



Committee: Joint
Committee Review: Completed
Staff: Linda McMillan, Senior Legislative Analyst
Purpose: Final action – vote expected
Keywords: #MobileCrisisTeam; mental health

AGENDA ITEM #2H
July 21, 2020
Action

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

None.

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- Special appropriation was introduced on June 23, 2020. A public hearing was held on July 7, 2020.
- A Joint Public Safety and Health and Human Services Committee worksession was held on July 9, 2020. The Joint Committee recommends approval (5-0). The Committee was briefed on the Crisis Now model that is a “no wrong door” comprehensive model that is best on best practices of the Substance Abuse and Mental Health Services Administration (SAMHSA). The Committee discussed that the nationally and locally jails are place where people in a mental health crisis often end up because that is where the beds and resources are, and this cannot continue. The need for response teams to be deployed in different parts of the county to improve response time. The Committee asked for follow-up work on the issue of Medicaid reimbursement for mental health hospital/institutions, requested that the Street Outreach Network be included in the planning team for Crisis Now, and asked for a future session to specifically discuss crisis response for children.
- The Committee recommended two amendments to the resolution. The first would provide some additional flexibility to the description of the positions to be hired and the second recognizes the work that is already underway by the Primary Care Coalition and Nexus Montgomery with the Executive branch and other behavioral health system partners to apply for a grant and implement a system based on the Crisis Now framework.

Amendment to background clause #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 clinical behavioral health staff with the qualifications [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.

Amendment to background clause #6:

The Council will work collaboratively with the Executive branch, Primary Care Coalition, Nexus Montgomery, and other system partners to move forward the work needed to implement [this] an enhanced response [with a goal of a full report being completed in eight weeks]. This will support the effort to implement a system based on the principles of Crisis Now. The Council is requesting an interim report on this work 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.

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 licensed clinical behavioral health staff to increase this capacity. The resolution also calls for the Council, Executive, Primary Care Coalition, Nexus Montgomery and other system partners to work collaboratively to fully develop an enhanced mobile crisis response plan and provides funds for research on best practices, models used in other jurisdictions and training. The Council is requesting an interim plan in eight weeks. This work requires a review of available data. Councilmember Navarro has requested the Office of Legislative Oversight review 911 and 311 calls help identify the stresses in the current system and enact policies and practices that promote real change.

Attached:

Special Appropriation Resolution w/amendments	pages 1-3
June 11 memo from Councilmember Navarro Increasing Mental Health Services Capacity	4-5
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Written Public Hearing Testimony:

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Link to July 9, 2020 Joint Public Safety & Health and Human Services Committee session:

https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2020/20200709/20200709_PSHHS1.pdf

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Resolution No.: _____
Introduced: June 23, 2020
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 clinical behavioral health staff with the qualifications [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, Primary Care Coalition, Nexus Montgomery, and other system partners to move forward the work needed to implement [this] an enhanced response [with a goal of a full report being completed in eight weeks]. This will support the effort to implement a system based on the principles of Crisis Now. The Council is requesting an interim report on this work 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. The Joint Public Safety and Health and Human Services Committee held a worksession on July 9, 2020 and recommends approval.
9. 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.

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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.

Montgomery County Council

Testimony re Special Appropriation DHHS \$592,202 for Mobile Crisis Response

Hearing Date: July 7, 2020 at 1:30pm

From : Evelyn Burton, Advocacy Chair, Schizophrenia and Related Disorders Alliance of America.

Maryland Chapter Position: Support

The Maryland chapter of The Schizophrenia and Related Disorders Alliance of America (SARDA), strongly supports the Special Appropriation for expanded Mobile Crisis Services and we thank Councilmember Tom Hucker for sponsoring this proposal. SARDA is a grassroots non-profit organization promoting improvement in lives affected by serious mental illnesses involving psychosis through support, education, collaboration, and advocacy.

This appropriation is an important step in improving the treatment services for Montgomery County individuals with serious mental illness and diverting them from the criminal justice system and incarceration. Having only one Mobile Crisis Team is not meeting the needs of our County.

I urge you to read the written testimony of Ziva Azhdam concerning the traumatic experiences of her family with Montgomery County police officers who responded to her calls when the Mobile Crisis Team was not available.

However, unless the council takes a broader look to address the countywide policy failures forcing police to serve as de facto mental health professionals, we will continue to experience tragedies and criminalization of those with serious mental illness. Research from the Treatment Advocacy Center found that people with serious mental illness are 16 times more likely to be killed in an encounter with law enforcement than someone without a mental illness. They concluded, "Reducing encounters between on-duty law enforcement and individuals with the most severe psychiatric diseases may represent the single most immediate, practical strategy for reducing fatal police shootings in the United States."

Therefore, counties such as Mariposa County in Arizona, have developed a comprehensive crisis response system (Crisis Now). It includes a high-tech call center, and multiple mobile crisis teams, each with two mental health professionals, who call for police assistance only rarely, if needed. The Crisis Now model also uses separate evaluation centers manned by mental health professionals, instead of a hospital emergency department (ED).

The use of separate evaluation centers provides prompt evaluations by mental health professionals in a quiet environment instead of ED evaluations after a long wait by a physician with limited psychiatric training in a very noisy, anxiety producing environment. It also reduces ED overcrowding and wait problems and can result in significant time saved for a police officer. The Crisis Now model has an average police drop-off time of 3 minutes. Thus, there is no incentive for police to save time by arresting and booking someone to avoid spending more time at a hospital ED. **Earlier this year, Governor Hogan signed House Bill 332 authorizing**

the use of evaluation centers other than hospital ED's. I urge the council to encourage the use of this model in Montgomery County.

The Montgomery County Mobile Crisis Team needs to focus more on helping families prevent tragic outcomes. Families that contact SARDAAs would desperately like the Mobile Crisis Team to stop denying services unless the individual is an imminent danger to self or others. When we wait that long, tragedies cannot be prevented. **The team does not appear familiar with the 2017 Maryland Appeals Court decision that even for involuntary hospitalization, the danger criteria can be more broadly interpreted to include expected harmful outcomes after discontinuing needed medication.**

Finally, the County support of expanded hospital inpatient treatment options is vital so that the Mobile Crisis Teams can effectively direct individuals who need that level of care to psychiatric hospital beds. Otherwise the crisis calls repeat and the county jail continues to serve as the default for institutional care. I urge the County Council to pass a resolution sending a strong message to Governor Hogan, asking his administration to apply for the available federal IMD Medicaid Waiver, which would allow Medicaid payments for inpatient services at psychiatric hospitals such as Adventist Potomac Ridge in Rockville. A sample resolution is attached for your consideration.

SARDAAs urges passage of the Special Appropriation for Mobile Crisis Services. Also please consider soon, funding a more comprehensive crisis system. The Crisis Now model saved Maricopa County, Arizona the time equivalent of 37 full time police officers. It could also go a long way to reducing the 25% of the population of the Montgomery County Correctional facility that have serious mental illness. Los Angeles even voted on Wednesday July 2 to cut the Los Angeles Police Department's budget by \$150 million and use some of it to replace police officers with unarmed crisis response teams for nonviolent emergency calls. Everyone would benefit, but most grateful would be, those with serious mental illness and their families.

References:

Overview of Crisis Now model: <https://www.youtube.com/watch?v=ORq1MkODzQU>

Crisis Now website with multiple reports and resources: <https://crisisnow.com/>

SAMHSA guidelines for mental health crisis care:

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

House Bill 332: <http://mgaleg.maryland.gov/2020RS/bills/hb/hb0332t.pdf>

Maryland Appeals Court decision **In re: J.C.N.**, No. 73, September Term, 2017.

<https://cases.justia.com/maryland/court-of-appeals/2018-73-17.pdf?ts=1533048292>

Attachments:

1. Sample County Council Resolution urging the Governor to apply for the IMD waiver for mental health.
2. Analysis of the Maryland Appeals Court Decision **In re: J.C.N** by the Treatment Advocacy Center

For further information contact Evelyn Burton, Advocacy Chair at 301-404-0680 burtonev@comcast.net

RESOLUTION NO. :
MONTGOMERY COUNTY COUNCIL

ADOPTED: , 2020

A RESOLUTION urging the State of Maryland to seek and obtain an SMI/SED Medicaid demonstration waiver under section 1115(a) of the Social Security Act to allow Medicaid reimbursement for inpatient treatment of serious mental illness in hospitals and psychiatric facilities.

WHEREAS, the decades-long exclusion of Medicaid payments for Institutions for Mental Diseases (IMDs) is a contentious feature of our nation's mental health system, prohibiting the use of federal Medicaid funds for care provided to most patients in mental health and substance use residential treatment facilities with over 16 beds; and

WHEREAS, this prohibition dates back to the original Medicaid legislation and was meant to encourage a transition from institutional warehousing of the mentally ill to community-based treatment; and WHEREAS, in actuality the prohibition creates a major barrier for those with severe mental illness, as residential and inpatient treatment are critical components in the continuum of psychiatric care; and

WHEREAS, as of November 2017, states may apply for a waiver of the IMD exclusion for individuals with substance use disorder (SUD), and as of November 2018, for individuals with serious mental illness (SMI). Specifically, the waiver allows Medicaid to reimburse IMDs with more than 16 beds for patients with mental illnesses; and

WHEREAS, a number of states have since pursued these waivers to help increase bed capacity. MRYLAND has obtained an IMD waiver for SUD, but has not yet requested an amendment to also include SMI; and

WHEREAS, persons in crisis or in need of acute stabilization may require the type of structured inpatient treatment that IMDs can provide, and the Medicaid program is a crucial source of mental health funding; and

WHEREAS, lifting the IMD exclusion could help lessen the access and funding gaps between outpatient systems and more acute levels of care, reducing the psychiatric bed shortage; and

WHEREAS, the argument that reducing funds for inpatient care will reduce rates of institutionalization ignores the forced institutionalization of seriously mentally ill individuals in jails and prisons as well as the inappropriate use of emergency departments and unspecialized hospital beds; and

WHEREAS, many people in need of treatment are instead being warehoused in jails precisely because there are often no treatment options available to them in the community; and

WHEREAS, appropriate hospital capacity will enhance the provision of outpatient care; and

WHEREAS, by seeking an amendment to its existing waiver, the State could apply now for this additional funding to help complete our mental health system, end some of the misery perpetuated by antiquated policy, and, over time, curtail the number of people with mental illness in our jails, prisons, and state hospitals; NOW THEREFORE

BE IT RESOLVED BY THE COUNCIL OF THE COUNTY OF MONTGOMERY, That the State is hereby asked to seek amendment to its existing IMD waiver to extend such funding to those with serious mental illness.

Analysis of In re J.C.N. decision of the Maryland Court of Appeals by Brian Stettin, Esq., Policy Director of the Treatment Advocacy Center.

In a decision issued on July 30, 2018, the Maryland Court of Appeals made two important rulings interpreting the Maryland Mental Health Law. In re J.C.N., 2018 Md LEXIS 384 (2018) [attached].

The petitioner J.C.N. challenged her 2015 civil commitment by an administrative law judge to the inpatient psychiatric unit of the University of Maryland's Baltimore Washington Medical Center (BWMC).

J.C.N. was originally admitted to BWMC after suffering a stroke. She spent 7 days receiving medical treatment in the hospital's emergency department before being transferred involuntarily to the psych unit. Her civil commitment hearing took place 7 days after the transfer.

At the hearing, evidence was presented that J.C.N. was suffering from severe mental illness, and would likely do significant damage to her career and finances and forego critical medical treatment for both her mental illness and her serious thyroid condition if released from the hospital in her present state. In civilly committing J.C.N. to the hospital, the ALJ relied on this evidence to find that J.C.N. "present[ed] a danger to the life or safety of [herself] or of others" as required by the Maryland civil commitment statute. [HG § 10-632\(e\)\(2\)\(iii\)](#).

J.C.N. asked the Court of Appeals to reverse the decision on two grounds -- one procedural and one substantive:

- (1) J.C.N. argued that since her hearing occurred 14 days after her hospitalization for the treatment of her stroke, it violated the requirement of [HG § 10-632\(b\)](#) that the hearing take place "within 10 days of the date of the initial confinement of the individual."
- (2) J.C.N. argued that the evidence presented did not rise to the level of establishing "a danger to life or safety" within the meaning of [HG § 10-632\(e\)\(2\)\(iii\)](#).

The Court of Appeals denied both claims.

In rejecting the procedural claim, the Court held that the term "initial confinement" in [HG § 10-632\(b\)](#) referred to the point at which an individual was placed in an "inpatient institution that provides evaluation, care, or treatment for individuals who have mental disorders." Thus, J.C.N.'s hearing was timely because it occurred within 7 days of her transfer to BWMC's psych unit.

In rejecting the substantive claim, the Court summarized and affirmed the finding of the ALJ:

"Although some of J.C.N.'s delusions, taken alone or in combination with others, might not suggest that at the time of the hearing J.C.N. posed a

danger to herself or others, at least one—the delusion that she could function normally without medication and follow-up treatment—did pose a danger. The ALJ, evidently basing his decision on the credited testimony of [the treating psychiatrist], found that J.C.N.'s "lack of judgment, lack of insight, and these issues about finances as well," demonstrated that she did not have "sufficient judgment" to "maintain [her]self" outside of an institutional setting. Based on that ultimate finding, the ALJ decided that J.C.N. be involuntarily admitted.

The record supports the ALJ's decision. The evidence presented at the involuntary admission hearing, viewed through the prism of the applicable standard of review, ... was such that a reasonable person in the position of the ALJ could accept the evidence as adequately supporting his ultimate finding, by clear and convincing evidence, that at the time of the hearing J.C.N. was a danger to herself or others."

This latter ruling has great significance for civil commitment in Maryland.

While many other states use the phrase "danger to life or safety" or one very much like it in their statutory criteria for civil commitment, almost all other states supply an expansive statutory definition for such terminology, making clear that "danger" is not limited to circumstances where the individual is violent or suicidal. These definitions typically specify that an individual's inability to provide for his/her essential survival needs, such as food, clothing, shelter and essential medical care, is grounds for finding the individual a danger to self. The Treatment Advocacy Center classifies statutory language of this nature as a "gravely disabled" standard for civil commitment.

By contrast, the Maryland Mental Health Law does not supply a definition for "danger to life or safety," which has until now left the meaning of the phrase to the discretion of each ALJ. Historically, some ALJs have interpreted the phrase to incorporate a gravely disabled standard, while others have interpreted the phrase narrowly -- insisting on evidence of imminent violence or intentional self-harm.

In re J.C.N. now clarifies that "danger to life or safety" should be read to incorporate a gravely disabled standard. While the facts of this particular case led to the court to invoke the evidence of J.C.N.'s inability to seek essential medical care, the logic of the decision dictates that an individual's inability to meet ANY essential survival need would be an equally appropriate basis for civil commitment.

In other words, In re JCN interprets the current Maryland civil commitment law to incorporate a gravely disabled standard. This should be made known to all ALJs across the state who preside over civil commitments and all clinical professionals in Maryland hospitals who make determinations as to whether to seek civil commitment.

It should also be noted that the court's reasoning rests upon the evidence *en masse* that J.C.N. was unlikely to comply with prescribed treatment for her multiple serious illnesses. The court draws no distinction in importance between the testimony that J.C.N. was unlikely to take her psychiatric medication and the testimony relating to her thyroid medication. This strongly suggests that the decision stands for the proposition that, irrespective of other illnesses that may be present, evidence that an individual is unlikely to comply with treatment for mental illness alone, provided that

such treatment is essential to safeguarding the individual's life or safety, is enough to sustain a finding that the individual presents a "danger to life or safety" within the meaning of [HG § 10-632\(e\)\(2\)\(iii\)](#).

Brian Stettin

Policy Director

Treatment Advocacy Center

200 N. Glebe Rd, Suite 801

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I am Kate Sugarman, MD. I have been practicing as a licensed family physician since 1991. My entire work career has been with indigent, underserved populations in public health clinics. I have extensive experience working with immigrants, refugees and asylum seekers. I live in Potomac MD.

I am strongly in favor of the initiative to remove police from mental health crisis response teams. Instead, I support hiring licensed and linguistically and culturally competent social workers to staff these mobile teams.

Many of my patients are Montgomery county residents who are part of the Latinx, Ethiopian and Eritrean communities. It is critical that we have mental health workers deal with their mental health emergencies so that we do not have more deaths like Finan.

I frequently see mentally ill patients in my clinic and it is very clear from my experience that de-escalation is so critical without the use of weapons.

Kate Sugarman, MD

Silver Spring Justice Coalition Statement On Council Member Hucker's Special Appropriation to HHS

The Silver Spring Justice Coalition (SSJC) supports a community mental health model to respond to 911 calls where individuals may be suffering from mental health crises or related mental health issues. SSJC was formed after the police killing of a man who faced mental illness, Robert White, in 2018 and our coalition continues to advocate for non-violent and non-racist mental health crisis intervention after the recent police killing of Finan Behre who was in distress at that time.

The coalition urges the County Council to create a multi-culturally appropriate Montgomery County model based on Crisis Assistance Helping Out on the Street (CAHOOTS) a mental health crisis intervention program in Eugene, OR that has been emulated across the country.

SSJC demands a fully-funded program supporting 24/7 response capacity in all districts of the county. The program should be staffed by licensed mental health professionals, including, but not limited to, licensed social workers, professional counselors and marriage and family therapists who are fully linguistically and culturally attuned to our diverse county population.

Mental health professionals should also staff dispatch through 911 in order to ensure that a community mental health team is deployed on mental health emergency calls. Dispatchers should be trained to work in tandem with mental health dispatchers, and first responders should be trained to know when to contact the community mental health response team.

We propose a safer, more humane, and culturally appropriate response to mental health crises in our county. The county community mental health response team should be part of the Montgomery County Department of Health and Human Services, fully funded by cost-savings from money reallocated from MCPD. SSJC rejects any model that includes officers from the Montgomery County Police Department as part of any response related to mental health.

SSJC urges the Council to seek input from impacted communities for the development and implementation of the program. In addition, we demand public access to data to evaluate the program on an annual basis and the creation of a working group of impacted people to work closely with the mental health team staff to ensure that implementation meets community needs and is responsive to cultural and racial barriers to accessing mental health care.

Finally we propose a community-wide public education program to inform the public about how to access the emergency mental health team. We highly recommend that the County adopt peer health educator and peer counselor

approaches that have worked to create greater trust and access to mental health services in other jurisdictions.

Jews United for Justice (JUFJ)

Marilyn Kresky-Wolff

Potomac, MD

www.jufj.org



THINK JEWISHLY. ACT LOCALLY.

**Montgomery County Council Public Hearing - July 7, 2020 at 1:30pm
Special appropriation to the County Government's FY21 Operating Budget,
Department of Health and Human Services - \$592,202 for Mobile Crisis Response**

Good afternoon, I am Marilyn Kresky-Wolff, testifying on behalf of Jews United for Justice. We support the special appropriation for mobile crisis response and thank Councilmember Hucker for his leadership.

I am a retired Executive Director of a DC housing program for homeless women with mental illnesses, past Director of Homeless Outreach Services at Everymind, and the founder of a residential crisis program.

Rabbi Jill Jacobs writes: "The death of a human being—especially someone innocent of any crime—greatly diminishes the divine image." Montgomery County is not alone in confronting the deaths caused by police officers ill-suited to responding to mental health crises. People in psychiatric crisis are suffering and need to be treated by mental health specialists and trained peer counselors. Criminalization of psychiatric crisis is not good for anybody.

The Treatment Advocacy Center reports, "More than \$17.7 million was spent in 2017 by reporting law enforcement agencies which transported people with severe mental illness. If extrapolated nationwide....this is 10% of law enforcement's annual operating budget...The time is ripe to solidify better access to crisis care...instead of filling jails and crowding emergency departments."

JUFJ joins the Silver Spring Justice Coalition to embrace the CAHOOTS model of Eugene, Oregon. The adoption of this model should entail:

- A public health-driven model, not a police driven model, with licensed mental health practitioners in all six police districts
- Representation of impacted communities in advisory and oversight groups
- A countywide informational campaign on how to reach these crisis services
- Funding for response availability 24 hours a day, 7 days a week

We urge you to embrace this model for the welfare of Montgomery County's citizens. Thank you.

**Showing Up for Racial Justice (SURJ) Montgomery County
Testimony on Special Appropriation to the County Government's FY21 Operating Budget,
DHHS - \$592,202 for Mobile Crisis Response
July 7, 2020**

POSITION: SUPPORT

Showing Up for Racial Justice (SURJ) Montgomery County, which represents over 2,600 members, supports the special appropriation of \$592,202 to fund mobile crisis response in Montgomery County. SURJ supports a community mental health model in which licensed mental health professionals respond to situations that involve mental health concerns. Robert White and Finan Berhe, both killed by MCPD in the past two years, would likely still be alive if Montgomery County had already implemented a community mental health model.

SURJ MoCo urges the Council to create a culturally appropriate Montgomery County model based on Crisis Assistance Helping Out on the Street (CAHOOTS) a mental health crisis intervention program in Eugene, OR that has been replicated across the country.

This model must be implemented as quickly as possible to support a fully-funded program with 24/7 response capacity in all districts of the county. Program staff should include, but not be limited to, licensed social workers, professional counselors and marriage and family therapists. Staff must reflect the diverse county in which they serve - linguistically, racially, and culturally - and they should be grounded in anti-racism and cultural competence.

The county community mental health response team should be part of the Montgomery County Department of Health and Human Services, fully funded by cost savings from money reallocated from MCPD. SURJ rejects any model that includes officers from the Montgomery County Police Department as part of any response related to mental health.

Mental health professionals should dispatch through 911 to ensure that a community mental health team is deployed on mental health emergency calls. Dispatchers should be trained to work in tandem with mental health dispatchers, and first responders should be trained to know when to contact the community mental health response team.

SURJ urges the Council to seek input from impacted communities for the development and implementation of the program. In addition, we demand public access to data to evaluate the program on an annual basis. A working group of impacted residents should be created to work closely with the community mental health response team to ensure that implementation of the model meets community needs and is responsive to cultural and racial barriers to accessing mental health care.

Finally, we recommend a county-wide public education campaign that provides information on how to access the community mental health response team. In addition, the county should

adopt peer health educator and peer counselor approaches that have worked to create greater trust and access to mental health services in other jurisdictions.

Thank you to Councilmember Hucker and all co-sponsoring councilmembers for this necessary step toward creating a county that is safer and healthier for all residents, but especially those most affected by lack of community resources and overpolicing.

Testimony re: Special appropriation to the County Government's FY21 Operating Budget, DHHS - \$592,202 for Mobile Crisis Response (hearing Tues, July 7, 1:30 p.m.)

Dear Montgomery County Councilmembers:

I'm testifying on behalf of Takoma Park Mobilization's Equal Justice Committee. We work closely with multiple other area organizations, and we fully support recommendations made by the Silver Spring Justice Coalition (SSJC).

Our county doesn't have to reinvent the proverbial wheel, just look at our values and then look at what has worked and not worked, here and around the country. The status quo is what it is because of multiple, powerful forces—so we then have to have the will and the courage to move forward against some of these forces (internal and external) because it is the right thing to do, and it is our deep ethical duty.

We join SSJC and others in calling the County Council to create a multiculturally appropriate Montgomery County model based on CAHOOTS (Crisis Assistance Helping Out on the Streets), a mental health crisis intervention program that has been successful in other cities across the country; the original program started 31 years ago in Eugene, Oregon.

On a personal note, I've worked in home health since 2011; I make visits alone to the homes of people who need physical therapy and cannot get out to a clinic because they are too debilitated (short-term after surgery or illness, or long-term). I've visited people with varying degrees of mental illness (patients and/or household members), and most of my patients/families are experiencing tremendous stress. I'm often asked if I feel unsafe; not particularly. This works, because my unambiguous, full role is to help people in a non-threatening way. Our agency has a contract with private security in case clinicians feel unsafe and want accompaniment, but clinicians have overwhelmingly not used that, because the presence of someone with weapons would just escalate things; I've heard only once of a security force being asked to wait discreetly in the parking lot if needed (a context of domestic violence with a focal flair-up of stress). (For what it's worth: I'm a medium-statured, middle-aged, white woman. I know a couple Black clinicians have felt unsafe because patients' family members were involved in White Supremacist activity of some sort, but armed security wasn't these clinicians' chosen solution either.)

When my home health patients have unmanaged mental health or substance abuse problems, they are referred into treatment programs (community-based as appropriate); in contrast, when people with unmanaged mental health or substance abuse problems have run-ins with law enforcement, they too often end up in the criminal justice system. (Prisons/jails are the nation's largest "providers" of mental health services, which is so intuitively wrong.)

I could not find the % of 911 calls in our county that are mental-health calls; yet nationwide I've seen figures of at least 10%. And nationwide, I've seen that people with severe mental illness make up 3% of the population but 25-50% of all fatal law enforcement encounters (source: Treatment Advocacy Center). The 2018 Montgomery County use of force report I found doesn't break down subcategories, but does have believably compatible #s: "Approximately 92 percent

of the subjects involved in use of force incidents were reported to be under the influence of alcohol and/or drugs, or suffering from some form of mental illness, compared to 88 percent in 2017.” Does it have to be this way? Evidence from alternative approaches: no.

De-escalation training and other reforms in Montgomery County and around the country, while laudable, have proven to be fundamentally insufficient. For many residents—particularly those with a history of trauma around authority and law enforcement—the very presence of a uniformed police officer with a loaded weapon is inherently threatening and escalatory. Then you add in all sorts of other well-documented and stubborn problems within police cultures and practices, and there’s trouble.

We, together with SSJC, demand a fully funded program supporting 24/7 response capacity in all police districts of the county. The program should be staffed by licensed mental health professionals, including, but not limited to, licensed social workers, professional counselors, and marriage and family therapists who are fully linguistically and culturally attuned to our diverse county population. Mental Health Services, not the police, must administer the program.

Mental health professionals should also train 911-dispatch staff in order to ensure that a community mental health team is deployed on mental health emergency calls. All of the first-responder professions should be trained to know when to contact the community mental health response team.

We propose a safer, more humane, and culturally appropriate response to mental health crises in our county. The county community mental health response team should be part of the Montgomery County Department of Health and Human Services, fully funded by cost-savings from money reallocated from MCPD. We reject any model that includes officers from the Montgomery County Police Department as part of any response related to mental health.

With SSJC, we urge the Council to seek input from impacted communities for the development and implementation of the program. In addition, we demand public access to data to evaluate the program on an annual basis and the creation of a working group of impacted people to work closely with the mental health team staff to ensure that implementation meets community needs and is responsive to cultural and racial barriers to accessing mental health care.

Finally, we propose a community-wide public education program to inform the public about how to access the emergency mental health team. We highly recommend adopting peer health educator and peer counselor approaches that have worked to create greater trust and access to mental health services in other jurisdictions.

Thank you.

Sincerely,

Laura Atwood
Takoma Park Mobilization Equal Justice Committee

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Montgomery County Council: Special Appropriation to the County Government FY21
Operating Budget, DHHS Mobile Crisis Response

July 7, 2020

Dear Council Members:

In September of last year, my then 23-year-old son, Javonn, a young biracial man, was a victim of police brutality at our home. An acquaintance thought he may have been suicidal and called 911. I was home at the time, but had talked to my son and while he was upset, he was not suicidal. The police arrived at my home, I thought it was my son's friends until I heard him screaming out for me. I ran outside to find him face down, on the ground with two police officers on top of him. He was saying they were hurting him, but the officers would not get off of him.

This was how they responded to one of the most vulnerable type of calls - a potential suicide call. They didn't know what they were walking into, but had he been suicidal, this wouldn't have prevented it.

I met with Chief Jones in October to discuss the response, and what an appropriate mental health response would look like. At the meeting he showed me some of the body cam video so that I could see what escalated the incident to the point of my son being handcuffed and on the ground. It was clear that one of the officers didn't understand how to respond to a mental health call. He used language like, "I heard his side of the story, what's yours" and Chief Jones even told me "He admitted it" when referring to my son. If saying he was upset and having lost his job and felt hopeless, then yes, he did admit that. But a person who is depressed or feeling anxious is not a criminal and should not be treated like one, and certainly, shouldn't lose their life at the hands of the very people meant to protect and serve..

At that meeting, I asked why the mobile crisis unit had not been activated. Chief Jones said they only activate that unit for the most complex and tough calls. What are those calls? How do you identify those? Who determines which ones are better for the mobile crisis unit to respond to?

These are just some of the reasons I stand with the Silver Spring Justice Coalition in demanding 24/7 access to a mobile crisis unit in each police district in the county. Those mobile crisis units need to report to the Department of Health and Human Services and not to MCPD. The crisis units need to be staffed by licensed mental health

professionals and there also needs to be a mental health professional to answer the 911 calls and determine when to activate the mobile crisis unit. These units need to be fully funded. The police budget is approximately \$288 million. We are a county of more than a million people. To fully respond to the needs of the community, surely we can find approximately \$5 million to run an appropriate mental health program, much like Crisis Assistance Helping Out on the Streets, or CAHOOTS model. CAHOOTS is a mental health crisis intervention program that has been successful in other cities around the county. Police should not be included in any mental health response. There would be cost-savings that we could reallocate for this program from the police budget.

In addition, when developing and implementing this program, the Council should seek input from affected communities. It is important that our community be part of the solution and put people and their well-being first.

Once developed, we should launch a public education campaign so that people know that the mobile crisis units exist and when they should and shouldn't call 911. We want to ensure that the right resources are provided to the right people for their needs - keeping people and our community safe.

This program would have greatly benefitted my son. Instead he spent 6 months in therapy just to deal with the trauma he experienced at the very hands of the people who were meant to protect him.

Let's do the right thing for our community.

Thank you,
Lahne Mattas-Curry
646-942-4255
Burtonsville, MD

Dear Council Members,

My name is Elizabeth Loftus and I am writing regarding the public hearing to be held Tuesday July 7th on the special appropriation of funds for the expansion of the County's Mobile Crisis Response. I have been a therapist at the Montgomery County Crisis Center for almost eight years. I wanted to reach out to the Council to impart, that as a frontline worker, I am encouraged that these funds are being considered to improve our mental health services. In the current national climate, I believe this to be a timely and appropriate step to address the needs of the community and our police officers.

We, as a collective, have an opportunity to be part of meaningful change and reform in our county. As noted in the June 23, 2020 Introduction of the Special Appropriation "Mobile crisis response is an important part of a comprehensive behavioral crisis system." I believe that our Mobile Crisis Team, and Crisis Center as a whole, have been a valued asset to the county. However, there is always room for improvement and now is the time to embrace whatever changes we can identify in order to more efficiently address the communities' needs.

Since the "resolution also calls for the Council and Executive to work collaboratively...to fully develop an enhanced mobile crisis response plan and funds for research on best practices...", I am asking that people currently conducting these duties day to day, some for over twenty years, be brought to the table to assist in helping the realization of these goals in a thoughtful informed way. Current Crisis Center staff are a source of a wealth of knowledge and experience. I ask that we be included in the conversations being had regarding future changes to the crisis center model. While I endorse the need for reform, input from current frontline workers will inform how to best make these changes while still ensuring the safety of mental health professionals, police officers and the community at large. I thank you for your attention to this matter.

Best Regards,

Elizabeth Loftus, LCPC
Montgomery County Crisis Center
1301 Piccard Dr. First Floor
Rockville, MD 20850
240-777-4000

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

Testimony before the Montgomery County Council Garrett F. Mannchen, Co-Chair, Montgomery County Mental Health Advisory Committee July 7, 2020

Council President Katz and members of the Council, thank you for this opportunity to provide testimony in support of the Special Appropriation to the Fiscal Year 2021 Operating Budget to add \$592,202 to expand the County's Mobile Crisis Services by hiring six additional Social Workers. My name is Garrett Mannchen and I am here today on behalf of our County's Mental Health Advisory Committee as one of the committee's two co-chairs and co-chair of the Mobile Crisis Subcommittee.

The Mental Health Advisory Committee was established by statute at Chapter 24, Article IV of the County Code. It is made up of mental health providers, consumers, parents of children and adults with mental illnesses, representatives from the County's Department of Health and Human Services, a member of the legal community (me), among others including several ex officio members. We are tasked with monitoring the adequacy of the County's mental health services, identifying needs within that system, and advising the County Executive and Council on budgetary and policy matters concerning the County's mental health system. As part of those responsibilities, the Committee has established a Crisis Response subcommittee, which has been reviewing the County's Crisis Services system for the past year.

The Mental Health Advisory Committee supports this special appropriation. Adding six additional social workers to the County's Mobile Crisis team is appropriate and necessary to enable Crisis Services to serve the entire County and respond to more calls. The resolution also provides for an "enhanced mobile crisis response plan" that will be completed in the next eight weeks. Accordingly, I am also here today to advise the Council based on the work the Crisis Response subcommittee has done over the past year.

The Committee Supports the Special Appropriation

We emphatically support adding six new social workers to the County's Mobile Crisis Team. That team is operated by the County's Crisis Center and currently consists of one team of two licensed therapists and responds to calls from 911, requests from police officers, or direct requests from members of the community. That team is one component of a larger mental health crisis-response system within Montgomery County, which includes a crisis hotline, a walk-in clinic, Assertive Community Treatment teams, crisis beds, and a Crisis Intervention Team operated by the County Police Department. The system also includes several components that operate separately from the Crisis Center, including a separate hotline operated by Everymind, which also offers text-messaging

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services during certain hours each day, as well as police officers, fire and rescue, and the County's emergency rooms.

The Crisis Center staff have decades of valuable experience in responding to mental health crises, as well as providing Critical Incident Stress Debriefings following a variety of disasters and other critical incidents. Despite being the most appropriate intervention in most mental health crises, the Mobile Crisis team currently has just one team at any given time to serve our entire County of more than one million residents living within more than 500 square miles. That team is stretched very thin and is forced to turn down many calls.

Hiring six additional therapists to expand the capacity of the Mobile Crisis Team is a good first step in ensuring that residents who are experiencing a mental health crisis receive the most appropriate level of care.

In addition to the new positions, the Council should ensure the Mobile Crisis Teams have the equipment necessary to effectively do their jobs. For example, under the current model in which the team consists of two therapists (rather than a therapist and officer or EMT), the Crisis Center will need funding to purchase additional equipment, such as radio equipment that will allow team members to communicate with police if they need backup, additional vehicles, computers with VPN access, and additional equipment necessary to help the team operate safely and effectively.

Other Considerations

I also understand that the Council and County Executive will be producing a report within eight weeks after adopting this Resolution. That report will include "best practices and models for 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." To help you prepare that report, my Committee wishes to offer the following advice.

As I noted in my previous testimony before the Council, there are several barriers to ensuring the County's Mobile Crisis Team can intervene effectively and efficiently. Adding six new therapists squarely addresses one of those barriers: capacity. Your report should also include budgetary and policy changes that will address the other barriers. Specifically, it should include the following changes.

- Decrease MCT downtime—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. One solution to this problem would be simply to give MCT therapists the discretion necessary to decide whether to wait for backup.



- Increased data collection—The County currently does not do a good job of tracking data around crisis services. In the past year, Crisis Services has begun collecting additional data to help us better understand, for example, the amount of time MCT must wait for police officers to arrive before responding to a call, the number of calls that were cancelled, and why they were cancelled. The County needs to improve the amount of and quality of the data it collects around crisis services.
- Follow-up after the crisis has ended—Crisis services is only as effective as its ability to connect clients with long-term mental health services. At a minimum, this should include following up with individuals after the crisis has ended and helping them get linked with appropriate mental health services, be it an outpatient mental health clinic, residential program, detox, or inpatient treatment facility. Crisis Services should also have the capacity to help individuals access related resources to address homelessness, food insecurity, substance use disorders, and domestic violence.
- Ensure coordination of care—Any solution must ensure there is effective communication between Crisis Services and the other components of the mental health crisis response system. Our crisis response system is currently siloed among several government and private agencies, each of which have their own staffs, computer systems, and policies. Such a system risks inefficiencies. Moreover, there is some risk that the system will become more fractured over time. For example, you should be aware of two Requests for Proposals soliciting grant proposals related to crisis services in the County. The first RFP is from the Maryland Department of Health’s Behavioral Health Administration and is offering funding “to create services that provide access or linkages to treatment through mobile crisis services, crisis walk-in services, crisis stabilization, or residential crisis beds to those in need of immediate, in-person crisis intervention and stabilization.” Montgomery County’s Local Behavioral Health Authority will submit up to three providers’ proposals for that grant by Friday July 10, 2020. The second RFP is the Regional Partnership Catalyst Grant Program, which also seeks to expand crisis intervention, stabilization, and treatment referral programs as part of Maryland’s Total Cost of Care model. Proposals for that grant are due to be submitted this month. Any solution will need to ensure that all of the components are able to communicate with one another to provide appropriate care and to ensure no residents slip through the cracks.

We commend the Council for taking these steps toward improving the County’s crisis response system. While there is a great deal of work to be done to ensure everyone in this County receives appropriate interventions when they experience a mental health crisis and to ensure mental healthcare is available to everyone who needs it, rest assured that improving the County’s mental health system will ultimately save the County money by reducing the financial burden on hospitals, law enforcement, fire and rescue, and prisons. And, more importantly, these improvements will save lives. Thank you.

