Commission to Study Mental & Behavioral Health

INTERIM REPORT

Lt. Governor Boyd K. Rutherford, Chair

July 10, 2019

CHANGING Maryland *for the Better*

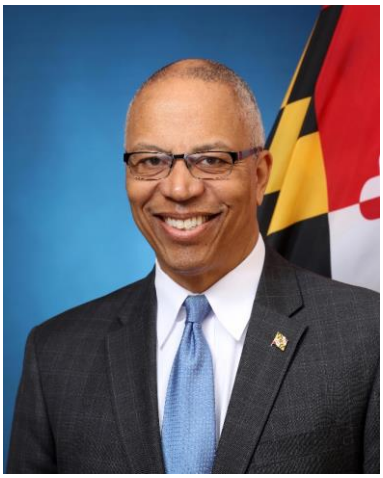
Office of the Lt. Governor

Boyd K. Rutherford

Table of Contents

CHANGING Maryland *for the Better*

July 10, 2019



The Honorable Larry Hogan
Governor, State of Maryland
100 State Circle
Annapolis, MD 21401

Dear Governor Hogan,

Since taking office in 2015, fighting the heroin and opioid epidemic has been a top priority of our Administration. We have been laser-focused on implementing a holistic, multi-pronged approach to combating this epidemic that includes prevention, treatment, recovery, and enforcement. It is my belief that part of this approach must incorporate a heavier focus on mental health, as there is a high likelihood of an individual suffering from co-occurring mental health and substance use disorders.

I applaud your leadership in creating the Commission to Study Mental and Behavioral Health (Commission) and thank you for appointing me as Chair. Over the past six months, the Commission has hosted regional meetings around the state and brought together families, advocates, practitioners, and those on the front lines of the issues to ensure we move forward to improve Maryland's mental health delivery system.

The Commission has been tasked with studying mental health in Maryland, including access to mental health services and the link between mental health issues and substance use disorders. The composition of the Commission includes representatives from each branch of state government, representatives from the judiciary, legislature, and from the state departments of Health, Public Safety and Correctional Services, and Human Services, as well as the Maryland State Police, the Maryland Insurance Administration, the Opioid Operational Command Center. In addition, the Commission includes six members of the public with experience related to behavioral and mental health.

Enclosed is our Interim Report, which establishes four subcommittees and provides the framework of the Commission for the coming years. Thank you for your continued leadership and support. We look forward to submitting our Annual Report at the end of 2019.

Sincerely,

Boyd K. Rutherford
Lieutenant Governor, State of Maryland
Chair, Mental and Behavioral Health Commission

Commission to Study
Mental and Behavioral Health in Maryland

Interim Report

I. Introduction

Throughout the first term in office, the Hogan Rutherford Administration has worked tirelessly to curb the effects of the heroin and opioid epidemic that have been ravaging our state. After only a month in office, Governor Hogan issued Executive Order 01.01.2015.12, formally creating the Opioid Emergency Task Force. Based on the work of the Task Force and the implementation of its recommendations, Maryland started to make progress in combating this epidemic.

It has been through the work of the Task Force and the holistic approach used to address this public health emergency that the Governor and Lt. Governor realized the vital need for our approach to expand further and explore the mental and behavioral health needs of the citizens of Maryland. Just as there is a stigma attached to substance use disorder, issues related to mental and behavioral health are also stigmatized (perhaps to a greater degree).

Across the country, there has been a historical 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 effects the quality of treatment for individuals but raises the cost of care for all individuals. We must take a serious look at how the state provides care and services to individuals and their families. Individuals with undiagnosed mental health are more likely to experience homelessness, joblessness, negative interactions with the judicial system, and become victims of crime and/or suicide.

On January 10, 2019, Governor Hogan issued Executive Order 01.01.2019.02[1], formally creating the Commission to Study Mental and Behavioral Health in Maryland (Commission). The Commission is conducting regional meetings across the state to elicit stakeholder input. From these meetings, the Commission will formulate recommendations to advise and assist the Governor to improve access to a continuum of mental health services.

Commission members include:

- 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 Robbyn Lewis, District 46, Baltimore City

[1] May 28, 2019 the Executive Order was amended to 01.01.2019.06 to include additional members and an annual report.

- Richard Abbott, Representative of the Chief Judge of the Court of Appeals
- Robert Neall, Secretary, Department of Health
- Dr. Lisa Burgess, Acting Deputy Secretary Behavioral Health Administration[2]
- Major Roland Butler, Maryland State Police
- Dr. Randy Nero, Department of Public Safety and Correctional Services
- Dr. Randi Walters, Department of Human Services
- Al Redmer, Commissioner, Maryland Insurance Administration
- Steve Schuh, Director, Maryland Opioid Operational Command Center
- Christian Miele, Deputy Secretary, Department of Disabilities
- Dr. Deborah Nelson, 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

Non-voting member

- Dennis Schrader, Chief Operating Officer and Medicaid Director, Department of Health

Pursuant to the Executive Order, the Commission is required to submit recommendations for policy, regulations, or legislation to improve the continuum of mental-health services, as well, 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 has held three regional meetings throughout the state with at least two more meetings scheduled before the end of 2019. We have heard testimony from persons suffering from disorders, family members, educators, faith leaders, researchers, elected officials, law enforcement agencies, treatment professionals, and other stakeholders. The regional meetings have been held in Annapolis, Baltimore City, and Largo.

This interim report reflects the Commission's initial work, the ongoing efforts of the subcommittees, and preliminary recommendations. Our annual report will be submitted in December 2019 with more in-depth information of our work and offer further recommendations to lead us into 2020.

[2] Prior to May 2019 BHA Deputy Secretary was Dr. Barbara Bazron.

II. Subcommittees

Based on the areas of concern that have been raised through the Administration's tenure and feedback from stakeholders, the Commission has created four subcommittees: (1) Youth & Families; (2) Crisis Services; (3) Finance & Funding; and (4) Public Safety/Judicial System. These four subcommittees will specifically focus 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 solicited the participation of stakeholders interested in the particular subject area.

The following section details the initial focus areas of each subcommittee and the progress thus far.

1. ***Youth & Families***

Co-chairs: Dr. Randi Walters, Deputy Secretary of Programs, Department of Human Services and Christian Miele, Deputy Secretary, Department of Disabilities

Overview

The Youth and Families Subcommittee was created because 1 in 5 children ages 13-18 have or will have a serious mental illness (NAMI, 2016); estimated rates of co-occurring mental illness among adolescents with substance use disorders range from 60 to 75 percent. Among adolescents with no prior substance use, the rates of first-time use of drugs and alcohol in the previous year are higher in those who have had a major depressive episode than in those who did not. Other commonly documented co-occurring mental disorders include conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, anxiety, and post-traumatic stress disorder (SAMHSA, 2010); suicide is the second leading cause of death among adolescents aged 15-19 (CDC, 2017); and, with an increase in school violence in recent years, addressing youth and adolescent behavioral health is more important now, than ever before. 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 to access to their treatment or diagnosis.

Focus Areas

K-12 education: The subcommittee will review current programs in the school systems that provide mental and behavioral health supports and services to students and school-aged children. In doing so, the subcommittee will be conducting an inventory of the number of school psychologists, school counselors and school social workers in each jurisdiction. Further, the subcommittee will identify best practices in surrounding states as it relates to mental and behavioral health initiatives for youth and adolescents, including obstacles that make it difficult for families to get services for adult family members who suffer from mental illness.

Caregivers and families: In addition to identifying the services available for youth, the subcommittee will explore the support and services that are currently available for caregivers and family members of individuals affected by a mental health and/or substance use disorder. An emphasis will be placed on how the state can deliver these services to caregivers and/or family members in the most effective manner. The subcommittee will work to identify barriers to treatment to caregivers and/or family members and what the state can do to overcome those obstacles.

Mental Health Coordinators: The subcommittee will take a close look at the operation and workload of the Mental Health Coordinators across the state, as well as explore the services available for transition-age youth and how we may be able to expand those services, aggregate data surrounding bullying and youth with mental and behavioral health conditions, and conduct a statewide needs assessment of services available.

Organizing Efforts

The Commission members assigned to the Youth and Families Subcommittee held their first meeting on May 24, 2019, via conference call. The first full subcommittee meeting was held on June 26, 2019 where additional areas of focus and next steps were outlined. All of the Youth and Families Subcommittee meetings will be hosted both in person and via conference calls to maximize participation.

Commission Members: Dr. Deborah Nelson, Maryland State Department of Education; Dr. Bhaskara Tripuraneni, Child/Adolescent Psychiatrist, Kaiser Permanente – public member; Barbara Allen, James Place Inc. – public member

Participants: Kirsten Robb-McGrath – Department of Disabilities; Ann Geddes – Maryland Coalition of Families; Irnande Altema – Mental Health Association of Maryland; Lauren Grimes – On Our Own of Maryland; Toni Torsch – Daniel C. Torsch Foundation; Courtnay 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; and Laura Mueller – WIN Family Services.

2. ***Crisis Services***

Co-chairs: Delegate Robbyn Lewis, District 46, Baltimore City and Steve Schuh, Director, Maryland Opioid Operational Command Center (OOCC)

Overview

Maryland understands the relationship between mental health and substance use disorders and continues to evaluate its behavioral health delivery system. A critical component of this system includes crisis services, which are a continuum of services available to individuals experiencing a mental health or substance use emergency. Crisis services aim to stabilize an individual in distress in order to refer them to an appropriate level of treatment to address the underlying causes contributing to their crisis[3].

The availability of crisis services in Maryland varies greatly by jurisdiction, and there is some divergence between crisis services available for individuals who have a primary psychiatric diagnosis versus crisis services available for those with emergencies related to substance use disorder. The Crisis Services Subcommittee will study how the statewide crisis system operates in order to explore gaps and to identify opportunities for creating a more comprehensive system of care.

Focus Areas

Given the federal and state commitment to expanding resources to individuals in need of behavioral health services, there are many funding opportunities to support crisis services. A near-term goal of this subcommittee will be to partner with the necessary agencies to compile an inclusive list of all resources allocated toward addressing the crisis services delivery system, specifically those funded through the Statewide Opioid Response (SOR) grant and through the legislature.

Additionally, the Crisis Services Subcommittee will review the gaps and recommendations outlined in the 24/7 Crisis Walk-in and Mobile Crisis Team Services Strategic Plan that was completed by the Behavioral Health Advisory Council (BHAC) in 2017. Having a better understanding of the current resources available to address crisis services, along with BHAC's findings from their strategic plan, will help members of the Crisis Services Subcommittee strategize how best to leverage work that has already occurred in order to maximize efficiency and reduce redundancy.

[3] Substance Abuse and Mental Health Services Administration (SAMHSA)

Organizing Efforts

The Crisis Services Subcommittee has met three times. On May 16, 2019, the subcommittee held a brief organizational meeting. On May 24, 2019, representatives from the Behavioral Health Administration (BHA) presented on the current landscape of crisis services available in Maryland. Additionally, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) provided an overview of the role of emergency medical services (EMS) in responding to crisis calls. These presentations were informative in nature and provided an opportunity for subcommittee members to ask general questions about the state's current response. On June 26, 2019, the subcommittee heard a presentation on the findings from the BHAC's 24/7 Crisis Walk-in and Mobile Crisis Team Services Strategic Plan. Following the presentation, subcommittee members discussed gaps and opportunities in the strategic plan to identify next steps.

Commission Members: Dr. Lisa Burgess – Acting Deputy Secretary of BHA; Patricia Mieduswiewski – public member, family advocate; Serina Eckwood – public member, National Alliance on Mental Illness

Participants: Howard Ashkin – Director of Admissions and Community Engagement – Maryland Association of the Treatment of Opioid Dependence; Nancy Rosen-Cohen – Executive Director, National Council on Alcoholism and Drug Dependence; Dan Martin – Senior Director of Public Policy, Mental Health Association of Maryland; Lori Doyle – Public Policy Director, Community Behavioral Health Association of Maryland; Marian Bland – MDH Behavioral Health Administration; Steven Whitefield – MDH Behavioral Health Administration; Erin Dorrien – Policy Director, Maryland Hospital Association; Susan Knade – Family advocate and Social Worker; Harsh Trivadi – President/CEO, Sheppard Pratt Health System; Ameejill Whitlock – Founder/Director, Freddie Grey Street Medicine Cooperative; Frederic Chanteau – CEO, Sante Group

3. ***Finance & Funding***

Co-chairs: Al Redmer, Jr., Commissioner, Maryland Insurance Administration (MIA) and Dennis Schrader, Chief Operating Officer and Medicaid Director, Maryland Department of Health (MDH)

Overview

In order to fulfill its mission as it relates to health insurance in both the public and private markets, the Finance Subcommittee is tasked with assessing how finance and funding in the public and private sectors affect access to behavioral health services.

Maryland's public behavioral health system provides mental health services to over 200,000 individuals and substance use services to over 100,000 individuals annually, the majority of which are covered by Medicaid. Further, Medicaid insures over 20 percent of the State's population. Maryland's commercial insurance industry covers approximately 55.5 percent of the State's population, or 2.86 million Maryland residents. Given the public behavioral health system's and the commercial insurance market's substantial roles in delivering and financing behavioral health services within the State, the subcommittee's focus areas will make an important contribution to the Commission's work.

Focus Areas

Public Behavioral Health: Assess and develop quality outcome principles. Two bills were introduced during the 2019 session that sought to change the delivery and financing of Medicaid behavioral health services. As a result of the corresponding discussions, the Chairs of the Senate Finance and Health and Government Operations Committees requested MDH to convene a System of Care Workgroup to examine and make recommendations on how the State should provide, administer, and finance behavioral health services in conjunction with the Total Cost of Care Model. These recommendations should increase care coordination and quality for Medicaid enrollees, be cost efficient, and promote access to care. The System of Care will include three design components: Quality Integrated Care Management, Cost Management, and Behavioral Health Provider Management and Network Adequacy. This parallel effort aligns with the subcommittee focus area of assessing and developing quality outcome principles. MDH will convene the System of Care Workgroup in the summer and fall of 2019 and will incorporate subcommittee perspectives into the process.

Private Behavioral Health: Review the network adequacy of private insurance and coverage for substance use disorder treatment. Inadequate coverage of behavioral health treatment services in the commercial market (including inadequate networks to provide these services) can cause a financial barrier for individuals who need treatment. Due to the growing concern about inadequate behavioral health networks, the MIA has increased efforts to determine the network adequacy for behavioral health services over the past several years. The MIA has completed two Mental Health Parity and Addiction Equity Act surveys and is currently in the midst of a third survey. These surveys have involved investigations into the major health insurance providers in the State and have included inquiries into carrier reimbursement rate and credentialing practices, both of which affect network participation. The MIA plans to continue these efforts in addition to analyzing the second annual network adequacy reports that the carriers submit on July 1, 2019. Next steps will be determined by the results of the network adequacy report analysis.

Organizing Efforts

Since the first Commission meeting in March, the Finance Subcommittee has recruited stakeholders for participation and narrowed its focus to two main areas, as outlined directly above. The co-chairs held two organizational calls with their staff on May 14, 2019 and June 5, 2019. Two subcommittee conference calls were conducted on May 28, 2019 and June 17, 2019. All of the meetings have focused on identifying the areas that the subcommittee will focus on throughout the course of the year and beyond.

The subcommittee will continue to meet monthly and receive input on focus areas from its members. The MIA will review the annual network adequacy reports upon their submission on July 1, 2019, and will update the subcommittee on its analysis. MDH will begin convening its Behavioral Health System of Care Workgroup and will update the subcommittee on deliberations.

Commission Members: Secretary Robert Neall**;** Senator Adelaide Eckardt – appointee of the President, Maryland Senate; Cari Cho – public member

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; Steve Daviss – President, Fuse Health Strategies; Mark Luckner – Executive, Maryland Community Health Resources Commission; Daniel Massari – Director of Medicaid Finance, Kaiser Permanente; Patryce Toye – Chief Medical Officer, MedStar Health Plans

4. Public Safety/Judicial System

Chair: Dr. Randall Nero, 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 responder's interactions with the judicial system affect access to behavioral health services.

With the deinstitutionalization of patients from the mental health system, individuals suffering from mental health and substance use disorders have had increased contact with law enforcement and the judicial and correctional systems. It is critical that these respective systems have the appropriate skills and strategies to provide effective interventions that are consistent with the behavior(s) and disorder(s) that may have played a role in an individual's circumstances.

Focus Areas

The subcommittee will review policies and procedures of first responders that relate to the identification of, and initial contact with, individuals experiencing a mental and/or behavioral health crisis. This review will also include exploring the most appropriate avenues and options when an individual who is suffering from a mental health and/or substance use disorder, comes into contact with law enforcement.

The subcommittee will review how the judicial system handles cases involving individuals suffering from mental illness and/or substance use disorders. Are the courts in Maryland equipped to provide the most appropriate services to these individuals in conjunction with the resolution of their legal matter?

Individuals who are incarcerated and who suffer from a mental health and/or substance use disorder should be provided with adequate and appropriate care. The subcommittee will explore what the state is currently doing and what surrounding states are doing to support this population during all stages of their incarceration. Identifying the gaps and brainstorming realistic and practical solutions will be an important part of the subcommittee's work.

Organizing Efforts

The subcommittee's first meeting was on July 1, 2019 where each of the members provided comments on the focus areas identified above. Attendees were encouraged to provide feedback regarding other areas that are appropriate for the subcommittee to explore. Recruitment of additional stakeholders is underway.

Commission Members: Senator Katie Fry Hester – appointee of the President, Maryland Senate; Richard Abbott - representative of the Chief Judge of the Court of Appeals; Major Roland Butler – representative of the Maryland State Police

Participants: Kate Fairenholt – Director, National Alliance on Mental Illness, Evelyn Young – Division of Parole and Probation; Vanessa Purnell – Med Star; Irandi Altema – Mental Health Association of Maryland; Stacey Jefferson – Behavioral Health System Baltimore; Tricia Christensen – Baltimore Harm Reduction Coalition; Adrienne Breidenstein – Behavioral Health System Baltimore; Brittany Delmore – NAMI-MD; Nithin Venkatraman-Chief of Staff, Office of Senator Katie Fry Hester

III. Initial Recommendations

Based on testimony from the regional meetings and input from various stakeholders thus far, the following items were identified as general themes apt for immediate consideration. These are the initial recommendations that will be further explored, in conjunction with the areas of focus identified by the subcommittees. The Commission's year end recommendations will be included in the annual report due in December 2019.

1. **Assess the reciprocity standards for Professional Counselors and Therapists**

   We received comments from many stakeholders and providers that there are significant and unnecessary challenges when trying to recruit qualified, out of state professionals or when a professional licensed in another state relocates to Maryland. There are a number of statutory and regulatory requirements governing the Board of Professional Counselors and Therapists (Board) regarding reciprocity or professional licensing waivers. As we all know, there is an urgent need for qualified health professionals in the state and we shouldn't have additional barriers for professional attraction in this field.

   It is our goal as a Commission to work with the Board to ensure Maryland's professional standards are in-line with surrounding states and best practices in determining reciprocity. We will examine how Maryland compares to industry standards and other states nationally. The Commission will review our certification requirements to identify what specific challenges they may pose to recruitment and retention of qualified professionals. Additional clarity and transparency would enhance the state's ability to address mental and behavioral health care needs through stronger collaboration and institutional alignment, while improving the effectiveness and efficiency of mental health care services delivered in the state.

2. **Update the "emergency facility" definition for individuals in crisis**

The 2017 Strategic Plan of the Behavioral Health Advisory Council recommended changes regarding the location at which an individual must be psychiatrically evaluated when detained on an Emergency Evaluation Petition (EEP). Currently, statute requires an individual be taken to the nearest "emergency facility" for evaluation.[4] "Emergency facility" is defined as "a facility that the Department [of Health] designated, in writing, as an emergency facility."[5] Historically, the Department of Health has interpreted designated emergency facilities as a hospital with an emergency room.

While it is imperative that a proper evaluation takes place, by the proper eligible professional, we should consider whether the current practice and interpretation of "emergency facility" is the most appropriate. Restricting the evaluation to a hospital with an emergency room may create a situation where an individual suffering from a mental health crisis is inappropriately diverted from a specialized treatment facility that is equipped to handle the individual's crisis more rapidly and effectively. Emergency Departments (ED) may not have adequate resources, or connections to those resources, to be able to provide the most effective treatment to this vulnerable population. The goal of a patient being EEP'ed is to have the individual properly evaluated. There may be a benefit allowing for an alternative location where this evaluation can occur.

3. **Implementing parity between behavioral and physical health coverage.**

Another issue receiving comment is related to ensuring that health insurance coverage for behavioral health issues are covered on par with physical health coverage. Providers and other stakeholders have complained that some payers responsible for authorizing and paying for care are not meeting the requirements of the Mental Health and Addiction Equity Act. Accordingly, the Commission will examine how to best implement, monitor, and ensure parity occurs in Maryland.

[4] Md. HEALTH-GENERAL Code Ann. § 10-624
[5] *Id.* at § 10-620

IV. Conclusion

The Mental and Behavioral Health Commission has been working diligently to identify the gaps and problems with the state's current mental and behavioral health systems, investigate specific areas of concern and opportunity, and gather a broad coalition of stakeholders to assist in finding long term, transformative solutions. This interim report represents the beginning of our work that will continue through the next three years. Over the next six months the subcommittees and Commission will focus on finding substantive solutions for your consideration at year end.

V. Appendix

Executive Order 01.01.2019.06:

The State of Maryland

Executive Department

EXECUTIVE ORDER
01.01.2019.06

Commission to Study Mental and Behavioral Health in Maryland
(Amends Executive Order 01.01.2019.02)

WHEREAS, One in five adults experiences a mental health condition every year and one in 17 lives with a serious mental illness;

WHEREAS, Adults in the United States living with serious mental illness die on average 25 years earlier than others, largely because of treatable medical conditions;

WHEREAS, Untreated mental illness creates immense economic and human problems, including, but not limited to, homelessness, burdens on the judicial system, victimization, suicide, and violence;

WHEREAS, Mental illness not only affects the person suffering from it, but also the person's friends, family, and community;

WHEREAS, Available and accessible early-intervention services can more quickly stabilize, and significantly reduce, preventable behavioral health crises and divert individuals from the criminal justice system, emergency departments, and inpatient hospitalization;

WHEREAS, 50 percent of those with mental illness experience its effects by age 14 and 75 percent by age 24, making early engagement and support critical for effective intervention;

WHEREAS, There is a well-documented link between substance-use and mental health disorders as approximately 7.9 million adults in the United States have co-occurring disorders;

WHEREAS, In order to further its ongoing efforts to address the heroin, opioid, and fentanyl crisis, the State must continue to ensure a coordinated, high-quality system of care; and

WHEREAS, Coordination among State agencies, local governments, and community partners is necessary to establish best practices and improve the State's Public Mental Health System;

NOW, THEREFORE, I, LAWRENCE J. HOGAN, JR., GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY AMEND EXECUTIVE ORDER 01.01.2019.02, AND PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Establishment. There is a Governor's Commission to Study Mental and Behavioral Health in Maryland (the "Commission").

B. Membership.

(1) The Commission shall consist of the following members:

(a) The Lieutenant Governor;

(b) **TWO APPOINTEES** [An appointee] of the President of the Maryland Senate;

(c) **TWO APPOINTEES** [An appointee] of the Speaker of the Maryland House of Delegates;

(d) A representative of the Judicial system of the State, appointed by the Chief Judge of the Court of Appeals;

(e) The Secretary of the Department of Health, or the Secretary's designee;

(f) The Deputy Secretary for Behavioral Health, or the Secretary's designee;

(g) The Secretary of the State Police, or the Secretary's designee;

(h) The Secretary of Public Safety and Correctional Services, or the Secretary's designee;

(i) The Secretary of Human Services, or the Secretary's designee;

(j) The Maryland Insurance Commissioner, or the Commissioner's designee;

(k) The Executive Director of the Opioid Operational Command Center;

(l) **THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE;**

(M) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE SUPERINTENDENT'S DESIGNEE; and

(N) Six public members, to be appointed by the Governor, representing a range of experience related to mental health, including lived experiences, clinical expertise, work within the criminal justice system, and the provision of social services.

(2) The members serve at the pleasure of the Governor.

(3) Staff members from the Offices of the Governor and Lieutenant Governor, the Governor's Office of Crime Control and Prevention, and the Maryland Department of Health will also be regular participants.

(4) The Chair may also invite other units of State or U.S. government, including law enforcement agencies, to designate representatives for participation.

C. Duties. The Commission shall:

(1) Advise and assist the Governor in improving access to a continuum of mental-health services across the State;

(2) Consider the findings of the Maryland Behavioral Health Advisory Council 2017 Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services;

(3) Conduct regional summits in various parts of the State to study how mental illness may impact parts of the State differently;

(4) Submit an interim report no later than six months from the date of this Executive Order on its findings relating to access to mental-health treatment services in the State; and

(5) Submit **AN ANNUAL REPORT TO THE GOVERNOR ON OR BEFORE DECEMBER 31** [a final report to the Governor by December 31, 2019], that includes, but is not limited to, recommendations for policy, regulations, or legislation to address the following:

(a) Improving the statewide, comprehensive crisis response system; and

(b) Ensuring parity of resources to meet mental-health needs.

D. Procedures.

(1) The Lieutenant Governor shall be Chair of the Commission. The Chair shall:

(a) Oversee the implementation of this Executive Order and the work of the Commission;

(b) Determine the Commission's agenda; and

(c) Identify additional support needs of the Commission.

(2) The Commission shall convene within 90 days of this Executive Order and meet as frequently as necessary to satisfy the deadlines established herein.

(3) A majority of the Commission shall constitute a quorum for the transaction of any business.

(4) The Commission may adopt other procedures as necessary to ensure the orderly transaction of business.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, effective this 28th Day of May, 2019.

Lawrence J. Hogan, Jr.
Governor

ATTEST:

John C. Wobensmith
Secretary of State