



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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.

