; guidance specific to COVID-19 and Telehealth; available grant funds for obtaining Personal Protective Equipment (PPE); where to receive public health-related guidance and shared resources from the federal, State, and local level. Weekly FAQs and Public Service Announcements were also developed and distributed to all behavioral health partners. BHA also hosted and/or co-sponsored a number of provider weekly webinars delivering up-to-date information.

Over the course of the past year, BHA has continued to provide the Council with regular updates regarding BHA's COVID response and has additionally provided updates related to the availability of COVID-19 vaccines, locations of vaccine sites, and vaccination rates in the PBHS. Information was also offered to encourage providers to sign up in ImmuNet, how providers can assist their patients to get linked to vaccination resources and encouraging providers to share vaccination information with their patients and the community.

Behavioral Health Advisory Surveys

In an effort to increase awareness as to COVID- 19 positivity amongst behavioral health providers who are providing residential care services or daily services and opioid treatment programs, BHA conducted Behavioral Health Advisory Surveys. The surveys were used as a tool to assess how consumers and providers were coping in relation to the COVID pandemic and the impact on client wellbeing, access to treatment, and telehealth services. Some concerns identified from the surveys included challenges with social isolation, anxiety, and major depression. Information gathered from the surveys led to the development of resource guides for on-line support groups; training; guidance to wellness and recovery centers; MA approval for audio only services; the Board of Professional Counselors waiver, which authorized health care professionals licensed out-of-state to provide telehealth to patients in the State; and MDMindHealthTexts. The surveys also revealed how providers had seen a lack of new referrals and experienced challenges with caretaking needs.

Opioid Overdose Response

The Council was kept apprised of MDH's efforts to address the opioid crisis. BHA continued to monitor opioid overdose deaths and look at overdose prevention efforts. BHA has been charged with leading a task force, the Racial Disparities Task Force, under the Inter-Agency Heroin and Opioid Coordinating Council. The taskforce will be led by Dr. Jones from BHA and Dr. Brathwaite from the Office of Minority Health and Health Disparities, along with the support of the Opioid Operational Command Center

(OOCC). Stakeholders were identified to staff the taskforce and goals and deliverable outcomes are being identified.

The overarching goal is to offer recommendations to the Lieutenant Governor about what the State can and should do to close the gap regarding opioid overdose death rates. If this can be accomplished the task force could be a model for the nation.

The taskforce will also be looking at the four jurisdictions that had the highest number of African American fatalities from opioids: Anne Arundel County, Baltimore City, Baltimore County, and Prince George's County and reviewed the SEADS (State Ethnographic Assessment on Drug Use and Services) Study which looks at service gaps to harm reduction approaches, resources, and capacity building.

Funding Opportunities and Grants

BHA informed the Council on various grants and funding opportunities. The Maryland State Opioid Response (SOR) Initiative has expanded through the SOR 2 Grant in the amount of 50 million dollars. SOR funding supports a comprehensive response to the opioid epidemic and expands access to treatment and recovery support services. The money provides funding for projects such as Crisis Walk-In Centers, Safe Stations, Harm Reduction, and Young Adult Recovery Housing. SOR 2 money will be used to do enhanced treatment prevention and recovery support to individuals with opioid use disorder as well as individuals with stimulant use disorders (cocaine and methamphetamines). This will allow BHA to provide treatment and recovery support services to a wider group of substance use disorder. Money will also be used for projects that were not funded in the past or that had limited funding such as sign language services, services for pregnant women and women with children, and workforce development projects.

The Council was informed of several new grants. Funding from these grants will go toward enhancing crisis services in the State through crisis counseling and the Maryland 988 program. BHA also received HUD Continuum of Care Grant Awards.

Several grants were received that would specifically address the Opioid Abuse Epidemic including:

- State of Maryland approved for Contingency Management Initiative (CMI) Project
- State Integrated Health Improvement Strategy (SIHIS)
- Opioid Mortality for State of Maryland

A Provider Financial Survey was conducted to assess the financial impact of COVID -19 on providers. Funds received from the federal government will allow BHA to provide additional support to providers in regards to provider rates.

The Governor provided the State with funds for 8-507 providers; special funds; and community mental health funds.

Maryland Mental Health and Substance Abuse Services and Grants

Mental Health Block Grant

o Maryland's FY 2021 Mental Health Block Grant Allotment was $14,009,566 and in September 2021 BHA submitted their 2022/2023 Federal Block Grant Application. Maryland is required to set aside 10% for early intervention or first episode psychosis services. The remaining funds support crisis response systems/services, implementation of evidence-based practices, school-based mental health, and other recovery services.

Substance Abuse Block Grant

o Maryland's FY 2021 Substance Abuse Block Grant Allotment was $34,083,226. Maryland is required to set aside 20% for prevention services, 5% for HIV Early Intervention Services. It is also recommended that up to 5% be directed toward services for pregnant women or women with children. The remaining funds support substance use treatment and recovery support services.

In response to the recommendation from the Council's 2017 Strategic Plan for increased 24/7 walk-in and mobile crisis services, BHA continues to build crisis services in Maryland. The Crisis Services Committee continues to work with stakeholders to enhance and expand crisis services.

Coronavirus Response and Relief Supplement Appropriations Act, 2021

Mental Health Block Grant

Earlier in the year, Maryland received $16,100,385 from the Substance Abuse and Mental Health Services Administration (SAMHSA) as a supplement to the Community Mental Health Services Block Grant (MHBG) program to assist in response to the COVID-19 pandemic. Maryland was to use this supplemental COVID-19 relief funding to prevent, prepare for, and respond to needs and gaps for serving individuals with serious mental illness (SMI) and severe emotional disturbance (SED) due to the on-going COVID-19 pandemic. There was a required 10% set-aside for Early Serious Mental Illness/First Episode Psychosis ($1,610,039) and a 5% set-aside for Crisis Services ($805,019).

BHA made a request for proposals and convened a proposal review committee consisting of staff with clinical, program, and fiscal knowledge. Thirteen proposals were submitted to SAMHSA and all were approved.

Some of the Areas of Focus for Proposals submitted included:

Set Asides:

- Maryland Early Intervention Program (EIP)
- Crisis System - Care Traffic Control

New programs

- Crisis System - Care Traffic Control
- Safety Planning Training
- Behavioral Health Assisted Living Programs
- Critical Time Intervention
- Maryland Readmissions Reductions Program
- Behavioral Health Support for Health Care Workers and Other Essential Workers Impacted by COVID-19

Continuation/expansion of existing programs

- Mental Health Family Peer Support Expansion
- Expansion of Child Crisis Services
- BHA/MedChi Behavioral Health Webinar Series
- 211 Press 1 Statewide Crisis Hotline
- Maryland Helpline Public Awareness

Substance Abuse Block Grant

Maryland also received $31,934,446 from SAMHSA through the Substance Abuse Block Grant (SABG) to assist in response to the COVID-19 pandemic. Maryland was to use this supplemental COVID-19 Relief funding to: (1) promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services; (2) promote support for providers; (3) maximize efficiency by leveraging the current infrastructure and capacity; and (4) address local SUD related needs during the COVID pandemic. Funding was to be directed to prioritize and address the unique SUD prevention, intervention (including harm reduction and overdose prevention), treatment, infrastructure, and recovery support needs and gaps of Maryland's service system.

BHA made a request for proposals and convened a proposal review committee consisting of staff with clinical, program, and fiscal knowledge. Nine proposals were submitted to SAMHSA and all were approved.

Areas of Focus for Proposals submitted included:

Set Asides

- HIV/early intervention services for Latinos
- Workforce Development and Prevention Programs at the local level
- PWWC Residential and Recovery House Initiative

New programs

- Contingency Management Initiative (MD-CMI)
- PPE for Recovery Community Centers
- Certified Recovery Residence - Recovery Capital Assessment
- COVID-19 Point of Care (POC) Testing Initiative for American Society of Addiction Medicine (ASAM) Residential Substance Use Disorder (SUD) Treatment Providers

Continuation/expansion of existing programs

- OTP Peer Expansion
- Expansion of Child Crisis Services
- Expansion of Adolescent and Young Adult Substance Use Services

The American Rescue Plan Act of 2021 (ARPA)

The American Rescue Plan Act of 2021 (ARPA) directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide additional funds to support state block grants to address the effects of the COVID-19 pandemic for adults and children with serious mental illness (SMI)/serious emotional disturbance (SED) and/or substance use disorders (SUD). All proposed projects will provide relief to behavioral health clients and service providers who have been negatively impacted by the pandemic.

Maryland was allocated $27,809,755 for the Mental Health Block Grant (MHBG), with a required 10% set-aside for Early Serious Mental Illness/First Episode Psychosis ($2,780,976) and a 5% set-aside for Crisis Services ($1,390,488).

BHA made a request for proposals and convened a proposal review committee consisting of staff with clinical, program, and fiscal knowledge. Seventeen proposals were submitted to SAMHSA. All proposals were approved.

Areas of Focus for Proposals submitted included:

Set Asides:

- ESMI/FEP set-aside: Expansion of Child System of Care
- Crisis Services set-aside: Regional Crisis Centers
- Crisis Intercept Mapping Facilitation (SB521)
- Thomas Bloom Raskin Act (House Bill 812/Senate Bill 719)
- Safety Planning Training (SB521)
- HB669 for Maryland’s helpline (211, press 1)

New programs

- Caring Contact Implementation and Operation Rollcall Expansion
- Training Crisis Peer Expansion Project

- Therapeutic Nursery Program
- Maryland Essentials for Childhood (EFC)
- Involuntary Commitment Consultation
- Residential Rehabilitation Workforce Development
- Ask the Question Training
- National Suicide Prevention Hotline Transition to 988
- Impact of COVID-19 Systemic Changes in Child Mental Health Services on Retention of Vulnerable Youth in Care

Continuation/expansion of existing programs

- Maryland Assertive Community Treatment (ACT) Team Expansion
- Mental Health Family Peer Support

Maryland was allocated $27,587,522 for the Substance Abuse Block Grant (SABG) with a required 20% set-aside for Prevention ($5,517,504) and a 5% set-aside in the amount of for HIV/AIDS Services ($1,379,376).

BHA made a request for proposals and convened a proposal review committee consisting of staff with clinical, program, and fiscal knowledge. Sixteen proposals were submitted to SAMHSa. Approval on these proposals are still pending.

Areas of Focus for Proposals submitted included:

New federal and/or state requirements

- Primary Prevention - Local Overdose Fatality Review Teams (LOFRTs)
- HIV set-aside 1: Prevention, Recovery, and Interventions Designed for Equity (PRIDE) in Health
- HIV set-aside 2: The Power of Peers: Building a More Sustainable Public Health Workforce Through Mutually Beneficial Peer-Based Recovery Programs

New programs

- Pregnant Women and Women with Children (PWWC) ARPA Service for Childcare during Withdrawal Management and Recovery Housing
- Medication Assisted Treatment and Trauma Informed Care Training
- Early Childhood Mental Health and Parenting Programs.

Continuation/expansion of existing programs

- OTP Peer Expansion
- Training OTP Peer Expansion Project
- Peer Certification Expansion Fund

- Substance Use Disorder Consultation/Behavioral Health Integration with Primary Care for Substance ("MACS")
- Hub and Spoke Program
- OUD MEETs (Opioid Use Disorder Medical Patient Engagement, Enrollment in Treatment and Transitional Support Program)
- SBIRT for Hospital Emergency Departments.
- SUD Public Awareness
- Contingency Management Initiative (with Mobile Technology Component)

COVID Testing and Mitigation Award

Under the American Rescue Plan (ARP) Act of 2021 Maryland was awarded one time supplemental funds for COVID-19 Testing and Mitigation. The funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in behavioral health service settings. SAMHSA intends for these funds to provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

Maryland was awarded $957,036 through the Mental Health Block Grant and $967,246 through the Substance Abuse Block Grant.

BHA disseminated an interest survey to the local mental health and addiction authorities for feedback on jurisdictional needs and possible proposals for funding.

All funded activities must be directly related to COVID-19 testing and mitigation.

The list of allowable expenses includes:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities.
- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.
- Rapid onsite COVID-19 testing and for facilitating access to testing services.
- Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services.
- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE);
- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).
- Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

- Conduct contact tracing.

2. *State Behavioral Health Plan*

The Council, its Planning Committee, and other stakeholders participate in several processes related to the development and review of State and local behavioral health plans. The Planning Committee is involved in the development, review, and final recommendations of Maryland's State Behavioral Health Plan. During their meetings over the past year the Planning Committee reviewed BHA's 2020-2021 State Behavioral Health Plan and discussed the objectives, strategies, and performance measures contained in the plan. The plan is based on the state behavioral health priorities and includes some recommendations from stakeholders. These priorities include strategies that address access to care, telehealth technology, overdose prevention, suicide prevention, cultural and linguistic competency, and workforce development. The 2020/2021 State Plan is the state's current plan. Due to the many changes and challenges over the last year and a half, BHA believes that its state plan needs to be more action focused and include objectives that are more measurable and outcome-based. FY22 will be a year of refocus and rebuilding of BHA's planning process, both for the state and for local behavioral health plans. The Planning Committee is supportive of this and will continue to be active in the development and review of the State Plan, as well as to continue to offer guidance and feedback to BHA in regard to other reporting documents such as the Federal Block Grant application and the BHAC Annual Report.

3. Local Systems Management Integration Plan

Another update provided by BHA was on the Behavioral Health Integration project (BHI). The BHI project is an effort that integrates work of the Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), and Local Behavioral Health Authorities (LBHAs), also called Local Systems Managers. BHA has been actively working with all 24 local jurisdictions to ensure that planning and implementation for Maryland's PHBS results in the delivery of high-quality, culturally, and linguistically appropriate, person-centered behavioral health experiences in a timely manner, regardless of which "door" a person enters the system.

One of the goals of the BHI project was the development of a local systems management integration plan to implement efforts, promote planning, increase health and wellness, and ensure quality service across the lifespan through a seamless, integrated behavioral health system of care. BHA and a consultant team worked with local and statewide stakeholders to develop a statewide Systems Management Integration Plan with suggested tools, including an annual self-assessment. Implementing the Plan has involved deliberate communication and collaboration between BHA and all 24 of the local jurisdictions. Since FY2019, BHA and the Maryland Association of Behavioral Health Authorities (MABHA), representing all 24 local jurisdictions, have developed and operated a Learning Community to enable peer-learning and to inform development and updating of a procedure manual for integrated management of the PBHS.

Additionally, each year BHA conducts a review of the local behavioral health plans. These plans describe how each local authority plans, develops, and manages a full range of prevention, intervention, treatment and recovery services and includes discussions that identify any issues or initiatives that are important in understanding the local plan in the context of the broader system. Local jurisdictions utilize the Local Systems Management Integration Self-Assessment Tool in the development of their behavioral health plans.

The BHI project has been successful thus far. As of the beginning of FY2022, more than half of local jurisdictions have no more than one local agency conducting PBHS planning and oversight for substance use disorders and mental health.

4. Legislative Highlights

BHA's Office of Government Affairs and Communications, along with representatives of the Council, provided updates on legislation pertinent to the PBHS, as well as other activities of the 2021 Legislative Session. These activities included, but were not limited to, several bills related to behavioral health crisis response services, veterans' behavioral health services, the Maryland Mental Health services phone call program, and trauma informed care.

Advocacy group organizations and member representatives informed the Council on bills focused on priority issues such as the behavioral health impact of COVID-19, telehealth, health equity, child and youth services, behavioral health and the justice system, problem gambling, and opioid overdose and suicide prevention. The Council was also apprised of other bills related to funding and accountability and oversight within the PBHS, as well as the continued activities of the Lt. Governor's Commission to Study Mental and Behavioral Health.

B. Council Presentations and Information Sharing

During the full Council meetings, members received and shared pertinent information from BHA leadership, people in recovery, families, and other involved stakeholders. Information regarding various conferences and events were provided to the Council. Some examples included the Compassionate Friends conference, a national conference for grieving family and friends and the Opioid Community Councils best practices events.

There were several formal presentations offered to the Council members this past year that included:

State Hospital Discharge and Community Enhancement Plan- Clinical Services Division (Adults and Older Adults), Behavioral Health Administration, Maryland Department of Health

BHA has been working with their partners to transition individuals who are clinically and legally ready to enter the community. There has been a long-standing issue with discharging individuals from State psychiatric hospitals and making sure they have the necessary resources available in the community.

This issue has been compounded by COVID-19. These barriers include such things as unresolved benefits issues prior to discharge, denial or delays in approval of waiver applications for Money Follows the Person (MFP) eligible individuals, lack of funding to support undocumented individuals, lack of the right complement of services at the right level of care in the right jurisdiction and a scarcity of permanent housing options.

The State Hospital Discharge and Community Capacity Enhancement Plan has several goals: to develop specialized behavioral health provider capacity and expertise to serve individuals with complex needs being discharged from state hospitals; to increase the discharge flow of individuals with complex needs who are clinically and legally ready for State hospital discharge; to increase the community tenure of individuals with complex needs being discharged from State hospitals; to promote hospital diversion and reduce the frequency of avoidable State hospital readmissions through the use of less restrictive interventions; and to promote movement within the continuum of housing and residential service options.

The issue is not that there are not enough beds, but rather the distribution of beds and level of care across the state and the plan identifies several initiatives that will be utilized to address the issue. These include:

- Specialized Residential Rehabilitation Program (RRP) Service Pilot Project
- RRP Staffing Support (MDH Operations)
- Targeted Bed Capacity Expansion
- Behavioral Health Assisted Living
- Permanent Supportive Housing
- Benefits Counseling

The plan also makes suggestions for Selected Policy/Practice Changes in regard to referral and authorization processes and implementing daily bed vacancy trackers.

Tobacco and Behavioral Health- The Center for Tobacco Use Prevention and Control (CTPC), Prevention and Health Promotion Administration (PHPA), Maryland Department of Health

The Center presented an overview of behavioral health and other tobacco-related disparities; available resources and initiatives; and information about a new grant collaboration between PHPA and BHA. Statistics were presented on Tobacco Product Use Among Adults and Tobacco Use and Mental Health Conditions/Substance Use Disorders.

The presentation discussed the disparities in tobacco use and youth risk behaviors such as tobacco use is reported to be higher for LGBTQ youth; youth who vape are five times more likely to drink alcohol and seven more likely to use marijuana; over 53% of youth who have misused prescription opioids are tobacco; cigarette smokers have twenty-four times higher odds of using heroin and; smoking and vaping is significantly higher among those with mental health conditions and substance use disorders. The presentation also reviewed the definitive link between smoking and severe illness from COVID-19.

Some of the resources provided during the presentation were information on the Maryland Tobacco Quitline, which also implements enhanced behavioral health protocols and the Continue the Good campaign, which focuses on behavioral health providers. CTPC has Partnerships with Sheppard Pratt and Mosaic Community Services, Inc to expend several behavioral health systems grants. The Centers continue to educate the community that tobacco use is substance use and assess behavioral health facilities on cessation programs that will help with program development.

Problem Gambling- Office of Problem Gambling and Family Peer Support (OPGFPS), University of Maryland School of Medicine, The Maryland Center of Excellence on Problem Gambling

OPGFPS is responsible for development and oversight of statewide services for:

- Problem Gambling
- Family Peer Support for families or loved ones of persons with a SUD or Problem Gambling Disorder; Families of young people with a MH disorder.
- Administrative Oversight of UMD Systems Evaluation Center SUD contract

OPGFPS provided information to the Council on how Problem Gambling Services are funded in Maryland and how the funds are used.

The Maryland Center of Excellence on Problem Gambling (the Center) promotes healthy and informed choices regarding gambling and problem gambling. It does so by working closely with appropriate state stakeholders and bringing together experts from a variety of disciplines including psychiatry, medicine, epidemiology, social work, law and others.

The presentation provided information on what a gambler looks like, as well as an overview of problem gambling in Maryland. The relationship between gambling and substance use disorder and why it is so important to address gambling behavior in substance use and mental health programs, was also a main topic of the presentation. The Council was also informed about how the center can be helpful to organizations and that they are available to offer problem gambling/gambling disorder resources.

THE 2020 SUICIDE PREVENTION PLAN FOR MARYLAND BACKGROUND- Suicide Prevention, Behavioral Health Administration

The Governor's Commission on Suicide Prevention was established on October 7, 2009 by executive order and it's objectives include:

- Assess suicide's costs, impact on health and well-being of Marylanders
- Establish a list of existing support systems
- Develop a strategic plan for suicide prevention, intervention, and postvention
- Identify resources to provide services
- Promote service delivers through collaboration on local and state level

Statistics were provided to illustrate the impact of suicide in Maryland showing that the suicide rate in Maryland had been steadily increasing between 2015-2019 but 2020 preliminary data showed a decrease giving Maryland the 21st highest rate in the U.S. (compared to current 46th highest.)

2017 suicide death data from the Maryland Violent Death Reporting System on the circumstances of suicide death had some significant findings including 17.4% that had served in military and 42.1% that had mental health issues.

Results from the 2018 Youth Risk Behavior Surveillance Survey (YRBSS) showed that 22.9% of respondents reported seriously thinking about killing themselves, which was an increase from 17.6% in 2013. The results also showed that there were more female students that reported suicidal thoughts than male students and Black, Hispanic, and Multiracial students had the highest reports among race/ethnicity groups.

Some groups identified with increased suicide risk, include among others:

- LGBTQ Youth
- Individuals with Disabilities and Behavioral Health Conditions
- American Indian/Alaska Native Individuals and
- Military Members, Veterans, and their Families

An evolving and emerging trend is suicide among Black youth. Information from the Congressional Black Caucus's Task Force on Black Youth Suicide and Mental Health (2019) was shared and underscores the need for suicide prevention programs for Black communities in Maryland and served as a call to action for child- and family-serving systems.

The COVID-19 Pandemic brought a mix of economic, psychosocial, and health-associated risk factors and had the potential for increasing suicide risk, however the preliminary data for 2020 does not show increase in suicide deaths. Nevertheless, it has provided the opportunity for connectedness and strengthening of long-term safety nets.

The Plan has identified four goals and objectives that include: Integrating and Coordinating Suicide Prevention Activities; Developing, Implementing, and Monitoring Evidence-Based Programs; Promoting Suicide Prevention as A Core Component of Health Care Services; and Increasing the Timeliness and Usefulness of Surveillance Systems Relevant To Suicide Prevention.

Maryland Statewide Transit Plan- The Office of Planning, Maryland Department of Transportation, Maryland Transit Authority (MTA)

The MTA shared details on the Maryland Statewide Transit Plan which focuses on inclusive planning to elevate the perspectives of people with disabilities, older adults, caregivers, and other traditionally underrepresented people. The plan's vision is centered on the desired experiences for riders and will coordinate with local/regional plans to create an action plan with performance metrics that are

community and data driven. The program will look at patterns of land use and Census data to help figure out how to best serve citizens. MTA held regional roundtables and sent out a survey to gather information and regional themes were identified. Through the feedback collected they have been able to identify a vision statement and several goals.

C. Maryland Behavioral Health Advisory Council Committees

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 other 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 and conversations for the period covering January to September.

Planning Committee: Co-Chairs Dori Bishop and Senator Adelaide Eckardt

The duties of this committee include participation in a year-long planning process comprising the development, review, and final recommendation of BHA's Behavioral Health Plan and Federal Block Grant Applications, which may be used to inform special projects. The committee, which is a standing committee, also identifies focus areas and issues to be monitored and makes recommendations to the Council.

Over the past year, the Planning Committee met on three occasions to review, comment, and make recommendations on several policy documents including the Federal Block Grant application and the 2020-2021 Behavioral Health Plan. A 2022-2023 Behavioral Health Plan was not developed as BHA intends to use the coming year to rebuild their state planning process. The Planning Committee will be actively involved in providing feedback and participating in the development of this new process. The Committee also reviews and contributes to the development of the BHAC Annual report.

In the coming year the Planning Committee will focus on the following:

- Providing feedback and assistance to the development of BHA's Behavioral Health Plan rebuilding and planning process.
- Reviewing and making recommendations to Federal Block Grant applications and reports, as well as other BHA plans and reports, including BHAC's annual report.

Children, Young Adults, and Families Committee: Co-Chairs Ann Geddes and Vacant

The duties of this 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 support for children, young adults and families.

The focus of the Committee is on current programs for young adults, the need for expansion of services, especially substance use services, and their role in advocating for this. The Committee has been collaborating with the Children, Adolescent, and Young Adult (CAYAS) unit at BHA to expand the

substance use system of care for youth, develop more recovery residences for young adults, and implement a Mobile Response Stabilization Services Systems for children, youth and young adults.

From January to August 2021 the Committee met and discussed the following:

- 2021 legislative update and tracking
- Expansion of involuntary commitment in Maryland
- Coordinating with the work of the Children and Families Subcommittee of the Lt. Governor's Commission to Study Mental and Behavioral Health
- Gaps in the system of care for children age birth to five with behavioral health needs
- Department of Juvenile Services (DJS) - Youth waiting for placement in State psychiatric hospitals from detention facilities for competency evaluations or other specialized mental health evaluations that DJS cannot provide
- Gaps in care for young adults
- Hospital overstays for youth and efforts to address the problem

This past year the Committee saw some success in meeting the recommendations they had finalized back in January of 2020. These included:

- Gaining support for the development of a Mobile Crisis and Stabilization Services System for Children and Adolescents (Priority).
- Addressing the gap in care for youth with serious substance use disorders (there being no residential substance use treatment for adolescents in Maryland).

Just recently CAYAS submitted a proposal under the recent COVID-19 Supplemental – MH grant that BHA received from SAMHSA for the development of a Mobile Crisis Response and Stabilization Services System for children and adolescents. The proposal is designed to build upon the very limited crisis services available in Washington County, offered through Way Station, and potentially incorporating additional providers, to offer child focused crisis and stabilization services to the county and/or region.

CAYAS also submitted a proposal under the COVID-19 Supplemental – Substance Abuse grant for the expansion of child crisis services , designed to build upon the very limited child crisis and stabilization services available statewide for youth with or at significant risk of (SUD) or with co-occurring substance misuse disorders and the expansion of adolescent and young adult substance use services, designed to build upon the adolescent and young adult substance use resources available statewide and to augment the array of SUD focused evidence-based practice models available to both providers and families struggling with the increased demand for screening and early intervention needs created by the challenges faced due to the COVID-19 pandemic. Both of these projects would expand the system of care for adolescents with significant substance use problems, including the establishment of an adolescent residential substance use treatment facility. These proposals were both approved by SAMHSA and implementation has begun.

The Committee was also successful in meeting one of their priorities with the establishment of more recovery residences for transition-age youth.

The Committee's next steps for 2022 to address the Committee's charge and goals include:

- The development of goals to support early childhood behavioral health that are within the purview of BHA
  - Support pediatric primary care physicians and consultants
  - Trauma-informed and anti-racist strategies to reduce barriers and stigma for families
  - Study the effectiveness of all ECMH initiatives
- The expansion of young adult peer support specialist workforce
- Reduce the bottleneck of DJS youth in detention facilities awaiting placement in a State facility for evaluation.

Recovery Services and Supports Committee: Co-Chairs Barbara Allen and Deniece Valentine
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 youth, adults, and older adults.

The Committee has a full and diverse membership and receives input from providers as well as those who are managing recovery housing and those in recovery. BHA clinical services staff are also actively involved in the committee. The Committee meets monthly and has met every month in 2021 since January.

Over the past year the Committee has heard concerns from providers regarding COVID-19 and the strain it has put on their resources. The Committee began to take a look at some larger issues and concerns regarding data collection and welcomed representation from the OOCC and Interagency Coordinating Council, allowing for them to integrate their work.

The Committee devoted much of their time to discussing issues related to housing. BHA offered information on the efforts and initiatives around certified recovery housing. The Committee heard from providers about how recovery housing has continued providing services despite challenges related to COVID-19. The Committee also reviewed problems related to housing such as rent and how COVID-19 put many individuals out of work, putting them at risk of losing their homes. The discussion of overdoses and overdose deaths is always a subject of relevance with the Committee. Overdoses have increased and the Committee looks for resources and supports for all those affected, such as recovery housing workshops on grief.

Going into 2022, the Committee will put much of their focus on continuing to develop their 2021 priority, which was to:

- Advocate for the expansion of the continuum of care specifically focusing on recovery residences/housing and services.

The Cultural and Linguistic Competence Committee: Co-Chairs Jacob Salem and Dayna Harris/Kate Breen (August 2021)

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 that diversity—including language and culture—plays in the delivery of behavioral health services in the PBHS. 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 Competency (CLC) Plan.

One of the committee's tasks this past year was to review the CLC plans of the local jurisdictions. The Committee started reviews in November 2020 with the Mid Shore region. The goal was to review two plans per meeting. The only barrier to meeting this goal was that in looking at the plans they received there has been some inconsistency in that not all the jurisdictions are looking at the Culturally and Linguistically Appropriate (CLAS) standards. The Committee will look at ways they can communicate this need for consistency across the jurisdictions. Toward the end of the year both co-chairs stepped down due to conflicting priorities, however one of the new Council members volunteered to chair the Committee and her first meeting as chair was in September.

Criminal Justice/Forensics Committee: Co-Chairs Hon. George Lipman

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 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.

The Criminal Justice Committee met in January, March, May and September of 2021.

The Committee continues to focus on residential treatment for individuals with SUD. The Committee had been making great progress prior to start of the COVID-19 pandemic, however the ongoing pandemic presented many challenges and issues including a decrease in residential drug treatment provider capacity, delays or lack of use of residential drug treatment centers under the 8-517 program, and delays in getting people who were found incompetent to stand trial admitted into hospitals.

Over the past year the Committee has seen some positive changes on a number of fronts including sustainability of programs, COVID-19 testing and vaccinations, placement flow, and aftercare

opportunities. The Committee has had promising discussions related to individuals released from State psychiatric hospitals and detention centers and prisons to residential treatment centers, RRPs, supportive housing and like settings, as well as for those now in these residential settings moving into the community.

The Committee is optimistic for things to progress further as there were funds received from the Governor for Judicial Education and providers are hopeful that there will be sufficient requests for residential treatment by the Court system. Providers have survived the challenges brought on by COVID-19 and there are sufficient supportive houses and RRPs so that individuals will not languish in jails or courthouses.

Prevention Committee:
The purpose of the Prevention Committee is to meet 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.

The Prevention Committee has been on hiatus the past several years due to the reorganization of BHA's Prevention Unit; the Prevention Unit shifted from BHA to MHD's Office of Population Health Improvement (OPHI) in February 2019. OPHI assumed responsibility for the Overdose Fatality Review program and for administering the SABG block prevention grant. While prevention is now under OPHI, BHA continues to play a central role in supporting public behavioral health prevention services, including treatment-related planning, workforce development, service quality improvement, credentialing and licensing, and treatment grant funding. OPHI will assume responsibility for areas of substance use prevention and opioid response aligned with existing public health activities: surveillance, health promotion and prevention, screening, early intervention and referral into treatment. The Administrations work closely together to fully integrate these services and maximize the effectiveness of operations.

The COVID-19 pandemic further delayed efforts to reorganize the Prevention Committee, however, this year BHA coordinated with a member of the BHAC who is also a staff member from OPHI to restart the Prevention Committee. A member of the Council volunteered to chair the committee. OPHI staff will offer resource support and guidance to the Committee as well as serve as a committee member.

The committee is seeking a co-chair as well as additional members. One of the main goals of the new Prevention Committee will be to review and update the Strategic Prevention Framework Strategic Plan for the Allocation of SAMHSA Substance Abuse Prevention Funds, which will involve highlighting specific priorities for 2022-2023.

Appendix

MBHAC BYLAWS

PURPOSE:

Pursuant to HG § 7.5–305, and Federal Public Law (PL) 102–321, the State of Maryland has established MBHAC 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 MBHAC 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 PBHS among: MDH; BHA 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 HG § 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 § 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 HG § 7.5–305.

Article III: Membership

In adherence to 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% 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) MBHAC 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% 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 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% 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 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 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 BHA 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 BHA'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 BHA. 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

MBHAC'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 MBHAC.
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 requirement. The duties of this committee include participation in a yearlong planning process comprising 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 BHA's goals and priorities.

C. **Prevention Committee**

The Prevention Committee will be starting again this year after being on hiatus for the past few years. This committee will address efforts that comply with the Federal Substance Abuse Block Grant and Strategic Prevention Framework Grant (SPFG). 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 BHA 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 support 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 for 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 BHA 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-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 BHA 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

BHA 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.

MBHAC Bylaws were amended and approved September 18, 2018.