



Mental Health Advisory Committee's Top Priorities FY-24

The Montgomery County Mental Health Advisory Committee (MHAC) is committed to working collaboratively with our community partners to monitor, advise, and advocate for a comprehensive mental health system of care for Montgomery County residents. We appreciate the support of County Executive Marc Elrich and the County Council, especially the HHS committee which includes Councilmen Albornoz, Glass, and Rice, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-24. Two of these priorities have implications to the County's Budget—though one has a net-neutral cost implication. The remaining three will be advocacy and research efforts that MHAC will undertake in the coming year through subcommittee activities.

1. Expanding the Child and Adolescent as well as the Adult Mental Health Outpatient Clinics

The Child and Adolescent and Adult Mental Health Outpatient Clinics serve as the County's safety net for uninsured residents with behavioral health needs. In 2021, the Child and Adolescent Clinic has seen a 15% increase in referrals and the severity of presentation has been more serious. This has resulted in significant wait lists. The Adult Mental Health Outpatient does not maintain a wait list, but also reports an increased demand with residents being turned away with unmet needs.

MHAC is requesting that the Montgomery County Council approve a budget request to add two Licensed Therapist to the Child and Adolescent Clinic as well as 1 Licensed Therapist for the Adult Clinic and 1 Peer Recovery Specialist for the Adult Clinic. At least one counselor in each of the clinics and one peer should be bilingual. The counselors would be used to help run group psychotherapy sessions. This group-session option is recommended to help address the increased demand which currently can't be met with individual patient sessions. The estimated cost for this request is **400,000.00**.

2. Expand the Montgomery County Police's Crisis Intervention Team (CIT) Unit

Despite the addition of mobile crisis units, law enforcement still often is the first responder for many crisis calls that involve individuals with mental health, substance use disorder and/or Alzheimer's disease. Currently, there are only three officers that are part of the CIT unit with only one of these specialized in Alzheimer's disease. In the long term, MHAC would like to see the CIT unit expanded to be a full unit versed in behavioral health needs.

However, in FY-24, we request that the County Council's budget for law enforcement be modified to transition three additional Officers into the CIT unit. Our understanding from conversations with personnel in the CIT unit are that there are many existing officers in other units who have received training and have an interest in doing CIT work. There is no cost associated with this request as it would essentially be a transfer of existing law enforcement staff.

Other Priority Areas: Investigation, Participation, and Support

MHAC is convening subcommittees to do research and advocacy on the following five concerns:

- *Leverage Medicaid for Mental Health Services in Schools and Communities:* Currently only services to Montgomery County Public School (MCPS) students with an IEP are reimbursable through Medicaid. However, the Center for Medicare and Medicaid Services (CMS) has issued [guidance to State Medicaid Directors](#) that reversed the free care rule, officially permitting reimbursement for Medicaid-covered services, regardless of whether the service is also provided at no cost to other non-Medicaid populations. The reversal removes a major barrier for schools to obtain federal Medicaid funding for student health services. The MHAC subcommittee will research strategies to leverage Medicaid dollars for behavioral health needs within MCPS. These efforts may involve discussions at the State level.
- *Improve the Behavioral Health Workforce Pipeline:* Entities within the behavioral health system of care (crisis and safety net services, schools, private providers) have consistently shared their difficulties in finding candidates for open positions within the behavioral health workforce. There are also retention concerns with high turnover rates. In addition, given how diverse our county is, there needs to be intentional efforts to develop a workforce that is culturally reflective of our residents. MHAC's subcommittee will explore opportunities within higher education to "grow our own" providers as well as opportunities for retention and reducing burnout. Another strategy may be expanding the use of paraprofessionals so that clinicians can work to their highest scope of practice.
- *Promote and Support Mobile Response and Stabilization Services (MRSS):* Just as Crisis Now is a national best practice for adult crisis services, the MRSS serves as the best practice for addressing crisis needs of children, youth, youth adults, and their families. The momentum to utilize MRSS in Maryland is underway. The Maryland Department of Health's Behavioral Health Administration (BHA) is redesigning and expanding MRSS to be available in each of Maryland's 24 jurisdictions for the foster care population. While Montgomery County is well-positioned to design, develop, and implement MRSS, MHAC's subcommittee intends to support these efforts and help facilitate if there are any barriers to implementing this important and much-needed service. **It would be beneficial for BHCS to form a workgroup of diverse stakeholders to examine how to design and implement the MRSS model in the County.**
- *MHAC's Environmental Impacts on Mental Health & Resilience subcommittee made some great advances over the past year.* Our discussions facilitated a collaboration between the Department of Environmental Protection and DHHS's Behavioral Health and Crisis Services bureau. DHHS also did some leadership training on climate change and mental health that included looking at potential climate impacts on programs and services. The MHAC will continue to promote this collaboration and encourages the County Council to include mental health discussions in climate action planning and related funding.
- *Suicide Prevention:* The MHAC continue to participate in the countywide Suicide Prevention coalition's weekly suicide prevention discussions and activities. That coalition includes representatives from several of the county's Boards, Commissions, and Committees, county agencies, nonprofit organizations, providers, and people with lived experience with mental illness. MHAC members attend these calls and participate on all three subcommittees: youth, adults, and aging adults. MHAC members participating in this work will continue to report back to the MHAC on the coalition's activities and will facilitate any combined efforts between the MHAC and coalition.

Cost Breakdown for Increased Mental Health Outpatient Staff

97,000.00 for each therapist – three are being requested

80,000.00 for a peer specialist – one is being requested