



# Commission to Study Mental and Behavioral Health in Maryland

## 2021

## ANNUAL REPORT

Lieutenant Governor Boyd K. Rutherford, Chair



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# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



December 31, 2021

Dear Governor Hogan:

The COVID-19 pandemic continues to have a profound impact on Marylanders struggling with mental and behavioral health disorders. The work of the Commission to Study Mental and Behavioral Health in Maryland (the Commission) continues to address these struggles.



Our 2020 annual report made several recommendations to continue or make permanent many of the emergency actions you took to address pandemic-related challenges and improve access to mental and behavioral health treatment. I am pleased to inform you that in 2021, the State has made progress on that front. The Commission recommended enacting permanent telehealth reform to reduce barriers to service delivery. Last April, the General Assembly passed, and you signed into law, the administration inspired “Preserve Telehealth Act of 2021”. This law preserves access to telehealth options for Maryland through fiscal year 2023, pending the results of a study by the Maryland Health Care Commission. The General Assembly also enacted the Interstate Licensed Professional Counselors Compact, sponsored by our administration. This bill adds Maryland to an interstate compact, which will reduce barriers to and increase access to counseling and therapy services for Marylanders. You also signed into law the establishment of the Maryland Behavioral Health and Public Safety Center of Excellence, another Commission recommendation. The center will act as a statewide clearing house for behavioral health related treatment and diversion programs develop a strategic plan to increase treatment and reduce detention of those with behavioral health disorders in the judicial system, and provide technical support for localities to develop behavioral health support systems for those involved in the criminal justice system.

In 2021, the Commission held six meetings, including two in-person meetings in September and November. The meetings included presentations on Baltimore County’s Crisis Response System, Data Informed Overdose Management, a presentation of the Maryland Department of Health’s Master Facility’s Plan, and an overview of the Maryland Army National Guard Mental and Behavioral Health Wellness program to address the well-being of the men and women serving in the guard.

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Enclosed you will find our 2021 annual report detailing the work of the Commission's subcommittees and the progress we have made implementing previous recommendations. The report contains two final recommendations. As we move forward, the Commission will shift its focus from developing new recommendations to implementing existing recommendations and ensuring the work of the Commission extends beyond its termination.

Sincerely,

Boyd K. Rutherford  
Lieutenant Governor  
Chair, Commission to Study Mental and Behavioral Health in Maryland





## BACKGROUND

Throughout its first term in office, the Hogan-Rutherford Administration prioritized efforts to address Maryland's significant but previously overlooked heroin and opioid epidemic. Since January of 2015, the Administration has pursued a holistic, comprehensive response to this public health emergency through a multi-pronged approach encompassing education and prevention, treatment and recovery, and law enforcement efforts.

Just one month into office, Governor Larry Hogan issued Executive Order 01.01.2015.12, creating the Maryland Heroin and Opioid Emergency Task Force. The governor tasked Lieutenant Governor Boyd Rutherford with leading the task force. Over the course of the next four years, the lieutenant governor would lead the administration's ongoing efforts to combat the epidemic. The Administration has since taken numerous steps to invest critical funding; improve collaboration and communication among government agencies at the local, state, and federal levels; raise public awareness of the issue; and break down the stigma surrounding the disease of addiction. Such efforts include but are not limited to the creation of the Opioid Operational Command Center and the Inter-Agency Heroin and Opioid Coordinating Council, authoring numerous pieces of legislation; and the issuance of an official State of Emergency. It is through this work that Lt. Governor Rutherford recognizes the vital need for the state's approach to expand further and explore the mental and behavioral health needs of the citizens of Maryland, particularly those suffering from substance use disorder. Just as there is a stigma attached to substance use disorder, issues related to mental and behavioral health are equally stigmatized, if not more so.

Additionally, it is widely accepted by advocates and medical professionals that there is a strong correlation between and often co-occurrence of mental health and substance use disorders. To that end, it was decided that the state should further study the relationship between mental health and substance use disorders, as well as identify potential ways to improve our mental health services delivery system. On January 10, 2019, Governor Hogan issued Executive Order 01.01.2019.02, formally creating the Commission to Study Mental and Behavioral Health in Maryland (Commission).



## INTRODUCTION

Over the past year, the Commission conducted four virtual meetings and two in-person meetings to engage the public and mental health community and gather feedback as it relates to mental and behavioral health, substance use, and delivery of care. The Commission has learned that across the country, there has been a historically separated diagnosis and treatment of mental illness from physical illness. This has unintentionally caused two separate, and not always equal, systems of care. This not only affects the quality of treatment for individuals but raises the cost of care for all. It is more critical than ever to take a serious look at how the state provides care and services to individuals and their families. In addition to a higher likelihood of substance use disorder, individuals with undiagnosed mental health disorders are more likely to experience homelessness, joblessness, negative interactions with the judicial system, and become victims of crime and/or suicide.

Pursuant to the Executive Order, the Commission is required to submit recommendations to Governor Hogan for policy, regulations, and/or legislation to improve the continuum of mental health services, as well as, but not limited to, the following: (1) improving the statewide, comprehensive crisis response system and (2) ensuring parity of resources to meet mental health needs. The Commission shifted from virtual meetings to hybrid in-person meetings in the Fall of 2021. We have heard testimony from persons suffering from disorders, family members and caregivers, educators, faith leaders, researchers, elected officials, law enforcement agencies, treatment professionals, advocates, and other stakeholders. This 2021 report reflects the Commission's work over the past year, the work of individual subcommittees, and updates on implementing 2020 and 2019 recommendations, as well as additional recommendations moving forward.

### 2021 Meetings:

January 19	Virtual	<a href="#">Livestream</a>
March 9	Virtual	<a href="#">Livestream</a>
May 11	Virtual	<a href="#">Livestream</a>
July 13	Virtual	<a href="#">Livestream</a>
September 14	Hybrid	<a href="#">Livestream</a>
November 9	Hybrid	<a href="#">Livestream</a>

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## Commission Members:

- Lieutenant Governor Boyd K. Rutherford, Chair
- Senator Adelaide Eckardt, District 37, Caroline, Dorchester, Talbot, and Wicomico Counties
- Senator Katie Fry Hester, District 9, Carroll and Howard Counties
- Delegate Karen Lewis Young, District 3A, Frederick County
- Delegate Arianna Kelly, District 16, Montgomery County
- Richard Abbott, Representative of the Chief Judge of the Court of Appeals
- Tricia Roddy, Assistant Medicaid Director, Maryland Department of Health
- Dr. Aliya Jones, Deputy Secretary, Behavioral Health Administration
- Lieutenant Colonel Roland Butler, Maryland State Police
- Dr. Lynda Bonieskie, Department of Public Safety and Correctional Services
- Tiffany Rexrode, Acting Assistant Deputy Secretary, Department of Human Services
- Kathleen Biranne, Commissioner, Maryland Insurance Administration
- Robin Rickard, Executive Director, Maryland Opioid Operational Command Center
- Christian Miele, Deputy Secretary, Department of Disabilities
- Mary Gable, Maryland State Department of Education
- Barbara Allen, Public Member
- Patricia Miedusiewski, Public Member
- Dr. Bhaskara Rao Tripuraneni, Public Member
- Cari Cho, Public Member
- Serina Eckwood, Public Member
- Kimberlee Watts, Public Member



## SUBCOMMITTEES

Based on the areas of concern raised during this Administration's tenure and feedback from stakeholders, the Commission has created four subcommittees: (1) Youth & Families; (2) Crisis System Advisory Group (formerly Crisis Services); (3) Finance & Funding; and (4) Public Safety/Judicial System. These four subcommittees are focused on the basic fundamental and policy issues facing each of these subject areas. Each subcommittee is chaired by one or two members of the Commission who solicit the participation of stakeholders interested in each subject area. The following section details the initial focus areas of each subcommittee and the progress thus far.

### 1. Youth and Families

*Co-chairs:* Christian Miele, Deputy Secretary Department of Human Services and Tiffany Rexrode, Acting Assistant Deputy Secretary, Department of Human Services

#### *Overview*

The Youth and Families Subcommittee was created because 1 in 6 youth ages 6-17 have or will have a serious mental illness (JAMA Pediatrics, 2019); suicide is the second leading cause of death among adolescents and young adults aged 10-34 (CDC, 2019); roughly half of all lifetime mental illnesses begin in mid-teens (Curr Opin, 2007); and increasing evidence shows that interventions during the early stages of a disorder may help to reduce the severity and/or persistence of the disorder and could prevent secondary disorders (Epidemiol, 2012). With an increase in school violence in recent years, addressing youth and adolescent behavioral health is more important than ever. Studies have shown that psychosis in young people often does not develop until a person is in early adulthood, making it very difficult for families to assist their adult family member, particularly where the family member does not consent to allowing family members access to their treatment or diagnosis.

#### *Focus Areas*

*K-12 education:* The subcommittee will continue to review current programs in the school systems that provide mental and behavioral health support and services to students and school-aged children. It was brought to the attention of the subcommittee that there are obstacles in Maryland to reimburse school counselors through Medicaid. Federally, states can be reimbursed for services provided by a school psychologist much like physical therapists and occupational therapists.

Maryland has a caveat that school psychologists must be certified by the Maryland State Department of Education, however, the language currently only allows licensed psychologists to be reimbursed. Since there is no mandate to be licensed and only certified, many school psychologists are not eligible for reimbursement.





*Caregivers and Families:* During full commission meetings, there was public testimony surrounding the danger standard in the involuntary commitment statute. Youth and Families established a workgroup to look at the language and attempt to submit a recommendation to the full Commission. This group met three times, and information was submitted to workgroup members surrounding language used by other states as well as the *Grading the States* report by the Treatment Advocacy Center. Workgroup members were asked to review language used by other states and language used in HB1344 to find three examples of language they felt comfortable with, or create their own language. Members could not come to an agreement on language. The group agreed that extensive training on the interpretation of the danger standard for all groups that utilize the standard is important. However, there was no agreement on whether training should occur prior to or after passage of legislation to define the danger standard. BHA began stakeholder workgroups focused on this topic. Many of the subcommittee and workgroup members also attended these stakeholder meetings. The Youth and Families workgroup dissolved and let BHA take over the issue. In August, a final report from BHA was released to the public for comment. The recommendations included: (1) Refine the definition of the dangerousness standard in regulations; (2) Provide comprehensive training around the dangerousness standard; and (3) Gather additional data elements about civil commitment.

*Substance Use Services for Youth and Adolescents:* The Youth and Families subcommittee sought clarity on the findings and position of the full Commission on expanding residential and outpatient service capacity for adolescents with substance use disorders. After putting forth this recommendation, a privately-owned residential facility was established to serve youth and adolescents. However, they currently do not accept Medicaid. Our committee hopes this will change. Dr. Maria Rodowski-Stanco, the Director of the Child, Adolescent, and Young Adult Services Division of BHA, is actively working to try to get one of the facilities that previously provided residential substance use treatment to adolescents, to reopen a unit. She is trying to understand the previous difficulties that compelled the facilities to close their units, and how BHA might help them to overcome some of those obstacles. She has worked with Medicaid to get them to be more flexible with the Medical Necessity Criteria, in order to extend the length of time youth are able to stay in treatment facilities to get the help they need. She also has examined the types of financial support BHA may be able to offer. She wants to look at other states that have successfully operated residential facilities for adolescents so that we can learn from their experiences.

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## *Organizing Efforts*

The Youth and Families subcommittee met six times virtually, with workgroups meeting more frequently throughout the 2021 calendar year. The meetings consisted of presentations on various topics including the need for Medicaid reimbursement for Maryland's school psychologist, Involuntary Commitment Statute, Assisted Outpatient Treatment, legislative updates, Behavioral Health Administration-Children, Adolescent and Young Adult Services updates, Greater Baltimore Regional Integrated Crisis System implementation, and an update on Montgomery County crisis services.

*Commission Members:* Delegate Ariana Kelly, District 16; Barbara Allen, James Place Inc.; Dr. Bhaskara Tripuraneni, Child/Adolescent Psychiatrists- Kaiser Permanente

*Participants:* Dr. Aliya Jones, Deputy Secretary Behavioral Health Administration; Teresa Heath, Maryland Emergency Management Administration; Bari Klein, Healthy Harford, Inc.; Dawn Luedtke, Maryland Center for School Safety; Regina Morales, Montgomery County Department Health and Human Services; Kirsten Robb-McGrath, Department of Disabilities; Ann Geddes, Maryland Coalition of Families; Dan Martin, Mental Health Association of Maryland; Lauren Grimes, Community Behavioral Health Association of Maryland; Toni Torsch, Daniel C. Torsch Foundation; Courtney Oatts-Hatcher, School Psychologist; Christina Connolly, School Psychologist; Robert Anderson, Department of Juvenile Services; Dr. Beverly Sargent, Youth Service Bureau; Allyson Lawson, Psychiatric Nurse; Liz Park, Youth Service Bureau; Dr. Jackie Stone, Kennedy Krieger Institute; Christine Grace, School Psychologist; Nancy Lever, National Center for School Mental Health; Laura Mueller, WIN Family Services; Jenn Lynn, Upcounty Community Resources; Rowan Powell, On Our Own of Maryland; Ann Ceikot, Policy Partners; Evelyn Burton, Maryland Chapter Schizophrenia and Related Disorders Alliance of America; Caren Howard, Mental Health America; Kate Farinholt, NAMI; Kevin Keegan Catholic Charities; Robin Murphy Disability Rights Maryland; Katie Rouse, On Our Own Maryland; Brian Stettin, Treatment Advocacy Center; Jennifer Redding University of Maryland Upper Chesapeake Health; Dr. Erik Roskes, Community Forensic Psychiatrist; Erin Dorrien Maryland Hospital Association; Katie Dilley, Mid-shore Behavioral Health; Tammy Loewe, St. Mary's County Local Behavioral Health Authority; Steve Johnson, Behavioral Health Systems Baltimore; Kate Wyer, Mental Health Association Maryland; Erin Knight, Consumer Quality Team; Brande Ward, Maryland Peer Advisory Council & Cherokee Nation Eastern Band; Julvette Price, Behavioral Health Systems Baltimore; Phyllis McCann, Behavioral Health Administration; Morgan Clipp, Office of the Attorney General; Eleanor Dayhoff, Office of the Attorney General; Carroll McCabe, Office of the Public Defender; Dr. Scott Moran, BHA; Dr. Steven Whitefield, BHA; Marian Bland, BHA (chair); Sharon Lipford, BHA.

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## 2. Maryland Crisis System Work Group (formerly Crisis Services Subcommittee)

*Chair:* Robin Rickard, Executive Director

Maryland Opioid Operational Command Center (OCCC)

### *Overview*

The Commission's Crisis Services Subcommittee (CSS) was formed to identify gaps in Maryland's crisis response system and to make recommendations on addressing these gaps. The CSS was charged with studying how the statewide crisis system operates in order to identify opportunities for creating a more comprehensive system of care. In February 2021, BHA, in partnership with the OCCC, created the Maryland Crisis System Workgroup (MCSW) to help Maryland establish an integrated, comprehensive crisis response system.

### *Focus Areas*

The CSS continued to study components of a comprehensive crisis response system, including: the benefits of Assertive Community Treatment (ACT) teams and tools to measure fidelity to the delivery of ACT services, as well as Forensic Community Treatment Services. The vision of the MCSW is to develop a statewide Crisis System: a comprehensive, public/private, integrated behavioral health crisis care system will be developed. Maryland residents will have 24/7 access to hotline, crisis urgent care, community response (mobile crisis) teams and stabilization services that provide the most effective, least restrictive, person and family-focused behavioral health care.

### *Organizing Efforts*

The CSS met three times between March and July 2021. Beginning in August 2021, the CSS merged with the Maryland Crisis System Workgroup (MCSW). This workgroup, composed of 75 diverse stakeholders from around Maryland, included representatives from state and local government, providers, advocates, and people with lived experience. MCSW met five times during 2021. Five workgroups were established as part of the MCSW: Data Dashboard; Best Practices/Standardization; Financing Sustainability; Children/Adolescents/Young Adults; and 988 Integration.

*Commission Members:* Delegate Karen Lewis-Young, Patricia Miedusiewski, Family Advocate; Serina Eckwood, NAMI.

*Participants:* Howard Ashkin, Maryland Association of the Treatment of Opioid Dependence; Nancy Rosen-Cohen, National Council on Alcoholism and Drug Dependence; Dan Martin, Mental Health Association of Maryland; Lori Doyle, Community Behavioral Health Association of Maryland; Erin Dorrien, Maryland

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Hospital Association; Harsh Trividi, Sheppard Pratt Health System; Frederic Chateaub, Affiliated Sante Group; Marian Bland, BHA; Darren McGregor, BHA.

### 3. **Finance and Funding**

*Co-chairs:* Kathleen Birrane, Commissioner, MIA;  
Tricia Roddy, Deputy Medicaid Director, MDH

#### ***Overview***

The Finance and Funding Subcommittee is tasked with assessing how finance and funding in the public and private health insurance markets affect access to behavioral health services. The focus areas of the subcommittee run parallel with the efforts of MDH's System of Care Integration and Optimization Workgroup and are well aligned with the MIA's regulatory enforcement measures to address network adequacy and mental health parity issues in the private sector. Given the substantial role of both the public behavioral health system and the commercial insurance market in delivering and financing behavioral health services in Maryland, the subcommittee focus areas will make an important contribution to the Commission's work.

#### ***Focus Areas***

*Public Mental and Behavioral Health:* Subcommittee discussions focused on two efforts: System of Care Integration and Optimization and the Institution for Mental Disease (IMD) waiver request. Two bills were introduced during the 2019 session that sought to change the delivery and financing of Medicaid behavioral health services. While the bills did not pass, MDH has convened a System of Care Integration and Optimization Workgroup to examine and make recommendations on how the State should provide, administer, and finance behavioral health services. The subcommittee has worked in conjunction with this workgroup to incorporate subcommittee perspectives into this process. Workgroup efforts were paused in 2020 due to the pandemic, and re-launched in 2021. Stakeholders are currently discussing potential projects to improve the coordination and quality of somatic and behavioral health services for Medicaid enrollees, including data sharing. MDH also submitted the IMD exclusion waiver request to the Centers for Medicare & Medicaid Services on June 30, 2021, as part of the HealthChoice 1115 waiver renewal application. Centers for Medicare & Medicaid Services approved the waiver application on December 14, 2021.

*Private Mental and Behavioral Health:* The MIA's annual review of private insurance network access plans and the MIA's ongoing initiative to improve the existing network adequacy regulations continued throughout 2021. The access plans submitted by private insurance carriers in July 2021 reported significant improvement in carrier compliance with the current regulatory standards for network adequacy for both medical providers and behavioral health providers, though some deficiencies remain. The MIA's primary focus on improving access to behavioral health services in the private sector, however, shifted in 2021 to implementation of the mental health parity

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reporting requirements established by House Bill 455/Senate Bill 334 from the 2020 legislative session, codified as § 15-144 of the Insurance Article. The law requires carriers to submit to the MIA, by March 1, 2022, reports on compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), particularly with regard to the provisions of MHPAEA relating to non-quantitative treatment limitations. These bills required the MIA to adopt regulations and standardized reporting forms by December 31, 2021, to ensure uniform definitions and methodologies for carrier reporting on the comparability of insurance coverage restrictions and conditions placed on behavioral health benefits as compared to medical/surgical benefits. Throughout 2021, the MIA held three public hearings on this issue, researched and considered the approaches taken by other state and federal regulators, and engaged with various stakeholders, including consumer advocates, insurance carriers, and employers in the self-funded market. The MIA posted multiple draft versions of the proposed regulations and associated template forms and instructions to the MIA website for public comment, and the regulations were formally proposed in the Maryland Register on October 22, 2021. The regulations and associated templates will be finalized by the end of the year.

## *Organizing Efforts*

The Finance and Funding Subcommittee held six meetings in 2021 to receive input on focus areas from its members and participants. In addition to the work of the Finance and Funding subcommittee, MDH has been working concurrently on its Behavioral Health System of Care Integration and Optimization Workgroup and coordinating with the Subcommittee. The MIA's Network Adequacy and Mental Health Parity Workgroups have worked diligently with internal and external stakeholders throughout the year. Their efforts have also been coordinated with the Subcommittee.

*Commission Members:* Senator Adelaide Eckardt, District 37;  
Cari Cho, Cornerstone Montgomery



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*Participants:* Nick Albaugh, Director of Licensing & Compliance, Amatus Health; Dr. Robert Ciaverelli, Medical Director for Behavioral Health, CareFirst; Isaiah Coles, Chief Operating Officer, Outreach Recovery; David Stup, Director of Corporate Business Development, Delphi Behavioral Health Group; Mark Luckner, Executive Director, Maryland Community Health Resources Commission; Patryce Toye, Chief Medical Officer, MedStar Health Plans; Dr. Jill RachBeisel, Interim Chair of Psychiatry, University of Maryland School of Medicine; Patricia Miedusiewski, Family Advocate.

#### **4. Public Safety and The Judicial System**

*Co-chairs:* Senator Katie Fry-Hester, District 9;  
Lynda Bonieskie, Deputy Chief of Mental Health, Maryland Department of Public Safety and Correctional Services

#### **Overview**

The public safety sector plays a significant role in the realm of mental and behavioral health for citizens of Maryland. In order to fulfill its mission as it is related to public safety and the judicial system, the Public Safety/Judicial System Subcommittee is tasked with assessing how emergency responders interact with individuals in crisis and how the judicial system affects access to behavioral health services.

#### **Focus Areas**

This year the Public Safety/Judicial System subcommittee focused on following up on recommendations from the 2020 Maryland Mental and Behavioral Health Summit. During the 2021 legislative session, the subcommittee supported the passage of SB857- Establishing the Maryland Behavioral Health and Public Safety Center of Excellence. At each subsequent subcommittee meeting, a panel discussed an area identified at Summit as needing improvement.

In June, the subcommittee hosted a panel on peer support services. Laurie Galloway, Executive Director of On Our Own of Carroll County, Richard Lewis, a Peer Support Specialist with Eastern Shore Crisis Response (Affiliated Santé Group), and Katie Rouse, the Executive Director of On Our Own Maryland provided a presentation and their perspectives on peer support services in Maryland. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. On the direct and individual level, this includes: advocating for people in recovery; sharing resources and building skills; building community and relationships; leading recovery groups and mentoring and setting goals. On the system level, peer support includes developing resources, administering programs or agencies, and educating the public and policymakers. Peer support operates in the community through wellness & recovery Centers, ACT (Assertive Community Treatment) Teams, and homeless outreach services. In clinical settings, peer support is used in outpatient clinics,



psychological rehab programs, as well as inpatient facilities. It is found in crisis settings, such as mobile crisis teams, stabilization centers, and emergency rooms. The panelists described how peer support services can be utilized in each of these settings and answered questions about their work.

In August, the subcommittee hosted a panel on housing services. This is a result of the 2020 Maryland Mental and Behavioral Health Summit, which indicated that providing adequate housing services for individuals with mental and behavioral health conditions is the top priority across all intercepts. Priya Arokiaswamy, the Assistant Director of Evidence Based Practices, Housing, and Recovery Supports at BHA, provided an overview of federal, state, and local programs to address housing and behavioral health services, as well as federal grants to support BHA-funded housing services. These included the U.S. Department of Housing and Community Development's (HUD) Continuum of Care program, which provides permanent housing and supportive services to individuals with disabilities as well as families with children and one adult living with a disability. During the pandemic, finding available shelter was especially challenging for individuals leaving the criminal justice system. Assistant Director Arokiaswamy suggested that establishing connections between staff and local Continuum of Care organizations could help resolve delay times and smooth transitions. There is also a Housing First pilot program serving individuals in Baltimore City, Montgomery County, and Prince George's County. This program provides assistance to individuals with locating, securing, and maintaining permanent housing, with the premise that providing affordable housing first will alleviate other socioeconomic challenges and improve quality of life. The expansion of "Housing First" was recommended in the 2020 Maryland Mental and Behavioral Health Summit report. Chelsea Hayman, Housing Policy Director of the Maryland Department of Disabilities presented an overview of opportunities and barriers to affordable and accessible housing. These barriers include: development costs, which exceed affordable rent rates; limited availability of rental subsidies; zoning laws; a disconnect between housing and service locations; and a lack of funding for rental units. Opportunities to address these issues include, but are not limited to: passing inclusive zoning laws; providing financial and regulatory incentives to increase accessibility; tracking and matching accessible units with people who need them; and increasing partnerships with local governments to align their public housing stock with low-income housing tax credits. The subcommittee discussed the potential to utilize American Rescue Plan money to fund some of these opportunities and the role of the Public Safety Center of Excellence in these efforts.

A workforce development panel was held during the October subcommittee meeting. Denise Gilmore, the field director for American Federation of State, County and Municipal Employees, Council 3 presented on challenges the correctional system in Maryland faces in recruiting and retaining mental and behavioral health employees. Samantha Scotti, Kelsie George, and Kelly Hughes from the National Conference of State Legislatures presented on the policy overview they provided on background,



behavioral health services in correctional settings, and state actions to address behavioral health workforce shortages. Nationally, mandatory overtime, work overload, competition from other fields, stigma, lack of opportunity for professional growth, compensation and benefits all contribute to the growing issues of staff shortage and high turnover within this field. The subcommittee identified non-competitive salaries as a challenge to recruiting and maintaining staff in the correctional facilities, particularly with mental health professionals who have opportunities within the hospital systems. The subcommittee discussed licensure requirements, as the cost of renewing professional licenses for mental health professionals can be burdensome. [Several states](#) made licensure changes during the pandemic to decrease the cost and otherwise modify licensure requirements in the field.

## ***Organizing Efforts***

The Public Safety/Judicial System subcommittee met five times this year. The focus of the subcommittee was to implement recommendations from the 2020 Maryland Mental and Behavioral Health Summit and explore related topics.

### *Commission Members:*

Richard Abbott; Lt. Colonel Roland Butler, Maryland State Police;  
Kimberlee Watts, Public Member

*Participants:* Katie Dilley, Executive Director Mid Shore Behavioral Health, Inc; Akima Cooper and Belinda Frankel, Mid Shore Behavioral health, Inc; Amanda Owens, Abell Foundation; Chan Noether, Policy Research Associates; Dan Martin, Mental Health Association of Maryland; Darren McGregor, Behavioral Health Administration, Director of Crisis and Criminal Justice Services; Dr. Debra Pinals; Forensic Director of Michigan; Evelyn Burton, Advocacy Chair for Schizophrenia and Related Disorders Alliance of America; Irnande Altema, Mental Health Association of Maryland; Josh Howe; Compass Government Relations on behalf of NAMI; Christian Harris, Baltimore County Office of Public Defender; Daniel Atzmon, Director of Justice Reinvestment, Governor's Office of Crime Prevention, Youth, and Victim Services; Dr. Aliya Jones, MDH; Kate Gorman, Grant Coordinator for the Justice and Mental Health Collaboration; Kate Fairenhold, Director, National Alliance on Mental Illness; Hannah Garagoila, Kim Link, MDH Liaison to Boards and Commissions; Lisa Hovermale, MD; Marianne Gibson, Deputy Director, OCCC; Marianne Bland, Director, Clinical Services Behavioral Health Administration; Kevin Nock, Office of Public Defender-Baltimore; Denise Gilmore, AFSCME 3; Priya Arokiaswamy, Assistant Director, BHA; Chelsea Hayman, Housing Policy Director, Maryland Department of Disabilities; Samantha Scott, Policy Analyst, National Conference of State Legislatures; Kelsie George, Policy Analyst, National Conference of State Legislatures, Laurie Galloway, Executive Director, On Our Own of Carroll County; Richard Lewis, Peer Support Specialist, Eastern Shore Crisis Response.



## **PROGRESS UPDATE: 2019-2020 RECOMMENDATIONS**

### **Recommendation One: Design a Comprehensive Crisis System.**

In its 2019 interim and final reports, the Commission recommended updating Maryland's "designated emergency facility" definition to broaden beyond general hospitals the types of facilities that can accept individuals subject to an emergency mental health evaluation (emergency petition). Subsequently, legislation passed in 2020 (SB 441/HB 332) allowed MDH to include behavioral health crisis response centers on its list of designated emergency facilities. This will help ensure that individuals experiencing a behavioral health crisis are able to access the most appropriate services in the most appropriate settings.

Further progress includes, but is not limited to:

- In February 2021, BHA, in partnership with the OOCC, created the MCSW to help Maryland establish an integrated, comprehensive crisis response system. The MCSW has convened several workgroups to support the overall goal of identifying the minimum crisis components that should be available statewide.

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- Forming a Crisis System Advisory Council inclusive of internal and external stakeholders. Researching and reviewing evidence-based crisis system models, such as SAMHSA Strategic Plan and Crisis Now.
- Continuing to identify key service delivery components that could work best for Maryland.
- Participate in BHA's Maryland Crisis Model Advisory workgroup to provide input into the crisis services system design.
- Monitor the implementation of the three Health Services Cost Review Commission Regional Catalyst Grant Partnerships to identify successes, challenges and opportunities for scalability of effective elements of the Crisis Now model. These partnerships are: Greater Baltimore Regional Integrated Crisis System, Totally Linking Care and Peninsula Regional.
- Integrating local hotlines into the Maryland Helpline: 211, press 1 system to improve caller experience.
- Assessing the current Maryland Helpline: 211, press 1 technology infrastructure.
- Continuation of the MD Mind Health texting program.
- Promoting the texting feature for Maryland Helpline: 898-211.
- BHA is convening an advisory group of internal and external stakeholders to inform the development of the Crisis System Advisory Council. This council will consider evidence-based models and determine key service delivery components that work best for Maryland.
- The Maryland Medicaid Administration received funding to develop a pilot program to expand crisis services available through Outpatient Mental Health Clinics.





## **Recommendation Two: Continue Coordination with the System of Care Optimization and Integration Workgroup (formerly the Behavioral Health System of Care Workgroup).**

The Behavioral Health System of Care Workgroup has been rebranded as the System of Care Optimization and Integration Workgroup and has resumed meeting again in 2021. The group discusses various behavioral health focused initiatives, including data sharing.

Despite delays due to COVID-19, the System of Care Optimization and Integration Workgroup is working on various technical implementation issues. The State is evaluating how it should provide, administer, and finance behavioral health in conjunction with the Total Cost of Care Model that increases the coordination and quality of somatic and behavioral health care for Medicaid enrollees. This new model will be cost efficient and promote access to care. A well-functioning behavioral health system should include five key components: (1) Quality Integrated Care Management; (2) Oversight and Accountability; (3) Cost Management; (4) Access to Behavioral Health Services through Provider Administration and Network Adequacy; and (5) Parity. The Commission will continue to work with the relevant stakeholders and the System of Care Optimization and Integration Workgroup to identify specific system improvement.

Workgroup discussions are picked back up and continued into 2021. Although Workgroup meetings were placed on hold, progress was made in the following areas:

- One of the draft improvement categories of the System of Care Workgroup was improving access to crisis services. MDH was recently awarded a grant from the OCCC to provide assistance to select outpatient mental health center providers to become comprehensive crisis stabilization centers. This will be a multi-year initiative, and activities are underway.
- Adult access to psychiatric treatment services within institutions of mental diseases (IMDs) was another area of discussion within the System of Care Workgroup. The Centers for Medicare & Medicaid Services has historically prohibited Medicaid coverage of these services. The Department submitted an exclusion waiver application in 2015 to Centers for Medicare & Medicaid Services for both substance use disorder and psychiatric providers. Centers for Medicare & Medicaid Services denied the psychiatric IMD exclusion waiver request but approved the substance use disorder residential request. With Centers for Medicare & Medicaid Services approval, the Department expanded this waiver in 2018 to cover adults with a primary diagnosis of substance use disorder and a secondary diagnosis of a mental health condition in a psychiatric IMD. Centers for Medicare & Medicaid Services has recently changed policy



regarding psychiatric IMD waivers. MDH submitted another psychiatric IMD waiver request as part of the waiver renewal process during the summer of 2021. Centers for Medicare & Medicaid Services approved the waiver application on December 14, 2021.

- In response to System of Care Workgroup discussions, the Department is working on developing behavioral health provider and local systems management manuals.
- Upcoming discussions will include data sharing, among other topics.

### **Recommendation Three: Increase funding for the Second Chance Act Grant.**

Current federal funding for Second Chance Act grants stands at \$90 million distributed across all states. Lt. Governor Rutherford sent a letter to the leadership of the United States House and Senate Appropriations committees requesting \$100 million in Second Chance Act funding. Maryland Senators Ben Cardin and Chris Van Hollen, as well as Congressman David Trone sent responses indicating the House and Senate Appropriations bills included a \$10 million increase for Second Chance Act Funding. The Lt. Governor's letter and congressional responses appended to this report (See Appendix A)

In the fiscal year 2021 omnibus bill, Congress funded the Second Chance Act program at \$100 million, representing a \$10 million increase from fiscal year 2020. The fiscal year 2022 House Appropriations bill for Commerce, Justice, and Science contains \$125 million for Second Chance Act grants, which would be a \$25 million increase over fiscal year 2021.

# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



## Recommendation Four: Improve the Crisis Hotline.

The General Assembly passed HB669/SB 584 (2020) which modified provisions of the Health and Human Services Referral System.

MDH is in the process of integrating the additional objectives into its workflow and assessing the next steps on this issue with its Department of Human Services partners and in light of the federal “988” national suicide hotline announcement.

There has been substantial efforts around identifying ways to integrate 988, the new National Suicide Prevention hotline into the state’s mental health response strategy, along with efforts to coordinate and integrate with 211, press 1. A MCSW workgroup is focused on integrating the behavioral health hotline system.

The state is currently working on Including local hotlines in the 211 Press 1 crisis hotline system, and promoted “**MD Mind Health,**” a new text program allowing individuals to receive caring messages about social connectedness and mental wellness. This program was targeted at healthcare providers during the COVID-19 pandemic.





## **Recommendation Five: Promote Standardized Training in Behavioral Health.**

The Behavioral Health Administration is funding the Mental Health Association of Maryland for three years to provide Mental Health First Aid training for hundreds of public safety professionals. This is a skills-based training course to educate individuals about mental health and substance use issues. BHA has worked with providers in 2020 through 184 provider educational/training meetings, 47 instructor-led webEx training sessions attended by over 2,600 provider staff, and monthly provider council meetings to discuss and promote standardized training in behavioral health.

Some examples of standardized training include:

- Developed Medication-Assisted Treatment (MAT) for opioid use disorder and substance use disorder training 4 hour course for behavioral health practitioners.
- Developed Trauma Informed Care (TIC) Best Practices Training for behavioral health practitioners.
- Ethics and Boundaries training for Residential Rehabilitation Programs, Residential Substance Use Treatment Programs, PRP, Recovery Residences.
- Core Competency Training for Psychiatric Rehabilitation Programs.
- Fire and Safety Training for Residential Rehabilitation Programs Residential Specialist.

## **Recommendation Six: Ensure proper warnings regarding cannabis use.**

Draft cannabis edibles regulations (COMAR 10.62.01-.37) published in the Maryland Register on October 23, 2020 with a comment period ending on November 23, 2020. These regulations include labeling/warnings (see [example here](#) and Appendix B).



## **Recommendation Seven: Standardize Mental and Behavioral Health Programming in Schools.**

Maryland State Department of Education (MSDE), and local school systems use a Multi-Tiered System of Social-Emotional Support. There are three tiers, with Tier I providing instruction and services for all students; Tier II providing a higher level of services needed for small groups of students; while Tier III is designated for students with more individualized services.

MSDE provided training on restorative practices in partnership with the University of Maryland School of Law; Positive Behavioral Interventions and Supports (PBIS); and trauma-informed approaches.

Some trauma-informed approaches are: Youth Mental Health First Aid, Adverse Childhood Experiences (ACEs), School Counseling Interventions, and Mental Health and Well-Being.

The Mental Health First Aid training is a “trainer of trainers” model which results in outreach and assistance offered to thousands of students across the State.

All Local School Systems have planned systematic classroom-based Social and Emotional Learning (SEL), Restorative Approaches, PBIS, and additional programs.

A number of school systems also have Second Step (Elementary and Middle), Social and Emotional Foundation for Early Learning (SEFEL – targeting early education), Conscious Discipline, and a number of additional SEL programs. SEL is embedded in the Health, Physical Education, and Fine Arts curricula.





## **Recommendation Eight: Improve Access to Information and Services.**

- BHA promoted the 211 hotline <https://pressone.211md.org/>
- Promoted FDA's Remove the Risk toolkit that provides information on how to properly dispose of medications.
- Webinar on How to Administer Naloxone, where to obtain it and how to upload Naloxone Electronic Toolkit for Maryland business community
- BHA created two interactive service locator maps—Crisis Treatment Locator and Telebehavioral Health Provider Locator Map—to assist individuals in locating and accessing information about certain behavioral health services.
- BHA partnered with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) on the Crisis Counseling for Essential Worker Partnership.

## **Recommendation Nine: Clear Statutory Definition of Harm to Self and Others.**

Through the work of the Youth and Families subcommittee as well as compelling public testimony before the commission from family members of individuals in crisis, it is clear the State must develop a clear and unambiguous standard for determining when individuals in crisis pose a danger to themselves and others in order to give caregivers and public safety officials clear standards for action to alleviate this danger. The commission recommends legislation that provides a clearer statutory definition of danger of harm to self or others. The currently widely used standard of “immediacy” is insufficient.

In February 2021, the Behavioral Health Administration (BHA) was charged by the Commission to Study Mental and Behavioral Health with reviewing current civil commitment laws, and examining the definition of dangerousness and grave disability. From March 3, 2021 to April 20, 2021, BHA led a diverse group of stakeholders, hosting four workgroup meetings, to review national best practices on civil commitment and develop recommendations to provide greater clarity to Maryland's civil commitment definition.

Through a collaborative process with stakeholders BHA has developed a proposal to update regulations defining harm to self and others and included data collection and training requirements.



## **Recommendation Ten: Enact More Permanent Telehealth Reform.**

Continued expansion of the use of telehealth to reduce barriers to service delivery, especially in communities without information technology resources and regions that lack suitable broadband infrastructure, is crucial. In particular expansion of telehealth to memorialize the authorization of audio only telehealth services. Maryland should permit mental healthcare practitioners licensed in any of the other states and the District of Columbia to provide telehealth services across state lines, providing they follow state laws and regulations pertaining to mental health professionals. Idaho has [introduced model legislation](#) to authorize such a regime.

In 2021 the General Assembly approved and Governor Hogan signed into law HB 123/SB0003 The Preserve Telehealth Act. This law preserved the access to telehealth provided by Governor Hogan's emergency executive orders enacted to address access to mental and behavioral health services during the pandemic. The law preserves telehealth options through fiscal year 2023, pending a study by the Maryland Health Care Commission. To maintain the increased access to vital support and treatment, the Commission urges the General Assembly to make provisions of the Preserve Telehealth Act permanent, and enact licensure reform to allow out-of-state mental and behavioral health practitioners to provide services to Marylanders.

## **Recommendation Eleven: Explore Assisted Outpatient Treatment (AOT) Pilot for Returning Citizens.**

Maryland Department of Public Safety and Correctional Services (DPSCS), has a significant portion of its inmate population suffering from severe mental health disorders. Releasing these individuals into society with no plan of care will most likely result in reincarceration. A pilot outpatient civil commitment program operated by BHA offers a useful model for DPSCS.

Utilizing a grant from SAMHSA the BHA established an outpatient civil commitment pilot program in Baltimore City through Behavioral Health Systems Baltimore, for release of individuals involuntarily admitted for inpatient treatment under Health-General Article, Md. Code Ann. § 10-632.

Between 2018 and 2019 the program served seven individuals who received mental health services during their six-month involuntary commitment. The pilot program utilized a person-centered approach to care, where each individual in the program developed a treatment plan tailored to meet their unique health care needs and goals. To support the participant's program plan, goals, and ensure adherence to the program, peer recovery specialists met with each individual several times a week consistent, assertive, and trauma-informed outreach; case management; supportive counseling, and linkage to community resources. All mental health services received



by program participants were individualized and appropriate to the level of care required for that individual.

In June 2018 Behavioral Health Systems Baltimore relinquished the SAMHSA grant and BHA began funding the pilot program. Staff and stakeholders have learned many valuable lessons about the design and implementation of the outpatient civil commitment program in Baltimore City and the limitations of the SAMHSA grant. Specifically, staff and stakeholders learned that limiting enrollment to only those who have involuntary hospitalizations resulted in too few referrals. Regulatory changes implemented in September 2019 were designed to increase program participation. Additional regulations are being proposed to expand the service area.

The Department of Public Safety and Correctional Services should explore piloting a program similar to the outpatient civil commitment program for returning citizens who suffer from mental illness as deemed appropriate.

### **Recommendation Twelve Expansion of Forensic Assertive Community Treatment (FACT) Teams.**

DPSCS should design an AOT pilot program for the population of inmates up for parole and probation to reduce the potential for re-engagement with the criminal justice system and reincarceration. Identify an empirically-supported fidelity tool to assess the effective implementation of FACT teams, as well as assessing the need for FACT teams statewide and expanding the use of FACT teams in defined geographic areas.

Prior to merging with the MCSW, the Crisis Services Sub-committee learned about the utility of FACT teams. The group received presentations on how they operate and associated outcomes. Moving forward, the Best Practices workgroup as part of the MCSW will consider the utility of expanding FACT teams.

### **Recommendation Thirteen: Extended Services for ACT Teams and Expand Geographical Areas of Need.**

Explore the types of expanded services Assertive Community Treatment (ACT) teams can take on and determine what type of incentives should be provided. Expand geographic areas in need of ACT teams defined by an empirically-based formula for estimating needed ACT capacity and a population size sufficient to sustain a fully-functioning ACT team. Expansion of ACT teams will occur as part of the Best Practices Workgroup under the Maryland Crisis Systems Workgroup.



## **Recommendation Fourteen: Obtain IMD Exclusion Waiver.**

Proceed with a psychiatric institute for mental disease (IMD) exclusion waiver request as part of the Department's substance use disorder IMD exclusion waiver renewal application.

On July 13, 2021 Governor Hogan submitted a letter (see Appendix C) to the U.S Department of Health and Human Services seeking a Demonstration Waiver Renewal for HealthChoice, Maryland's Medicaid Managed Care program. The renewal application included a provision to cover adults in a psychiatric institution for mental disease (IMD) (or better known as a psychiatric IMD exclusion provision). CMS approved the waiver application on December 14, 2021.

## **Recommendation Fifteen: Explore Provider Reimbursement Rates as Non-Quantitative Treatment Limitations.**

Conduct further study of provider reimbursement rates as non-quantitative Treatment Limitations to evaluate whether rates are determined in a comparable manner for medical providers and behavioral health providers. Work with stakeholders to develop standards for the carrier non-quantitative treatment limitations reporting requirements that will ensure meaningful information is collected in an efficient manner that minimizes the administrative costs and burdens associated with the reports. Engage employer groups in the commercial self-funded market to determine what steps they have taken to increase access to behavioral health services and to identify strategies to collaborate on increasing access in the self-funded market.

Senate Bill 334, Chapter 619, Acts of 2020, requires commercial carriers to submit reports to the Maryland Insurance Administration (MIA) by March 1, 2022, which are intended to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The state law also requires the MIA to adopt regulations and template reporting forms by December 31, 2021 to ensure uniform definitions and methodology for the required reports. The reports focus on the comparability of non-quantitative treatment limitations that are applied to mental health and substance use disorder benefits and medical/surgical benefits.

Throughout 2021, the MIA held three public hearings on this issue, researched and considered the approaches taken by other state and federal regulators, and engaged with various stakeholders, including consumer advocates, insurance carriers, and employers in the self-funded market. The MIA posted multiple draft versions of the proposed regulations and associated template forms and instructions to the MIA website for public comment during the summer and fall. The regulations (COMAR 31.10.51) were formally proposed in the Maryland Register on October 22, 2021 with a comment period ending on November 22, 2021. The regulations and associated templates will be finalized by the end of 2021.

# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



To gain greater insight into possible disparities in reimbursement rates between behavioral health providers and medical/surgical providers, provider reimbursement was specifically added to the template reporting forms as a separate non-quantitative treatment limitations category that must be reported in addition to the other thirteen categories included on the original reporting form. The MIA also intends to require submission of a separate data supplement form that will collect uniform information on the comparability of reimbursement rates for specific services performed by medical/surgical providers and behavioral health providers.

As part of its efforts to engage employer groups in the commercial self-funded market in the discussions related to financing behavioral health treatment coverage, the MIA invited representatives of the MidAtlantic Business Group on Health (MABGH) to participate in the MIA's MHPAEA Workgroup meetings and to present at the March 22, 2021 meeting of the Finance Subcommittee. MABGH is a coalition, consisting mostly of large corporations that provide self-funded health coverage for their employees, with the overarching purpose of maximizing the return on the money member companies spend on health coverage for their employees. At the March 22 Finance Subcommittee Meeting, MABGH emphasized that systemic reform to improve access to effective behavioral health treatment would result from multi-stakeholder engagement and would involve collaboration at the national and regional levels between providers, employers, regulators, and others.

MABGH noted that enhancing coverage for tele-behavioral health services is one of the primary strategies the self-funded market is pursuing to improve access to behavioral health treatment. MABGH also attended several of the MIA's MHPAEA Workgroup meetings and expressed public support for the MIA's efforts on the Mental Health Parity reporting front, including the approach proposed in the MIA's final draft regulations and template forms.





**Recommendation Sixteen: Formalize a Statewide Planning Body to address the needs of justice involved persons with behavioral health disorders.**

Formalize the work of the commission to ensure long term planning, implementation and funding to address issues raised in the Sequential Intercept Model (SIM) Summit. Generally state strategies for Criminal Justice/Behavioral Health collaboration include Executive Orders, enabling legislation or Administrative Orders from the State Chief Judge. Examples can be found in the following states: [Michigan](#), [Ohio](#), [Texas](#) and [Virginia](#).

A specific planning/advisory group focused on addressing individuals in the criminal justice system dealing with mental and behavioral health disorders is critical. This body should work in collaboration with the Maryland Behavioral Health and Public Safety Center of Excellence (see Recommendation 17) to maintain progress after the Commission concludes its work. The center of excellence working in collaboration with a statewide planning body can develop long-term planning, strategy, and implementation and ensure the vital work of the commission will endure past its termination.

**Recommendation Seventeen: Develop a Mental Health-Criminal Justice Center of Excellence.**

Centers of Excellence centralize criminal justice/mental health resources, events, and initiatives to disseminate information, track diversion activity, publish outcome metrics, aid in planning, provide resources, technical assistance and training. These centers also coordinate statewide Sequential Intercept Model Mapping Workshops to summarize results and priorities that inform cross agency planning and program development.

In 2021 the General Assembly enacted and Governor Hogan signed into law HB 1280/SB857 establishing the Maryland Behavioral Health and Public Safety Center of Excellence within the Governor's Office of Crime Prevention and Youth and Victim Services.

The center will act as a statewide clearing house for behavioral health related treatment and diversion programs develop a strategic plan to increase treatment and reduce detention of those with behavioral health disorders in the judicial system, and provide technical support for localities to develop behavioral health support systems for those involved in the criminal justice system.

# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



## Recommendation Eighteen: Broaden and Formalize County-level Criminal Justice/Behavioral Health Planning Committees.

Early review of the discussion from the SIM intercept groups suggests that county level criminal justice/behavioral health planning is uneven across the state. Several counties are involved in Stepping Up Initiatives, while others may have Police Crisis Intervention Team Advisory Boards, or Treatment Court Advisory Boards or have cross county committees as the result of local Sequential Intercept Mapping. The State should help strengthen cross-county partnerships and learning. In addition, the state should work with the SAMHSA to deliver a “Train-the-Trainers” course for SIM mapping. The establishment of the Maryland Behavioral Health and Public Safety Center of Excellence will facilitate formalizing and standardizing county-level criminal justice and behavioral health planning.





## **2021 RECOMMENDATIONS**

### **Recommendation Nineteen: Standardize and formalize reporting on Mental Health Parity Non-Quantitative Treatment Limitations.**

In accordance with Senate Bill 334, Chapter 619, Acts of 2020, the MIA will be finalizing regulations and template reporting forms before the end of 2021 that will ensure uniform definitions and methodology for the Mental Health Parity reports commercial carriers are required to file with the MIA by March 1, 2022. These reports are designed to assess whether carriers are applying non-quantitative treatment limitations more restrictively to behavioral health benefits than to medical/surgical benefits. The MIA recommends focusing its analysis and review of the reports on the non-quantitative treatment limitations that affect access to behavioral health care services most impactfully, including provider credentialing, contracting, and provider reimbursement rates.

### **Recommendation Twenty: Improve access for Maryland's youth and families to vital information.**

Clear, concise, and consistent information on how to access treatment and support for mental health and substance use disorders is vital. We can provide this on websites managed by the State, and expand community outreach and education by: (1) Use of clear, concise language and infographics; (2) Ensuring accessibility of electronically-based information that conforms with State and federal law; and (3) Provide short, community-focused videos regarding resources and services for youth and families living with mental and behavioral health issues.



## CONCLUSION

This 2021 report represents the work of the Commission over another challenging year dealing with the COVID-19 pandemic. Despite the continuing challenges, we have seen progress on many fronts with several of the Commission's recommendations put into action. The administration's emergency actions in response to the pandemic revealed reducing barriers and increasing access to vital mental and behavioral health supports should continue post-pandemic. The Commission looks forward to continuing that work in 2022 and will focus its efforts on implementing our recommendations and ensuring the progress we have achieved lives on, beyond the Commission's termination date.

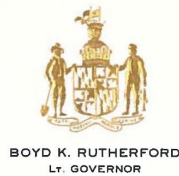




# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



## APPENDIX A



### STATE OF MARYLAND OFFICE OF THE LIEUTENANT GOVERNOR

November 10, 2020

The Honorable Richard Shelby  
Chairman  
Senate Committee on Appropriations  
S-128, The Capitol  
Washington, DC 20510

The Honorable Nita M. Lowey  
Chairwoman  
House Committee on Appropriations  
H-307, The Capitol  
Washington, DC 20515

The Honorable Patrick Leahy  
Vice Chairman  
Senate Committee on Appropriations  
S-128, The Capitol  
Washington, DC 20510

The Honorable Kay Granger  
Ranking Member  
House Committee on Appropriations  
H-307, The Capitol  
Washington, DC 20515

Dear Chairman Shelby, Vice Chairman Leahy, Chairwoman Lowey, and Ranking Member Granger:

As Lt. Governor of Maryland and Chair of our state's Commission to Study Mental & Behavioral Health, I write today to express my strong support for increasing funding for the Second Chance Act grant program to at least \$100 million. As the December 11 government funding deadline approaches, I urge you to work together on a bipartisan, bicameral basis to ensure this priority is included in the next continuing resolution or omnibus package.

Second Chance Act grants help state and local governments facilitate the reintegration of ex-prisoners back into society with the goal of improving outcomes and preventing recidivism. In Maryland, we are particularly focused on improving reentry programs for adults with co-occurring substance use and mental health disorders. A significant portion of individuals who are incarcerated and return to the community have chronic disorders and are in need of treatment in order to successfully complete their supervision and reintegrate into their communities. With increased investment in Second Chance Act reentry programs, we can help this vulnerable population break the cycle of recidivism and in turn promote public safety. Expanded federal funding would allow us to support a broader range of services, including employment assistance, substance abuse and mental health treatment, housing, family-center programming, and mentoring.

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# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



Funding for the Second Chance Act Program

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Thank you for your consideration of this funding request as you negotiate the next government funding package. We look forward to building on the momentum of the Second Chance Act and collaborating at the federal, state, and local level to best support the reentry of individuals living with mental health disorders.

Sincerely,

A handwritten signature in blue ink, reading "Boyd K. Rutherford".

Boyd K. Rutherford  
Lt. Governor of Maryland

CC: Governor Larry Hogan  
Maryland Congressional Delegation

# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



United States Senate  
WASHINGTON, DC 20510

December 9, 2020

The Honorable Boyd N. Rutherford  
Lieutenant Governor of Maryland  
100 State Circle  
Annapolis, MD 21401

Dear Lieutenant Governor Rutherford,

We write regarding your recent letter requesting at least \$100 million in Second Chance Act funding in Fiscal Year 2021.

Second Chance Act grants have been critical to the successful reintegration of former prisoners back into our communities. Maryland has used these funds to provide targeted services to adults with co-occurring substance use and mental health conditions. More funding is needed to improve and expand programs for this vulnerable population to ensure they have the tools they need to reintegrate successfully. Additionally, more funding for the Second Chance Act is needed to help ensure that prisoners who received early release through Governor Hogan's Executive Order to help stop the spread of the coronavirus have access to the tools and services they need to successfully reintegrate into their community and contribute to our state.

We have consistently supported funding for the Second Chance Act and we urged the Senate Appropriations Committee to continue funding the program. We were pleased that they accepted our recommendation in the recently released Senate Appropriations Bill for FY21 and the House Appropriations Bill. Both bills included \$100 million in funding for the Second Chance Act, a \$10 million increase compared to FY20. We will continue to work diligently to ensure that the final act includes this vital funding increase.

We look forward to partnering with you in the future to ensure that our state has access to the resources it needs to break the recidivism cycle and provide services for returning citizens with substance abuse and mental health disorders.

Sincerely,

A handwritten signature in blue ink, reading "Chris Van Hollen".

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Chris Van Hollen  
United States Senator

A handwritten signature in blue ink, reading "Benjamin L. Cardin".

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Benjamin L. Cardin  
United States Senator

# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



DAVID TRONE  
6TH DISTRICT, MARYLAND  
EDUCATION AND LABOR  
COMMITTEE  
FOREIGN AFFAIRS  
COMMITTEE  
JOINT ECONOMIC  
COMMITTEE



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December 14, 2020

The Honorable Boyd N. Rutherford  
Lieutenant Governor of Maryland  
100 State Circle  
Annapolis, MD 21401

Dear Lieutenant Governor Rutherford,

I write in reply to your letter requesting at least \$100 million in Second Chance Act funding in Fiscal Year (FY) 2021. These funds have always been critical, but this year they are needed even more as Maryland implements Governor Hogan's Executive Order and a Federal Department of Justice (DOJ) order to help stem COVID-19 in correctional facilities through early release of qualified individuals. Reentry is challenging during the best of times, and this critical process for justice-impacted individuals demands our utmost support during the pandemic.

Maryland has seen great achievements with Second Chance Programs to improve outcomes for individuals returning to their communities from prisons and jails, providing critical services — including employment training and assistance, education, housing, family programs, and substance use disorder treatment.

Research suggests that, without support, more than two-thirds of formerly incarcerated individuals will fall back into a cycle of recidivism within three years of their release. However, with the supportive services provided by Second Chance Act funding, they can rebuild their lives and contribute by making the communities they return to stronger and safer.

Second Chance Act funding has been a top priority of mine since I came to Congress. This year, I again asked the House Appropriations Committee to expand funding for the Second Chance Act. They accepted this recommendation and the House-passed FY21 appropriations bill provides \$100 million in funding for these programs, a \$10 million increase over FY20. I am glad to see the Senate's proposal contains a similar provision, and I am actively engaging with colleagues in both chambers of Congress to see this funding retained in any final appropriations package.

I look forward to partnering with you to ensure that our state has the resources necessary to provide reentry services to improve outcomes and provide true second chances for justice-impacted individuals.

Sincerely,

David Trone  
Member of Congress



## APPENDIX B



# Commission to Study Mental and Behavioral Health in Maryland 2021 REPORT



## APPENDIX C



LARRY HOGAN  
GOVERNOR

### STATE OF MARYLAND OFFICE OF THE GOVERNOR

July 13, 2021

The Hon. Xavier Becerra, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

The State of Maryland, through its Department of Health (MDH), is pleased to submit its §1115 Demonstration Waiver Renewal Application (11-W-00099/3). This waiver permits MDH to operate HealthChoice, its Medicaid Managed Care Program that began in 1997. With this application, Maryland enters its seventh renewal cycle. This application reflects upon the successes HealthChoice has experienced to date, along with introducing future projects and initiatives that will aid in Maryland's goal to provide quality health care for the state's growing Medicaid population.

Maryland has long been committed to addressing the growing substance use crisis and improving access to care for individuals with serious mental illnesses. On February 24, 2015, I issued Executive Order 01.01.2015.12, which created the Heroin and Opioid Emergency Task Force. The Task Force, chaired by Lieutenant Governor Boyd K. Rutherford, is charged with advising and assisting in establishing a coordinated statewide and multi-jurisdictional effort to prevent, treat, and significantly reduce heroin and opioid use disorders. Additionally, in January 2019, I established the Governor's Commission to Study Mental and Behavioral Health. The Commission, chaired by Lt. Governor Boyd Rutherford, has been tasked with studying mental health in Maryland, including access to mental health services and the overlap between mental health conditions and substance use disorder. Robust stakeholder involvement from across the state has highlighted that lack of capacity and coverage of residential treatment negatively affects the quality of life for individuals experiencing exacerbated symptoms of mental health conditions.

In the last waiver period, Maryland expanded programs that targeted the heroin and opioid epidemic. We did so by offering a continuum of services to Medicaid participants with substance use disorders. In this renewal period, Maryland requests to continue its existing authority to cover institutions for mental diseases (IMD) services for individuals with a substance use disorder. Further, Maryland requests to extend coverage to individuals solely in need of IMD services for serious mental illness. Specifically, Maryland requests expenditure authority to cover Medicaid adults between the ages of 21 and 65 who are receiving services in a private psychiatric IMD for no more than 30 days across all participants statewide, and no more than 60 days for any individual annually beginning on January 1, 2022.

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In addition, MDH will focus on alignment with statewide efforts and population health measures designed to achieve success on the Statewide Integrated Health Improvement Strategy (SIHIS) as required by the Center for Medicare and Medicaid Innovation (CMMI) under Maryland's Total Cost of Care (TCOC) model. The Department expects these changes, along with others, to significantly aid in reducing barriers to care for vulnerable Maryland residents, while improving the quality of health services delivered to all Medicaid beneficiaries.

MDH staff look forward to working with the U.S. Centers for Medicare and Medicaid Services staff during the §1115 HealthChoice Demonstration Waiver renewal process. Should you have any questions or concerns, please contact Maryland Health Secretary Dennis R. Schrader ([dennis.schrader@maryland.gov](mailto:dennis.schrader@maryland.gov)), Steven Schuh, Deputy Secretary of Health Care Financing ([steve.schuh@maryland.gov](mailto:steve.schuh@maryland.gov)) or Tricia Roddy, Deputy Medicaid Director ([tricia.rodny@maryland.gov](mailto:tricia.rodny@maryland.gov)).

Sincerely,



Lawrence J. Hogan, Jr.  
Governor