

	<h1 style="text-align: center;">Mental Health Advisory Committee</h1> <p style="text-align: center;">June 6, 2019</p>
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Members Present	Members Absent	Ex-Officio and Staff Present	Ex-Officio and Staff Absent	Guests
Jeannette Bjorklund	Scott Davis	Raymond Crowel	Scott Greene	Ziva Azhdam
Michelle Grigsby-Hackett	Jennifer Jones	Meredith Peace		Jessica Kronstadt
Tami Mark	Garrett Mannchen	Michael Maher		
Libby Nealis	David Myles			
Elizabeth Rathbone	Celia Serkin			
Karishma Sheth-Jennifer Grinnell				
Susan Smith				
Amy Sutter				

I. Welcome MHAC Members and Guests (Jeannette Bjorklund, Chair)

**II. Speaker – Jennifer Grinnell, LCPC Division Director, Adult and Community Services, Everymind**

- Jennifer Grinnell and Rachel Larkin presenting on crisis prevention and intervention, including Hotline and expanding to text-line. Formerly Mental Health Assoc of Montgomery County, changed name in 2016

- Nat'l Suicide Prevention Lifeline is a network around the country. It looks at area code and directs to local call center.
- Funding from Montgomery County, DHHS, MCPS, and development dept helps fund raise.
- Counseling child, adolescent, and adults; case management; Serving Together (military families); crisis phone/text line; community education
- Goal is to end suicide and mental crises
  1. Services
    - i. Supportive listening
    - ii. Suicide/crisis prevention and intervention
    - iii. Accredited by Amer Assoc of Suicidology and Contact USA (which is one of first to accredit text lines)
    - iv. Staffed by volunteers, interns, and staff
    - v. Hotlines serving community since 1970
    - vi. Starting July 2, text noon-midnight, 7/days
  2. 2017 official suicide data
    - i. 47,173 individuals died by suicide each year
    - ii. 6,252 15-24 yr. old. (2<sup>nd</sup> leading cause of death for young people)
    - iii. Not hearing enough about African American youth among whom suicide rate is spiking
    - iv. 1 attempt every 27 seconds
    - v. 147 people exposed for each suicide death; 6 will be profoundly impacted
  3. Chat/hotlines
    - i. Call specialists require 6 weeks of training; 50% pass rate.
    - ii. Get more calls than they can answer. If no specialist, then get recorded message to wait or call Crisis Center or call 911
    - iii. Do follow up with callers with texts, calls, or emails 1-2 days later
    - iv. Text-line skills are very different than the hotline skills
    - v. Overnights are staffed by paid staff (these usually are suicide/crisis calls; different population)
    - vi. Do some domes. viol. training
    - vii. In 2012, started text and chat services. Will be opening own chat portal on website (currently use crisischat.org).
    - viii. Disinhibition effect—online/chat services make people feel anonymous so they share info very quickly
    - ix. Most chats are with 13-24 yr. old. and about 90% of these include suicide screening
    - x. Most calls are with older pop. About 15% of calls incl suicide screening.
    - xi. Texters/chatters require different skills incl. being fast with typing and multitaskers. More difficult because don't hear voice nuances, etc. Must be very careful what you type.
    - xii. Have relationship with state police because essentially need subpoena to obtain ISPs from providers, etc. State police helped train staff on how to find ISP info. from the text/chat
  4. Education/awareness
    - i. Free trainings to schools, clinicians (many clinicians do not get training on suicide), HR, NIH, houses of worship, podcasts
    - ii. BTheOne campaign (which just won an award)
    - iii. Still big stigma around word, "suicide," so need to open the conversation

- iv. Go to a lot of PTA meetings to educate families on warning signs, how to talk about suicide and MH
- v. Families can call hotline and they can help them/walk them through how to talk to their child
- vi. Created 1-pager for families on tips to talk to their children
- 5. Difference between hotline and Crisis Center?
  - i. If not imminent, sometimes just need to talk with someone right then, can call everyday
  - ii. Crisis Center very busy and often dealing with emergencies around county
  - iii. Hotline will refer to Crisis Center and even drive them; Crisis Center will refer to EveryMind if someone wants to talk
- 6. Ideally 2 people/phones and 2 people/OES would cost about \$1.3 million to fund year-round. Right now get about \$600K. County Council added funding to text-line which is what is allowing expanded hours.

**IV Review and Approval of April meeting minutes** – Minutes could not be voted on – there was not a quorum.

#### **V. Announcements**

- a. Spring Forum - success but low attendance because of another event put on by the Homeless Coalition at the same time. Next year changing the date so doesn't conflict with other events. Celia Serkin won volunteerism recognition award.
- b. Interviews for MHAC members- Nomination letter sent into County executive but he is delaying approval on them.
- c. Met with county exec and county council staff members on budget.
  - Priorities: MH court (rec'd additional funding for this)
  - Shortages of providers (esp. nurse practitioners); looking into telehealth and requirements for out of state providers
  - Parity
  - Funding cuts
  - For next meeting, iron out asks and what we want funding for
  - Decarceration of Transition Age Youth- Libby Nealis.

Will bring info and resources to next meeting. Congressional caucus on MH. Introduce a lot of MH bills (incl. MH in Schools Act). Variety of MH needs of individuals with intellectual/developmental disabilities

- d. July meeting will be July 11 (not July 4) at 7300 Calhoun Place, Suite 700

#### **VI. Budget Priorities**

- Handout—check your top 3 and turn in. Took Restoration Center off because Diane contacted Councilmember Katz who stated they were no longer looking at this issue and had no plans to take up this project; met goal with MH Court. Figure out goals for next year. Diane will email this out to everyone for those not present.
- Scott Greene will be speaker in July

## **VII. BHCS Update**

- Conservation corps. for disconnected/disengaged youth was not cut but transferred to Dept. of Environmental Protection; Behavioral Health and Crisis Services will keep eye on it.
- Reduction to RRP (\$200K). County exec and council asked BHCS to meet with providers (bigger cuts were to the providers, some of whom lose money to inpatient)
- Mid-year reduction in BHCS in FY19 into FY20. Substance use program moved off block grant to fee-for-service system. Freed up some BHCS funding so moved \$1.1 million out of BHCS to DHHS budget. Limits a little of what BHCS can do
- 4 new members of county council and new county exec who are very interested in social behavioral health services. Hopeful for next few years.
- Safe Passages Center—increase in budget to expand hours for supervised visitation.
- MCPS got substantial funding opportunity to add SEL (partnership with BHCS)—Be Well 365.
- Increase in funding to Linkages programs in schools.
- Not sure where we are with state block grants. Seems they are shifting funds around. Substance use prevention grants seem to have been moved from behavioral health to public health.
- Strategic Alignment Retreat on 6/5/2019—discuss what work to continue, what to start anew. Opportunity to align with Co. Exec. Will share resulting report.
- Restoration Center—Rice and Albornoz were not involved in this work in prior years. Sobering Centers (sleep it off under medical supervision rather than be taken to jail, then can engage in rehab and other social services). Strategic plan for overdose and addiction prevention.
- Psychiatric services—a challenge. One psych retired and another scheduled to retire in July. Third psych resigned to take job in PA with better pay. Issue is salary so will engage HR in looking at this. Recruiting local tenant psychiatrists (very expensive). Is loan forgiveness a possibility? (Montgomery County is not high need area so no federal loan forgiveness but maybe in our less well-served communities?) Investigating partnering with other agencies to share costs.
- Dr. Raymond Crowel will be leaving chief of BHCS effective July 1 to become director of DHHS. Scott Greene will be acting effective July 1.

## **VIII. Springfield Hospital Report**

- Debbie Phillips relocated to WV. Mike here in interim. Also looking to hire assistant director.
- 220 residents (about 67 from Montgomery County).
- Majority of beds are court-ordered and they are a priority. More people waiting to get in than beds becoming vacant.
- State working closely with hospital on utilization management.
- New deputy secretary of operations appointed (role may be supervision of state facilities)
- Continuing to work on Segue 1, and now starting Segue 2 (about 8 beds)

## **VIII. Announcements from members and public**

- Gaithersburg Hoarding Task Force doing full-day training tomorrow—everyone does first half of day, two tracks for second half, panel discussion

- Libby Nealis still working on Medicaid letter. Talked to Dr. Smith, MD School Health Coalition. A lot of different models. (MA very different model since they already have universal health care.)

**X. Meeting Adjourned at 8:39 p.m.**