THE 2023 ANNUAL REPORT OF

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

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

Wes Moore
Governor

Aruna Miller
Lieutenant Governor

Dr. Laura Herrera Scott
Secretary of Health

Table of Contents

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 2023.

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 54 members. 28 of the BHAC members are in statute Ex-Officio members (or designees) represent state and local governments, the Judiciary, and Legislature. In addition, the Secretary of the Maryland Department of Health (MDH) appoints 12 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 new behavioral health strategic plan and federal grant documents and applications. The Council had several membership changes over the course of the year. At least three new members filled vacant Council seats. The BHAC welcomed new representatives for the Maryland Department of Juvenile Services, the Maryland Association of County Health Officers and the Maryland Department of Health- Medicaid. There continue to be seats on the Council that are difficult to fill or keep filled, such as the parent of a young child with a behavioral health disorder. Each meeting opens with a call for new members, not only for the BHAC, but also for Maryland state hospital boards, as well as co-chairs for the Councils sub committees. 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. Along with beginning the year with a new Governor and Administration, MDH also welcomed a new Secretary. One significant change at BHA was Leadership Transition, with the Director stepping down in April 2023 and an acting director assuming the position in May 2023. Then in September 2023, BHA welcomed new Deputy Secretary, Alyssa Lord.

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.

Funding and Grants

Council members also receive information about the BHA budget, including grants and other funding sources. Most notable for the upcoming year is the new Governor’s $107.5 Behavioral Health Investment. BHA also provided information about other grants which include Mental Health and Substance Abuse federal block grants (MHBG and SABG), COVID -19 Pandemic supplemental grants, American Rescue Plan Act (ARPA) supplemental grants, and the State Opioid Response (SOR) grant used to support Mental Health and Substance Use Disorders (SUDs) services. SOR programming is being

expanded through SOR 3 Grant funding. This funding supports a comprehensive response to the opioid epidemic and expands access to treatment and recovery support 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. The new Deputy Secretary brought a new vision and a goal of developing a new strategic plan.The Strategic Plan has been redesigned to align with the Moore-Miller Administration's strategy and State Plan, with a commitment to "Leave no Marylander Behind." The strategic plan will focus on a continuum of care model that has equity, inclusiveness, and trauma-informed care at its center and will demonstrate that Maryland's Public Health Behavioral System is clinically and fiscally sound. The Continuum of Care consists of four main pillars: Prevention/Promotion, Primary Behavioral Health/Early Intervention, Urgent/Acute Care, and Treatment/Recovery. There will be a renewed focus on solutions to better address the needs of Maryland's Children, Youth and Families by reviewing the current youth initiatives and planning for the capability and capacity to provide youth services across the Behavioral Health Continuum.

PBHA will continue to work with external stakeholders across the state to produce efficient outcomes, which identify gaps, and address health disparities and inequity.

Legislative Highlights

The Council and the various committees received Regular Legislative updates on legislation pertinent to the PBHS and other activities of the 2023 Legislative Session. Advocacy group organizations and member representatives informed the Council on bills focused on priority issues such as increasing funding for Maryland's 988 Suicide and Crisis Lifeline establishing a value-based purchasing (VBP) pilot program child and

youth services, such as Youth Wrap Around Services; extending certain time-limited telehealth provisions, and modernizing Maryland Medicaid's coverage of gender affirming care. In addition, information on bills related to access to the Collaborative Care Model, establishing a Behavioral Health Workforce Investment Fund, and Firearm Safety laws were provided. Of significant note were SB- 362 which will expand Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs) and SB-582, which establishes the Commission on Behavioral Health Care Treatment and Access. (For a listing of bills, See Appendix D).

PBHS Service Utilization and Updates

BHA provided the Council with various PBHS Service Utilization data and updates. The most notable updates shared over this past year have been the expansion of 211 services, the launch of the inpatient psychiatric bed board that will be available to all discharge planners in the hospital ER's across the state of Maryland, the expansion of provider rate increase and the emphasis that has been placed on the crisis system transformation that begins with reimbursements with the crisis space and will lead to augmenting the system for non-Medicaid recipients.

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.

Executive Committee

The Executive Committee of BHAC comprises all sub-committee co-chairs to support that their goals were aligned with those of the Council and to affirm BHA strategy statutory requirements. This past year, the Committee addressed statutory regulations and bylaws of the BHAC, in particular, the responsibility of reviewing and making recommendations to the State on the behavioral health plan that must be submitted annually to SAMHSA, and work to fulfill and represent and entity that embodies advocacy. The leadership of the Council worked to develop several priority areas of focus with specific attention to topics impacting diversity, equity, and inclusion. The committee is working to enhance processes and operational functions of the council and to enable the council to achieve the obligations outlined in statute. The committee leadership is working on like objectives as a means of integrating and contributing streamlined recommendations to the administration. In collaboration with the Planning Committee, the Executive Committee hosted a retreat in February 2023 to look at bylaws, vision, and strategic planning of the council.

Planning Committee: Co-Chair Tim Santoni, Vacant

The Committee participates in annual planning processes that involve the development, review, and final recommendation of the Maryland Behavioral Health Plan and Federal Mental Health Block Grant Application. This responsibility and the means of engagement from the council to the application and state plan, is an area of focus for committee process and timeline for ample contribution to the plan. This year, the committee prioritized the ongoing need to be more proactive about legislation as well as their goal to revise Council by-laws. The Planning committee has assumed the responsibility this year for steering most of the work out of the Executive Committee recommendations involving process, revisions to the bylaws, addressing statutory obligations as a council, and avenues to enhance communication and means to advocate effectively as an entity. Representatives from the Planning committee participated in a technical assistance opportunity extended by SAMHSA on State Advisory Councils. These sessions allowed for connection with leadership from other state council leadership to offer a peer learning model on best practices for council structure, function, and support to communities that the council serves.

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

The Children, Young Adults, and Families Committee specifically looks at support for children, young adults and families. At the beginning of 2023, the committee voted on

three strategic priorities which are (1) funding for early childhood mental health initiatives; (2) strengthen home and community-based services for children and adolescents; and (3) peer support for young adults by young adults. The committee's overall premise this year was to acknowledge that prevention begins in early childhood and to prioritize partnerships with the Prevention committee. With these goals in mind, the committee hopes to improve services to kids and families in need of RTC and mental health services. Ann Geddes stepped down as Chair in September 2023.

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

The Criminal Justice/Forensic Committee's main focus is probation and pretrial release supervision for defendants suffering from severe mental illness or co-occurring disorders. The Committee's intended purpose is to provide guidance to the Administration in order to enhance the delivery of behavioral health services to individuals in the criminal and juvenile justice systems. During this year's delegations, the committee discussed topics such as psychiatric bed shortages in local hospitals. These barriers limit the access to equitable care this demographic needs. The committee also focused on the growing population of older clients, particularly ones with dementia, and their specific needs to develop tailored approaches to help them. Unfortunately, due to the lack of appropriate care options, many older individuals with dementia end up in the criminal justice system. The Committee acknowledges these barriers in efforts to readjust their focus on these specific populations and challenges surrounding their care.

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

The Recovery Services and Support Committee's work to identify recommendations for the development of strategies and initiatives. This includes evidence-based practices designed to fully integrate behavioral health recovery services and support for youth, adults, and older adults. The committee's current area of focus is to identify the educational supports for long term recovery services for adolescents in Maryland.

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

The Cultural and Linguistic Competence Committee (CLCC) provides information on diversity, including awareness and education in behavioral health services in the Public Behavioral Health Systems (PBHS). The committee works to improve the highest level of quality and inclusivity on both an individual and organizational scale. Throughout this

year's assembly, the CLCC experienced comprehensive training to ensure adherence to the Cultural and Linguistically Appropriate Services standards (CLAS). This training encompassed a deep understanding of the CLAS assessment tool, as well as the utilization of a template for documenting strategies, performance measures, and the overall impact and outcomes of their work. The CLCC collaborated with Dr. Karen Francis, a consultant working for the Behavioral Health Administration (BHA) on reviewing the plans from the Local Behavioral Health Authorities/CSAs/LAAs (LBHA). Together a total of 22 plans were reviewed. Moving forward CLCC aims to provide another CLAS training in 2024 as well as increasing their knowledge with various cultural groups in their region.

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

The Prevention Committee provides guidance and advocacy in the area of behavioral health prevention across the lifespan. Some of these preventions include suicide prevention, substance-abuse prevention, and addictive behaviors. The committee's focal point is to identify these risk factors and generate recommendations to the Administration that provide equitable solutions for vulnerable populations. In the upcoming year, the committee will continue to execute preventive frameworks to effectively address health risks faced in special populations within other agencies.

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 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

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 went on hiatus after the reorganization of BHA's Prevention Unit in February 2019. At that time, the Prevention Unit moved from BHA to the Office of Public Health Improvement (OPHI) within the Public Health Administration of MDH, which assumed responsibility for areas of opioid response aligned with existing public health activities, including health promotion and prevention. While Prevention is now under OPHI, BHA still continues to play a central role in supporting public behavioral health treatment services and works closely with OPHI to fully integrate treatment services and public health activities and maximize the effectiveness of operations. The prevention committee has been re-established and will be focused on updating the committee's purpose and bylaws and will begin working on a framework for prevention. The new Secretary of Health has also spoken of moving the Prevention Unit back to BHA.

D. <u>Ad Hoc Committees</u>

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 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.

.

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, Co-Chair
The National Alliance on Mental Illness of Maryland

Lynda Bonieskie
The Maryland Department of Public Safety and Correctional Services

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

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

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

Sue Doyle
The Maryland Association of County Health Officers

Catherine Drake
The Maryland Division of Rehabilitation Services

Johanna Fabian-Marks
The Maryland Health Benefit Exchange

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

Andrew Guy
Maryland Medicaid, The Behavioral Health Unit, Maryland Department of Health

Kim Hall
The Maryland Department of Juvenile Services

Carlos Hardy
The Maryland Recovery Organization Connecting Communities

Candace Harris
Community Advocate

Helene Hornum
The Office of the Secretary, Maryland Department 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)

Alyssa Lord
The Office of the Deputy Secretary for Behavioral Health, Maryland Department of Health

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

Andrew Pierce
Maryland Department of Budget and Management

Mary Pizzo
The Office of the Public Defender

James Rhoden
The Governor's Office of Crime Prevention, Youth, and Victim 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

Vickie Walters
The Maryland Association for the Treatment of Opioid Dependence

Kimberlee Watts
Family Member

Kim Wireman
The Maryland Addiction Director's Council

Behavioral Health Administration Staff Support: Systems Management, Division of Planning: Lori Bradford, Sarah Reiman, Sherone Lewis, Doris Chen, Kelly King, Temitope Beshua, Elizabeth Williams, and Greta Carter.

Appendix C- BHAC Presentations

PROBLEM GAMBLING AWARENESS AND SCREENING

Laura Burns-Heffner, Director, Office of Suicide Prevention and Problem Gambling (OSPPG),

Service Access and Practice Innovation, Behavioral Health Administration (BHA) gave an overview of the OSPPG.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH IN MARYLAND

Joyce Nolan Harrison, M.D.
Associate Professor, Department of Psychiatry

Johns Hopkins University School of Medicine discussed infant mental health and the Institute Network for Early Childhood Tele-education at Kennedy Krieger.

MARYLAND DEPARTMENT OF HEALTH'S PRIORITIES-BEHAVIORAL HEALTH IN THE STATE

Laura Herrera Scott, MD, MPH
Secretary of Health
Maryland Department of Health

STATEWIDE NETWORK OF PEER-OPERATED ORGANIZATIONS

Michelle Livshin
Director of Network and Peer Empowerment
On Our Own of Maryland (OOOMD), Inc.

OOOMD is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs.

Appendix D- Legislative Updates

Maryland General Assembly 2023 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:

- SB 534: Extends for two years certain time-limited telehealth provisions
- SB 3/HB 271: Increases funding for Maryland's 988 Suicide and Crisis Lifeline
- SB 581: Establishes a value-based purchasing (VBP) pilot program
- SB 460/HB 283:Modernizes Maryland Medicaid's coverage of gender affirming care
- SB 154: requires the state to develop and implement a public awareness campaign to encourage the use of mental health advance directives.

NAMI Maryland, National Alliance on Mental Illness presented information on some of the following bills:

- SB 8/HB 121-Treatment Plans Revisions.
- SB 255/HB 322-Youth Wrap Around Services.
- SB 515/HB 785-Step Therapy/Fail First Revisions.
- SB 582/HB 1148- Establishes the Commission on Behavioral Health Care Treatment and Access.

BHA presented 2023 Enacted Legislation that included:

- SB 101/HB48-(passed) provides Medicaid recipients with access to the Collaborative Care Model.
- SB 283/HB418-(passed) establishes a Behavioral Health Workforce Investment Fund.
- SB 362-(passed) will expand Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).
- HB 824 – Public Safety-Regulated Firearms-Possession and Permits to Carry, Wear, and Transport a Handgun.
- SB 858 - Jaelynn's Law-Firearm Safety Storage-Requirements and Youth Suicide Prevention.

- **SB 3/HB 271-**Increases funding for Maryland's 988 Suicide and Crisis Lifeline.

- SB 0394: Statewide Targeted Overdose Prevention (STOP) Act of 2023