



## 1. Opening Remarks

### a. Lt. Governor - Proclamation Presentation

- i. We are proud to issue a proclamation from the Governor that, as of May 2021, designates the month of May as “Mental Health Awareness Month” in the State of Maryland.

### b. Lt. Governor - Brief Covid-19 Update

- i. We are just now starting to understand the long and short term impacts of the pandemic as it relates to mental health as well as substance use disorder. We saw from the last report from the Opioid Operation Command Center (OCC) that fatalities associated with opioid overdoses went up last year and we largely believe this was due to the COVID-19 Pandemic. It is not only affecting adults, but also children alike. Physical distancing, virtual learnings and other disruptions have had a particular impact on children during this pandemic
- ii. We are proud to announce Project Bounceback on behalf of the Crime Prevention Youth and Victim Services and the Boys and Girls club of Maryland, a \$25 million public-private partnership that supports strategic mental health services for the young population of Maryland and helps expand youth development programs. It is intended to develop innovative and data drive solutions to build the residual resilience among Maryland’s young people. Our goal is to help the young population with not only issues of COVID, but also other issues they may deal with, particularly with adverse childhood experiences.
  1. In the program last week I talked to a principal from a local Baltimore City school about the trauma that a lot of her kids faced with what appears to be a constant epidemic of murders in Baltimore City. How many of these children in her school have lost parents to the carnage on the streets, and how do they deal with these adverse childhood experiences? So, this program is addressing that as well. Helping the child get the ability to achieve and succeed in our society.

- c. Lt. Governor - Legislation Update
  - i. The Maryland Community Health and Public Safety Center of Excellence was signed into law last month by the Governor. This was largely part of Senator Hester's summit on the sequential intercept model which examined how people in crisis interact with law enforcement. The goal of the center is to divert those individuals who are suffering away from interactions from law enforcement and toward mental health treatment. This will show us how people with mental health issues are represented in our criminal justice system.
  - ii. Preserve Telehealth Act of 2021 was signed into law, expanding Telehealth services. Telehealth services will be offered until 2023. Telehealth is a fantastic way to reach people in rural areas among others. The Maryland Health Care Commission will also be completing a study on the impact of Telehealth services in the State. Telehealth services are here to stay, and we should take down the barriers of out-of-state providers providing services to people in the state.
  - iii. The interstate license professional counselors compact, intended to increase access to counseling and therapy services for Marylanders. I fully expect for Governor to sign that bill into law in the near future

## 2. Roll Call

- a. Commission Members Participating: Lt. Governor Rutherford, Senator Adelaide Eckardt, Delegate Lewis Young, Director Richard Abbott, Tricia Roddy, Dr. Aliya Jones, Lt. Col. Roland Butler, Dr. Lynda Bonieskie, Dr. Tiffany Rexrode, Commissioner Kathleen Birrane, Director Robin Rickard, Steve Schuh, Mary Gable, Barbara Allen, Patricia Miedusiewski, Dr. Bhaskara Tripuraneni, Cari Cho, Serina Eckwood & Kimberlee Watts
- b. Designees: Nithin Venkatraman, Senate Designee
- c. Absent: Delegate Ariana Kelly

## 3. Minute Approval

- a. Motion to approve – Steve Schuh
- b. Second – Patricia Miedusiewski
- c. Approved

## 4. Subcommittee Updates

- a. Crisis Services – *Director Steve Schuh*
  - i. We met last week, May 5th.
  - ii. We heard 3 special presentations:
    - 1. First from Darren McGregor, director of Crisis and Criminal Justice services at the behavior health administration

- a. Presented on the Maryland Crisis Systems work group which is charged with creating a public-private behavioral health crisis services system.
      - b. The workgroup will have three subcommittees to advance its work. Standardization and Best Practices, Data Dashboard and Systems Mapping and Financial Stability and Sustainability.
    2. Next presentation was given by Dr. Harsh Trevetti, Jeff Richardson and Scott Rose about Shepard Pratt's recommendations on expanding crisis stabilization facilities.
      - a. Recommendations included, expanding outpatient health centers, expanding certified community behavioral health clinics, enhancing residential mental health crisis programs, and removing institute of mental disease barriers to accessing inpatient psychiatric beds.
    3. Lastly from Edgar Wiggins, executive director of Baltimore Crisis response inc., about their pilot project launching in June that will divert behavioral health crisis calls that come into 9-1-1 to the Here-To-Help hotline who will be staffed by medical health professionals.
  - iii. Next subcommittee meeting will be July 7th from 10:00 am to 11:30 am.
- b. Youth and Families – *Asst. Deputy Secretary Tiffany Rexrode*:
- i. We met yesterday, May 10th.
  - ii. Dan Martin with the Mental Health Association of Maryland gave a presentation on the 2021 legislative session.
    1. With work regarding the Danger Standard, the work group met three times. Members were encouraged to review the grading of the States report as well as review other language examples from other states. In the end, a consensus of the work group was not reached on the language of the standard.
    2. The Group agreed that extensive training on the interpretation of the Danger Standard for all groups that utilize the Standard is important, but did not agree on whether the training should occur before or after the passage of legislation to define the Danger Standard. There was also disagreement on how that training should be conducted to the varying entities that interface with the statute.
      - a. The Subcommittee agreed that the Behavioral Health Administration could take the lead on issues regarding the Danger Standard such as contents of training and time of training, as the Subcommittee would shift its focus to another topic.

3. The Subcommittee began scheduling presentations for the next meetings to better understand the complex system surrounding our crisis services for children and youth.

c. Finance and Funding – *Co-Chairs Tricia Roddy & Commissioner Brianne:*

- i. Met on May 6th.
- ii. There are two more meetings scheduled. One for July and one for September.
- iii. There are two key updates from the Medicaid department.
- iv. *Tricia Roddy*
  1. The System of Care Work Group is continuing to meet, last met on April 28th. The group has been trying to determine one or two small projects that we can work on in the short term. Projects ideas include:
    - a. A data sharing project using a consent tool, which deals with federal substance use regulations around the ability to share substance abuse data. We are thinking through some projects implementing the tool to share information between MCOs and the Behavioral Health providers.
    - b. A second project is regarding expanding collaborative care. Treating low-level behavioral health disorders in a primary care setting. We have a small private program and there was discussion within the work group about how to expand that program.
    - c. We will be bringing these project proposals back to our internal steering committee, report out all the comments received and determine a good project or projects to get started on.
  2. We are applying for an amendment to the psychiatric institution for mental disease prohibition. We have submitted our 11-15 waiver and an amendment for the rules which asks for two thirty day non-consecutive stays.
    - a. Awaiting approval from CMS, we encourage everyone to write letters of support. We are also accepting public comments through June 4th and plan to have another public hearing in the future.
  3. Lt. Governor- We will send a letter of support. Also we will invite the Governor to send a letter of support as well.

v. *Commissioner Brianne*

1. Mental health parity reporting regulations are underway, we have had discussions about what are the Non-Quantitative treatment

limitations (NQTLs) that ought to be reported on. The MIA let people know that the intent was to use the 13 NQTLs that are on the NAICs reporting tool and add on additional NQTLs.

- a. We had a public hearing on that proposal and received a tremendous amount of feedback.
  - b. The addition of this additional NQTL for reimbursement rates is necessary because rates for reimbursement are consistent. We are making sure we move from high level guidance so we can gather exact information in high detail.
  - c. After hearing to some public testimony, I have asked my staff to set up a public hearing in July where we will reach out to various providers and organizations within the mental health community to discuss the occurrence of practitioners attempting to get credentialed being told networks are full.
  - d. We are continuing to work on Peer regulations and expect within the next 6-8 weeks to have draft regulations on our website. We will be having a follow up meeting to our past November hearing to answer any questions about our past draft regulations.
  - e. June 18th we will be hosting another public hearing discussing Telehealth. More specifically, times to get appointments and in terms of people's geographic regions.
2. MIA will participate in a clinic on May 20th working with the Maryland department of behavioral health, the Baltimore city health department and carroll county health department to look at addiction and relationship to mental health.
- d. Public Safety & Justice System - *Co-Chairs Senator Katie Fry Hester (Designee by Nithin Venkatraman) & Dr. Lynda Bonieskie:*
- i. *Nithin Venkatraman*
    1. We are very happy to see the Center of excellence bill being passed this session. Related, the intercept model was funded through a grant application that was filled out by Senator Hester.
    2. The second part of that grant was for the Train the Trainer summit which is going to be completed by the end of this year. We have reached out to our partners at Policy Research Associates to discuss what will go into that training summit.
    3. There was strong interest in our last subcommittee meeting about housing and peer support services. We will be lining up speakers to join the subcommittee and further explore those opportunities.

- ii. *Dr. Lynda Bonieskie*
  - 1. We held our meeting on March 24th, went over all 13 recommendations from the summit report. The subcommittee identified two issues they would like to focus more on for the rest of the year which was housing and peer support specialist.
    - a. Hopeful to set up speakers for the next subcommittee meeting.
- iii. Next meeting is June 8th at 3:00 pm.

## 5. Special Presentation

- a. *Chief Melissa Hyatt of the Baltimore County Police Department & Dr. Gregory Branch, director of the health and human services for Baltimore County*
  - i. *Baltimore County Crisis Response System - Behavioral Health Pilot*
  - ii. Please see additional materials for presentation

## 6. Commission Discussion

- a. Lt. Governor – What would it take to implement getting the community referrals and then what can you do once you get the community referrals?
  - i. Chief Hyatt – From the Law enforcement end, where we struggle as we don't have a lot of avenues for the community to reach out about a family member or another community member aside from dialing 9-1-1. There is nothing set up where health professionals rather than police officers are able to manage some of the concerns that come in.
  - ii. Dr. Branch – We are trying to be proactive as opposed to reactive. We are trying to prevent rather than react. If we can get people help prior to the crisis, we evade the crisis and help the individual and the community. If we can set up a safe way for the community to communicate with us, we can better prevent crisis' from happening
  - iii. Chief Hyatt – People don't want to call 9-1-1 about their family members. There are also a lot of communities that do not have trust in their local law enforcement, so they don't call.
- b. Lt. Governor – You mentioned before, just showing up in uniform could escalate a situation. Has there been any thought about reaching out to providers in the private marketplace or nonprofits which could lead to a public-private partnership? The network of those kinds of providers that the calls can go to would help on the preventive side.
  - i. Cari Cho - I recently had a conversation with one of the fire chiefs in Montgomery County about doing different things when EMTs are out, such as having different places to take them instead of the emergency room. One of which could be Cornerstone Montgomery's residential crisis beds which is an alternative to the hospital. There's been a lot of conversations around the state about the 23-Hour sites where people can go and be assessed and referred for support instead of a hospital. Having

crisis services is key, but if we don't have community services to do preventive work, there is no point in putting large amounts of money into crisis services.

- ii. Lt. Governor – There are multiple parts to it. There is a capacity issue, having a place to send people. The other, as an example from Baltimore County, where the community knew this person was suffering from mental health issues but not yet had a full breakdown. Getting the community complaint that is not going to 9-1-1 is a process, but this person still needs to get an assessment. If they don't want the help it becomes more of a challenge.
  - iii. Dr. Branch- The good thing about this is that it is not one knock on the door, it is multiple knocks by different people, as we are interfacing with these individuals multiple times.
- c. Lt. Governor – Yes, I am not criticizing that multiple knocks on the door are helpful, this recent incident has been the main concern for me and the committee for some time. What can you do for someone who is suffering severe mental health issues who is not wanting help? Maybe multiple knocks will eventually get some to accept help, but there are those who will reject help every time. The face of help can potentially become damaging, being a sign of paranoia.
- i. Chief Hyatt - We frequently get asked questions about emergency petitions. It's easy when somebody has that behavior that we can identify. The difficult thing is the gap in between, of people who we will continually offer help to who will not take it but it is evident that their mental health is declining, but it has not moved into that point where we can have that intervention.
- d. Senator Eckardt- It really is a community affair. If you haven't built any continuity over time it can be aggravating. It matters who in the system do people gravitate towards and how do you maintain that linkage, as it is labor intensive? If somebody does have a treatment plan, that when they do present with certain behaviors, will they accept a certain type of individual when they are reached out to?
- i. Dr. Jones- I am excited to learn more about what is happening in Baltimore County, as it is another opportunity to make interventions at the community level and try to keep people out of the hospital, and it seems that you all are taking a multidimensional approach to that which I am sure will be very effective. I did have a question about the utilization of peers in your work, when we are talking about folks that are difficult to engage, peers can be instrumental here. I am happy to hear there will be multiple attempts to try to engage these people with different providers as you don't know who these people are going to connect with which will make the difference.

- ii. Dr. Branch - We are using peers in Baltimore county and the whole behavioral health component and the peers have been very critical in the work that we have been doing.
- iii. Lt. Governor - Thank you Chief Hyatt and your force for all you have done for this recent tragedy in Baltimore and for what you do on a daily basis to keep us safe. Thank you Dr. Branch for your work as well.
- iv. Dr. Jones - One more point I would like to make, when I read about the incident I forwarded it to my team who is working on the involuntary commitment standards to ask if the new standards made a difference in this situation, and we believe that the answer to that is yes, as the new standards would have allowed the hospital to detain this person.
- v. Lt. Governor - That was the point I was getting at about a person who is clearly deteriorating. Chief Hyatt had mentioned the gap where you could get involved or have to walk away. That is good to hear.

## 7. Public Testimony

### a. Meena Tharmartnam - Mother:

- i. I am here today to urge this commission that the definitions of the danger standard for involuntary psychiatric hospital treatment include psychiatric deterioration as a form of harm to self. Sometimes deterioration and psychosis is the only evidence that a person's brain is being harmed. After college, my son struggled with lack of motivation and chronic lethargy. He did see a mental health specialist, but refused to accept diagnosis. A year before his suicide, we decided to travel the world for his therapy. His psychosis would come 6 months later when he began to hear voices. As time passed, it worsened, and I still did not recognize mental illness, partly because I have never experienced any issues with mental illness. I asked him to come home so we could figure things out. The night before his suicide, he was admitted to the emergency room where he had chest pains. He was not listening to what the physicians were telling him. The next morning, he went to the white house, and lit himself on fire. I was devastated at my inability to act to help my son. After his death I attended a program to understand mental illness. My new purpose in life is to help others suffering from mental illness. I am not sure if the doctors in the emergency room saw any evidence of my son's psychosis, however if he did get admitted to a hospital that had included a psychiatric deterioration standard as a harm to self, maybe he would've been given treatment.

1. Lt. Governor - We are all sorrowful for your loss and I just want to say it was not your fault. You did what you could and did not know what the problems are and that is a challenge for family members who have adult children who are suffering. The protections in our medical system do not allow for that information to go to you unless it is approved. Thank you for advocating for



changes to the danger standard. Our department is working on changes to the danger standard to address these types of situations.

b. Gina Beck - Mother

i. Please see additional materials for testimony.

1. Lt. Governor- Thank you. We are taking down what you say and will look at it as a commission as well. What I've talked about is exactly the situation you're in, when you have adult family members it is very difficult to get them the kind of treatment because they are not competent to make their own decisions.

c. Avra Sullivan - Program Coordinator, Chesapeake Voyagers, Easton, MD

i. Good afternoon, my name is Avra Sullivan and I am the program coordinator for the Chesapeake Voyagers. We are one of 23 peer-run behavioral health wellness and recovery centers within the honor-own of Maryland network. We have been able to de-escalate crisis situations and prevent unnecessary hospitalizations. The relationship we have formed with our local crisis team has allowed us to quickly reach individuals experiencing crisis. Stigma and feeling of powerlessness create barriers for those seeking help. Peer support specialists have an incredible ability to formulate trust. Trust is critical in building relationships. We can help mitigate crisis before it happens through availability to our peers, there is no time limit, appointment, wait time, or cost necessary. During COVID-19 one of our past patients began to relapse for paranoid thoughts. This escalated, and he called one of our peer support specialists. Because of the trust that had been established, he felt comfortable reaching out again and the situation de-escalated. He now consistently reaches out to us when any distressing thoughts begin to take over. My personal struggles are in a way the most powerful tool when connecting with those who are walking down the same path. I believe that using the peers and wellness centers that we can begin to save more lives.

1. Lt. Governor - Thank you very much. Some of the conversations we have had with the police chief had to do with peer recovery and how to de-escalate situations. Hopefully the law enforcement personnel realize that you are a resource there. Maybe we can help get some information out to the local authorities.

d. Star Gomez - Mother

i. I am an advocate for my son, who is currently serving a 10 month jail sentence. For the past 10 years, his life has been one tragedy after the next, largely because Maryland's danger standard for involuntary evaluation and hospital treatment does not recognize psychotic and psychiatric deterioration as a danger to self. Since his first episode at age 20, he has

had eight hospitalizations, been homeless and incarcerated four times for behaviors while psychotic. The recently proposed danger standard does not include a psychotic deterioration standard and will not help my son get needed hospital treatment. He would not meet a danger standard that requires inability to care for his physical needs or threats of harm because his psychosis does not manifest in those ways. His issues strongly affect his judgment and ability to control behavior. After he became ill, he was jailed for stalking, harassing and trespassing. He was treated until his psychosis resolved. On release he did well in the community under supervision for two years. After stopping his medication, he had three hospitalizations in five months. The hospitals did not consider his issues to meet the danger standard and therefore released him prematurely. Three times while living in a rehabilitation program, his medication was switched. He was not petitioned for hospital evaluation. He would then go on to commit a series of wrongdoings, thus violating his probation. Rather than petitioning him for psychiatric evaluation, he was sent to a jail house. The jail sent him to a crisis house where after three days he was released to a homeless shelter, still psychotic. Since, he has been sentenced to a 10 month jail sentence. I am pleading that this commission includes psychosis in the danger standard.

1. Lt. Governor - Thank you. So psychiatric deterioration would be looking at the history of the patient so as to determine that the person is deteriorating over a period of time?
  - a. Star Gomez- Yes that is correct.
  - b. Dr. Jones- I would say that they're talking about what the person's baseline is. The baseline is them being safe to themselves and behaviors are normal to them. If you notice that not happening rather than waiting for them to get to appointments where they are out of control that you can intervene. This is what you see on the forensic side when you see someone who is deteriorating, you know what is coming next. Instead of waiting, you intervene.
- e. Rajani Gudavalleti - Baltimore Harm Reduction Coalition
  - i. Hello, I am with the Baltimore Harm Reduction Coalition. I am here because we wanted to ensure that senate bill 420 has the support of this body or if not a better understanding. Senate bill 420 reduces barriers to syringe access, it aligns criminal law with widely accepted public health practices. The use, possession, or sale of paraphernalia to inject drugs into the body is a criminal offense in Maryland, unless an individual is enrolled in a syringe service program which we call SSPs. Speaking on behalf of one the largest SSPs in the state, proving that you are one of our clients, is confusing and applied very differently when up to the discretion of

individual police officers around the state. SB 420 is the only bill dedicated to reducing causes of overdose. Every study about the issue has concluded that sterile syringe access reduces the spread of HIV and other blood borne diseases. Such access reduces stigma associated with drug use and encourages people to seek health services. Unfortunately, interference by the criminal justice system often creates barriers. We need to decriminalize possession of paraphernalia under any circumstances right now. Thank you.

1. Lt. Governor - Thank you. I am not sure where that bill is in the process, but I will check on that and make sure people understand the position you raise.

f. Michael Gray - Treatment Advocacy Center

- i. Thank you all. I would like to discuss something Tricia Roddy brought up earlier which is the draft application for an SMI IMD exclusion waiver to Medicaid. At the treatment advocacy center we are happy to see this being drafted and open for comments. One unusual aspect, so far, 9 states and DC have applied for these waivers, seven have been approved and three are pending. Maryland, however, is the only one that limits a total of 60 days under the waiver, a limit of a total of 60 days in an IMD bed and limits to two 30 day periods. I not only respect what Maryland Medicaid has said about this but wonder why Maryland is the only application to reflect those limitations so far. The States use the same numbers in very different ways. Other states average a length of stay of 30 days state wide and individual stays do not exceed 60 days. Those numbers reflect applications in the other seven states and Maryland's is different. I don't know why, but I wanted to bring that to the committee's attention.

1. Tricia Roddy - We are happy to take your comments. Just to let you know, Maryland was one of the first states to get the SUD residential services. Again, it's an average of a 30 day stay, so if it goes beyond 45 days CMS will go back and take money from providers. We are weighing the pros and cons of each provision. In some ways we might be a bit more expensive because in total we give a total of 60 days to individuals, two non-consecutive 30-day stays. The Psych. IMD is different where there is a limit. We are happy to take your comments into consideration. We actually think it might be a little more expensive than the other states.
2. Michael Gray - Thank you all for your time.

g. Brain Stettin - Treatment Advocacy Center

- i. I would like to discuss how we are going to define danger under Maryland law. As has been discussed the BHA has responded to recommendation number nine in the commission's annual report which was to develop a

legal definition of danger. Now that the process has concluded, I would like to express some of my disappointment of where I think BHA seems to be heading in developing a proposal based on what we have been told in the draft language. We have been shown at the last meeting that BHA indicated there was not a consensus within the work group that psychiatric deterioration should be a recognized form of danger to self and the plan is for this to not be a part of the upcoming proposal. I really think this should be part of the standard. There has to be something more to the standard than just harm to self or a person is not meeting their survival needs. The risk to the brain, if untreated, is itself a form of harm. This is a mainstream view, if you look where 24 states have recognized deterioration as a risk of danger. We understand that there is a desire to have a consensus among all the advocates but I would hope that difficulty in obtaining that given the perennial divisions in the mental health community would not allow us to not take action to help these folks in such desperate need.

1. Lt. Governor - Thank you. We will continue to discuss what we can do in that area.

h. *Evelyn Burton - Maryland Chapter of Schizophrenia and Related Disorders Alliance of America*

- i. I will echo two previous speakers from a slightly different angle, from a family perspective we are very concerned that Maryland is not requesting a full available waiver for psychiatric hospitalizations. Other states, there is no limit on the number of hospitalizations in a year at all, just limiting the average statewide length of stay. Some people do need more than hospitalizations more than twice a year and do need hospitalizations more than 30 days, which they could obtain if the average only had to be 30 days. The other concern is by not doing this broader waiver, I feel it can affect the financial stability of our IMD hospitals. I also wanted to address at this time, from a family perspective, the danger standard. I was very encouraged at the first stakeholder meeting when the mental health administration said they were committing to follow the SAMSA guidelines for inpatient commitment standard which included eliminating an imminent requirement by words like “significant risk in the foreseeable future and including psychiatric deterioration language. But, to my shock and great disappointment, by the end of the meeting, neither of those were included in the final draft definition. I hope they’ll reconsider this. I feel if deterioration is not included, what am I supposed to say to all these families? An individual of a family I was working with was released from a hospital, untreated, by a hearing judge who said the individual had a right to be psychotic. What about the right to treatment when you are not capable of rational thought? These are often young adults who want to contribute to society, but are not getting the proper assistance from the

state in order to do so. In conclusion, should I tell the families that the administration and legislature do not care about mentally ill people and there is no hope? As this has been the case for 20 years.

1. Lt. Governor - Thank you, we will be submitting your comment to the health department. There are certain advocates who like the status quo and we know that the status quo is not working. We have to help those parents of an adult child who is suffering, as the adult child is not competent to make their own decisions. We'll continue to work on it.

## **8. Closing Remarks**

- a. Email: [mbh.commission@maryland.gov](mailto:mbh.commission@maryland.gov)
- b. Next meeting is July 13th at 4:00pm