



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

BEHAVIORAL HEALTH COUNCIL WORK GROUP

October 17, 2012

Minutes

ATTENDANCE: Joint Council - Sarah Burns, Chair; T.E. Arthur, Coordinator; Cynthia Petion, MHA; **State Drug and Alcohol Council (SDAAC)** - Kathleen O'Brien, Walden Sierra; Rebecca Hogemaier; **Staff** - Eugenia Conolly, ADAA; Robin Poponne, MHA Office of Planning and Evaluation; Sudha Sarode, MHA

The impetus for today's meeting began with discussion on the need to assess where the group is in the process of combining the Maryland Advisory Council and the State Drug and Alcohol Abuse councils into one Behavioral Health Council. Although it was stated at the last meeting that a combined role/purpose statement would be drafted, it was clear that more discussion was needed before such a large step could be taken.

The initial topic was various ways the Behavioral Health Council could meet during the year:

- The Joint Council meets monthly while the SDAAC meets only four times a year
- Although a formal decision was not made there was some consideration of having less general meetings, perhaps every other month, if a strong committee structure was in place that met on a regular basis and addressed themes that assisted the progress of the Council in key areas of concern

Ideas for Committees:

- It is important to have good working committees, regardless of the structure.
- Existing Committees may be important to keep such as Joint Council's Planning Committee, etc.; SDAAC's Workforce Development, etc.
- Other committees that may be of interest: Youth issues, housing, employment, services delivery, hospitals/somatic care, criminal justice, data/ finance
- Also, some programs set up by Councils/through Block Grant such as Evidence-based Practice Center and the Systems Evaluation Center are important to consider
- There was a question of how issues such as accreditation, licensing, and crisis come together as a subcommittee structure.

c/o Mental Hygiene Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

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Healthy People in Healthy Communities

- One suggestion was to have 4/5 main committees and then breaking those down into subcommittees.
- There was agreement that cultural competency and capacity should be weaved through all of the committees.

Taking inventory – eliminating duplication:

- As the workgroup focused on workforce as a subcommittee, it was realized that three such entities exist in the state with many of the same members. With this subcommittee and with other areas, it can be useful to figure out how many different groups within the state from behavioral health are working on similar issues so that duplications can be eliminated and appropriate linkages can be developed and maintained.
- Combined support staff, Web site

Membership Issues:

- Two Councils, currently structured very differently
- How much of a role would the Governor play?
- It was suggested that Peer Counselors and youth be included
- It can also be useful to look at agencies and to look at advocacy groups that contribute and would continue to contribute
- No decisions were made at this time.

Local Advisory Committees - Ms. Petion gave a brief history of the Local Mental Health Advisory Committees versus Core Service Agency Boards and Eugenia Connelly spoke on the local departments that informed ADAA:

- There was a suggestion of strengthening the local councils and examples of strong local councils were given.
- There was a suggestion to encourage one strategic plan that comes out of the local councils.
- Members wanted to encourage local committees but roles are difficult to determine until the MHA/ADAA merger is complete

Next steps to consider:

- To begin to re-design the council, it can be useful to inventory what committees we have first and what subcommittees are needed.
- The workgroup will reconvene on December 6, 2012 at 1:00pm.