



Committee: Joint
Committee Review: At a future date
Staff: Linda McMillan, Senior Legislative Analyst
Purpose: To receive testimony – no vote expected
Keywords: #MobileCrisisTeam; mental health

AGENDA ITEM #9
July 7, 2020
Public Hearing

SUBJECT

Special Appropriation to the Fiscal Year 2021 Operating Budget; Montgomery County Government; Department of Health and Human Services; Mobile Crisis Response; \$592,202 (Source of Funds: General Fund Reserves) Lead Sponsor: County Council

EXPECTED ATTENDEES

Public Hearing Participants

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- Special appropriation was introduced on June 23, 2020. A Joint Health and Human Services and Public Safety Committee worksession is scheduled for July 9, 2020.

DESCRIPTION/ISSUE

Mobile crisis response to certain emergency and non-emergency calls for service can reduce the need for police response or can assist police in deescalating and addressing from a health and human service perspective situations that arise from an underlying behavioral health issue. Mobile crisis teams also respond to non-police calls to help people in a behavioral health crisis or in need of conflict resolution and can support other efforts, such as homeless outreach teams. Mobile crisis needs to provide a timely response and be available during most hours of the day. Mobile crisis response is an important part of a comprehensive behavioral health crisis system.

SUMMARY OF KEY DISCUSSION POINTS

- Nationally, it is estimated that 1-in-10 of all law enforcement responses and 1-in-4 police shootings involve a person with an untreated mental illness. In Montgomery County and in the nation, jails play a primary role in housing people with mental illness and/or substance abuse disorders. A mobile crisis-oriented response can deescalate situations and assess and begin to address health needs. Data shows that Black residents experience higher rates of arrests and receive more than 47% of the State's criminal citations. Many calls that result in arrests or citations can be addressed with a mobile crisis response. The County currently only has resources for one Mobile Crisis Team.
- This appropriation will fund six Social Workers to increase this capacity. The resolution also calls for the Council and Executive to work collaboratively over eight-weeks to fully develop an enhanced mobile crisis response plan and provides funds for research on best practices, models used in other jurisdictions and training. This work requires a review of available data. Councilmember Navarro has requested the Office of Legislative Oversight review 911 and 311

calls to help identify the stresses in the current system and enact policies and practices that promote real change.

Attached:

Special Appropriation Resolution	pages 1-3
June 11 memo from Councilmember Navarro Increasing Mental Health Services Capacity	4-5
June 18 memo from Councilmember Hucker Next steps to expand mobile crisis services response	6-8

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Resolution No.: _____
Introduced: _____
Adopted: _____

**COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND**

Lead Sponsor: County Council

SUBJECT: Special Appropriation to the Fiscal Year 2021 Operating Budget
Montgomery County Government
Department of Health and Human Services
Mobile Crisis Response
\$592,202 (Source of Funds: General Fund Reserves)

Background

1. Section 308 of the County Charter provides that a special appropriation is an appropriation which states that it is necessary to meet an unforeseen disaster or other emergency, or to act without delay in the public interest. Each special appropriation shall be approved by not less than six Councilmembers. The Council may approve a special appropriation at any time after public notice by news release. Each special appropriation shall specify the source of funds to finance it.
2. Too often, a police-only response is the standard response to a 911 call for a person who may be suffering from a mental health or substance abuse crisis. The Treatment Advocacy Center in its 2015 report, *Overlooked and Undercounted*, cites data that nationally one-in-ten of all law enforcement responses and one-in-four police shootings involve a person with an untreated mental illness. In Montgomery County and the nation, jails and the criminal justice system play a primary role in housing people with mental illness and substance abuse disorders. A criminal record, even in the form of a citation for non-violent or nuisance crime, can impact the ability to get housing increasing the likelihood of homelessness.
3. Montgomery County's Department of Health and Human Services operates the Crisis Center and staffs one Mobile Crisis Team. The Mobile Crisis Team is a two-person team and can respond to calls made directly to the Crisis Center or when the police request their assistance as a part of a police response. Currently, the County only has resources for one Mobile Crisis Team. The Mobile Crisis Team cannot respond to more than one call at a time. The Mobile Crisis Team is based in Rockville, which can result in substantial response time to many areas of the County.

4. Response from a crisis response team can deescalate a situation and begin immediately to assess a health-based response to the underlying cause of the crisis. There are different models for such response, including a behavioral health professional riding with a police officer, a team that combines behavioral health with emergency medical assistance, and teams that include other behavioral health partners, such as peer support. Key to each of these is the presence of a behavioral health professional and the ability to provide timely response.
5. The County needs to move swiftly to increase its capacity for mobile crisis response. While work on the exact model for enhanced response is underway, there is a need for additional Licensed Certified Social Worker – Clinical positions to lead teams. This special appropriation will fund six Social Worker III positions so that the hiring process may begin and delays in implementation of an enhanced response can be reduced. The funding includes bi-lingual pay and it is critical that these positions be able to serve residents for who English is not their primary language. Funding is included for training, researching best practices, and the experience of other jurisdictions.
6. The Council will work collaboratively with the Executive branch to move forward the work needed to implement this enhanced response with a goal of a full report being completed in eight weeks. The Council’s Joint Public Safety and Health and Human Services will convene to discuss best practice and models in other jurisdictions, coordination with other diversion programs, changes that may be required for 911 and non-emergency call-taking and dispatch, metrics to monitor and measure progress, and crisis bed and treatment capacity. Councilmember Navarro requested and the Council President has asked the Office of Legislative Oversight to review 911 and 311 calls to provide data that is critical to the planning process.
7. The Council is committed to assessing and addressing racial equity as a part of this work. Resolution 19-493, Declaration of Racism as a Public Health Crisis, adopted June 16, 2020, notes that compared to White residents, Black residents experience a higher rate of poverty (11.2% compared to 4.0%) and are twice as likely as their share of County residents to be arrested (43.9% compared to 19.8%). The County’s Interagency Commission on Homelessness Committee on Decriminalization of Homelessness states that Black residents are also more likely to enter the criminal justice system, receiving more than 47% of the State’s criminal citations.
8. Public notice of this special appropriation was given and a public hearing was held.

Action

The County Council for Montgomery County, Maryland approves the following resolution:

A special appropriation to the FY 2021 Operating Budget of the Montgomery County Government, in the amount of \$592,202 is approved as follows:

	<u>Personnel Expense</u>	<u>Operating Expense</u>	<u>TOTAL</u>	<u>Source of Funds</u>
Department of Health and Human Services	\$500,202	\$92,000	\$592,202	General Fund Reserves

This appropriation is needed to act in response to an emergency and to act without delay in the public interest.

This is a correct copy of Council action.

Selena Mendy Singleton, Esq.
Clerk of the Council



MONTGOMERY COUNTY COUNCIL

ROCKVILLE, MARYLAND

**COUNCILMEMBER NANCY NAVARRO
DISTRICT 4**

**CHAIR, GOVERNMENT OPERATIONS AND
FISCAL POLICY COMMITTEE**

EDUCATION AND CULTURE COMMITTEE

MEMORANDUM

June 11, 2020

TO: Sidney Katz, Chair, Public Safety Committee & Council President
Gabe Albornoz, Chair, Health and Human Services Committee

FROM: Nancy Navarro, Councilmember, District 4

SUBJECT: Increasing Mental Health Service Capacity

We stand at the precipice of a new era of policing practices in this country; the flaws in our current system have been laid bare for us to see, and as legislators, we must act accordingly. The legislative reforms we have instituted as a council in recent times and those we are currently contemplating will only improve the quality of our respected police department. In light of the ongoing community demands for reform, I am requesting as a matter of urgent priority that a thorough review be conducted of our current law enforcement response capacity for those who need mental health services. The purpose of this review would be to create a base from which we can start to reprogram parts of our Operating Budget to create a structure which best fits our needs as a County.

As part of this review, I am requesting that OLO concurrently review our 911 and 311 calls to help provide a clearer picture of what stresses are being faced by our current system, and provide hard data relevant to our discussions. We need a clear understanding of the current demand for mental health services so that we can enact policies which promote real change.

STELLA B. WERNER COUNCIL OFFICE BUILDING • ROCKVILLE, MARYLAND 20850
(240) 777-7968 • TTY (240) 777-7914

COUNCILMEMBER.NAVARRO@MONTGOMERYCOUNTYMD.GOV • WWW.COUNCILMEMBERNAVARRO.COM

All over the country, law enforcement struggles to respond to calls involving mental health issues, and Montgomery County is no exception. Sending someone who is not a trained mental health professional to respond to somebody in crisis creates a dangerous situation. Several models like the CAHOOTS program in Eugene, Oregon and other places show promise as we re-imagine innovative ways to enhance our capacity to provide mental health resources to our vulnerable residents. I look forward to having a fair and open dialogue on how best we can rework our structures to fit our needs as a community.

CC: Marlene Michaelson, Executive Director, County Council

Susan Farag, Council Staff

Chris Cihlar, Director, Office of Legislative Oversight

Marcus Jones, Chief, MCPD

Barry Hudson, Director, Public Information Office



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

TOM HUCKER
VICE PRESIDENT

PUBLIC SAFETY COMMITTEE
CHAIR, TRANSPORTATION & ENVIRONMENT COMMITTEE

MEMORANDUM

June 18, 2020

TO: Montgomery County Council
FROM: Tom Hucker
SUBJECT: Next steps to expand mobile crisis services response

Colleagues,

I'm writing to follow up on my memo of 6/2/2020 to elaborate on the need to expand our mobile crisis services response. I am providing some more information from our research of best practices and models used by other jurisdictions and reiterate my recommendation to approve a special appropriation for mental health professionals who can support our crisis response.

We must create a more effective crisis response and crisis care system during this moment of national reckoning. To do so, it is imperative we focus on expanding the resources and services available to residents who struggle with mental illness. The police-involved shootings of Emmanuel Okutuga, Robert White, and Finan Berhe in my district highlight the repeated inadequacy of our current strategy for crisis response, our overreliance on law enforcement to act as mental health professionals, and our failure to stand up a system that truly serves and protects people who are experiencing a mental health crisis. The community is demanding changes. And there has never been a better time to establish a robust system of care in which well-trained, trauma-informed, compassionate, unarmed professionals are the first point of contact for residents in psychological and emotional distress.

Data show a troubling correlation between calls to 911 related to mental health crises and the incidence of excessive force. In its 2015 report, "Overlooked and Undercounted," the Treatment Advocacy Center cites data that nationally 1-in-10 of all law enforcement responses and 1-in-4 of all fatal police shootings involve an individual with an untreated severe mental illness. In a

2019 report, NAMI cites NIH/SAMHSA data that over 2 million people with mental illness are booked into jails each year. In fact, former MCPD Chief Manger has estimated that up to half of the MCPD's 911 calls are related to mental health or substance abuse.

In Montgomery County there has been a long-standing partnership between Health and Human Services, MCPD and other members of the criminal justice system. There are positive results from these efforts, including the STEER initiative to divert people with behavioral health challenges to the Mental Health Court rather than traditional detention. Our Homeless Continuum of Care's outreach teams can help reduce police encounters, and our Interagency Commission on Homelessness convened a committee that has forwarded recommendations to decriminalize homelessness.

At this time, the County has only one Health and Human Services Mobile Crisis Team. This is clearly not adequate for a county of over 1 million people. Geographically, one team based out of the Crisis Center in Rockville cannot respond to emergent crises in different parts of the County in a timely manner. The County government must do more, not only to respond to individuals facing a behavioral health crisis, but also to remodel our response paradigm. And we must do this with a sense of urgency. We must make changes to how our behavioral health crisis response is dispatched. We must revise our 911 protocols, asking callers for additional information that would allow calls to be routed to the County's Crisis Center directly without referral from a police officer; or, when a police response is needed, have mobile crisis deploy at the same time as the police, rather than waiting for police to respond and then request a mobile crisis response. We must have a goal that mental healthcare professionals are immediately available 24/7, and have capacity to respond to more than one call at a time.

There are different models that may be pursued or combined to achieve these objectives including:

- A mental health professional who rides with a police officer;
- A mental health professional who rides with an EMT (Cahoots¹ in Oregon is the best known example); and
- A diverse team that may include peer support or other professionals who could be critical to de-escalation, a best practice recommendation² by the Crisis Now partners facilitated by the Substance Abuse and Mental Health Services Administration, and favored by DHHS.

¹ CAHOOTS. (2020, June 15). Retrieved June 16, 2020, from <https://whitebirdclinic.org/services/cahoots/>

² *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* (pp. 1-80, Rep.). (2020). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

County policymakers need time to thoughtfully work through the approach, operations, and details. And we must acknowledge we will not be able to reach adequate staffing levels all at once. However, we also know that each of these proposals will require LCSW-C positions, and that it will take many months to advertise, recruit and hire the experienced social workers we will need to implement expanded new crisis response services. All efforts should be made to hire people who speak other languages in addition to English, and we should offer and advertise bi-lingual pay to make that message clear. At minimum, 6 LCSW-C positions would allow for the creation of three 2-person teams (in keeping with the current model) or it could evolve into an alternative format if it is later determined that a second team member could be hired to a different type of position or classification. Multiple teams will be needed for geographic assignment and coverage on multiple shifts. Staging locations for each team will have to be determined thoughtfully; two options include fire stations or regional service centers.

As we move forward, we should continue to engage with our General Assembly Delegation and the State to change policies and get financial support for these efforts. This last session, several of our legislators sponsored bills that created a Crisis Intervention Team Center of Excellence. While this effort focuses on best practices for law enforcement (“the Memphis model”) it is a partner to the behavioral health crisis system. Having the State step up and help all jurisdictions implement best practices is in the best interest in all our residents and visitors.

I recommend the following immediate steps for the county government to undertake:

1. Appropriate funding to move forward with hiring 6 new LCSW-C III positions.
2. Form an interagency workgroup as soon as possible with a goal of reporting in 8 weeks on a recommended model for the county, partially informed by 911 call data.
3. A schedule to include public input process, briefing, and discussion to joint meetings of the Public Safety and Health and Human Services Committees.

I have attached a draft special appropriation resolution for \$592,202 that I am requesting be introduced next Tuesday, June 23. I hope that you will join me as co-sponsors. I know that we are all committed to doing everything we can to provide the most appropriate response in crisis situations that protects everyone’s safety, recognizes underlying conditions, and focuses on de-escalation and referral to treatment and services rather than punitive custody.