NAMI Maryland
National Alliance on Mental Illness

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June 11, 2020

Lt. Governor Boyd Rutherford, Chair
Commission to Study Mental & Behavioral Health
Via Email: mbh.commission@maryland.gov

Re: NAMI Maryland's recommendations to support mental health and crisis services in response to the coronavirus pandemic on the mental and behavioral health community.

Dear Lt. Governor Rutherford and members of the Commission to Study Mental and Behavioral Health in Maryland,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community. We appreciate the opportunity to provide comments regarding how Maryland can support mental health during the coronavirus pandemic.

NAMI Maryland applauds Governor Hogan and his administration for their strong and focused response to the covid-19 disease and want to say thank you again to the Lt. Governor and BHA Secretary Aliya Jones for naming NAMI Maryland as a place for resources in their recent facebook chat. We're proud of the small role we've been able to play in developing the CovidConnect platform for survivors in partnership with the Maryland Department of Health and Behavioral Health Administration (BHA).

During this time, we've heard from hundreds of Marylanders through our helpline – not just individuals looking for advice or connections to services but from employers, first responders, and others most at risk for infection working on the front lines. We know the state is confronting serious budget deficits, but investment in mental health and crisis services is critical. The need for these services will not decrease in the near future.

Our top recommendation is for the commission to prioritize the findings of the Public Safety and Criminal Justice Subcommittee led by Dr. Randall Nero at the Department of Public Safety and Corrections – especially the implementation of a Sequential Intercept Model. A critically important tool will be the use of a Sequential Intercept Model (SIM) to map the points at which community services and other interventions intersect with individuals with behavioral health issues, including mental illness, across Maryland. SIM is a strategic planning tool to identify and assess available resources and also identify gaps that need to be addressed. The SIM enables the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and best practices in program development. The models focus on six distinct intercept points: (1) Community Services; (2) Law Enforcement; (3) Initial Detention and Initial Court Hearings; (4) Jails and Courts; (5) Reentry; and (6) Community Corrections. These are used to identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders. From here statistical and evidence-based priorities can be designed to improve the system and service of response.

Diverting individuals with mental illness from the criminal justice system and connecting them to behavioral health services is one of NAMI MD's top advocacy priorities. This year, the Maryland General Assembly passed SB 305, which created the CIT (Crisis Intervention Teams) Center of Excellence. Through this agency Maryland will have more resources to better coordinate CIT work at the state agency and local government levels. The goal of the Center is to support law enforcement and local governments in strengthening their policies and procedures for first responders to help them identify individuals experiencing a mental and/or behavioral health crisis, ensure appropriate dispatch response and de-escalation, and more. One requirement of the bill is the mapping of services and reporting on their availability. We propose to incorporate the SIM into the CIT Center of Excellence's work as that valuable mapping tool to ensure the state is heading in the right direction on diversion and that we're able to target

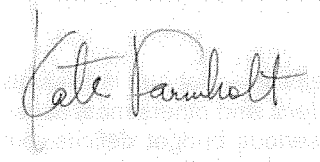
gaps in services and create a response plan that is customized to meet the needs of each of Maryland's 24 counties.

A strong CIT Center of Excellence utilizing the best tools and models to redesign law enforcement practices will ensure that Marylanders are being directed to appropriate treatment settings and that law enforcement is equipped with the tools, training, and community support to divert individuals with mental illness from the criminal justice system. There are numerous case studies from jurisdictions that employed CIT assistance to states or huge metropolitan areas, and in all cases, the savings from incarceration and costs to law enforcement were in the millions. And, more importantly, the health outcomes for individuals with mental illness dramatically improve.

The reality we face in the behavioral health world is stark. Job loss, learning loss, social isolation – so many factors that have accompanied the coronavirus pandemic are leading to increased rates of depression, heightened anxiety, and creating difficulties for individuals to stay in treatment. With these factors, the likelihood of someone cycling into crisis results in an increased potential for interaction with law enforcement – let's get the tools in place now to keep Marylanders safe and healthy through the uncertain times ahead.

I would be more than happy to discuss any of these suggestions, NAMI MD's additional work with BHA, or provide additional information to support our request. Please do not hesitate to contact me at ed@namimd.org or 410-884-8691.

Sincerely,



Kathryn S. Farinholt, Executive Director
NAMI Maryland

To: Commission to Study Mental & Behavioral Health
From: Brionna Nijah (NY-JAY)

I want to start off by saying thank you. Thank you for allowing me to share my opinion during this meeting. Though COVID by itself is a national pandemic; what it caused (the domino effect of it) truly has tremendous effects on our youth. Through COVID, this year alone they've been forced into quarantine, have had to adjust to online schooling, have been robbed of graduation or prom, some have been overly exposed to domestic violence, sexual abuse, and an overflow of injustice through their social media timelines etc. I don't believe it's far-fetched to say that the first 5 months of 2020 have been a lot for them. So what are we doing or what can we do better?

Mental & Behavioral Health isn't just about the awareness of an issue but the steps on solving that particular issue. During this COVID pandemic, I believe it is important to have action plans to foster a productive mental and emotional environment for the youth. For an example: implementing art-based, millennial generation led mentor programs. During the Juvenile Justice Reform held in PG County earlier this year, many youth voice their concerns over the lack of mentorship available in PG County. They believe that many people don't care about their overall wellbeing- which in many cases makes the streets more attractive.

Our youth is important. COVID may have disrupted the beginning of a new decade for them. But I believe that with proper strategy the government and people of Maryland can change the trajectory of our youth as a whole. Thank you.

Brionna Nijah

Baltimore Harm Reduction Coalition
A program of *Fusion Partnerships, Inc.*
Baltimoreharmreduction.org
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Dear Commission to Study Mental and Behavioral Health,

While attention has rightly shifted to mitigate the COVID-19 pandemic, we cannot lose sight of the other public health crisis we are still battling: the overdose crisis. We have lost more than 10,000 Marylanders to overdose over the last 5 years, and we can expect to see an increase during and after this pandemic if proactive measures are not taken. As we know from racial disparity data, COVID-19 infection does not discriminate but magnifies existing inequities. People who use drugs are already marginalized and underserved by health care systems, largely because of criminalization and stigma which is compounded by racism and other forms of oppression. People who use drugs often experience underlying health conditions, higher rates of poverty, unemployment, homelessness, and lack of access to vital resources, all of which creates higher risk for acquiring and having complications from viral infections.

Marylanders have long lacked adequate and consistent access to naloxone, harm reduction and recovery supports, and formal treatment options. This is an increasingly dangerous state of affairs during a global emergency, as access to life-sustaining services has changed dramatically in order for programs to adhere to social distancing protocols. In order to reduce the risk of COVID-19 infection, involuntary drug withdrawal, transmission of other infectious diseases such as HIV and viral hepatitis, and overdose, we urge you to take action to protect the health and human rights of people who use drugs.

Prioritize harm reduction & decriminalize safety

Harm reduction programs must be officially declared essential life-saving public health programs and be given increased funding and resources to continue or intensify distribution of naloxone, personal hygiene supplies, safer sex supplies, syringe services, and other safety information and provisions. Furthermore, during this time of heightened awareness of viral transmission, the State must make every effort to encourage distribution of single-use items for drug use and discourage people from sharing any drug use equipment, including items to smoke or sniff drugs. **Therefore, it is essential that the possession and distribution of all drug paraphernalia for personal use be decriminalized so that people can access and properly dispose of these items without fear of police interference.**

Baltimore Harm Reduction Coalition
A program of *Fusion Partnerships, Inc.*
Baltimoreharmreduction.org
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Authorize the establishment of Overdose Prevention Sites

As emergency responders and hospitals are pushed to their capacity due to the COVID-19 outbreak, they may take longer to respond to medical emergencies. And due to stigma, there is an added danger of people who use drugs being deprioritized for care. In the event of an opioid overdose, even a couple minutes of delay can mean the difference between life and death. Furthermore, all efforts should be made to divert avoidable interactions with emergency responders so they can focus on COVID-19 patients. **Overdose Prevention Sites are the least costly, most effective way to reach people who are most at risk of overdose and who are marginalized from traditional health care structures.** There are community-based organizations around the state who are eager to set up spaces for people to use drugs safely. **With emergency authorization of Overdose Prevention Sites, people who use drugs could access a myriad of life-saving services, including using drugs in the presence of trained staff equipped with naloxone and other safety tools, without worry of police interference.** People who use drugs in isolation are at increased risk of fatal overdose. This is why existing Overdose Prevention Sites around the world have already adapted their policies to account for social distancing and have continued to save lives.

As we face an unprecedented global public health crisis. It is more important than ever that we recognize the needs of our most vulnerable populations, and work to protect the health and well-being of people who use drugs and sex workers. As the State moves forward to address this pandemic, we must implement innovative strategies to reduce death and increase access to care and support so that no one is left behind.

Sincerely,

Harriet Smith, executive director
Rajani Gudlavalleti, community organizing manager
Tricia Christensen, policy manager

For more information about Baltimore Harm Reduction Coalition or any content within this letter, please contact Tricia Christensen at Tricia@BaltimoreHarmReduction.org

Baltimore Harm Reduction Coalition mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti- sex worker policies.
We advocate for harm reduction as part of a broader movement for social justice.

Commission to Study Mental and Behavioral Health in Maryland
Public Comments Submitted June 11, 2020
Nancy Rosen-Cohen, Ph.D., Executive Director

Thank you for accepting public comment. NCADD-Maryland, like all those in the arena of substance use and mental health services, has been working non-stop since the pandemic and State of Emergency were declared in March. We have been monitoring the impact on people in need of treatment and those in recovery, and working closely with treatment providers, recovery residences, and peers to directly help individuals, and weigh in on needed policy changes. We are grateful for the lengths to which the State and federal government has relaxed numerous rules and regulations to promote access during the stay-at-home orders. We believe many of these relaxations need to continue into the foreseeable future, and some permanently. These comments below are recommendations made by stakeholders from around the state.

Immediate Needs – Maryland should do everything in its power to open access to treatment at this moment. This includes:

- Increasing outreach to people in their communities and connecting them to providers;
- Promoting training for physicians, nurse practitioners, and physician assistants in order to prescribe buprenorphine;
- Ensuring adequate funding exists for treatment providers struggling financially at this time;
- Creating a way for treatment programs to communicate with the Behavioral Health Administration and/or local authorities about whether or not they are admitting new patients during the crisis in order to make the information available to the public; and
- Creating alternative care sites such as advanced medical tents for the provision of residential levels of care to people who test positive for COVID-19.

Short-Term Needs – As it is well documented that traumatic events lead to increases in substance use, overdoses, and suicides (see Addiction Thrives on Isolation), the public behavioral health system must be prepared and supported for a surge in people seeking help, including:

- Protection of the budgeted 4% reimbursement rate increase planned to take effect next month;

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- The Behavioral Health Advisory Council must prioritize the work of its Recovery Services and Support Committee, working to create clearly defined processes on how to become a certified recovery residence and what benefits accrue for those houses that are certified;
- Retention of expanded allowance of the use of both telehealth and telephonic service delivery and its reimbursement;
- Increase in testing and PPE resources for behavioral health providers and those conducting outreach;
- Clear and consistent guidance on how treatment programs should be operating in the face of the pandemic and likely resurgence, as well as how to manage recovery residences; and
- Establishment of Overdoes Prevention Sites to reduce the incidences of death.

Related Services

There are myriad other issues facing vulnerable people, including people who interact with the public behavioral health system. While in no way limited to people with substance use and mental health disorders, there are other services that need to be in place to help people access treatment and harm reduction services and maintain recovery.

- The State must invest additional resources and guidance in eviction prevention funds. Unstable housing is a threat to a person's access to treatment and their ability to maintain recovery. With the Courts in Maryland opening in the coming weeks, there is great concern about the impact that unemployment is having on the ability of people to pay their rent and mortgages. Funding to support recovery residences is also necessary to ensure quality and safety.
- The State should ensure training opportunities are provided as specific areas of need by clinicians, peer counselors, and family navigators are identified. Examples include financial management coaching, self-care, and best practices amid this additional public health crisis.
- There is growing attention being paid to the level of quality of health care in prison facilities and local detention centers. This includes the availability of medications and counseling for people with substance use and mental health disorders, not to mention the ability of facilities to prevent and respond to the spread of COVID-19 or any communicable disease. Plans must be put into place to ensure these services can be provided at a high quality, even during a pandemic.

Thank you for considering these recommendations. We hope to maintain open, productive communication with our State partners as we work together to address these two public health crises. If you have questions, please contact me at nancy@ncaddmaryland.org.

Comments to Commission to Study Mental and Behavioral Health in Maryland
Submitted by Bill McCarthy, Executive Director
June 23, 2020

Inspired by the gospel mandates to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. Catholic Charities operates a full continuum of behavioral health programs. In the community we offer, outpatient clinics, school-based programs, crisis response intervention and much more. Our dedicated staff members work with individuals, children and families to set goals, improve problem-solving skills and enhance relationships that build successful homes, schools and communities. St. Vincent's Villa provides residential care for children with behavioral and emotional needs who require more intensive intervention. We also recognize that mental and behavioral health issues don't just impact the individual. Families are supported by our staff and parent partners to help create a successful home environment. The Villa Maria School offers intensive education, clinical and diagnostic services for children and youth with emotional and learning disabilities.

The pandemic did not stop our ability serve. We quickly adjusted our program delivery model according to the best public health practices – often at great expense to our agency. We shifted most of our in-person behavioral health appointments to remote telehealth sessions. The ability to engage in telehealth services has been the cornerstone for our clinicians to maintain effective continuity of care through the pandemic, and we believe this critical tool should be expanded even after the COVID-19 health crisis is over. As a result of embracing telehealth, our clinicians have seen an increase in engagement in therapy as transportation barriers are removed, improved flexibly as appointments are easier to hold "off hours", enhanced parental engagement as parents can join-in for part of their child's remote therapy sessions, a willingness from clients to be more vulnerable as they are talking from the comfort of their homes, and telehealth also offers a glimpse into the home lives of those we work with

so clinicians can better understand the environments impacting their clients. Given the benefits of telehealth, **we strongly urge the Commission to recommend continued expanded use of telehealth services going forward.**

Behavioral health services have been woefully underfunded for over 20 years. In recent years, we have made significant gains through rate increases. These rate increases have allowed us to gradually increase salaries, the key reasons for turnover in our programs. In recent months, we have had a sudden increase in expenses to cover the infrastructure for expanded telehealth, absorbing additional manpower and billing costs of the failed ASO transition and managing the reduction of appoints due to COVID. As we contemplate reopening, the additional expenses of personal protective equipment and modifications to the worksite will continue to accrue. We are cognizant that tough decisions on budget cuts for FY2021 are on the horizon, and we also know as a human services provider and employer that funding is a critical component in the effort to ensure access for Marylanders to needed behavioral health supports. Our community based behavioral health programs are slated to receive 4% rate increases in the FY2021 budget, and it is vitally important that the budgeted Medicaid provider rate increases are preserved so that services are not interrupted or discontinued. **As such, we respectfully urge the Commission formally request that the provider rate increase in the FY2021 budget be held harmless in any actions to reduce the budget.**

During the pandemic and beyond, our mission remains unchanged to provide care and services to vulnerable Marylanders. We cannot adequately carry out our mission without the partnership and support of the state, and we believe that fully funding provider rates and expanding telehealth opportunities follows the priorities and work of the Commission to Study Mental and Behavioral Health in Maryland.

We appreciate the Commission's work and consideration of our comments. If you have any questions, or if we can be of any further assistance in the Commission's efforts, please let me know.

Subject: Impact of the Coronavirus Pandemic on Mental Health Treatment

Judith Gallant <judy.gallant@verizon.net> Thu, Jun 11, 3:59 PM (6 days ag
to mbh.commission, insurance.mia, robert.neall, pam Metz Kasemeyer

You are viewing an attached message. Maryland.gov Mail can't verify the authenticity of attached messages.

On behalf of the Maryland Clinical Social Work Coalition (MdCSWC) and the members the Greater Washington Society for Clinical Social Work (GWSCSW), I am writing to ask that the Commission to Study Mental & Behavioral Health advis Governor Hogan, DHMH Secretary Robert Neall, and MIA Secretary Kathleen Birrane of the urgent need for insurance companies to continue to reimburse providers for telemental health services beyond 60-90 days following the end of Maryland's State of Emergency. Additionally, I would urge increasing accessibility to audio-only teletherapy through requiring all insurance companies practicing in Maryland to reimburse providers for these services at the same rates as in-person psychotherapy.

Providers of mental health therapy responded quickly to the need to change the way we deliver services when the State of Emergency was declared. Through video conferencing, we have been able to continue life-saving treatment for most of our patients, and to help combat the sense of isolation that exacerbates many of the conditions we treat. There are st some patients who, without access to technology or broadband at home that permits videoconferencing to occur, have been unable to continue their treatment except through audio only phone contact. While Medicaid has been reimbursing providers thanks to Governor Hogan's order, most other insurance companies have not followed suit, and have left som patients without access to their clinician during this highly stressful time.

Patients and therapists alike have found video-conferencing to be a safe and effective way to engage in therapy for the large majority of diagnoses. They have expressed great concern about resuming in-person sessions in an enclosed office space where safe social distancing or protective air filtration or circulation may not be possible and before vaccination of most of the population can take place. This is especially critical for patients and therapists who are immunocompromised, or who live with or care for someone who is immunocompromised. While there are some patients who require in-person therapy, the vast majority continue to require treatment via video-conferencing, or audio-only telephone contact.

We thank the Governor and his Administration for their pro-active care of Marylanders during this health crisis. We know that the pandemic is sparking an increased need for mental health services. We are hopeful that Maryland can lead the way in ensuring these services are more easily accessible to our citizens for the long term, to help keep people productive and able to experience greater satisfaction with their lives, especially during this particularly difficult time.

Judith Gallant, LCSW-C
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LAC

LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

Lt. Governor's Commission to Study Mental and Behavioral Health: June 23, 2020

Thank you for the opportunity to submit comments to inform the Commission's work on improving access to mental health (MH) and substance use disorder (SUD) treatment. These comments are submitted by Ellen Weber, Vice President for Health Initiatives for the Legal Action Center. We urge the state to address discriminatory barriers to MH and SUD treatment in both the public and private insurance systems, which have prevented Marylanders from accessing medically-necessary care before COVID-19 and will hamper the State's delivery of life-saving treatment and economic recovery in the aftermath of the pandemic. Specifically, Maryland must do more to ensure compliance with the 2008 Mental Health Parity and Addiction Equity Act (Parity Act) so that private insurers and Medicaid meet their legal obligation to cover MH and SUD benefits at the same level as medical services and Marylanders access the care they are entitled to receive.

I. Parity Act Compliance in the Medicaid Program

The Centers for Medicare and Medicaid Services (CMS) has instructed Maryland to bring its Medicaid program into compliance with the Parity Act by October 1, 2020. Although Maryland Medicaid has convened a Parity discussion group as part of the System of Care Redesign work, it has not set out a process for resolving existing violations: prior authorization standards, reimbursement rate setting practices, and benefit coverage. While the System Redesign process has been postponed, understandably, during the pandemic, the State's compliance with the Parity Act - already delayed by nearly 3 years – should not be postponed further when lives are at stake.

In addition, we were surprised and disappointed that, even in the midst of the pandemic, the State has perpetuated discriminatory authorization practices for MH and SUD services. The state sought and obtained CMS approval to remove prior authorization requirements for many medical services through a Section 1135 waiver (March 20, 2020 MDH Letter, Attachment A), **but did not include MH and SUD services in its waiver request**.

MDH's authorization requirements violate the Parity Act and impose administrative and financial burdens that have far graver consequences because Optum cannot process authorization requests and pay claims accurately. We urge the Commission to ensure that MDH: (1) meets CMS's deadline for Parity Act compliance; (2) engages with stakeholders to achieve Parity Act compliance; and (3) processes reimbursement for MH and SUD services based on claims without authorization requirements, consistent with medical services.

II. Parity Act Compliance in Private Insurance

Under HB455/SB334, state-regulated insurance carriers will be required to submit compliance reports in 2022 and 2024 to demonstrate Parity Act compliance. Under this new statutory requirement, carriers **will not be required** to demonstrate parity compliance for two plan features that have the greatest impact on access to care: reimbursement rate setting and network adequacy. The Maryland Insurance Administration (MIA) has issued 11 orders since 2015, finding state and/or federal violations of network standards for MH and SUD providers. In its most recent order, the MIA fined United Healthcare $122,550 for violations of reimbursement standards for out-of-network MH and SUD services in HMO plans. (MIA-2020-04-039; 2020-04-040 and 2020-04-041). United will also be required to make **restitution on nearly 17,000 claims**.

The MIA has the authority to require carriers to demonstrate compliance with network adequacy and reimbursement practices before approving plans for sale. 45 C.F.R. § 146.136(h). We urge the Commission to require the MIA to: (1) require parity compliance reporting on network adequacy and reimbursement rate setting as it revises the state's network adequacy regulations, COMAR 31.10.44; and (2) take action to ensure that carriers charge members no more than the in-network rate for MH and SUD services that they approve for delivery from a non-participating provider because of an inadequate network, as proposed in HB1165/SB484 (2020).

Thank you for considering our views. Ellen Weber (eweber@lac.org)

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Comments to the Commission to Study Mental and Behavioral Health in Maryland

Meeting Date: *June 23, 2020*

The mental and emotional toll of the COVID 19 pandemic is just starting to come into focus, but soon enough it will be impossible to miss. Many Marylanders will experience exacerbations of existing mental health and substance use disorders. Countless others will develop and contend with a variety of emotional issues and stressors tied to isolation, the loss of income, and grief resulting from the death of a loved one.

For many, the behavioral health impacts of the COVID 19 emergency could be just as deadly as the virus. Studies have shown that suicides increase by 1.6 percent and opioid deaths increase by 3.6 percent for every one percent increase in the unemployment rate. Calls to national crisis hotlines are up over 1,000 percent and according to a recent poll by the Kaiser Family Foundation nearly half of all Americans report the coronavirus crisis is negatively impacting their mental health.

Governor Hogan has issued a series of Executive Orders easing restrictions on the delivery of behavioral health treatment via telehealth. This increased flexibility has protected providers and clients from exposure to the coronavirus while ensuring continuity of care for Marylanders with mental health and substance use disorders. **The expansion of telehealth services has increased access to treatment, and the new flexibility should be maintained post-pandemic.**

However, the easing of telehealth restrictions alone will not offset a loss in revenue that threatens the short- and long-term viability of Maryland's community behavioral health provider network. Even with the flexibility of telehealth and telephonic interventions, billable encounters have declined. Many providers are faced with serious financial uncertainties. Layoffs and program closures are a very real and ongoing concern.

Congress has passed four stimulus packages authorizing trillions of dollars in emergency coronavirus funding, yet next to none of it has been directed to mental health and addiction treatment. The federal Centers for Medicare and Medicaid Services has approved retainer payments for similarly situated health care providers to keep them fiscally solvent during this crisis, but behavioral health providers have not been afforded the same support.

The Maryland legislature has mandated a four percent funding increase for community mental health and substance use services beginning this July. But that increase was intended to correct an historic neglect that left community providers dangerously underfunded since well before this crisis even began. For many programs, it will barely be enough to keep their heads above water. More is needed.

On top of all this, Maryland behavioral health providers have been dealing with an ASO transition that, despite the hard work and commitment of the Maryland Department of Health and the new ASO vendor (Optum), has been beset by a series of setbacks. The transition has had a financially destabilizing impact on providers, a situation that is now exacerbated by the ongoing public health emergency.

As the pandemic persists, the need for quality mental health and substance use treatment will continue to increase. But the professionals we trust to deliver those services are struggling to survive at the time we need them most. Accordingly, we urge this Commission to:

- **Take steps to ensure any Medicaid funding from the federal government is directed to community behavioral health providers, and, in the absence or inadequacy of such funding, encourage the Maryland Department of Health to implement retainer payments retroactive to the declaration of the state of emergency**
- **Support full funding of the FY 2021 four percent provider reimbursement rate increase**
- **Support a continuing postponement of the ASO relaunch until such time that the system can be adequately tested and is proven functional**

Lastly, we encourage you to **support full funding in FY21 for the Behavioral Health Administration**. BHA oversees a number of grant-funded programs that complement the treatment services provided in the fee-for-service system. The state's network of Wellness and Recovery Centers provide a variety of peer-led, recovery-oriented services to support individuals with mental health and substance use disorders. Family peer support and navigation services link families to behavioral health resources for their children and loved ones. Clubhouses offer support and connection for adolescents with substance use challenges. School-based behavioral health services and crisis response services are funded through a combination of Medicaid and state general funds. All these programs work together to support individuals of all ages with mental health and substance use disorders. They are critical components of our state's behavioral health system of care and they must be preserved.

For more information, please contact Dan Martin, Senior Director of Public Policy, at (410) 978-8865

Children's Behavioral Health Coalition

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June 23, 2020

Children's Behavioral Health Coalition Comments to the Commission to Study Mental and Behavioral Health in Maryland

Dear Chairman Rutherford:

We appreciate everything you and the Hogan Administration have done to combat the spread of COVID-19 in Maryland and to protect the health and well-being of Marylanders during this time of continuing uncertainty. However, we are concerned that the recent veto of the bipartisan *Blueprint for Maryland's Future* (HB 1300) will shortchange Maryland students with mental health and substance use needs at a time when they are particularly at-risk. We hope this Commission will put forward a plan to fill the school behavioral health gaps left by the veto of HB 1300.

The coronavirus has interrupted services for students who receive school-based behavioral health supports and it is exacerbating inequities that exist in Maryland schools. Isolation is increasing anxiety and stress among our youth, but with schools closed many students are unable to access individual and group counseling and they are not being appropriately connected to behavioral health resources in the community. The additional behavioral health supports included in the Blueprint are critical now more than ever.

HB 1300 included a comprehensive set of strategies for enhancing school-based behavioral health services, which have been shown to improve student health and education outcomes. The bill dedicated staff at the Maryland State Department of Education to coordinate with school behavioral health services coordinators, required training of school personnel in all schools to recognize student behavioral health concerns and protocols to support students in need of behavioral health services, and required each local school system to develop and implement systematic screening to identify students with behavioral health needs.

The bill also established a Maryland Consortium on Coordinated Community Supports to develop and fund community-partnered school behavioral health programs across the state. The Consortium would have developed a statewide framework for the programs, provided grants to support service delivery, worked with the Maryland Department of Health to determine reimbursement options for uninsured students and for services not covered by commercial insurance, and developed a list of evidence-based programs for addressing students' behavioral health needs in the classroom. The COVID-19 public health emergency has created traumatic challenges for students and the Consortium would have played a critical role in identifying the necessary services and programs to address this impact.

Once the state fully reopens, and the COVID-19 crisis is over, the demand for school-based behavioral health services is likely to increase. We believe it is incumbent on this Commission to develop a plan to fill the void created by the veto of the Blueprint for Maryland's Future and to provide for the anticipated unmet behavioral health needs of students across Maryland.

Thank you for the opportunity to submit these comments. If you have any questions, please contact Irnande Altema at 443-901-1550 x206 or ialtema@mhamd.org.

Sincerely,

Advocates for Children and Youth
Baltimore Crisis Response, Inc.
Behavioral Health System Baltimore
BRIDGE Maryland, Inc.
Carroll County Youth Service Bureau
Catholic Charities of Baltimore
Chesapeake Voyagers, Inc.
Cornerstone Montgomery
Eastern Shore Behavioral Health Coalition
Jewish Community Services
Horizon Foundation of Howard County
Institutes for Behavior Resources
Licensed Clinical Professional Counselors of Maryland
Lighthouse Youth and Family Services in Baltimore County
Maryland Association for the Treatment of Opioid Dependence
Maryland Association of Behavioral Health Authorities
Maryland Chapter of the National Association of Social Workers
Maryland Clinical Social Work Coalition
Maryland Coalition of Families
Mental Health Association of Maryland
Mid Shore Behavioral Health, Inc.
Montgomery County Federation of Families for Children's Mental Health
National Association of Mental Illness, Maryland
National Council on Alcoholism and Drug Dependence, Maryland
On Our Own of Maryland
Tri-County Youth Services Bureau

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To: The Honorable Boyd K. Rutherford, Lieutenant Governor, State of Maryland
Chair, Commission to Study Mental and Behavioral Health

On Our Own of Maryland (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization. We work with service providers, peers and professional/community organizations to ensure that services and systems are trauma-informed, culturally responsive, and recovery-oriented by reducing stigmatizing practices and expanding consumer involvement in mental health and substance use policy and planning at local, state, and national levels.

Our Work

- We represent 23 affiliate peer-operated nonprofit organizations which provide peer support services to individuals with mental health and/or substance use disorders in their local jurisdictions.
- We train, mentor, and develop advocates to use their lived experience to participate as partners in the guidance and improvement of the behavioral health system.
- We train and provide technical assistance to a wide variety of stakeholders including providers, organizations, peers, and families. Common topics include: stigma, recovery strategies and tools, peer certification and workforce development, and organizational culture change.
- We work with legislators, policy experts, and social justice leaders to advocate for access to competent, respectful, and effective recovery-based treatment, services, and supports.
- We build bridges among stakeholders to foster positive systems change and promote equality in all aspects of society for marginalized people.

Our Peer-run Network of Wellness & Recovery Nonprofit Organizations

Our affiliate network has been providing services for more than 25 years. They are funded by the Maryland Behavioral Health Administration and are recognized as part of the continuum of care in the public behavioral health system. **In FY19**, our peer-run Wellness & Recovery Centers served a total of more than **7000 unduplicated individuals**. These centers offer **low to no barrier engagement in recovery**. Their services are free and serve anyone who walks in the door needing support. No medical diagnosis or other criteria is required.

The peer-run centers that comprise our affiliate network provide services including but not limited to:

- 1-on-1 Peer Support, Group Peer Support, & Self-Advocacy Support
- Wellness Recovery Action Plan (WRAP) classes
- Warmlines
- Crisis De-escalation and Diversion
- MH/SU Treatment Referrals
- Benefits Application Support & Housing/Employment Assistance
- Food Banks
- Transportation/ Accompaniment to Court, Medical appointments, etc.
- Volunteer Work/ Center contribution
- Training/Advocacy Opportunities
- Yoga, Mindfulness, & Art Classes

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7310 Esquire Court, Mailbox 14
Elkridge, MD 21075

Phone 410.540.9020
Fax 410.540.9024

The population served by the centers has historically been comprised of those experiencing homelessness, the uninsured, and many who refuse formal treatment due to previous adverse experiences with the behavioral health system.

The Impact of the COVID-19 Pandemic on our Affiliated Peer-Run Centers

Now with the COVID-19 pandemic, the recovery and wellness needs of this population have become even more complex due to substantial increases in unemployment, the accompanying financial struggles, isolation and lack of connectivity, limited access to essential resources, and increased barriers to receiving treatment. Despite this, our centers have continued to find innovative ways to serve their communities throughout the pandemic.

Some examples of the services our affiliated peer-run centers have been providing during the COVID-19 pandemic include but are not limited to:

- Food Banks
- Warmlines
- 1-on-1 Peer support & Virtual Support Groups
- 'Wellness Checks' to distribute resources to isolated, at-risk members
- Distribution of Digital Technology
- Shower & Laundry Services

These resources are vital, inexpensive, and cost-saving, as they have been shown to decrease utilization of costly health care services, which are now needed more than ever. Our centers ***operate on a budget averaging ~$124,000. They are vastly underfunded to provide the services necessary to meet the needs of those who seek their support.*** Many struggle with the cost of keeping their doors open and limited staffing, often relying on the altruism and dedication of volunteers.

As organizations begin to reopen their doors, our centers will face even more financial burden resulting from the increased cost of funneling resources to safely operate their centers and keep members safe through COVID-19. In order for our centers to continue to serve the community, the 4% increase will be vital to keep up with the cost of social distancing needs, rising operational costs, and minimum wage adjustments.

We are hopeful that the Lieutenant Governor's Commission to Study Mental and Behavioral Health with take a hard look at the indispensable nature of these centers in providing services to Maryland's most vulnerable citizens as they assess the state of the public behavioral health system, and increase their budgets collectively so that they might continue to provide essential, high-quality peer services.

Many thanks,

Michelle Livshin
Director of Network & Peer Services
On Our Own of Maryland
410-540-9020 | michellel@onourownmd.org

SAN MAR
FAMILY AND COMMUNITY SERVICES

Dear Lieutenant Governor and Members of the Commission:

San Mar Family and Community Services serves the Community in Western Maryland at our outpatient mental health clinic, the Jack E. Barr Center for Well-Being in Boonsboro, MD. Our clinic provides outpatient mental health services to children, adolescents, adults and families from many referral sources such as our school system, local organizations and agencies, and self-referral. Currently, we serve 275 clients, employ eleven therapists, one psychiatrist, and three administrative staff persons. Our agency is a member of the Community Behavioral Health Association of Maryland and accredited by COA.

The clients we serve encounter a myriad of challenges such as overcoming anxiety, depression and stress, healing from childhood traumas, recovering from addiction, and dealing with grief, loss and loneliness. As a result of the pandemic, we have seen many of our clients lose insurance due to employment, family loss. We have seen an increase in non-school related COVID referrals, as prospective clients contact us with symptoms of anxiety, depression, and stress in relation to change in environment and schedules. Our administrative team has worked with clients in getting acclimated to telehealth, successfully assisting 80% of our clients to utilize zoom or their telephones to attend individual therapy and medication management appointments. Many of our clients now prefer having the option to utilize telehealth, which promotes kept appointments, working efficiently and utilization of the provider's time wisely. We are committed to the safety of our clients and providers and look for a meaningful solution to be in place to provide in person services.

The Administrative Services Organization transition to Optum continues to be a burden for our organization. Administrative staff utilizing the system are experiencing a system that lacks basic functionality. Our Center continues to receive a weekly estimated payment. The lack of reconciliation on our account and absence of being paid by services rendered, places us in a precarious situation as we await the news if claims have been approved post relaunch of the system July 1.

The pandemic alongside the opioid epidemic creates a situation where behavioral health is needed. The 4% increase in rates are needed to support our capacity to compensate providers and continue the budget for overhead expenses.

We are respectfully requesting the following:

1. Variance approval to provide telehealth services post COVID-19 emergency on an as needed basis
2. Assistance with claims submission and resolution regarding reconciliation and estimated payments
3. An increase in rates to continue provision of mental health services

We look forward to being a behavioral health partner in this work to help our community.

Sincerely,

Keith Fanjoy
CEO
San Mar Family and Community Services, Inc.

My name is Subramonianpillai Teal, Co-Founder and Clinical Director of Leading By Example. Leading By Example is a Behavioral health provider serving the communities of Baltimore City, Baltimore County, and Harford County since 2009, and we are active members of the Community Behavioral Health Association of Maryland. We provide therapy, medication management, and several one on one services to children and adults who need significant support to remain safely in their homes and communities. I am providing this testimony today to support increased access of behavioral health services to our most vulnerable populations. Since the advent of COVID-19, Maryland, the United States, and the World have demonstrated an increase in clinically significant anxiety, depression, and trauma, with early data suggesting an increase of up to 35% of clinically significant symptomatology. Additionally, the State of Maryland has identified unemployment as a top risk factor for suicides within the State; given the unprecedented amount of unemployment claims submitted to the State, we believe that a significant number of Marylanders have become high risk for suicide. It is also imperative to note that studies following the death Freddie Gray demonstrated an increase in clinical depression; we believe that given the current unrest these risks are only going to greatly increase the need for clinical mental health supports and treatment. These factors collectively have set the stage for an unprecedented need of behavioral health services, particularly in disenfranchised communities already experiencing the highest need for, and lowest access to, mental health supports. These are the communities that Leading By Example serves.

Due to expansions in telehealth services allowing telephone usage and service provision while individuals are in their homes, Leading By Example has been able to successfully transition over 500 clients to telehealth services. We urge the Commission to support maintaining these expansions. While many of our services are able to be conducted via video sessions, the allowance of telephone contacts has been imperative for some of

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Leading
By Example

our most vulnerable individuals, who have severely restricted access, and for whom video sessions are impossible.

I am also advocating that behavioral health's 4% rate increase be maintained. Behavioral health in Maryland has long been underfunded, and with the certain increase in need, this is not the time to remove mandated funding increases. The community depends on the services we provide, and with the technological requirements necessary for telehealth during this crisis, the financial burden on us as providers has only increased. It is also imperative that we support and compensate our staff fairly and competitively. The work that we do cannot be done without highly-skilled manpower.

In addition to experiencing this crisis, making massive adaptations to our service lines, and increased technical costs and barriers, another significant disruption has existed with the Administrative Service Organization, Optum, that has consistently been non-functional since it began its contract in January 2020. protections for agencies have been put in place through estimated payments, and I am strongly encouraging that these remain in place until the ASO has demonstrated an ability to function and maintain minimum functionality standards. This is not the time to disempower agencies working with the most vulnerable populations.

Thank you for your attention to the behavioral health needs of our communities.

Subramonianpillai Teal, LCSW-C

Co-Founder & Clinical Director, Leading By Example LLC

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CARROLL COUNTY YOUTH SERVICE BUREAU, INC.
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410.848.2500 – 1.888.588.8441 – FAX 410.876.3016

June 11, 2020

Lt. Governor Boyd K. Rutherford
Office of Lt. Governor State House
100 State Circle, Annapolis, MD 21401 – 1925

Dear Lt. Governor Rutherford:

Thank you for the opportunity to write to you concerning behavioral health issues in Maryland, and in particular, Carroll County. I am Lynn Davis, executive director of the Carroll County Youth Service Bureau, located in Westminster, Maryland, and serving the entire County; we are a member of the Community Behavioral Health Association of Maryland.

The Carroll County Youth Service Bureau (CCYSB) (est. 1972) is an outpatient behavioral health clinic serving youth, adolescents, adults, and families having mental health and substance use concerns. We serve 1,200 clients annually, and 70% of these clients have Medicaid as their primary health insurance. CCYSB is licensed by the State of Maryland for Assertive Community Treatment and outpatient clinical and psychiatric services, certified by the Council for the Accreditation of Rehabilitative Facilities (CARF), and certified by the Maryland State Department of Juvenile Services (DJS).

Like many other service organizations, COVID-19 impacted our agency in significant ways:

1. In March, CCYSB closed the physical building for face-to-face psychiatric and therapeutic services, due to the critical need to continue the provision of therapeutic services, CCYSB quickly made the conversion to provide telehealth services. While a plan was currently in place to upgrade our current IT infrastructure, and subsequently begin to provide some telehealth services, we were acutely aware that the system upgrade was needed before telehealth implementation. Due to COVID-19, our well-planned beginnings into telehealth took on an unexpected urgency. Our current IT limitations include reduced consistency, stability, reliability, and appropriate bandwidth. To provide this critical telehealth treatment, enlisted the assistance needed to transform CCYSB from 100% face-to-face service delivery model to service through telehealth only. This upgrade will facilitate the increased efficiency and reliability CCYSB requires to continue with the delivery of telehealth services long-term. Due to

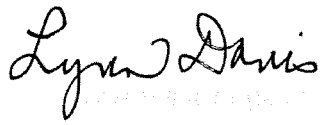
COVID-19, this IT upgrade (at the cost of $170,000), went from a planned longer-term event and budget-sensitive spending to an urgent financial need.

2. CCYSB has responded to a significant increase in calls for treatment, and in April began to take new clients through telehealth. We are also working to purchase chrome books to provide our clients who do not have the financial ability for this service. We do this because, in addition to the increased referrals, we are also very aware of the intensity in clients' mental health status. Many of our clients experience significant anxiety, major depression, isolation, and family concerns (alcoholism, sexual and physical abuse) that, sadly, are exacerbated due to COVID-19 complications. Many of these clients risk significant regression in their treatment and are in danger of self-harming behaviors; this is deeply troubling to our clinical staff.

3. Despite all of our measures to engage and provide services, our reimbursements have decreased by approximately 18%; this loss greatly affects our budget.

In summary, the additional financial burden to immediately become a fully-functioning telehealth provider, the recent increase in requests for services, the decreased insurance reimbursements from April-June, and I must mention, the intensity and difficulty our therapist are experiencing from serving high-need clients have all placed an emotional and financial burden on our agency. I, respectfully ask that you allow the 4% increase for behavioral health services for FY2021.

Sincerely,



Lynn D. Davis
Executive Director

Sheppard Pratt

Written Testimony
Commission to Study Mental & Behavioral Health
Virtual Meeting
Tuesday, June 23, 2020

Impact of COVID-19 on the Mental and Behavioral Health

There has been much written on the lasting effects of traumatic events (from natural disasters to acts of terrorism) on the mental and behavioral health of populations. The anxiety and fear associated with the spread of COVID-19, coupled with the uncertainty of the duration of the crisis, the stress caused by job loss, economic insecurity, and social distancing all contribute to anxiety disorders, depression, and increased substance use.

Sheppard Pratt points to recent reports from the Well Being Trust and the Kaiser Family Foundation to show that we can expect nearly double the amount of deaths due to mental and behavioral health versus that of the physical toll from COVID-19. These reports are a sobering forecast as we begin a reopening of the State and paint a bleak picture when coupled with a report from the National Council for Behavioral Health predicting layoffs and provider closures in the near term.

With this increased demand to a system that was already stressed, coupled with impending closures of the resources we currently have – Sheppard Pratt implores this workgroup to address both the near- and long-term needs of the mental and behavioral health provider community.

Fiscal Impact of COVID-19 on Mental and Behavioral Health

Sheppard Pratt, like many other providers, is projecting a significant financial shortfall in the current fiscal year ending June 30 due to COVID-19. This does not include any projection of future losses we anticipate as a result of continued impacts, challenges in Optum implementation, and further cuts pending in the State budget.

We see Sheppard Pratt as an integral part of the state's response to COVID-19 during the surge and, even more so, during our recovery. As such, we are proud to share just a few examples:

- All 19 of our inpatient units are accepting admissions and we are proactively calling hospital emergency departments across the state to reduce wait times for inpatient psychiatric beds.

Jeffrey Grossi, JD, Chief of Government Relations | jgrossi@sheppardpratt.org | 410.938.3181

- We have begun new services such as our virtual crisis walk-in clinic to prevent unnecessary trips to an emergency department that helps over 200 patients each week.
- We have converted much of our outpatient care to telehealth providing virtual access to thousands of patients and have conducted more than 25,000 virtual visits to date.

Steps the State Can Take

- **Maintain rates and enact the Keep the Door Open four percent increase for community care.** As a result of COVID-19, additional uninsured and greater numbers of Marylanders on Medicaid will need access to mental health services. The planned increases are necessary to afford the mandatory minimum wage increases and expanding access to vital programs and services. Any cuts will jeopardize the viability of integral community services and have unintended, long-lasting effects.
- **Raise the IMD limit**. Sheppard Pratt is seeing an increase in Medicaid patients needing psychiatric care. The IMD cap puts Sheppard Pratt funding at risk and reduces access for the most vulnerable who need care. The FY21 state budget includes a lower cap for IMD reimbursement at $28.6M. The IMD cap needs to be increased by at least $2.2M so that Sheppard Pratt and other IMDs can continue providing care to our most vulnerable.
- **Maintain Full CPI Increase to Non-Public Special Education Schools and a Market Increase for Sheppard Pratt and Other Non-Public Special Education Teachers**. Sheppard Pratt Schools provide access to students who need individualized education beyond what their local public school can offer. Eliminating CPI increase and market increases for our schools and teachers impacts the viability of our much-needed educational services and the ability to recruit and retain qualified teaching staff whose salaries currently lag public schools by 30 percent.
- **Maintain Expanded Telehealth Services**. With expanded telehealth services, we have been able to reach more Marylanders and reach them in a way consistent with their needs. The expansion was overdue and should not be rolled back.

These are vital actions you can take now to preserve access to life saving mental health, substance abuse treatment, and special education across Maryland. Ensuring access to behavioral treatment and supports will be a critical aspect of Maryland's recovery from COVID-19. Lack of access to inpatient,

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outpatient, community- and school-based treatment, services and supports will result in an increase in demand for high-cost care – including emergency room visits and hospitalizations for individuals of all ages, and out-of-home residential placements for children – in addition to the human cost.

As you continue to make necessary investments in response to COVID-19, we hope that behavioral and mental health providers are given a priority so we can be prepared to address the mental health crisis with the same vigor that allowed us to address the physical health crisis.

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

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Maryland-DC Society
of Addiction Medicine
A Chapter of American Society of Addiction Medicine

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

June 2, 2020

TESTIMONY to the Commission to Study Mental & Behavioral Health
re: **Telehealth Behavioral Health Services after the Covid Emergency**

Dear Lt. Governor Boyd Rutherford and members of the Commission,

On behalf of MDDCSAM members and the populations we serve, we urge continuing most of the liberalized telehealth procedures for behavioral health after the Covid state emergency is over.

Services are now temporarily accessible through telehealth for many patients who otherwise would not receive them at all under pre-Covid telehealth rules. Lower-barrier telehealth is not just a convenience. It actually prevents many people from "falling through the cracks."

Populations that need behavioral health services, on average, are less likely to own smart phones, and are more likely to experience challenges in accessing transportation and keeping regular appointments on time. The heartbreaking reality is that dropping out of treatment has become a routine occurrence because of unnecessary barriers to service. The definition of "Telehealth" as strictly non-telephonic, and strictly inaccessible to anyone from their home, undermines most of the advantages.

While being cognizant of the confidentiality risks, we now know from experience that the benefits outweigh those risks in most circumstances.

Joseph A. Adams, M.D., Chair, MDDCSAM Public Policy Committee

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Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

As the Lt. Governor's Commission has sought information on the impact of the coronavirus pandemic on the mental and behavioral health community, our staff of 40 Family Peer Support Specialists across the state have offered their observations on what families are experiencing during the time of this crisis:

- Regarding children's mental health – although some children and families are benefitting from the provision of mental health services via telehealth, there are many challenges. Aside from the problem that some families don't have a computer or internet service, there are other concerns – in some cases, there is no private space where a child can freely talk to their provider. Also, both families and providers have reported that it can be especially difficult to engage children and youth through telehealth, leading to abbreviated sessions. There are youth who haven't had any therapy services at all since the onset of COVID 19. This coupled with the stressors of COVID 19 has led to children and families that are facing tremendous challenges with very little support.

- With schools closed, distance learning is a challenge for many families. For families with children with serious mental health needs who have been receiving special education services, distance learning can be nearly impossible. Behavior problems, inability to focus or stay on task, and occasional outbursts pose insurmountable challenges. Some families report simply giving up.

- Regarding substance use disorders - our staff consistently have reported that they are observing an increase in overdoses and overdose deaths. Specifically mentioned jurisdictions were Baltimore City, and Baltimore, Anne Arundel, Garrett and Cecil Counties. Staff attributed these increases to a number of factors that they have seen:
    - Many people are being rapidly released from correctional facilities
    - People who have been in recovery have lost their support system (meetings and social connections). This coupled with anxiety and stress owing to COVID 19 are causing relapses and overdoses
    - Virtual meetings are not adequate for some people in recovery. In addition, many lack the technology (no computer or internet service) to participate in virtual meetings
    - People are relapsing because they have greater access to cash – stimulus and unemployment checks – along with nothing to do
    - Treatment services have been more difficult to access

- Just as adults in correctional facilities have been released, so too youth in DJS facilities have been sent home. Many of these youth have intensive behavioral health needs and their families have been unable to manage them. Some youth who have been released are not being re-arrested, even though they are breaking the conditions of their release and using substances. While it is commendable that youth who are not a danger to society are not being detained in facilities, many families are struggling to manage their child's behavior in the home, and having difficulty accessing appropriate treatment.

We hope that you find these observations helpful. We appreciate the Council's interest in hearing about the impact of the coronavirus pandemic on the mental and behavioral health community.

Ann Geddes
Director of Public Policy
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Chesapeake Voyagers, Inc.

Wellness & Recovery Center
342C N. Aurora St. Easton, MD 21601
Phone: 410-822-1601 Fax: 410-822-1621

Good evening Lt. Governor Rutherford and the members of the Commission. I am writing on behalf of Chesapeake Voyagers, Inc. (CVI) Wellness and Recovery Center, located in Easton, Md. and serving the 5 Mid-shore counties of Caroline, Dorchester, Kent, Queen Anne's and Talbot. We are a non-profit 501(c)3 Peer Run organization which serves adults living with mental health and/or substance use problems. We are one of 26 other On Our Own of Maryland, Inc. affiliates.

The word "unprecedented" has been often used to describe the drastic changes brought on us as individuals and as a society due to the COVID-19 pandemic. While accurate that most of us have not lived thru such a major health crisis as the last 3 months have been, certain aspects of the lockdown, restrictions, and quarantine were in place already. At least to some.

Those living with mental health and/or substance use problems have been battling isolation and distancing from friends, family, colleagues and their community, for some time. Isolation can often be a common element of all mental health problems, but particularly depression, anxiety, trauma and substance use disorder.

COVID-19 has increased this isolation element tenfold. Stay- at- home orders, closings of businesses and services, have left people confined to their homes, devoid of vital social interactions and resources they depended on. Even for those who are able to access tele-

health, it is simply not the same as a face to face interaction. Peer Support services have been fighting the battle of isolation long before COVID-19 ever came to be. By offering support groups, activities, resource assistance and most importantly, a place peers can connect with other peers who have similar experiences, we have dramatically seen the effects of isolation reduced. These services have been providing an "armor" if you will, against the obstacles and challenges that peers embark on every day, such as connecting with others socially, finding adequate resources to further wellness, opportunities to further education, and basic life needs such as food and shelter. Peer Support Specialist branch out into the community and have the unique opportunity to develop connections through their shared lived experiences, offering a safe, non- judgmental support system that so many who live with behavioral health conditions cannot find in many places. We, too, have struggled with our own issues related to behavioral health and can use our story to help others. Most Peer Support Services do not require an appointment, are free of charge, and are open to anyone regardless of diagnosis.

The need for peer support has grown substantially over the last several years, and we feel will continue to increase due to the growing needs of the community and the furthering isolation our nation is facing in these unknown times. We ask the members of this commission to truly recognize the value of Peer Support and our efforts to serve our communities through this truly unprecedented time, and well into the future.

Sincerely,

Diane Lane, Executive Director

Avra Sullivan, Program Coordinator