



## Mental Health Advisory Committee's Top Priorities FY-20

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 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-20:

1. *Ensure Residents Right to Mental Health Parity:* We are concerned that Montgomery County residents are not receiving mental health services and/or are using their out of network benefits due to inadequate insurance networks. Additionally, we are aware that frequently prior authorization and continuing review requirements are often not based on objective medical-necessity criteria. Finally, mental health providers are not being reimbursed at the same rates as medical services in violation of the national mental health parity law.
2. *Respond to the County's Rising Suicide Rate:* Suicide Rates are increasing nationally, especially among the youth. We are investigating how Montgomery County is addressing this and wish to assist in increasing services or access to treatments that are proven to lower rates of suicides and suicide attempts. Specifically, due to increasing national suicide rates, we are encouraging Montgomery county to increase funding for EveryMind's hotline so that it can add text between 12am and 12pm and follow-up calls for children who receive crisis services. LACSI—county committee with providers that works on suicide issues and created the BTheOne campaign.  
Look at education at the elementary level related to mental health  
Recommended a school-based mental health curriculum. After those are given, there is usually an uptick in students reporting to school counselors. The counselors in turn request MCT. So, there needs to be support for counselors after school-based presentations.
  - We need more DBT-specialized providers in the county.
  - Needs: research on suicide
3. *Improve the County's Crisis Response System:* Despite being the largest county in Maryland, Montgomery County has only one mobile crisis unit to serve the entire county for most of the year (two in the summer).

### Background

The Mobile crisis team (MCT) consists of two licensed therapists and available 24/7 to respond to requests from 911 dispatchers to assist the police with acute mental health emergencies. When dispatched, the team first calls the police, who ensure the team's safety while MCT evaluates the individual. MCT provides referrals to providers and is authorized if necessary, to execute an emergency petition, or alternatively the client can voluntarily go to the ER. MCT is also dispatched to support family/witnesses following suicides and homicides. And they assist providers working on homeless outreach.

The county also runs a Crisis Center, which provides mental health services to individuals with urgent needs. The Crisis Center consists of 6 therapists working each day and 4 therapists during the overnight hours (with 8-9 therapists on evenings during the school year).

Another part of the county's crisis service is its assertive community treatment (ACT) teams. Each ACT team has at least one psychiatrist, licensed therapist, nurse, and peer counselor. The county currently has three ACT teams, two of which are run by People Encouraging People (PEP) and the third is run by Cornerstone. Another Cornerstone ACT team will be operational in a few months. Generally, there are about 100 patients per team and there is currently a waitlist to receive services from one of these teams. The greatest challenge facing the ACT teams now is hiring psychiatrists.

### Recommendations

1. Identify ways to decrease MCT downtime. Although MCT is intended to ease the burden on police and ensure those experiencing an acute mental health crisis receive appropriate interventions, there are significant barriers to ensuring it is achieving those goals. After being dispatched to a home, MCT therapists are required to wait for two patrol officers to arrive on the scene before meeting with the client. However, because these calls are often considered a low priority for police, it frequently takes at least 30 minutes for the necessary units to arrive. During that time, the county's MCT must wait in the car with nothing to do, wasting time and resources, delaying needed mental health care to those who need it, and reducing the number of people MCT is able to help.
2. Increase the number of MCT units.
3. Improve the data MCT collects. One barrier to assessing the county's needs with respect to the MCT is the lack of data available. In particular, the county does not currently track (1) the number of calls MCT must turn down due to being on another call; (2) the amount of time MCT waits before police units arrive; (3) the number of people MCT is able to successfully link to mental health services; (4) the number of people MCT is able to divert from unnecessarily going to the ED or entering the criminal justice system. By collecting this data, the county could better determine how many MCT units are necessary to meet the county's needs, as well as the benefits and savings MCT provides compared to the costs to the county of adding another MCT. MCT staff have reported that the electronic health records system they are required to use is not properly designed for their needs and does not provide for the required data collection. Accordingly, one way to improve the quality of data that MCT collects is to fund the development of an improved EHR for the MCT.
4. Follow up with individuals after meeting with MCT. Currently, MCT does not follow up with clients due to lack of staff. Such follow up would increase the likelihood that clients connect with mental health services, decreasing the likelihood of subsequent 911 dispatches, ED visits, or the individual entering the prison system. We therefore recommend the Council provide the necessary funds to ensure MCT has the staff necessary to provide follow-up services and ensure clients connect with ongoing mental health services.
5. Ensure better coordination between MCT, the police CIT team, the county's Crisis Center, and the crisis hotline.