



## **Mental Health Advisory Committee's Top Priorities FY-19**

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 all persons in Montgomery County. We appreciate the support of County Executive Ike Leggett and the County Council, especially the HHS committee which includes Councilmen Rice, Berliner, and Leventhal, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-19 and we have identified some long-term priorities as well:

### **1) Continue to Advocate for the Full Continuum of Criminal Justice Programs, including Mental Health Court, Deflection and Diversion Initiatives with the Goal of Decriminalizing Mental Illness and Substance Abuse.**

The MHAC would like thank the County Council for providing the requested \$200,000 in supplemental funding in FY19 for additional staff for **Mental Health Courts** so that the capacity can be doubled to 100 cases.

The **Stop Triage Evaluate Educate Refer (STEER)** is a joint MPD/HHS initiative. We appreciate the County's addition of \$300,000 for funding for STEER in FY19, and also appreciate the expansion of the program by including \$75,000 in FY19 for additional staff to help monitor and support individuals while they are waiting for placement for residential treatment.

We would like to recommend that the County establishment of a **Restoration Center** modeled after the center in San Antonio, Texas. The Restoration Center would have comprehensive deflection services and reduce programmatic burdens of the Crisis Center and the criminal justice system. Since the Restoration Center would take some time to establish, MHAC is encouraged by the current efforts by DOCR/HHS-BHCS to develop a Plan of Requirements for the detention center to create a space for the Restoration Center. Simultaneously, we encourage the Council to support HHS, DOCR and others in considering interim locations until the permanent building is completed. Establishment of this "one-stop shop" center would create a more robust continuum of criminal justice services that would be available to consumers and make Montgomery County a model system for decriminalizing mental illness and substance abuse. For more information on Restoration Centers, please see <http://chcsbc.org/innovation/jail-diversion-program/>.

### **2) Expand Access to Mental Health Professionals especially through Innovative Approaches.**

Recent evaluations have determined that Montgomery County has a shortage of psychiatrists.<sup>1</sup> Additionally, the County faces a critical shortage and needs for mental health professionals of in a variety of disciplines (Social Workers, Professional Counselors, Nurse Practitioners, Expressive Therapists, ESOL Counselors, Elementary School Counselors etc.) including those who can speak Spanish or other critical languages necessary to support a growing population of immigrants and refugees from foreign countries with exposure to psychological trauma. Data from Montgomery County Public Schools alone reveals as many as 12,000 immigrant youth may have matriculated in the past five years from three violence-torn Central American Countries, which gives context to the proportions of this problem.

Another of MHAC's top priorities is to advocate for increasing access to care across the lifespan. It is in this vein that we want to express our concern about the staffing of county-run behavioral health programs that

struggle to fill vacant positions. At the time this document was written (Sept. 2018), there are approximately 25 vacant positions in BHCS. The vacancies include managerial positions and providers (including social workers and clinicians). The causes are a lack of bilingual providers/applicants, non-competitive salaries, and the length of time that it takes to complete the recruitment, hiring, and onboarding process. BHCS plays a critical role in promoting mental wellness, preventing substance abuse and suicide, and making sure that children, youth, families, adults, and seniors in crisis or with behavioral health needs have access to a comprehensive and culturally competent treatment and recovery system that provides effective services and supports. These vacancies contribute to reducing the capacity to provide essential services to those struggling with mental health and/or substance use disorders. We would like to see the current efforts continue to make the hiring process more efficient in order to shorten the hiring process and timeline. Furthermore, we would like to request a new staffing study be funded, as has occurred in the past, to allow DHHS to examine the salaries of psychiatrists, therapists, and possibly psychiatric nurse practitioners, to find out if the salaries are competitive which impacts our ability to address the shortages as well as vacancies in these areas.

With the adoption of Maryland's Keep the Door Open Act and the Telehealth bill (SB 704), we look forward to attracting more highly qualified mental health professionals to Montgomery County who will be incentivized by more competitive pay to help address the shortage of mental health professionals. With the implementation of telehealth, more practitioners will be remotely accessed through the ACT team services. ACT Team services are provided by Cornerstone and People Encouraging People (PEP) in Montgomery County. Collectively they operate a total of three ACT teams, each serving up to 100 clients. A fourth Forensic-ACT team (FACT) is being built at the present time. ACT teams are given support funding for the first year until they reach program fidelity to the national ACT team standards. Afterwards they are primarily funded through the state fee-for-service system.

MHAC would like also like to see increased access to psychiatric services through the innovative use of **telemedicine**, creating **psychiatric nurse practitioner** positions and educational residency programs in County Government <sup>2</sup>, and/or the adoption of innovative **consultation models** where psychiatrists guide pediatricians or family doctors in their prescribing of psychiatric medicines in primary care clinics. These can be either funded or administered by the County Government, i.e. modeled after the Massachusetts Child Psychiatry Access Project which has now been adopted by a number of states.<sup>3</sup> MHAC will work with the Mental Health Association of Maryland's Parity Project to ensure transparency of behavioral health provider networks so that they are meeting access standards.

### 3) **Continue to Advocate for a County-Wide Coordinated System of Care for Children, Transition-Age Youth and Adults.**

The Office of Legislative Oversight (OLO) report cited many behavioral health services that are available in Montgomery County. However, adults with multiple needs, including psychiatric, medical, and socio-economic, cycle through our hospitals and jails often due to poor or no care coordination and because of difficulty accessing needed services. Recidivism is higher for those with mental health disorders often due to criminal charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.

While there has been some progress toward a more coordinated system through contracts with targeted case management providers and the **Nexus Montgomery Grant**, it is still imperative to establish a comprehensive county-wide system that is aligned with hospitals and non-profit systems. One of the key challenges of care coordination is lack of housing. A county system could accept referrals from multiple sources, not only hospitals. The system could integrate efforts among the agency providers, track care, and collect data. The Nexus Montgomery Grant is improving care coordination and is also addressing the specialized need for housing. The

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<sup>1</sup> Baker J, Travers JL, Buschman P, Merrill JA. An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness [Formula: see text]. J Am Psychiatr Nurses Assoc. 2017

<sup>2</sup> Sarvet BD, Ravech M, Straus JH. Massachusetts Child Psychiatry Access Project 2.0: A Case Study in Child Psychiatry Access Program Redesign. Child Adolesc Psychiatr Clin N Am. 2017 Oct;26(4):647-663. doi: 10.1016/j.chc.2017.05.003. Epub 2017 Jul 11. Review. PubMed PMID: 28916005

focus of the Nexus Montgomery Grant is to prevent re-admissions to hospitals by coordinating care between hospitals and the community. Nexus Montgomery, through its partnership with Cornerstone Montgomery, has three residential crisis houses in the county that serve as alternatives and diversion from the hospital. A staff person liaises with the hospital to help with the referral process. MHAC is watching with interest the Nexus project to see how this example of care coordination might be brought to scale, and we will observe and monitor the broader issues that may negatively affect care coordination in the county.