

## Mental Health Advisory Committee

Minutes – November 2, 2017

Members Present	Members Absent	Ex-Officio and Staff Present	Ex-Officio and Staff Absent	Guests
Jeannette Bjorklund	Kevin Bryant	Raymond Crowel		Alice Zic
Scott Davis	Lawrence Epp	Meredith Peace		
Tali Elitzur		Deborah Phillips		
Michelle Grigsby-Hackett				
Jennifer Jones				
Daphne Klein				
Kiki Li				
Garrett Mannchen				
Tami Mark				
David Myles				
Celia Serkin				
Karishma Sheth				
Susan Smith				

Amy Sutter				
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- A. Welcome MHAC Members and Guests
- B. October minutes—approved
- C. Speaker— **Uma Ahluwalia, Director of Montgomery County Department of Health and Human Services.** Presentation was focused on questions presented by the council.

**Questions for Uma**

1. Can you explain the budget projections for FY19?  
based on FY18 including the areas that will be affected that we hope to expand.
2. Can you touch on the budget info just to give us a picture of what we are dealing with budget-wise?
3. We would like to know too about the projections for next year's county budget and the shortfall possible in comparison to the levels of funding that were given for this year.

**Response to questions 1-3: FY19 explanation of budget:** On the county website from the slides regarding the budget presentation for Montgomery County government. Highlights of the budget listed below:

- Public Schools center 2.3 billion dollar cut 50%, Public safety second highest cut 580 million (including police and fire safety).
- 300 million cut from debt services- fire stations, libraries, etc.
- HHS is fifth largest cut with 270 million in general funds cut (312 million) which is approximately 5-7%.
- Deficit is 32 million for FY19 which does not include labor contracts or the Wynn Case lawsuit which is estimated to be 14.2 million in cost.
- MOE coming in higher college and school enrollment increasing
- HHS has to cut 3% and are involved in that process now, cuts (7 million cut needed) not sure where the cuts will be. There will be some harm resulting in cuts (effects on services). May not result in full 7 million cut.
- HHS must submit budget before Thanksgiving to budget office, then negotiations start. March 15<sup>th</sup> the county executive's budget comes out and there will be no discussions with public until March 15<sup>th</sup>. After March 15<sup>th</sup> Uma and Raymond will defend the budget.
- Budget hearings will be where the MHAC can advocate- Community Budget Forums- Open hearing late March after budget comes out
- There are 4 vacant seats in county council and 3 people will be running for the county executive's seat
- Council members meet with Chuck on November 14<sup>th</sup>
- Housing
  - Point in time survey- 982 households (individuals and families that are homeless)

**Commented [GM1]:** FYI Diane, I wasn't here for this portion.

Ended homelessness for veterans  
 Push to end homeless for individuals with disabilities  
 274 individuals in that category. March-April to end homelessness for that group  
 Project name- Inside Not Outside- End Chronic homelessness by March-April of next year  
 Goal is for episode and recurring shelter placement  
 Families and young adults (16-26)  
 Goal 2020 to tackle those 2 populations  
 Housing First Model being used  
 Pay for Success project- HUD and DOJ populations in assessment process right now.  
 Not seeing a lot of people in jail for public nuisance  
 Inside not Outside Program  
 Includes people involved in encampment, shelters  
 Permanent supportive housing and getting an HHS voucher- that is part of the tracking plus care coordination  
 Money for housing- HUD, local general fund dollars, continuum of care, HOC section 8, housing choice vouchers, scatter site housing vouchers,  
 Do not want single location housing, use apartment locators  
 Build a COLA to increase with housing cost increases  
 State RAP voucher- 1 year then renewed for 1 additional year  
 Services to End and Prevent Homelessness  
 40,000 on housing voucher waiting list  
 Housing for criminally involved TAY-  
 Invite Special Needs Housing Chief to learn more about housing needs/resources  
 To learn about criteria and gaps in housing for people with serious offenses  
 Legal Resource in county to help with Legal issues- volunteer and staff program to help expungement from Baltimore. Have them come to discuss as well.

4. **Question for Uma** - The Mental health advisory committee would like Uma to speak, regarding a recent public forum, where it was discussed that there was major problem of housing and intermediate supportive programs both for people in the judicial system as well as living with mental illness. Uma talked about the need for the Council, and HHS leaders to lobby the state about their responsibility to support such program

**Response:** Lobbying being done for state and federal- need to get state and federal officials to take more responsibilities and lobby for them to contribute more.

*Council can educate and not lobby- what is a constructive and realistic ask?*

- Bed capacity- need more dollars for beds
- Community Based levels of care- outpatient and or residential

- Evidence Based interventions- need to reflect these are being used
- Ask for 2 main things
- Opioid Treatment are the 2 mains topics
- Restoration Center- reflection from jail- angle that would help (RC)
- Robert Green- Department of Corrections- work with him

5. **Question for Uma** - As you may have heard, the Children's Health Insurance Program (CHIP), which covers working class Medicaid Children, is under threat not to be renewed. I was wondering if the County is following this issue, since I imagine (although I am not sure at this point) that many of our child Medicaid recipients fall under CHIP. Under the Trump Administration, rumors and threats emerge and then are found to be untrue, but my sense is that there is some likelihood that CHIP may not be renewed. How would the County address this issue, if it happened, since it would be a major blow to the funding of children's mental health programs, including the Wellness Centers, Linkages to Learning, Regional Youth Services, the Child and Adolescent Clinic, etc.

**Question 5 Response.** CHIPS has expired, however, MD has not stopped taking applications right now. Bipartisan information on CHIP but has not come up for discussion

Oct 27<sup>th</sup> update-

Congress trying to put bipartisan legislation forward. Not sure what restrictions will be put into the program. Still have money through end of this year. Intakes are not closed now. Varies across the country on how it looks. No idea when CHIP funds will end. HHS has not heard about it from Maryland. 1/3/2018- funding moves to change children's funding but nothing moved to date. 9 states have not reported when funds will be cut- Maryland is one of those states. Chart is listed to determine when states will end CHIP on the Maryland.gov website

New grant-

- 75 slots- Medicaid
- Nexus Montgomery- using the coordinating center, tied to Coordinator of Care Waiver for Seniors and BH activities. Coordination between community providers. No shortage of case management through different projects- 3 to 4. Data on Care Coordination- 8 months Wish Program efficacy data exists.
- HHS wants to be able to narrow the focus to see the case/care/service coordination for homeless population
- Evaluate the different models
- 138 programs with some element of case coordination involved- undertaking too large
- Analysis on efficacy of different case coordination
- Is it effective to be fragmented or integrated? Evaluating and defining care coordination that is specific to the needs and individual capacities. Similar to universal assessment, not useful...general case management is not always useful

- Needs assessment/ universal screening tool- used by HHS
- Care coordinator does universal assessment and links to case coordination for specific needs
- 7000 assessments have been done during last data evaluation period
- HHS built the universal tool

-Strategic Alignment project- multi system being utilized for BH treatment. Will be discussed more in the next meeting by Dr. Crowell.

-Project continues to be fine tuned

-Needs to be on agenda soon before February

-Hospital transitions

-Medicaid Waiver

-HHS to send surveys regarding length of wait times in ERs and corrections facilities

-AOD treatment is doing well

-Bringing children back from out of state placements- collaborations to bring them back and placing appropriate supports

-Human trafficking placements are hardest because of the specialized treatment needed

**\*\*Additional question:**

*CORP Should we continue advocating for that? -*

**Response:** CORP is doing well and we are going to ask for more money. Grant ends in January but can continue for this fiscal year (June). It is proven to be effective. Possibly looking for 200k extra of funding.

-Restoration Center- no funding, will not be put on the table

-No enhancements to be put on the table from HHS because of cuts needed

-Telehealth- doesn't need funding, needs providers to come to the table on how it can work. Expand capacity to share the model and there are different options on the table

**6. Questions for Uma** - How many people are homeless in Montgomery county and how many people have unstable housing? How are they tracked?

**9.** With all the development going on in Montgomery County, are any units being set aside for low income and disabled populations?

**Questions 6 and 9 Response:** Veterans homelessness is done (need to keep less than 5 and they are below that) -Senior buildings coming up that are set asides for 60% or below and 30% or below for affordable housing -MPDUs- below 30% to touch HHS population -Rental Housing Study- Planning office website or County Website to provide related information. -Abe Schuman- HUI dedicated 5-6 units for Inside Not Outside, HOC has donated units, -Coalition, Everymind, and other providers involved in this effort. Criteria- need to meet HUD definition of chronic homelessness. -Medicaid waiver for homeless and HHS has

applied for a slot for that- pays for care coordination, not housing. Cost is 8k and if Medicaid waiver care coordination covers funds of 4k that will help

7. **Question for Uma** - What programs should we lobby for, why are they effective, how much do they cost, how many people will be served by them, who are they?

**Question 7 Response.** Must ask what the numbers are looking like and what are the dollars. The numbers strictly pertain individuals defined as street homeless.

8. **Question for Uma** - I heard from Sidney Katz that money from grants to address homelessness among Veterans made a significant dent in the Montgomery county homeless problem, can you speak to this?

**Question 8 Response.** Resources for care coordination and resources for housing.

- E. BHCS Update— Raymond Crowell report
- MH Court- remain 50% compliance, frozen on intakes until new resources, trying to determine how to add staffing and possibly to FY19 budget
  - Jail and Diversion –contract for forensic beds has not been implemented yet but hopefully by first of year
  - Work with MC Pubic School systems (Everymind and Family services)
- BTheOne.Org campaign:
- Suicide and substance abuse issues initiative, resources for suicide and substance abuse. Website, posters in every MC school, and bus stops in city, PSA in theatres. Find funding to extend this out and using social media- next step
  - Mary Anderson- HHS 401- if you see anything missing from the website.
  - Suggestions: change the branding, possibly ask children to participate in next marketing, add national suicide hotline number
  - Are there efficacy measures- track impressions, media hits, calls, tracking how people get drawn to the services?
  - Susan Rosenstock, Humanim, NAMI
  - Send any other information or suggestions other than website to Raymond
- NAMI national- can create a tag
  - Funding- State and county funds are used from the Governor emergency overdose fund. Currently funding is available to do PSAs and bus stop ads
  - A lot of education needed for school administrators- ongoing process
  - Johnathan Brice has assisted in how to help communicate with the school officials
  - Only used in Middle and High Schools, not in elementary schools
  - Open Enrollment for Medicaid is in effect between now and Dec 15<sup>th</sup>

-Budget- projected 250 million deficits down from 750 million  
Medicaid  
Inpatient  
Opioid Epidemic  
Increase in overdose deaths in Montgomery County- by 10 from last year  
June.

No one under age 18, 19-45, and older  
Does not include accidental deaths

-BHA restructured- new director of state hospital  
-Office of Peer Support and Advocacy- Brendan Walsh  
-Gambling treatment can be billed through Medicaid- state will pay regardless of insurance  
-Debra Cady- have her come to discuss Bridges program at beginning of the year  
-Dr. Crowel suggestion- Hold a meeting in the Crisis Center and to see other county programs

D. Chair Report—

Jennifer and Kiki went to Chairs of Committees/Commissions and Boards meetings with HHS Committee of the County Council

MH Court  
Alternatives to Care  
200k funding for CORP and it will be  
Public Hearings  
HHS put in recommendation to put in additional MH Court funding

Committees:

Other committees presented at HHS Roundtable that had over  
Committee on Children and Youth  
Needs of undocumented youth- schools as safe space  
JJS  
AODAC  
Asian American Health

Community Services Board

Homelessness committees

Mental Health

\*\*\*Several committees at the Roundtable that we can collaborate with Chuck

Short- special assistant to Ike Leggett, November 13th

No meeting in December

Subcommittee for Spring Forum- held annually and jointly with AODAC

Get a speaker to speak on specific issues  
Doing outreach  
Identify topic for this year  
Resource Fair  
1st subcommittee meeting in January  
Asking for volunteers to sign up for subcommittee

Try to meet once a week or once every other week- meetings are teleconference

Conference is in May and replaces our monthly meeting

May be the second Monday but date to be determined by the committee

Looking for a space- Goal is Bora Park but not sure

Consider a motion for announcements for guests at end of the meeting- will be placed on next meeting agenda.

**Speakers**

-Dan Martin- coming in January as a speaker

-Debra Cady to discuss Bridges program

F. Springfield Hospital Update—Debbie Phillips, LCSW-C provided an update on Springfield Hospital

-Springfield's 220 beds budgeted and currently at capacity

-Continuing to transition to center admissions model (not sure what that means yet). State Hospitals were designated for regions and everyone had different hospitals. Centralized for open beds anywhere- to open bed capacity by looking outside of our region. The process is being streamlined. Segway program on grounds of Springfield - transition back to community has had an increase in numbers in last few months. Eight additional beds in Adventist Behavioral Health community hospital system will be utilized for forensic admissions.

G. Adjourned