



**THE 2015 REPORT OF MARYLAND'S ADVISORY COUNCILS
FOR MENTAL HEALTH AND
SUBSTANCE-RELATED DISORDERS:**

**THE MARYLAND ADVISORY COUNCIL ON MENTAL
HYGIENE/P.L. 102-321 PLANNING COUNCIL**

**SARAH BURNS, CHAIR,
MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE**

**M. SUE DIEHL, VICE CHAIR,
MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE**

**THOMAS E. ARTHUR, COORDINATOR,
PL 102-321 PLANNING COUNCIL ON MENTAL HYGIENE**

**THE MARYLAND STATE DRUG AND ALCOHOL ABUSE
COUNCIL**

**GAYLE JORDAN-RANDOLPH, M.D., DHMH DEPUTY SECRETARY,
BEHAVIORAL HEALTH
CHAIR, MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL**

**AND
THE MARYLAND BEHAVIORAL HEALTH ADVISORY
COUNCIL**



State of Maryland
Advisory Council on Mental Hygiene/Planning Council

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

December 15, 2015

The Honorable Larry Hogan
Governor
State House
Annapolis, Maryland 21401

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

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

Dear Governor Hogan:

We present to you the final annual reports for the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council and the Maryland State Drug and Alcohol Abuse Council (SDAAC).

The Maryland Advisory Council on Mental Hygiene was created in 1976 to serve in an advisory and advocacy capacity in addressing mental health issues in Maryland. The Advisory Council members were Governor Appointees. The Council was expanded in 1989 as a result of federal legislation (Public Law (PL) 99-660 and subsequently PL 102-321) with the additional charge of reviewing and making recommendations for state plan and federal Mental Health Block Grant documents. The members of this planning side of the Council were appointed by the Behavioral Health Administration's (BHA) Executive Director. The Council was designated as the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council and often referred to as the Joint Council.

The Maryland State Drug and Alcohol Abuse Council (SDAAC), was initially established by executive order in 2008 and codified into law on October 2010. SDAAC was comprised of key stakeholders, cabinet level representatives, professionals, consumer/participants, family members, and service providers representing various geographic regions of the state and has been key in the effort to develop a comprehensive, coordinated, and strategic approach to ensure efficient and effective use of state and local resources in order to deliver a full continuum of drug and alcohol abuse prevention, intervention, and treatment services for residents of the state.

As part of the Department of Health and Mental Hygiene's Behavioral Health Integration, these two councils were repealed through SB 174 (2015) effective October 1, 2015 to create the new Behavioral Health Advisory Council, which will combine the strengths of the two existing councils.

This Annual Report provides an overview and summary of the activities of all three Councils during calendar year 2015. The two original Councils decided to hold combined meetings, as of December 2013, and became known as the Combined Council. The Combined Council made recommendations toward the formation of the new council and its membership, through participation in workgroups to give input toward the development of legislation to establish the Maryland Behavioral Health Advisory Council. Additionally, this report includes activities of the first meeting of the Behavioral Health Advisory Council.

In addition to having the privilege of serving during the first year of your Governorship, this has been the first full year of behavioral health integrated system of care since the merger of the Mental Hygiene and the Alcohol and Drug Abuse administrations to form the Behavioral Health Administration (BHA). The Combined Councils have been part of this process from early stakeholder groups, topical workgroups, to input this year into the development of the Administration's first Behavioral Health Plan. We look forward to the continuation of the process of advocacy and advisement for a behavioral health system of care and submitting suggestions and recommendations to the BHA leadership and to you, as appropriate, to improve the work of the Public Behavioral Health System in Maryland. We thank you for the privilege of working in tandem with your office, as with the former governors, to contribute to the membership of the new Council as well as contribute to a behavioral health system of care that Marylanders can take pride in; whether here in Maryland or as represented in national and international venues.

As the two former councils look back over the years, they can be proud of their individual and collective accomplishments. They pass the mantle on to the new Behavioral Health Advisory Council, which will continue monitoring the behavioral health system of care, advocating for continued and increased access to services, and promoting adequate and appropriate wellness and prevention activities for individuals with mental illness and substance-related disorders.

Sincerely,



Sarah Burns
Chair
Maryland Advisory Council on Mental Hygiene/
PL 102-321 Planning Council



Gayle Jordan-Randolph, M.D.
DHMH Deputy Secretary,
Behavioral Health
Chair, Maryland State Drug and Alcohol
Abuse Council

Enclosure

cc: Craig A. Williams, Chief of Staff, Office of the Governor
Van T. Mitchell, Secretary, DHMH
Gayle Jordan-Randolph, M.D., DHMH Deputy Secretary, Behavioral Health
Barbara Bazron, Ph.D., Executive Director, Behavioral Health Administration (BHA)
Shawn Cain, Chief of Staff, Office of the Secretary, DHMH
Rianna Matthews-Brown, Chief of Staff, Behavioral Health, DHMH
Rachael Faulkner, Director, Office of Governmental Affairs and Communications, BHA
Allison W. Taylor, Director, Office of Governmental Affairs, DHMH
Kim Bernnardi, Administrator, Office of Appointments and Executive Nominations,
DHMH

INTRODUCTION

This report is a combination of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council's (also known as the Joint Council) Annual Report, the Maryland State Drug and Alcohol Abuse Council's (SDAAC) Strategic Plan, and the newly established Behavior Health Advisory Council's (BHAC) Annual Report. All three reports are due to the Governor at the end of the year and the three Councils have chosen to combine their final reports into one.

On July 1, 2014, as decreed by House Bill 1510, the Mental Hygiene and the Alcohol and Drug Abuse administrations merged to become one Behavioral Health Administration. Many members of the Joint Council and SDAAC were involved in workgroups and other forums leading up to this merger. The completion of the merger also added momentum to the completion of recommendations toward the creation of BHAC and collaborative activities (further highlighted later in this document), which became the basis for Senate Bill 174 (2015) establishing the new Council as of October 1, 2015.

Meanwhile, as a result of the many collaborative efforts, the Joint Council and SDAAC (which became known as the Combined Council) decided to hold combined quarterly meetings as of December 2013. The Joint Council continued to meet monthly but openly invited SDAAC members to participate and meeting minutes generated from all meetings were shared with all members. The Combined Council members met quarterly and continued to share pertinent information from BHA leadership, people in recovery, families, and other involved stakeholders through presentations on a variety of topics from the areas of mental health and substance-related disorders. Topics throughout the year focused on overdose prevention, suicide prevention, tobacco cessation, substance-related disorders, child and adolescent initiatives, early intervention (mental health) programs, among others.

SDAAC and the Joint Council were both grounded on a committee structure. On the following pages, we have included the membership list and activities of the two former councils as well as membership list and establishment process for the new Council.

Members of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE

Joshana Goga
Sarah Burns, **Chair**
M. Sue Diehl, **Vice Chair**
Michael Finkle
Gerald Beemer
Joanne Meekins

Livia Pazourek
Robert Pender
Charles Reifsnider
Anita Solomon
John Turner
Dennis McDowell

PL 102-321 PLANNING COUNCIL

Thomas E. Arthur, **Coordinator**
Lynn Albizo
Sheryl Sparer
Dan Martin
Michael Bluestone
Naomi Booker
Ann Geddes
Cathy Marshall
Robert Anderson
Michelle Stewart
Chicquita Crawford
Adrienne Holliman
R. Terrence Farrell
Catherine Drake
Kate Farinholt
A. Scott Gibson
Frank Kolb
George Lipman
Eugenia Conolly

Kathleen Ward
Vira Froehlinger
Ebele Onwueme
William Manahan
Cindy Kauffman
Victor Henderson
Phoenix Woody
Cynthia Petion
Sarah Rhine
Linda Raines
Jacqueline Powell
Julie Jerscheid
Nancy Feeley
Jan Desper
Sharon Lipford
Rebecca Frechard
Alexis Moss
Geraldine Gray
Herb Cromwell

THE MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL MEMBERS

Joshua M. Sharfstein, **Chair**

Gayle Jordan-Randolph, **Designated Chair**

Samuel Abed

Patricia Arriazo

Gray Barton

Lori Brewster

Alberta Brier

Jodie Chilson

Jeanne Cooper

Martha Danner

Sandi Davis-Hart

Paul B. Dewolfe

Ann Mahling Geddes

Carlos Hardy

Michael Hawkins

Jim Hendrick

Brian M. Hepburn

Rebecca R. Hogamier

Michael Ito

Kim M. Kennedy

Carleto Linton

George M. Lipman

Kathleen O'Brien

Mary Pizzo

Glen E. Plutschak

Terrence Proctor

Catherine E. Pugh

Kathleen Rebbert-Franklin

Kirill Reznik

Delores Rowlette

Nelson W. Rupp, Jr.

Larry Simpson

Peter Singleton

James T. Smith, Jr.

Jaclin Warner Wiggins

John Winslow

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Highlights and Activities of Maryland's Councils for Mental Health and Substance-Related Disorders

The Combined Council remained informed of Maryland's Medicaid (MA) expansion and the Department of Health and Mental Hygiene's Behavioral Health Integration process and activities that included the development of the RFP to select an ASO to administer the new MA financing model for the carve-out of mental health and substance-related services. The Executive Director of BHA attended meetings regularly and, along with other leadership, kept the Council members informed of many issues concerning the Public Behavioral Health System, including behavioral health integration and budget matters. It is expected that these efforts to keep Council members informed will continue within the new Behavioral Health Advisory Council.

The Maryland Advisory Council on Mental Hygiene and P.L.102-321 Planning Council

The Maryland Advisory Council on Mental Hygiene/P.L.102-321 Planning Council (Joint Council) utilized committee structures and workgroups to further enhance its ability to monitor progress towards goals and strategies identified in State plans and the federal Block Grant applications. The Joint Council committees included:

- **The Executive Committee** - consisted of officers and chairs of the various committees. This committee: set the agenda for meetings; coordinated activities such as the preparation, review, and approval of testimony before the legislature; and gave final approval of public presentations/documents/reports submitted on behalf of the Council.
- **The Planning Committee** (consisting of representatives of both Councils) - met year-round and held a series of Committee meetings in 2015 to develop and, give input to the State Behavioral Health Plans and the Mental Health Block Grant Application as well as review other key documents related to system issues.
- **The Legislative Committee** - informed the Council, through progress and final reports, of the 2015 legislative session activities including the status of bills.
- **Interagency Forensic Services Committee (IFSC)** - continued to monitor and advise the Behavioral Health Administration regarding the delivery of behavioral health services to individuals who are involved with the criminal and juvenile justice systems.
- **The Cultural and Linguistic Competency Advisory Committee (CCAC)** - participated on the Behavioral Health Advisory Council Workgroup/retreat, helping to shape language inclusive of the values and principles of cultural competence within the mission statement and draft legislation for the new Behavioral Health Advisory Council.

The Maryland State Drug and Alcohol Abuse Council (SDAAC)

SDAAC has been key in efforts to develop a comprehensive, coordinated, and strategic approach to ensure efficient and effective use of state and local resources in delivering a full continuum of substance-related prevention, intervention, and treatment services for residents of the state.

SDAAC also utilized committee and/or workgroup structures to address specific areas:

- **The Prevention Committee** - served as an advisory committee for both the SAMHSA Maryland Strategic Prevention Framework (SPF) grant and the State Epidemiological Outcomes Workgroup (SEOW). The Prevention Committee completed assessments and monitored development of jurisdictional strategic plans. SEOW completed data summaries and data formats to assist prevention and treatment providers to have the most updated information on alcohol, tobacco, or other drugs (ATOD).
- **The Workforce Development Committee** - facilitated interface efforts with: higher education; treatment and prevention providers; coordination of specialized trainings for behavioral health populations and evaluation of practicum experiences.
- **Treatment/Recovery Committee** - collaborated with the treatment and recovery community to enhance: early identification with assessment tools such as SBIRT; care continuation within agencies; reduction of prescription misuse; overdose prevention; recovery peer specialist services; and problem gambling integration within the behavioral health system.

The Combined Council's Participation in the State's Planning Process

The Combined Council participated in the state planning process through the Planning Committee. This included giving input in April 2015 during the state's public behavioral health stakeholders meeting to develop the FY 2016 Behavioral Health Plan addressing areas such as prevention (overdose, suicide), early intervention, cultural competency, recovery supports, trauma, and workforce development. In June, the Planning Committee met to review the final draft of the Behavioral Health Plan. This included the review of strategies and priorities, which were also presented in the FY 2016 Mental Health Block Grant (MHBG) application. The Planning Committee's recommendations included: increased support of bullying prevention as well as suicide prevention and support of increased leadership roles for youth; further reduction of housing barriers; and increased awareness of behavioral health resources in schools and through the use of social media to facilitate awareness of behavioral health issues and accessibility.

The Combined Council's Process to Create the State Behavioral Health Advisory Council

The creation of a new Behavioral Health Advisory Council has been supported and facilitated through the efforts of the Combined Council who gave input to SB 174 (2015), the legislation to establish the new council.

As a result of the forward movement of the legislation, the Joint Council and SDAAC planned and attended a combined retreat on March 17, 2015 in Columbia, Maryland, to develop key components of the By-laws, based on segments of the early draft of SB 174 and offer draft concepts for the committee structures as well as the overall structure for the Behavioral Health Advisory Council. The draft By-laws were discussed during the April and June meetings of the Combined Council and corrections and amendments were made. The final version of the By-laws will be adopted by members of the Behavioral Health Advisory Council in January 2016.

THE BEHAVIORAL HEALTH ADVISORY COUNCIL

Established as of October 1, 2015 by Senate Bill 174

First meeting - November 17, 2015

Makeitha Abdulbarr
Dori S. Bishop
Anne Blackfield
Kelby Brick
Laura Cain
Kenneth Collins
Catherine Drake
Kate Farinholt
Ann Geddes
Elaine Hall
Christina Halpin
Dayna Harris
Antonio Hayes
James Hedrick
Gayle Jordan-Randolph
Sharon M. Lipford
Theresa Lord
Jonathan Martin
Stephen T. Moyer
Kathleen O'Brien
Mary Pizzo
Keith Richardson
Brandi Stocksdale
Tracey Webb
John Winslow
Phoenix Woody

Barbara L. Allen
Karyn M. Black
Lori Brewster
Mary Bunch
Sara Cherico-Hsii
Jan A. Desper Peters
Adelaide Eckardt
Robert L. Findling
Lauren Grimes
Shannon Hall
Carlos Hardy
Virginia Harrison
Japp Haynes, IV
Michael Ito
Joel E. Klein
George Lipman
Dan Martin
Dennis L. McDowell
Dana Moylan Wright
Yngvild Olsen
Charles Reifsnider
Catherine Simmons-Jones
Penelope Thorton Talley
Ellen M. Weber
Michelle Wojcicki
Albert Zachik

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Maryland’s Behavioral Health Advisory Council

Pursuant to the Annotated Code of Maryland, Health General 7.5-305, and federal Public Law (PL) 102-321, the State of Maryland established the Maryland Behavioral Health Advisory Council through the passage of Senate Bill 174 (2015). The legislation provided for the membership, duties and purpose of the Council to promote and advocate for:

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

This legislation repeals prior state statutes for the mental health and substance use councils (the Joint Council and SDAAC) and delineates the parameters for the Behavioral Health Advisory Council, including setting forth a committee structure to enhance the Council membership’s ability to monitor the system of care, to facilitate and inform the planning process and policy-making decisions of BHA, and to maintain the connection with local behavioral health entities. These committees will be formed in FY 2016.

The Maryland Behavioral Health Advisory Council consists of 55 members - 28 in-statute Ex-Officio members (or designees) representing state and local government, the Judiciary, and the Legislature; 13 members appointed by the DHMH Secretary, representing behavioral health provider and consumer advocacy groups; and 14 representatives that include a diverse range of individuals who are consumers, family members, professionals, and involved community members.

The Behavioral Health Advisory Council held its first meeting on November 17, 2015. Members discussed and made suggestions for changes to the draft By-laws. All members who were in attendance, became privileged to act as a Nominating Committee and, by secret ballot, selected candidates for Chair and Vice Chair. A slate of names was created for each position and voting by the entire membership was in progress as this document was being written. Also, some details to further shape the committee structure for this Council were discussed and will be included in the By-laws. The Council will meet every other month (six times per year) and will have officers and By-laws in place by January 2016.

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

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

For copies of the Maryland Combined Councils’ Annual Report, contact:
The Behavioral Health Administration
(410) 402-8473