THE 2022 ANNUAL REPORT OF

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

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

Larry Hogan
Governor

Boyd Rutherford
Lieutenant Governor

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Executive summary

The Health-General Article (HG) §7.5– 305 established the Maryland Behavioral Health Advisory Council (BHAC) in October 2015. The BHAC is a forum for disseminating and sharing information concerning the Public Behavioral Health System (PBHS). The Council advocates for a comprehensive, broad-based, person-centered approach to providing social, economic, and medical support for people with behavioral health needs as mandated by Health-General Article (HG) § 7.5 -- 305.

The Council links with state agencies seeking collaboration for improved behavioral health services. Its main tasks are to make recommendations to the state on the behavioral health plan and federal grant documents and applications developed per applicable state and federal law. The Council also monitors, reviews, and evaluates the allocation and adequacy of behavioral health services and funding. Per Health-General Article (HG) § 7.5 -- 305, an annual report of the Council is due to the Governor at the end of each calendar year. (See Appendix A for the Council By Laws).

The following pages include the highlights of activities and recommendations of the Council for 2022.

Overview

Under the Annotated Code of Maryland, Health General § 7.5 -- 305, and the Federal Public Law (PL) 102-321, the State of Maryland has established the Maryland Behavioral Health Advisory Council.
The Council shall:

1. Promote and advocate for:
    a. Planning, policy, workforce development, and services to ensure a coordinated, quality system of care that is the outcome–guided and that integrates prevention, recovery, evidence-based practices, and cost-effective strategies that enhance behavioral health services across the State; and
    b. 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; and
2. Submit an annual report to the Governor per § 2–1257 of the State Government Article, the General Assembly on or before December 31 of each year.

BHAC has 55 members. 28 of the BHAC members represent state and local governments, the Judiciary, and Legislature. In addition, the Secretary of the Maryland Department of Health (MDH) appoints 13 members to represent behavioral health providers and consumer advocacy groups. 14 members represent consumers, family members, professionals, and the community. (See Appendix B for a list of Council members).

According to the legislation, membership in BHAC is to be composed of a balanced representation from areas of mental health and substance use disorders, as well as a range of geographical regions of the State. Membership also represents different ethnicities/races, genders, cultures, age groups, and languages, including American Sign Language.

I. Activities of the Maryland Behavioral Health Advisory Council

The Council meets bi-monthly on the third Tuesday (from January through November). The General Council and committee meetings are held virtually. The meeting serves as a platform to share information through various presentations from state and community partners and discuss new developments and activities in the Public Behavioral Health System (PBHS). The Council advocates and collaborates with state and community partners to seek improved behavioral health services. The Council and its committees

made recommendations to the state on the behavioral health plan and federal grant documents and applications.The Council had two new co-chairs and several membership changes over the course of the year. Some members' term limits expired in October 2022. These members applied for reappointment or will serve until replacements are found. In addition, new members filled some vacant Council seats. An attendance report is provided to the Governor at the end of the year to report on the Governor's appointed seats' status.

A. Public Behavioral Health System Updates

Behavioral Health Administration (BHA)

The Council received information from BHA on the progress in achieving the administration's goals and efforts to shape and refine the process of behavioral health integration. In addition, BHA updates on MDH/BHA activities and resources, including organizational and personnel changes, were provided. One significant change was Leadership Transition at BHA, with the Director stepping down in April 2022 and an acting director assuming the position in May 2022.
Information provided to the Council includes relevant initiatives within the PBHS, various State and federal grants that BHA oversees, Legislative updates, and PBHS service utilization data for adults and children. BHA also continues to inform the Council of its efforts in response to the COVID-19 pandemic, including Maryland's COVID vaccination status. (Vaccination Status for January 2022 is provided in Appendix C).

Funding and Grants

BHA provided information on the various grants and funding overseen by BHA for PBHS services to the Council. The grants include Mental Health and Substance Abuse federal block grants (MHBG and SABG), COVID -19 Pandemic grants, American Rescue Plan Act (ARPA) grants, and the State Opioid Response (SOR) grant used to support Mental Health and Substance Use Disorders (SUDs) services.
The Planning Committee of the BHAC is involved in reviewing and providing feedback for the award and management of the Mental Health and Substance Abuse federal block grants (MHBG and SABG).

State Behavioral Health Plan

BHA presented the State Behavioral Health Plan to the Council. The Planning Committee of the BHAC is involved in BHA's State Behavioral Health Planning process. The Committee reviews the plan with information from various local stakeholders, local

jurisdictional plans, and regional stakeholder meetings to provide feedback and make recommendations. In addition, the Committee receives updates on the local and State planning process throughout the year.

Legislative Highlights

The Council and the various committees received Regular Legislative updates on legislation pertinent to the PBHS and other activities of the 2022 Legislative Session. 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. In addition, information on bills related to funding, accountability, and oversight within the PBHS, as well as the continued activities of the Lt. Governor's Commission to Study Mental and Behavioral Health, were provided. (For a listing of bills, See Appendix D).

PBHS Service Utilization and COVID-19 Updates

BHA provided PBHS Service Utilization data for adults and children to the Council. In addition, information on the COVID relief efforts conducted by BHA, in collaboration with other MDH administrations, the local behavioral health authorities, and providers, was provided to the Council.BHA provided the results from the four Behavioral Health Advisory Surveys conducted over the year. The surveys assessed how consumers and providers were coping with the COVID pandemic, the impact of the COVID-19 pandemic on client well-being, access to treatment, and telehealth services. The surveys provided information that resulted in the following.

- The development of
  - Resource guides for online support groups and training;
  - Guidance for wellness and recovery centers;
  - MD MindHealthTexts.
- Medical Assistance (MA) approval for audio-only services;
- The Board of Professional Counselors waiver authorizing health care professionals licensed out-of-state to provide telehealth to patients in the State; and
- Information on providers' perspectives on the lack of new referrals, caretaking needs, and challenges experienced with needs.

B. Council Presentations and Information Sharing

Informational Presentations

The Council received information on various PBHS programs and initiatives from BHA leadership, people in recovery, families, state agency partners, community partners, and other stakeholders. (For a listing of Council and Committee presentations, See Appendix E).

C. Maryland Behavioral Health Advisory Council Committees

The Council has established committees to further support its achievement of its mission, enhance full participation of members and other stakeholders for the development of recommendations and advocacy for the PBHS in Maryland. There are two standing committees and six ad hoc committees. Committee participation is open to the public beyond Council membership. The following section highlights committee activities and conversations for the period covering January to September.

I. Executive Committee

The Executive Committee of BHAC comprises all sub-committee co-chairs to ensure that their goals were aligned with those of the Council and to affirm BHA strategy statutory requirements. The Council will be working with BHA to better inform the council on the behavioral health state plan and the Federal Block Grant application.

II. Children, Young Adults, and Families Committee- Co Chairs, Ann Geddes and Kimber Watts

The Committee specifically looks at support for children, young adults and Families. In 2022 the committee focused on strengthening and increasing the availability of home and community based services , peer support networks, and evidence-based practices which are important for a comprehensive system of care for behavioral health services and supports for children, young adults and families.

III. Criminal Justice/Forensic Committee- Co Chairs- Judge George Lipman, Vacant

The Committee's main focus is probation and pretrial release supervision of defendants suffering from severe mental illness or a co-occurring disorder. The COVID-19 pandemic increased the percentage of defendants with severe mental illness or a co-occurring disorder requiring supervision during Probation and pretrial release. The limited availability of speciality supervision services for

individuals in the above-mentioned group has increased the number of defendants with noteworthy mental illness or a co-occurring disorder needing services and created difficulties in utilization of best practices in service provision.The Committee also focused on state mental hospital admission delays of court ordered defendants and the discharges of those patients from the hospitals with adequate aftercare plans, as well as delays in residential substance use treatment placements.

IV. Planning Committee: Co-Chair Senator Adelaide Eckardt, Vacant

The Committee participates in the local and state planning process in the year-long planning process and the review and recommendation for Behavioral Health Plan and Federal Block Grant Applications.The focus of the Committee in 2022 is on increasing their capacity to serve as a forum for reviewing and acting on feedback from individuals, families, and other stakeholders across the state related to behavioral health needs opportunities for the PBHS and how to better meet them.

V. Recovery Services and Support Committee: Co-Chairs Johanna M. Dolan and Deniece Valentine

The charge of this ad hoc committee is to identify recommendations for the development of strategies and initiatives, important for a comprehensive system of behavioral health recovery services and support for youth, adults, and older adults. In 2022 the Committee conducted a survey to gather feedback from recovery services stakeholders to better inform the Committee and BHAC. The Committee had informational sessions and presentations that helped to inform and shape the 2022 priority on recovery residences. The three areas of focus have been (1) top five recovery capital goals for recovery residence providers to support recovery housing residents to achieve while in housing; (2) guidelines, policies, and procedures; and (3) empowering recovery residents/residences to understand their rights - at local health agencies and clearly provided in the residence.

VI. The Cultural and Linguistic Competence Committee: Co-Chairs Sharon MacDougall, Kate Breen

The Cultural and Linguistic Competence Committee (CLCC) the Council gathers and disseminates information on diversity—including language and culture and how it 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.The CLCC is considering the possibility of a partnership with the BHA Health Equity committee on mutually beneficial projects. In addition The CLCC supports the provision of CLC training and technical assistance to the Council,and local jurisdiction's cultural linguistic competency plans.

VII. **Prevention Committee**: **Co Chairs Kirsten Robb-McGrath, Vacant**

The Prevention Committee provides guidance and advocacy in the areas of behavioral health prevention across the lifespan. The Committee strengthens the state's prevention infrastructure by increasing inter-agency communication and planning regarding substance issues common across agencies. The Committee's priority is to provide guidance for updating the Strategic Prevention Framework Strategic Plan and establishing goals.

Appendix A- 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:
    a. One Member of the Senate of Maryland
    b. One Member of the House of Delegates
    c. The Secretary of Maryland Department of Health
    d. The Deputy Secretary for Behavioral Health
    e. The Director of the Behavioral Health Administration
    f. The Executive Director of the Maryland Health Benefit Exchange
    g. The Deputy Secretary for Health Care Financing
    h. The Secretary of Aging
    i. The Secretary of Budget and Management
    j. The Secretary of Disabilities
    k. The Secretary of Housing and Community Development
    l. The Secretary of Human Services
    m. The Secretary of Juvenile Services
    n. The Secretary of Public Safety and Correctional Services
    o. The Executive Director of the Governor's Office for Children
    p. The Executive Director of the Governor's Office of Crime Control and Prevention
    q. The Executive Director of the Governor's Office of the Deaf and Hard of Hearing
    r. The Public Defender of Maryland

s. The State Superintendent of Schools
t. The Assistant State Superintendent of the Division of Rehabilitation Services
u. 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
v. The President of the Maryland Association of County Health Officers
w. 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 providers and consumer advocacy groups. One representative shall be appointed by the Secretary from each of the following organizations:
    a. Community Behavioral Health Association
    b. Drug Policy and Public Health Strategies Clinic
    c. Maryland Addictive Disorders Council
    d. Maryland Association of Boards of Education
    e. Maryland Association for the Treatment of Opioid Dependence
    f. Maryland Black Mental Health Alliance
    g. Maryland Coalition of Families
    h. Disability Rights Maryland
    i. Maryland Recovery Organization Connecting Communities
    j. Mental Health Association of Maryland
    k. National Alliance on Mental Illness of Maryland
    l. National Council on Alcoholism and Drug Dependence of Maryland
    m. On Our Own of Maryland
    n. 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.
    a. Two individuals, representing the mental health and the substance-related disorder treatment community, shall be appointed by the Governor from each of the following:
    b. Academic or research professionals
    c. Medical professionals
    d. Individuals formerly or currently in receipt of behavioral health services
    e. Family members of individuals with mental health or substance-related disorders
    f. Parent of a young child with behavioral health disorders
    g. Youth between the ages of 16 and 25 years with a behavioral health disorder
    h. Individuals active in behavioral health issues within their community

i. 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:

1) 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.
2) 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:
    a) the name of the individual considered to have resigned; and

b) a statement describing the individual's history of attendance during the period.

3) 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.
4) 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 were 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…."

<u>Article IV: Meetings and Voting</u>

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 is 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.

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.

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.

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 expected 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 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 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.

D. 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.

E. Children, Young Adults, and Families Committee

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

F. 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

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G. 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.

H. 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.

I. The Nominating CommitteeComposition

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.

J. 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.

Appendix B- Maryland Behavioral Health Advisory Council Members

Kathryn Dilley, Co-Chair
The Maryland County Behavioral Health Advisory Councils

Kate Farinholt
The National Alliance on Mental Illness of Maryland

Robert Anderson
The Maryland Department of Juvenile Services

Timothy Barksdale
Medical Professional

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.

Lisa A. Burgess
The Office of the Deputy Secretary for Behavioral Health,
Maryland Department of Health

Joseline Castanos
Community Advocate

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

Karen Foxman
Disability Rights Maryland

Ann Geddes
The Maryland Coalition of Families for Children's

Kevin E. "Finch" Grace
Consumer

Lauren Grimes

Mental Health	(Youth/Young Adult)	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	**Kathryn M. Hart** Academic/Research Professional
Tammy Holt The Governor's Office of Crime Prevention, Youth, and Victim Services	**Helene Hornum** The Office of the Secretary, MarylandDepartment of Health	**Bari Klein** The Maryland County Behavioral Health Advisory Councils
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)	**Sharon MacDougall** Family Member
Dan Martin Mental Health Association of Maryland, Inc.	**Brendel Mitchell** Consumer (Youth/Young Adult)	**The Hon. Dana Moylan Wright**

		The Maryland Judiciary Circuit Court
Jade Naylor Medical Professional	**Caterina Pangilinan** The Maryland Health Benefit Exchange	**Andrew Pierce** Maryland Department of Budget and Management
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	**Tim Santoni** The Maryland County Behavioral Health Advisory Councils	**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	**Kim Wireman** The Maryland Addiction Director's	

Behavioral Health Administration Staff Support: Systems Management, Division of Planning: Jennifer Howes, Sarah Reiman, Sherone Lewis, Doris Chen, and Greta Carter.

Appendix C- Vaccination Status, January 2022

- 58% of individuals aged 12 years and older have received at least one dose of the Covid-19 vaccines and 51% of them have completed the series
- 59% of individuals aged 18 years and older have received at least one dose of the Covid-19 vaccine and 52% of them are fully vaccinated
- 81% of individuals aged 65 years and older have received at least one dose of the COVID-19 vaccine and 75% of them are fully vaccinated
- Montgomery (75%), Howard (71%), and Frederick (62%) are the top three jurisdictions with individuals aged 12 years and older who have received at least one dose of any COVID-19 vaccines
- Comparing MCO, PBHS, and total Marylanders vaccination rates (percentage of individuals ages 12+)
    - Statewide population: 89.5% of statewide population had at least one dose of the Covid-19 vaccine and 78.5% are fully vaccinatedPBHS - 58.0% of statewide population had at least one does of the vaccine and 51.2% are fully vaccinated
    - Managed Care Organization (MCO) - 53.3% of statewide population had at least one dose of the vaccine and 47.6% are fully vaccinated
- Percentage with at least one vaccine dose by age groups
    - Statewide population: Age 12+ - 89.5%; Age 18+ - 59.0%; Age 65+ - 80.8%
    - PBHS: Age 12+ 58.0%; Age 18+ - 59.0%; Age 65+ - 80.8%
    - Managed Care Organization: Age 12+ - 53.3%; Age 18+ 54.3%; Age 65+ - 0.0%
    - *Individuals with age 65+ eligible for Medicare enrollment

Data is current for MCO (as of 1/14/22), PBHS (1/19/22) and General Population (1/19/22).

Appendix D- BHAC Presentations

Behavioral Health Advisory Surveys- Fall 2021 Survey

Geoff Ott, PhD/Senior Research Specialist at the Systems Evaluation Center (SEC) of the University of Maryland Baltimore and Dr. Jones presented the results of the Fall 2021 Survey on the effects of COVID-19 on Behavioral Health in Maryland.

Safe Sleep Webinar

BHA's Clinical Services Division, Office of Gender Services hosted a Safe Sleep webinar on May 19th for residential programs and recovery residences. There are about 3, 500 sleep related deaths among US babies each year. The webinar explained the goal of safe sleep to providers and offered suggestions to mothers to keep their children safe.

Traumatic Brain Injury Overview for BH Professionals

BHA offered a free three-hour virtual training entitled Traumatic Brain Injury Overview for BH Professionals on May 20th. The response to this training was tremendous and BHA is planning additional training in FY'23.

Mental Health First Aid at Maryland's Historically Black Colleges and Universities (HBCUs)

The MHFA HBCUs initiative, funded through SAMHSA's Mental Health Block Grant, is being coordinated by the Mental Health Association of Maryland. The goal is to train up to 20,000 students, faculty and staff in mental health first aid over the next four years.

Older Adults and Behavioral Health Issues

Tim Santoni, Data Management & Analysis, Systems Evaluation Center (SEC)/Behavioral Health Systems Improvement Collaboration of the University of Maryland School of Medicine provided an extensive overview of the data on Older Adults and BH Issues.

Stefani O'Dea, Director/Office of Older Adults and Long-term Services and Supports/BHA/MD gave an overview of Maryland's aging population.

Bernice Hutchinson, Deputy Secretary/Maryland Department of Aging gave an overview of the Maryland Department of Aging

Considerations for Services for Older Adults/Adults with Disabilities: Are the physical sites where behavioral health services are provided physically accessible to individuals who use wheelchairs or other assistance devices?

The Power of Partnerships, Maryland's Behavioral Health Crisis System

Behavioral Health Crisis System and Emergency Management Services, Sharon Lipford, LCSW-C, BHA, Program Manager

Early Psychosis Treatment, Research, and Learning in Maryland

Robert W. Buchanan, M.D., Professor of Psychiatry, University of Maryland School of Medicine, Maryland Psychiatric Research Center and Melanie Bennett, Ph.D, Professor, Department of Psychiatry, University of Maryland School of Medicine. The presentation provided background and descriptions of the Maryland Early Intervention Program, The Early Psychosis Intervention Network and discussed new initiatives.

Presentations at the Children, Young Adults, and Families Committee Meetings

- Safe Baby Courts presentation by Zero to Three's Jessica Lertora
- Legislative Update from Mental Health Association Of Maryland's Margo Quinlan
- DSS Service Implementation Team Survey Results and Report by DSS's Keisha Peterson
- Update from the State Coordinating Council (now Youth Resource Coordinating Council), by Jennifer Krabill
- Juvenile Justice Reform Council Bill, legislative changes, by DJS's Robert Anderson

Presentations as the Criminal Justice/Forensic Committee Meetings

- Public Safety Secretary, Robert L. Green, probation and pretrial release supervision of defendants suffering from severe mental illness or a co-occurring disorder.

Presentations as the Recovery Services and Support Committee

- Oxford Houses, Inc.
- The National Council on Mental Wellbeing
- The Maryland Certification of Recovery Residences (MCORR)

Appendix E- Legislative Updates

Maryland General Assembly 2022 Legislative Updates

The Mental Health Association of Maryland presented information on some bills of interest on behalf of the Maryland Behavioral Health Coalition. Some of the bills included:

- Behavioral Health System Modernization Act (SB 637/HB 935)
- Maryland 988 (SB 241/HB 293): creates a fund to support the 988 infrastructure
- HB 766: streamlines the youth residential treatment process
- Time to Care Act (SB 275): reduce adverse childhood experiences (ACEs)
- SB 691: reforms Maryland's juvenile justice system
- SB 559: authorizes use of supported decision-making agreements with a goal of preventing the need for guardianship
- SB 707/HB 912: prevents "balance billing" by requiring insurers to cover out-of-network care at "no greater cost" than for services received in-network, if an in-network provider is not available
- SB 94/HB 48: establishes a Suicide Fatality Review Committee

BHA presented 2022 Enacted Legislation that included:

- HB 0837: Cannabis Reform
- HB 1086/SB 0419: Opioid Restitution Fund: Appropriation of Settlement Funds
- SB 0174 Mortality and Quality Review Committee (MQRC): Duties, Reports and Data - Sunset Extension
- SB 0196: Maryland Department of Health - Overdose Report
- HB 0097: Workgroup on Black, Lation, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals
- HB 0794 Public Health: Opioid Restitution Fund Advisory Council
- HB 0971 Maryland Medical Assistance Program - Substance Use Disorder Treatment - Network Adequacy
- SB 0394: Statewide Targeted Overdose Prevention (STOP) Act of 2022