Mental Health Advisory Committee's Top Three Priorities FY-21

I. ***Respond to the County's Rising Suicide Rate***: In recent years, suicide Rates have increased nationally, especially among the youth. This trend has become further exacerbated by the COVID-19 pandemic, which has caused significant disruption to residents' daily lives, jobs, financial stability, and social networks. While experts are still studying this virus's mental health effects, most experts generally agree that the isolation required under social distancing requirements, economic anxiety created by the resulting recession, and more generally the uncertainty over when things will start to improve, is likely to result in increased suicide rates nationwide. *See* Castrucci, Brian C. & Norris, Tyler; *City Officials Must Act Now to Prevent a Devastating Mental Health Crisis*; Health Affairs (Sept. 24, 2020).

Over the past year, we have been investigating how Montgomery County is addressing this trend and what steps the County Executive and County Council can take to improve its response, including expanding mental health services at schools, better identifying at-risk residents, and improving residents' access to treatments that are proven to lower rates of suicide and suicide attempts. We have identified the following steps the County should take to address this growing problem.

- Increase funding for EveryMind's hotline so that it can add text and chat between 12am and 8am and follow-up calls for children who receive crisis services.
- Pass legislation to add mental-health education at the elementary, middle, and high school levels.
- Add additional support for counselors after school-based mental-health presentations. This will support the increased trend of student reporting to school counselors after mental health presentations which in turn results in counselors requesting the assistance of Mobile Crisis Teams.
- Hire DBT-specialized providers for the County's Mental Health Clinics and require non-County clinics to staff such providers (or alternatively identify incentives to attract more DBT-specialized providers to work in the County).

II. ***Improve the County's Crisis Response System***: The County recently passed a special appropriation adding $592,000 to expand the Mobile Crisis team by staffing three additional units. The County now provides two Mobile Crisis Units to service the entire County 24/7. Despite these gains, the County's Crisis Services needs additional resources and authority to adopt policy changes to ensure appropriate mental health services are available for residents experiencing an acute mental health crisis. This Committee also recently notified that the County did not receive requested funding from the state HSCRC to implement the Crisis Now model, which would have transformed the County's mobile crisis system by creating a County Restoration Center, expanded the capabilities of the County's crisis hotline, and restructured the mobile crisis teams to include a peer counselor. We have not yet learned of the status of another grant proposal seeking funding from the Maryland Department of Health's Behavioral Health Administration, which was submitted in June. Regardless, we strongly urge the County Council and County Executive prioritize increased funding to BHCS to drastically expand the County's crisis services. By doing so, the County would

ensure that individuals suffering from mental illness receive appropriate services and allow us to move away from putting the burden on fire and rescue and, more often, police to intervene. Expanding crisis services in this way would promote increased trust from the community and, by taking this burden from police departments, it would be an important first step in restoring trust between police and the communities they serve. In time, it would reduce costs to the County by reducing unnecessary ER visits, 911 calls, and diverting individuals away from jails, prison, and the court system. Moreover, it would promote a healthier Montgomery County and help individuals stay in the workforce, all of which would help the County's economy.

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. Even with the added MCT units created by the recent special appropriation, more MCT units are needed to ensure crisis services is able to respond to every appropriate call.

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 amount of time MCT waits before police units arrive; (2) the number of people MCT is able to successfully link to mental health services; (3) 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 hotlines (note that EveryMind also runs a crisis hotline for the County, but is unable to coordinate with Crisis Services or the Mobile Crisis Teams).

III. ***Environmental Impacts on Mental Health and Resilience:*** As the ongoing coronavirus pandemic has made clear, continued access to quality mental health services during a state of emergency is critically important. Yet, ensuring access to these services during a state of emergency requires substantial planning and resources. The growing threat of climate change is likely to present its own unique challenges to ensure county residents have access to mental health services. Accordingly, we recommend the county take steps to include a mental-health component to its plans to address climate change.

On December 5, 2017, Montgomery County was the first county in the country to adopt a **climate emergency** resolution. This affirmed the county's understanding and commitment to the threat of global warming. Since then, County Executive Marc Elrich set carbon reduction goals of 80% by 2027 and 100% by 2035. The County also established five work groups to examine how best to meet these goals and invested in a consultant to develop the Emergency Climate Action and Resiliency Plan (eCARP). The resulting plan has adopted a **health frame** that highlights health co-benefits of a green economy and other mitigation and adaptation efforts. This frame gives our community the motivation to act now and feel the benefits now and well into the future. The health frame should also highlight the related mental health co-benefits of the proposed policy changes.

Similarly, while many agencies have been involved in this planning process, it has not included a representative for Behavioral Health and Crisis Services. Yet, ensuring adequate funding for and access to quality mental health services, which will promote residents' health, wellbeing, and resilience, should be included as a critical element of any climate change response plan.

Priority Focus Areas

- Recommend the inclusion of a mental-health representative to the eCARP and Department of Environmental Protection work group and other related meetings, to report back to MHAC, ensuring mental health services are adequately represented in county climate change plans.
- Recommend that the county expand the health frame to include mental health and request the development of research-based recommendations related to crisis situations and ways to build community resilience before, during, and after crisis events as part of our preparedness efforts.
- MHAC will actively partner with environmental groups and other committees working to address climate change to raise awareness of the growing body of research linking climate change to mental health concerns.
- Partner with Montgomery County Public Schools to ensure mental health is included in climate change, environment, and preparedness activities.

- Recommend inclusion of the MHAC in county-sponsored climate change and emergency preparedness events to educate the public more broadly.