Montgomery County Mental Health Convening Hosted by Council President Kate Stewart

Summary Report

April 2025

When Councilmember Kate Stewart (District 4) was elected Council President (CP) on December 3, 2024, she announced her commitment to making mental health the focal point of her agenda. Growing up, Council President Stewart observed family members experiencing what she now recognizes as mental health conditions. Unfortunately, mental health was not talked about in her house, and individual mental health needs were not acknowledged, let alone prioritized. As a parent, Council President Stewart knew she wanted to break the cycle and destigmatize mental health within her family. In her role as Mayor of Takoma Park and now on the County Council, she has also witnessed the need to break the silence and stigma and the urgency of addressing the mental health crisis for many families and communities in Montgomery County.

The [Centers for Disease Control and Prevention](#) reports that the U.S.is facing a mental health crisis, particularly among young people. In 2023, one in five adults experienced symptoms of anxiety and depression, and two in five high school students reported persistent sadness or hopelessness. These national trends are reflected locally in Montgomery County. In a 2022 Montgomery County Health Survey, residents identified mental health as the top priority regardless of gender, age, race/ethnicity, and region.

Before deciding on the next steps in her agenda as Council President, CP Stewart sought to better understand the landscape of behavioral needs and resources in Montgomery County. Council President Stewart knew she had to hear from the experts and direct service providers to gain greater insight and deeper understanding. Since the beginning of her presidency, CP Stewart and her team have met with over twenty entities to learn about the gaps, positive and negative patterns, and programs offered by behavioral health providers. As a starting point for a broader community discussion, Council President Stewart hosted the Mental Health Convening on February 21, 2025, to engage diverse stakeholders in sharing their observations and experiences with local mental health challenges.

Held at the East County Community Center, the Mental Health Convening brought together over 130 stakeholders from County departments and agencies, nonprofit organizations, and other community partners. The convening aimed to identify the mental health resources available in the county, assess the mental health needs being observed by providers, identify gaps and challenges, and explore potential opportunities for collaboration.

The three objectives of this convening were to:

1. **Foster meaningful partnerships** among diverse community partners and agencies to enhance mental health prevention and early intervention efforts across Montgomery County;

2. **Explore challenges and overlapping efforts** in mental health services to identify key gaps and opportunities for collaboration; and

3. **Identify successful strategies, best practices, and assets in the community** that address mental health prevention and early intervention.

These objectives were the focus throughout the event's agenda, including throughout the four presentations. First, Dr. Kisha Davis, Chief Medical Officer at the County Department of Health and Human Services (DHHS), presented an overview on the Youth Safety Initiative (YSI). Beginning March 2024, the YSI examined youth mental health, substance use, and victimization by centering the risk factors, coinciding systems, and available services in the County. Emerging themes unveiled in the YSI work include the presence of fragmented efforts and siloed work and the absence of a unified strategy across the county. Next, Montgomery County Public Schools (MCPS) presented the services offered to students and families through the Office of Well-Being and Student Services. Led by Associate Superintendent Damon Monteleone, participants learned about the support offered to students and their families through the Student Well-Being Teams, therapeutic services, restorative justice circles, and referrals to external providers like DHHS.

Participants heard from EveryMind and Sheppard Pratt – two community partners leading the work of mental health in our County. EveryMind presented on the 988 Suicide and Crisis Lifeline, a national service with growing utilization; the Military and Veteran Care Coordination; and the Homeless and Housing Support Services. Finally, Sheppard Pratt discussed its Adult Residential Crisis Service program, community-based programs for adults and children, and services at MoCo Reconnect in Wheaton.[1]

The overarching goal of the convening was to learn about the experiences, challenges, and assets currently in the community. Participants engaged with other organizations through two small group discussions to assess the current needs and explore areas of opportunity.

A. **The first group discussion** focused on understanding the resources available, the populations served, and the successes in program delivery of the entities in attendance.

B. **The second group discussion** focused on understanding the root causes and challenges to mental health in our communities, with a final focus of working collaboratively to address these challenges.

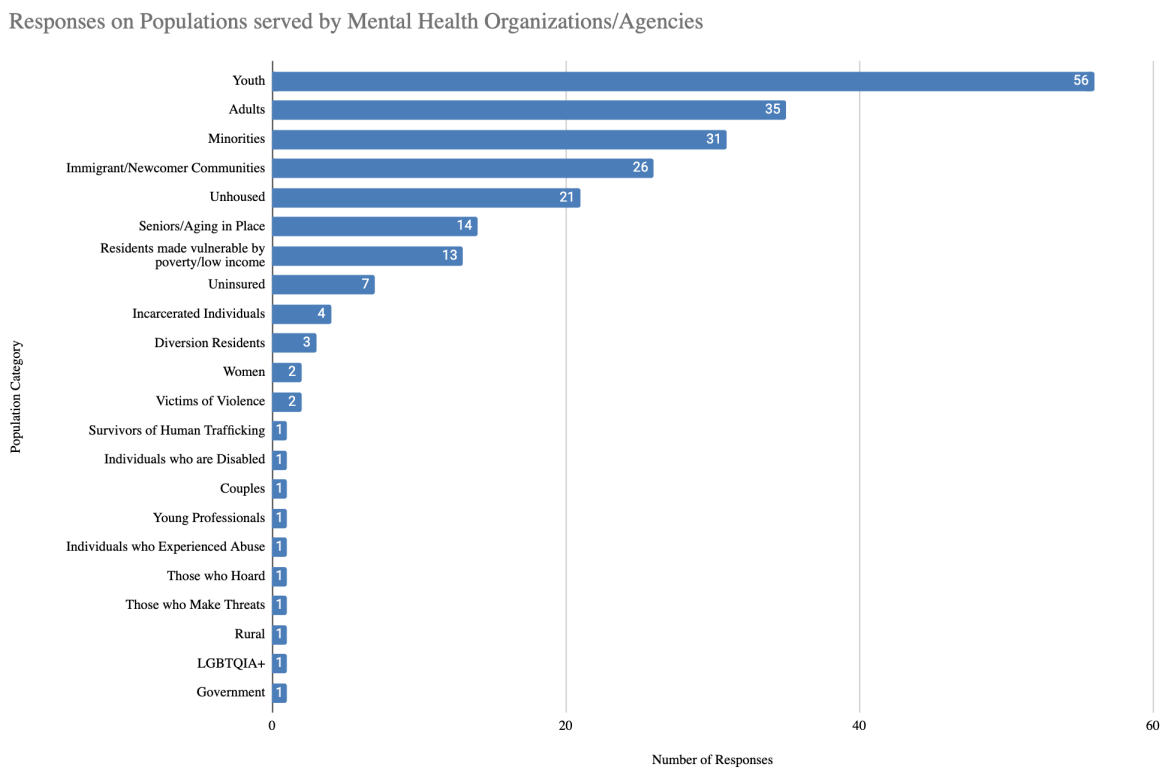[1] View the slide decks of the presentations [here](#).

First Group Discussion

Participants had the opportunity to learn more about the populations organizations work with to recognize overlapping demographics and identify groups who may not be receiving services. Participants also discussed the services they provide and the best practices they've utilized to implement successful programs. A debrief of the discussion revealed that youth is the population most served by the providers present, with over 50 participants working closely with them.[2] Other populations served were ethnic and racial minorities with 31 responses; immigrants with 26 responses; and individuals experiencing homelessness with 21 responses. See Figure 1.

Populations least supported included victims of violence, individuals with disabilities, individuals who identify as LGBTQ, residents in rural areas of the County, and individuals experiencing incarceration. These findings help explain where some gaps exist in services provided. However, necessary to mention, these are populations listed by participants in attendance and may not entirely represent the full picture of services available to these groups. While many organizations noted that they serve youth in Montgomery County, our goal for this convening was to bring partners together to address this work collectively. Through collaboration, we can reduce duplication, support communities navigating existing services, and foster stronger partnerships. Finally, an important aspect to recognize is that identities intersect and people belong to multiple communities. The intersection of these identities creates unique experiences for each person, leading them to experience and navigate services differently.

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[2] The information collected, including populations served, during the group discussions was self-reported and communicated via flipcharts.

Figure 1. Responses on Populations Served by Participants (*see Appendix 1 for population groups*)

Responses on Populations served by Mental Health Organizations/Agencies

Population Category	Number of Responses
Youth	56
Adults	35
Minorities	31
Immigrant/Newcomer Communities	26
Unhoused	21
Seniors/Aging in Place	14
Residents made vulnerable by poverty/low income	13
Uninsured	7
Incarcerated Individuals	4
Diversion Residents	3
Women	2
Victims of Violence	2
Survivors of Human Trafficking	1
Individuals who are Disabled	1
Couples	1
Young Professionals	1
Individuals who Experienced Abuse	1
Those who Hoard	1
Those who Make Threats	1
Rural	1
LGBTQIA+	1
Government	1

Takeaways

In addition to populations served, participants were asked to discuss the successes in their programs and list the factors that have led to these successes. Through these discussions, four themes emerged:

(1) **Creating resilience** through community engagement and community building. Using tools to empower groups, building capacity, implement peer-to-peer support and mentoring programs, and elevating youth testimonials to mobilize change were among some of the practices listed.

(2) Ensuring mental health services are inclusive and have diverse staff representation with **lived experiences and culturally-appropriate** skill sets. A repeating factor to success was having culturally-competent providers, staff, and resources. Similarly, people noted the need for diversity and inclusion, culturally relevant practices, and multilingual staff.

(3) **Strengthen collaboration** between community and government partnerships, including MCPS. Foster greater collaboration and partnerships among service providers with local government and the school system to enhance service

delivery in the community. Building stronger partnerships can support coordinating care and aligning resources across agencies, community organizations, and service providers for improved impact.

(4) Providing integrated **referral processes and wrap-around services** to improve case coordination. Implementing case management is notably a critical component of the work organizations conduct to bridge services from one organization to another and provide a continuum of care for the people they serve. Factors that led to the success of providing wrap-around services included the accessibility of the service; location plays a significant role in enhancing service delivery. Participants also noted the importance of meeting people within their communities to increase awareness and utilization of services. Other factors include low cost and free services and targeted outreach.

Education emerged as an essential overarching theme. Based on participants' feedback, education and awareness are directly connected to the prevention and early intervention of mental health crises. How mental health is addressed and perceived dictates whether people have resilience and community support, feel connected to their providers, have strong partnerships, and seek referrals. The information that people receive at the beginning of their navigation process is critical to their journey in addressing their mental health. Raising awareness and educating others on mental health includes:

- **Talking openly about mental health.** Normalizing conversations on the issues people are experiencing and the services they are seeking, such as professional talk therapy, is important.
- **Listening without judgement** and **encouraging people to seek help.** Actively destigmatizing mental health and fostering a supportive environment where people feel comfortable seeking help is a necessary step.
- **Sharing personal stories.** Sharing personal stories humanizes mental health challenges and demonstrates that the challenges are common, while also empowering the person.
- **Routinely sharing information** about mental health conditions, resources, and general well-being tips informs and equips people with the proper tools. Information sharing can happen through community events, targeted programs, and social media.
- Promoting **mental health as overall wellbeing**. When people perceive mental health as part of our regular primary care, prevention can be prioritized before reaching a point of crises and illness. Wellbeing care can include prioritizing activities like having a hobby, exercising, being outdoors, or socializing with loved ones.

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Noteworthy to mention, as participants emphasized in their discussions, raising awareness and educating communities about mental health must be done in culturally competent, sensitive, and led approaches.

Second Group Discussion

Participants continued their discussions to self-reflect on the top two challenges they experience in their service delivery and identify the root causes to those challenges. Once the challenges and root causes were identified, participants were asked to work together in addressing one of these challenges using current resources at their disposal.

Takeaways

While great resources and initiatives exist, participants highlighted that much more work remains. Even with great efforts in place, these practices still need to be expanded, replicated, and integrated to reach more communities in Montgomery County.

Seven overarching challenges emerged from the group discussions:

(1) **People's basic needs are not being prioritized and met**. There are overlooked and unresolved underlying issues that exacerbate mental health challenges and emotional distress, such as unstable housing, low household income, insurance status, transportation, and more. Participants emphasized that different social determinants of health are a primary challenge to individuals accessing care. When communities have these various needs that must be addressed, this limits their ability to prioritize mental health.

(2) **Stigma, lack of familiarity, and need for cultural connection**. Stigma was highlighted as a significant contributing factor in addressing mental health. Widespread stigma prevents individuals from seeking mental health support. There is a need to increase awareness, education, and provide culturally relevant information about mental health to reduce stigma and encourage engagement in mental health care. As noted in the previous section, there are multiple approaches to raising awareness and creating familiarity and comfort with conversations on mental health. While participants acknowledged the need for diverse representation in the behavioral health workforce, they also highlighted the need for more cultural awareness to adequately destigmatize mental health. There is also a need to strengthen training opportunities for mental health providers to deepen their understanding of how to effectively serve the diverse communities that reside in Montgomery County.

(3) **Mistrust of government among the community**. The group discussions revealed two primary reasons for community members' distrust of government

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and its resources. First, the current political environment at the federal level has heightened fear and uncertainty within communities, further discouraging the utilization of government services. Second, the widespread misinformation about mental health and available resources has deepened mistrust in services. Historical government actions have created distrust in government for minority communities. Additionally, inconsistent and unclear information provided by government institutions has oftentimes led to confusion in the midst of public health crises. Addressing misinformation through targeted education and outreach could help mitigate this challenge in building greater trust in mental health services.

(4) **Inaccessibility and lack of capacity** to serve diverse needs across Montgomery County, particularly in underserved and rural parts of the county. Participants shared an absence and shortage of specialized mental health care, mobile support services, and culturally appropriate services in all parts of the County. The absence and limited availability of these services, along with the growing demand, lead to long wait lists, thus creating an additional deterrence among the community to seek services. Additionally, affordability remains a major barrier, reinforcing the broader issue of ensuring that basic needs are met before individuals can prioritize mental health services. Notably, the threats to cut Medicaid funds are dangerous and will significantly exacerbate accessibility and affordability of services.

(5) **Lack of a centralized place** where community members, especially youth, can reliably access mental health services. Participants shared a strong desire for community spaces that can serve as a trusted resource for those seeking mental health support. Additionally, community partners and agencies emphasize the need for dedicated gathering spaces for youth that can provide access to mental health support outside of schools and can become available directly in their community.

(6) **Overwhelming amount of challenges** for providers to address simultaneously, which makes it difficult to focus and prioritize on mental health interventions. The complexity and breadth of challenges can lead to burnout and an inability to deliver services. One participant commented that there is "so much to do, where do we start?" Another comment was to narrow down the focus in order to best address the long list of challenges.

(7) **Lack of support for the behavioral health workforce** and financial **reimbursement** for providers. There is a clear need for more specialized mental health professionals to meet the demand for services. Like the patients and clients, emotional support must be provided for those providing these services.

Additionally, participants found that insurance requirements for providers and licensing costs can limit the ability to provide services. Incentives and recognition for providers are essential to keep this work going.

Conclusion and Next Steps

We received verbal and written feedback, which was overwhelmingly positive, on the event. The convening was well received with participants expressing enthusiasm to continue the conversation to address the mental health challenges identified in our communities and respective service areas.

A key theme emerging from the discussions with community partners and agencies was the critical need to support youth and young people and their families to support mental health prevention and early intervention. There was a strong emphasis on building stronger partnerships with MCPS to reach youth and young people. Participants repeatedly expressed the importance of early intervention and early education to introduce mental health at younger ages, just as with other health priorities.

The Convening served as an important initial step in advancing Council President Stewart's Mental Health agenda. This effort is grounded in the perspectives of those at the convening, mental health community partners, service providers, and government agencies, contributing to a broader and ongoing conversation to collectively shape the path forward. These findings underscore the importance of early intervention and education, particularly among youth and young people, as they are the heart of our community's well-being and an integral part of its ecosystem. By starting mental health intervention and education early, we can build a stronger, more resilient generation to uplift future generations. It not only breaks the cycle of mental health stigma, but equips youth and young people with tools and confidence to lead the way in changing how we talk about and approach mental health as a community.

Council President Stewart envisions mental health becoming a routine part of our everyday conversations. While large convenings are valuable for collaboration, a key goal was to foster more connections that extend beyond this event. The participation of over 130 stakeholders shed light on the great successes and work being done in Montgomery County, while also calling attention to the ongoing complex challenges that must be addressed.

As Council President, CP Stewart has already implemented various approaches to destigmatizing mental health. Raising awareness of the resources available, especially through trusted community partners, is one of her core goals for the upcoming year.

Through the Council President newsletter,[3] CP Stewart has initiated the Mental Health Corner to share resources and programs available throughout the County on a biweekly basis. The newsletter is translated into English, Amharic, and Chinese to reach more communities. Additionally, alongside the Council's Public Information Office, Council President Stewart has launched the Mental Health Video Series to spotlight six community organizations and their work on mental health. In response to the policies and harmful rhetoric from the federal government, she led an informational webinar with Congressman Raskin and community partners on mental health resources to address the distress and anxiety felt by our residents.[4]

Furthermore, in early summer, the Council's Office of Legislative Oversight will release two reports on mental health. These reports will assess the availability of youth behavioral services, both public and private, in the County, and where and how they can be accessed. Finally, as part of the next steps, there will be convenings with young people to hear from them directly, learn their perspectives on mental health, and collaborate with them in strategies.

A heartfelt thank you to everyone who played a vital role in gathering these insights and shaping next steps together. We will continue to drive meaningful change in our community. For a list of the entities in attendance, see page nine of this report.

A special thank you to Dr. James Bridgers, Dr. Kisha Davis, and Chief Mónica Martín for the invaluable insight and support in planning this event and throughout this initiative. Immense thanks to our Council's Health and Human Services Committee members, Councilmembers Gabe Albornoz, Dawn Luedtke, and Laurie-Anne Sayles, and District 5 Councilmember Kristin Mink. An extended thank you to Councilmembers Andrew Friedson, Evan Glass, and Natali Fani-González for attending the convening or sending representatives from their offices. Finally, thank you to Blaise DeFazio and Leslie Rubin from the Office of Legislative Oversight, Tara Clemons Johnson from the County Council, and to Arianna Ross from Story Tapestries.

View the Mental Health Convening photo album and video recap, and tune into our Mental Health Video Series.

For a list of behavioral health resources in Montgomery County, visit the resource directory by the Department of Health and Human Services, Behavioral Health and Crisis Services.

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[3] Sign up to receive Council President Stewart's newsletters.
[4] Watch the *United in Service and Support Information Series*.

Organizations and Entities in Attendance Included

480 Club
Action in Montgomery
Affiliated Sante Group
African American Health Program
Africans for Mental Health
American Heart Association
Asian American Health Initiative
Asian American Political Alliance
AYUDA
Baitur Rahman Mosque
Blessed Center
Canopy Family Care
Catholic Charities DC
CCI Health Services
Center for Adoption Support and Education
Chinese American Parent Association – Montgomery County
Chinese Culture and Community Service Center
Coaching Salud Holistica
Community Bridges
Community Reach of Montgomery County
Conflict Resolution Center of Montgomery County
Cornerstone Montgomery
Create Calm Inc
Crittenton Services
East County Village Seniors
Empowering the Ages
Ethiopian Community Center in Maryland
EveryMind
Fair Access
Future Resource Learning
Healing and Deliverance Ministry Inc.
Housing Unlimited
Identity, Inc.
Interfaith Works
Jesus House DC
JOSIE'S CLOSET, INC
Kingsbury Wellness and Learning Group
Korean Community Service Center of Greater Washington
Latino Health Initiative

Liberty's Promise
Madison House Autism Foundation
Maryland Department of Health
Maryland Treatment Centers, Avery Road Treatment Center
Montgomery College
Montgomery County Collaboration Council
Montgomery County Commission for Women
Montgomery County Council
    Office of Councilmember Andrew Friedson
    Office of Councilmember Dawn Luedtke
    Office of Councilmember Evan Glass
    Office of Councilmember Gabe Albornoz
    Office of Councilmember Kristin Mink
    Office of Councilmember Laurie-Anne Sayles
    Office of Councilmember Natali Fani-González
Montgomery County Counseling Center
Montgomery County Department of Correction & Rehabilitation
Montgomery County Department of Health and Human Services
    Aging and Disability Services
    Behavioral Health and Crisis Services
        Mental Health Advisory Committee
    Children, Youth and Families
    Office of Community Affairs
    Public Health Services
        Commission on Health
    Services to End and Prevent Homelessness
Montgomery County Department of Recreation
Montgomery County Federation of Families for Children's Mental Health, Inc.
Montgomery County Fire and Rescue Service
Montgomery County Office of Community Partnerships
Montgomery County Office of the County Executive
Montgomery County Police Department
Montgomery County Pride Family, MoCo Pride Center
Montgomery County Public Schools
Montgomery County Regional Services Centers
Montgomery County Sheriff's Office
    Family Justice Center
Montgomery Goes Purple
Muslim Community Center Medical Clinic
NAMI Montgomery County

National Council of Negro Women, Inc., Montgomery County
OCA-Greater Washington, DC Chapter OCA-DC
Parent Encouragement Program
Pathways to Housing DC
Primary Care Coalition
Rainbow Place Shelter for Women
Rock Creek Foundation
Rose Pedals Consulting
Shepherd's Table
Sheppard Pratt
Silver Spring Chapter of the Links, Incorporated
Silver Spring Justice Coalition
Sligo Adventist Church
Story Tapestries
The Black Coalition For Excellence In Education
Tree House Child Advocacy Center of Montgomery County
University of Maryland SAFE Center
Upcounty Community Resources, Inc.
Upcounty Prevention Network
WUMCO Help Inc.
YMCA

Appendix 1: Population Groups as Identified by Participants

Main Category	Number of Responses	Subcategory
Youth	25	
	12	Montgomery County Public Schools
	8	Children (10-18)
	4	Young Adult (18-24)
	1	Adolescent & Young Adult (10-25)
	1	Opportunity Youth
	4	Adoption
	1	Students with Attendance Challenges
Total	**56**	
Minorities	15	
	1	BIPOC
	5	Latino
	1	Ethiopian Community
	2	Asian Descent and Asian American (Vietnamese, Korean, Chinese)
	5	African Descent
	1	Afghan Refugees
	1	Caribbean
Total	**31**	
Immigrant/Newcomer Communities	26	
Seniors/Aging in Place	14	
Residents made vulnerable by poverty/low income	13	
Adults	13	
	6	Parents and Caregivers
	16	Families
Total	**35**	
Uninsured	7	
Unhoused	21	
Incarcerated Individuals	4	
Diversion Residents	3	
Women	2	
Victims of Violence	2	
Survivors of Human Trafficking	1	
Individuals who are Disabled	1	
Couples	1	

Young Professionals	1	
Individuals who Experienced Abuse	1	
Those who Hoard	1	
Those who Make Threats	1	
Rural	1	
LGBTQIA+	1	
Government	1	