

	<h1 style="text-align: center;">Mental Health Advisory Committee</h1> <h2 style="text-align: center;">Final Minutes – July 11, 2019</h2>
--	--

Members Present	Members Absent	Ex-Officio and Staff Present	Ex-Officio and Staff Absent	Guests
Jeannette Bjorklund	Scott Davis		Scott Greene	
Garrett Mannchen	Michelle Grigsby-Hackett		Meredith Peace	
Tami Mark	Jennifer Jones		Michael Maher	
Celia Serkin	Libby Nealis			
Karishma Sheth-Jennifer Grinnell	Elizabeth Rathbone			
	Susan Smith			
	Amy Sutter			

- I. **Welcome** MHAC Members and Guests (Jeannette Bjorklund, Chair)
- II. **Minutes**—no quorum
- III. Meredith Peace provided an overview of crisis-center referrals
Budget Priorities (Jeannette)- Presented the three budget priorities (see handout)
 - A. Mobile crisis: The Committee discussed background on the County's mobile crisis teams, challenges the County faces, and the needs the team has. Meredith answered the members' questions
 - Notes: only one team in the county. It operates 24/7. But the crisis center tries to send out two teams in the summer when possible. Teams consist of two licensed therapists.
 - Procedure: When dispatched, the team first calls the police, who ensure the team's safety while MCT evaluates the individual. MCT provides referrals to providers, execute an emergency petition, or alternatively the client can voluntarily go to the ER. MCT is also dispatched to support family/witnesses following suicides and

homicides; they also assist providers working on homeless outreach. E.g., they have EP'd homeless individuals who refuse to go indoors during extreme temperature days.

- Crisis Center staff: 6 therapists during the day; 4 overnights. 8-9 in the evenings during the school year.
- Challenges for MCT:

1. Downtime—they must contact police for each call. The police frequently delay dispatch by at least 30 minutes, during which time MCT is waiting in the car with nothing to do.

2. There is more need than MCT has staff and resources to meet.

3. Data—the team is not tracking important data points that would be helpful in determining how effective MCT is and how much unmet need there is.

4. No follow up after MCT calls due to lack of staff

5. No coordination between MCT and the police MCT team or the crisis hotline.

6. Look into a better EHR for crisis services.

7. ACT team—starts off as an MCT, but lower reimbursement for MCT than ACT. To qualify as ACT, must be MCT for 6-8 months. Then gain accreditation from the state. At least one prescriber, licensed therapist, nurse, peer counselor.

8. PEP has two teams now. Cornerstone has one now and is starting a second in a few months. Challenges: getting a psychiatrist. Generally, about 100 patients per team. They keep waitlists. There is a need in the county.

8. Needs for MCT = two more licensed therapists for one more team for evening shift.

9. Data we are requesting: how many referrals are unmet because of a lack of capacity, because it is called off, because the police can't come.

- B. **Suicide**—The county council is concerned about the rise in youth suicide rates. The Committee discussed the background on this issue and what the details of this priority should be.

- LACSI—county committee with providers that works on suicide issues and created the BTheOne campaign.
- Look at education at the elementary level related to mental health

- Recommended a school-based mental health curriculum. After those are given, there is usually an uptick in students reporting to school counselors. The counselors in turn request MCT. So, there needs to be support for counselors after school-based presentations.
- We need more DBT-specialized providers in the county.
- Needs: research on suicide

C. Parity (see Ellen Weber email) The Committee discussed Mental Health Parity and how the Committee should address this issue.

- Participate in monthly meetings of the Parity at 10 organization.
- Can the County consumer protection agency prioritize enforcement actions against insurance companies that are not complying with the Mental Health Parity Act?
- Maryland is the third worst state in the nation on parity.
- Testify at bill hearings
- Maybe recommend that the county conduct a public health campaign to educate consumers on their parity rights and how to file a grievance.
- Maybe require hospitals and other MH providers to post information about consumers' parity rights
- Get background education by participating in Parity at 10 monthly meetings
- Engage with other counties' mental health advisory boards
- Subcommittees—The Committee considered a vote to establish subcommittees.
- Garrett moved to form three subcommittees based on the three goals
- The motion was tabled due to a lack of a quorum
- Speakers based on those goals
- Scott Greene to present in September—how many MCT calls are turned down/not completed due to lack of capacity?
- We can ask Diane to contact someone from the consumer protection agency to speak in the future

IV. The Committee adjourned at 9:00 pm.