

**Health and Welfare Committee Meeting Notes**

**March 5, 2024, at 9:30 a.m.**

**Virtually Via Zoom**

**Attending COA Board Members and Alumni:** Linda Bergofsky, Wayne Berman, Virginia Cain, Betsy Carrier, Joyce Dubow, Bob Levey, Laurie Pross, Marcia Pruzan, Barbara Selter, Marsha Weber, Revathi Vikram

**Attending County Staff:** Tina Purser Langley

**Guests:** Jennifer Grinnell, Sarah Frazell, Jennifer Long

<b>Welcome</b>	<b>Action items Responsible Party</b>
<b>Approval of Minutes</b> <ul style="list-style-type: none"><li>Minutes were approved</li></ul>	Barbara Selter moved that the minutes be approved; Wayne Berman seconded the motion. The motion was approved unanimously.
<b>Mental Health Presentations: Virginia noted that the Committee is still discussing and gathering data on how requests for mental health services are made and managed in the county. She introduced the speakers.</b>  ADRU  Ms. Long provided an overview of how requests for mental health services come into and are addressed by ADRU staff. Her staff answer the main ADRU phone line; it is not the only point of entry for requesting MH services. Staff will screen the call and make referrals to the Mobile Crisis Team, Sante' Health, EveryMind, County Behavioral Health, or other resources. Those resources may refer to the ADRU as well, depending on what the individual needs. For example, a 311-caller asking for mental health treatment would likely be referred to the Crisis line. After hours, the ADRU line has a message to contact the Crisis Line. The website also includes links to resources.  Often, callers may not recognize or acknowledge that they need mental health intervention. That's why call takers ask a lot of questions to make sure the individual gets to the right place. She reiterated that the ADRU is not the place for people to seek mental health treatment directly.  <b>Questions:</b>	Jennifer Long, Program Manager, Montgomery County Aging and Disability Resource Unit

<p>1. Since the ADRU was developed to ensure there is no wrong door into available resources, has the ADRU developed process flows to show how people access mental health support and treatment? A: <i>No, Ms. Long explained that the process is not intended to be complicated but there are several ways a person in need can request services, including the ADRU.</i></p> <p>2. What kinds of calls for mental health services are coming into the ADRU? What are they requesting? A: <i>Callers are looking to find a service provider to start treatment as well as looking for a different therapist. They may also be in crisis or resistant to a recommendation to seek treatment and are looking for options.</i></p>	
<p>EveryMind</p> <p>EveryMind operated as the Mental Health Association of Montgomery County for decades. The name was changed to reflect the agency’s broader geographic focus and to counteract the stigma associated with seeking treatment for mental illness and substance abuse. The agency provides referral and direct treatment across the lifespan, delivers education and outreach services, staffs a 24/7 hotline, and provides services for military members and Veterans.</p> <p>Ms. Grinnell provided an overview of mental health issues nationally. About one in 5 adults experience mental health issues in a year. That prevalence is the same for older adults, but 2/3 don’t get the treatment they need. Men aged 85 and older have a higher suicide mortality rate. This is significant for all of us because Montgomery County’s older adult population is slated to double by 2040.</p> <p>Although mental health problems typically appear in adolescence and young adulthood, they can occur at any time across the life span. There is typically a period of 8-10 years between when symptoms appear and treatment is initiated. She emphasized that depression is not a typical outcome of aging.</p> <p>She explained that wellness and mental health are on a continuum from normal functioning to severe and persistent functional impairment. She then presented framework for EveryMind’s work starting with direct services, to building of interpersonal networks, development of community relations, and advocacy for public policy. From EveryMind’s perspective, building relationships within communities and networks is a way to build capacity.</p>	<p>Jennifer Grinnell, Director of Education, EveryMind</p>

Ms. Grinnell reviewed the mental health education and outreach that is available; evidence-based training can be done at any location, e.g. senior center, villages, senior housing. Training ranges from Mental Health First Aid, Mental Health and Wellness 101, Self-care and Burnout, Communicating with Empathy, and Suicide Prevention and Intervention.

EveryMind has had a contract to answer the Montgomery County Crisis Line (301-738-2255) for 60 years. It also is responsible for staffing the 988 call center. Ms. Grinnell would encourage seniors to call the 301 number to avoid any confusion about when to call 988. Most repeat callers use the number for supportive listening. EveryMind is also an Information & Referral resource for Info Montgomery, and is a backup 988 for Prince Georges and Frederick Counties. For example, if all the EveryMind counselors are on calls, the 988 line will roll to backup centers.

EveryMind is a 24/7 service; it takes about 75 people total to cover phones, texts, and provide supervision. – around 75 people in total to cover phones and text and supervision. Follow up – number of people by shift. Most callers are age 50 and over.

Next, she walked through programs across life span: Youth & families (school based and community based); adults (homeless outreach, housing stabilization support for re-housed, support mental health client applications for benefits (SOAR). Older adults get the same services as all adults, along with a friendly visitor program for homebound, socially isolated adults (this program uses staff and volunteers matched to clients). Friendly visitor volunteers are asked to spend about 4 hours a week with client and make a commitment of a year. Observations and concerns from the volunteers may trigger case management services by staff and referral to the ADRU. Another service offered for older adults is the representative payee program. The Rep Payee program is also delivered by volunteers who have committed for 1 to 2 years. The County pays for the staff to oversee the volunteers.

ServingTogether is EveryMind’s program that connects Veterans, service members, and families to services across the National Capital Region using peer navigators. It uses UniteUs software and database to identify and connect clients to services.

**Questions:**

1. How does EveryMind guard against abuse in rep payee program? *A: Every volunteer goes through fingerprinting, as well as criminal and financial background checks. The County Finance Department reviews copies of client bank statements monthly and volunteers must check in with staff.*

*EveryMind would only take on this responsibility if there are no family members willing or available.*

2. Are there financial eligibility requirements for friendly visitors? Do they speak other languages? *A: There are no income eligibility requirements for the Friendly Visiting program. They can find volunteers that speak same language/dialects as clients. Friendly visiting was a challenge during COVID; visitors made phone calls and tried to keep connected. The County funds up to 80 slots and currently serve about 50 clients. They could serve more if they had the volunteers, which they are trying to recruit.*
3. How do you deal with recruitment challenges for mental health professional staff? *A: This a massive, difficult struggle every day. All programs are pulling from the same pool of potential providers. EveryMind does have open positions; they are looking at salary, benefits, work load as a way of being more competitive but the trick is finding people who want to do this kind of work. As a result of staffing challenges, there are waiting lists (especially for community counseling for clients on Medicare, Medicaid and who are uninsured). As a gap filling measure, professional staff do check in phone calls or run a virtual group therapy program while waiting for providers to open up. They have chosen not to accept private insurance because of the administrative burden and a commitment to serving underserved populations. People can call the hotline every day and chat with on call professionals while waiting for a referral to a community provider.*
4. Why did EveryMind choose to use the rep payee model versus a financial Power of Attorney? *A: Ms. Grinnell stated her best guess is they use Rep Payee because that is what SSI and SSDI require. Wayne confirmed this.*
5. Where do you get your funding? *A: EveryMind has many contracts with the County for direct service as well as some administrative costs. It also gets grants from SAMHSA, corporate donors (e.g. Marriott Foundation funds education), other grants and even some individual donors. There is a limited amount of funding from the State.*
6. Do you have any data on prevalence or usage in MoCo? Any sense of how many calls come from family members or seniors themselves? *A: EveryMind collects Montgomery County specific data, which Ms. Grinnell will make available to Tina. She will also ask the Hotline to provide County-specific data.*
7. Can caregivers use friendly visitors as respite? *A: Yes, if older adult is socially isolated and living in a private home. The program is not available to people residing in a congregate setting.*

<p>8. We are struggling to identify where the gaps are and what areas need our advocacy? A: The provider shortage is an issue but how do we get more people in the pipeline to do the work. Ms. Grinnell noted she that she would like to get input from others in her organization as well as the Mental Health Advisory Commission on their current advocacy issues.</p>	
<p>Discussion of potential H&amp;W Committee options for follow-up on mental health services for older adults</p> <p>Barbara Selter opened the discussion on topics that might provide a focus for the Health and Wellness Committee’s efforts in mental health. Our work would fit in the framework we had discussed previously:</p> <ul style="list-style-type: none"> <li>• Promoting Mental Health Wellness</li> <li>• Promoting Mental Health Education Programs at Senior/Recreation Centers: Advocate for, develop, and present series on mental health education at various centers (identify key issues affecting older adults and/or training for center staff on dealing with mental health issues that present at these centers)</li> <li>• Promoting Integrated Mental Health Services at Senior Housing: Advocate for and coordinate integration of mental health services within the service</li> </ul> <p>Laurie Pross described an area where the focus would be a wellness perspective versus an illness perspective. This would somewhat fit in with other County approaches that address spheres of wellness. There was some enthusiasm for this approach, which could include Arts for the Aging and greater access to technology. The rec centers and senior centers would be a natural hub for these kinds of activities. However, the Committee was reminded that the people who generally go to the centers are the ones who are more socially connected; we need to also consider those home-bound or less well connected.</p> <p>Questions were raised about what product we could provide. Suggestions included fact sheets. We were reminded that we need to think about what the CoA can contributed that is not already being done and would provide a useful addition.</p> <p>Due to time, the Committee held in abeyance the discussion of the other potential focus areas that arose out for previous presentations. These will be further discussed at the next H &amp; W meeting in April.</p>	<p>Virginia Cain, Barbara Selter, Laurie Pross</p>

<p><b>Next steps:</b></p> <ul style="list-style-type: none"><li>• Follow up with Ms. Grinnell to obtain her slides and Montgomery County specific data from EveryMind.</li><li>• Due to time, the Committee was not able to discuss the other potential focus areas that arose out of previous presentations. These will be further discussed at the next H &amp; W meeting in April.</li></ul>	
Adjourn: 11:05 AM	