

Commission to Study Mental & Behavioral Health

December 8, 2020

4:00-6:00PM

Meeting Minutes

I. Call to order

Lieutenant Governor Rutherford called to order a virtual meeting for the Commission to Study Mental and Behavioral Health on December 8 at 4:00PM.

II. Roll Call/Attendees

Commission Members Participating: Lt. Governor Rutherford, Senator Adelaide Eckardt, Senator Katie Fry Hester, Delegate Ariana Kelly, Delegate Lewis Young, Richard Abbott, Dr. Aliya Jones, Lt. Col. Roland Butler, Christian Miele, Dr. Lynda Bonieskie, Tiffany Rexrode, Commissioner Kathleen Birrane, Director Steve Schuh, Mary Gable, Barbara Allen, Dr. Bhaskara Tripuraneni, Cari Cho, Serina Eckwood & Kimberlee Watts

Designees: Tricia Roddy, MDH

Absent: Patricia Miedusiewski

III. Sub-Committee Update:

a) Crisis Services - *Director Steve Schuh, Chair:*

- Examined Maryland's crisis response system for the last year to operationalize one of our recommendations to create a more comprehensive system. We will be participating in the Behavioral Health Administration's MD Crisis Model Advisory Workgroup that will begin in 2021.
- Issued a formal recommendation that the state expand ACT teams.

b) Youth & Families - *Co-Chairs Deputy Secretary Christian Miele & Asst. Deputy Secretary Tiffany Rexrode:*

- Privileged to have a presentation from the Maryland State Department of Education during our last meeting. The presentation focused on social emotional learning, youth mental health first aid, health curriculum and the array of mental health services in schools.
- 3 workgroups within our subcommittee:

- (1) Substance use disorder workgroup – would like to recommend the Commission hear more about what is going on with respect of the system of care for youth & adolescence that require substance use disorder treatment.
 - (2) Licensure & reciprocity workgroup – determined that it would be challenging to find one action to cover all of the licensure boards and that broad legislative language would be required.
 - (3) Grading of the states regarding the danger standard for emergency evaluation and involuntary hospital admissions. Propose that Maryland amend the danger criteria to include grave disability.
- Submitted 2 recommendations for 2020
- c) Financing & Funding - *Co-Chairs Tricia Roddy & Commissioner Brianne:*
- Workgroup on continuing to improve the behavioral health system of care in Medicaid. Met this past month and had a presentation from the Community Behavioral Health Association.
 - Subcommittee had a meeting on November 4 and provided an update on the grant that we were provided from the Opioid Command Center.
 - We did have our first public meeting on mental health parity regulations that the administration will be developing.
 - We will be discussing how telework fits into network adequacy.
 - Suggestion for the self-funded community that the state does not regulate. We need to look at how we bring them to the table.
- d) Public Safety & Justice System - *Co-Chairs Senator Katie Fry Hester & Dr. Lynda Bonieskie:*
- Update on the SIM Summit that was held on November 17 & 18. We had 100 stakeholders working together in groups. The groups were split along with the intercept topics. The goal was to identify gaps for improvement. Our consultant group, Public Research Associates (PRA) is working on a final report.
 - Our recommendations deal with the implementation of the outcomes of our SIM Summit.
 - (1) Formalize a body to address the needs of justice involved persons who interact with behavioral health disorders
 - (2) Develop a mental health criminal justice center or center of excellence
 - (3) Identify a mix of funding strategies
 - (4) Broadening and formalizing the county level criminal justice/behavioral health planning committees

IV. Public Testimony:

- a) Marilyn Martin – *Please see additional materials for testimony regarding the danger standard for emergency evaluation.*
- b) Maria Evile – Formally worked with Department of Public Safety (DPSCS) state psychology and now I am the contract manager that delivers mental health services to DPSCS. I encourage that when re-evaluating the criteria for our patients- consider expanding that definition so can capture as many patients as possible. In our new contract period that started in January 2018, we have been here in the state as a company for about 14 years. The new contract includes reentry specifically because we are aware as a nation that we are failing in this regard.
- c) Michael Byer – There is a lot of federal funding already in place. We want to help – there is a lot of free money. My colleague Allen Tien and I are from the National Institute of Mental Health and want to offer our help.
- d) Paula Byrd, LGPC, Co-Founder of Unleashing Potential, LLC – Unleashing Potential is a psychiatric reevaluation program, (PRP). Not all of us can reach our full potential on their own. Some of us need help. People not only need mental health professionals, they need professionals who are trained to help them practice skills to reduce anxiety, improve self-care, help them find jobs and help them manage day-to-day activities that can become so overwhelming when faced with mental illness. PRP services offer an extra level of support to those who are seeing a therapist and need more help and empowerment to manage their daily lives. We need to expand PRP services to include private insurance companies and veterans affairs so that they can be made available to people fighting mental health challenges.
- e) Evelyn Burton – Thank you to Tricia Roddy and her team for her intention to include the IMD waiver exclusion as part of the renewal process of Maryland's 115 demonstration waivers. This waiver will help people access mental health services and will save the state millions of dollars. If Maryland does not expect to receive the waiver until 2022, then it is important that state funding for IMD hospitals, that was reduced this year, be increased in the coming budget year. I hope this can be a recommendation of the Commission.
- f) Kristina Granados – I have a brother who has had schizophrenia for 22 years. Maryland's vague definition of danger has been a barrier to his treatment. He has been homeless, incarcerated, and has violently attacked 4 family members. My brother's symptoms began in his twenties. He refused treatment. The first violent

attack was against our father. He agreed to voluntary hospital admission but checked himself out after a few days – the inpatient doctors refused to certify him for involuntary admission. Another time the police took him to the ER and the doctor refused to certify him again. He was not able to return home at that time and was homeless. He violently attacked our aunt and uncle leaving them disabled. He was sent to a forensic state hospital where after 5 years, he finally received medication over objection. This successfully treated his psychosis and he was getting his life back on track. He stopped taking his medication over this past year and started having symptoms again. I asked the Anne Arundel County Crisis Team to petition my brother for emergency evaluation to get treatment. The mobile crisis team decided that he was not dangerous enough yet to meet the current danger standard which does not allow him to take into account his past violent behavior. My family lives in fear. How can I protect my family when there is no help? Why do we continue to wait for these tragic outcomes until we help these patients with their illness? I am pleading with you to expedite your review and recommend defining the danger standard to include a grave disability with psychiatric deterioration and history be taken into account. This will allow family, law enforcement and medical professionals to help patients with serious mental illnesses.

- g) Allen Tien – I am working on concepts and details to strengthen the suicide prevention ecosystem. I think it's almost identical to strengthening the opioid overdoes prevention ecosystem. A way to get policies changed and approved faster is to get more data. I know there is an effort to create an office of staff to evaluate programs. That is the kind of thing that Michael Byer and myself are here to provide tools for.

V. Closing Remarks:

Next Meeting January 19 at 4:00-6:00pm

Please visit our webpage: Ltgovernor.maryland.gov/mbhcommission