



Committee: Directly to Council
Committee Review: N/A
Staff: Linda McMillan, Senior Legislative Analyst
Purpose: To receive testimony/final action - vote expected
Keywords: SAMHSA Block Grant

AGENDA ITEM #5
December 14, 2021
Public Hearing/Action

SUBJECT

Special Appropriation to the Fiscal Year 2022 Operating Budget; Montgomery County Government; Department of Health and Human Services; SAMHSA Block Grants for Community Mental Health Services; Restore to Strength: Strengthening People and Community Health Centers; \$4,999,994 (Source of Funds: Federal Grant Funds) Lead Sponsor: Council President at the Request of the County Executive

This staff report has been updated to include the Racial Equity Impact Assessment

EXPECTED ATTENDEES

None

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- This special appropriation was introduced on December 7, 2021.
- There is no Committee recommendation. A motion is required.

DESCRIPTION/ISSUE

There is an increased need to provide service to those facing mental health challenges or illness and substance use disorders. The need has grown during the COVID-19 pandemic. These funds will be used to strengthen the crisis continuum of care for people in distress. It will support expansion of crisis intervention services and provide effective crisis care that will help divert people from emergency rooms or jail.

SUMMARY OF KEY DISCUSSION POINTS

- The Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services provides block grant funding to states which are then awarded to localities.
- The Maryland Department of Health has awarded grants to support the following: (1) Early serious mental illness services, including early intervention in psychosis, evidence-based approaches to crisis reduction and management among those with emerging psychosis symptoms, and development of cultural sensitivity training, (2) Crisis care infrastructure, including the Care Traffic Control system, necessary to create a statewide crisis system based upon the SAMHSA Crisis Now model, (3) Suicide prevention and weapons safety training for service members, veterans and their families, (4) Critical time intervention to help people experiencing homelessness, with serious mental illness, or with substance use disorder during periods of transition, (4) Readmission reduction programs to provide case management support

for people repeatedly hospitalized for psychiatric-related crisis or interventions, particularly in rural areas of Maryland, and (5) Expansion of Family Peer Support and Navigation to strengthen equitable distribution of services to more Maryland families.

- This funding will be used over a two-year award period. It is expected that over the two years, about 188 adults and 79 adolescents will be provided with crisis stabilization services. Additionally, about 2,380 youth will receive crisis intervention services through SASCA and in coordination with MCPS. Grant funded contractual positions will include a program manager and supervisory therapist, six behavioral health therapists and three case managers that will work in the field, and six clinical specialists and a psychiatric technician to be at the nurses' station at the Crisis Center. Funds for training and equipment are also included.
- The Racial Equity Impact Assessment says findings are inconclusive regarding this special appropriation as it is unclear how the design and approaches employed in the effort funded will consider the experiences and structural barriers faced by communities of color in the county. The assessment notes the information from the U.S. Department of the Health and Human Services that Black adults are more likely than White adults to report persistent symptoms of emotional distress such as sadness, hopelessness, and feeling like everything is an effort and that serious mental illness among the Hispanic population continues to rise. It says the American Psychiatric Association compiled the following list of barriers to mental health care for people of color: lack of insurance, underinsurance; mental health stigma, often greater among minority populations; lack of diversity among mental health care providers; lack of culturally competent providers; language barriers; distrust in the health care system; inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage for other vulnerable patients.)

Attached:


Memo from County Executive	1
Appropriation Resolution	2-3
Office of Racial Equity and Social Justice Impact Assessment	4-9

Alternative format requests for people with disabilities. If you need assistance accessing this report you may [submit alternative format requests](#) to the ADA Compliance Manager. The ADA Compliance Manager can also be reached at 240-777-6197 (TTY 240-777-6196) or at adacompliance@montgomerycountymd.gov

MEMORANDUM

December 2, 2021

TO: Tom Hucker, President
County Council

FROM: Marc Elrich, County Executive 

SUBJECT: Special Appropriation #22-36 to the FY22 Operating Budget
Montgomery County Government
Department of Health and Human Services
SAMHSA Block Grants for Community Mental Health Services
Restore to Strength: Strengthening People and Community Mental Health Centers, \$4,999,994

I am recommending a special appropriation to the FY22 Operating Budget of the Department of Health and Human Services (DHHS) in the amount of \$4,999,994 for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants for Community Mental Health Services. This appropriation will fund activities that support the County's initiatives to strengthen community mental health centers.

This increase is needed to provide safe, effective crisis care that diverts people in distress from emergency rooms and jail by strengthening our continuum of crisis care services. This funding will support the expansion of crisis intervention services for persons experiencing a mental illness or substance use disorder to address the estimated needs of over 10,000 people who experience a behavioral health or substance use crisis and are currently not served or are underserved.

I recommend that the County Council approve this special appropriation in the amount of \$4,999,994 and specify the source of funds as Federal Grant Funds.

I appreciate your prompt consideration of this action.

ME:ll

Enclosure: Special Appropriation # 22-36

cc: Dr. Raymond L. Crowel, Psy.D., Director, Department of Health and Human Services
Jennifer R. Bryant, Director, Office of Management and Budget
Earl Stoddard, PhD, MPH, CEM, Assistant Chief Administrative Officer

Resolution No: _____

Introduced: _____

Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

By: Council President at the Request of the County Executive

SUBJECT: Special Appropriation #22-36 to the FY22 Operating Budget
 Montgomery County Government
 Department of Health and Human Services
 SAMHSA Block Grants for Community Mental Health Services
 Restore to Strength: Strengthening People and Community Mental Health Centers, \$4,999,994

Background

1. Section 308 of the Montgomery County Charter provides that a special appropriation is an appropriation which states that it is necessary to meet an unforeseen disaster or other emergency, or to act without delay in the public interest. Each special appropriation shall be approved by not less than six Councilmembers. The Council may approve a special appropriation at any time after public notice by news release. Each special appropriation shall specify the source of funds to finance it.
2. The County Executive has requested the following FY22 Operating Budget appropriation increases for the Department of Health and Human Services:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$4,999,994	\$0	\$4,999,994	Federal Grant Funds

3. This increase is needed to provide safe, effective crisis care that diverts people in distress from emergency rooms and jail by developing a continuum of crisis care services. This funding will support the expansion of crisis intervention services for persons experiencing a mental illness or substance use disorder to address the estimated needs of over 10,000 people who experience a behavioral health or substance use crisis and are currently not served or are underserved.
4. The source of funding for this appropriation is from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants for Community Mental Health Services. The funds will support the county's initiatives to strengthen community mental health centers.

5. Notice of public hearing was given, and a public hearing was held.

Action

The County Council for Montgomery County, Maryland, approves the following actions:

A special appropriation to the FY22 Operating Budget of the Department of Health and Human Services:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$4,999,994	\$0	\$4,999,994	Federal Grant Funds

This appropriation is needed to act without delay in the public interest.

This is a correct copy of Council action.


Selena Mendy Singleton, Esq.
Clerk of the Council

MEMORANDUM

December 13, 2021

To: Jennifer Bryant, Director
Office of Management and Budget

cc: Gabe Albornoz, Council President
County Council

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) of Supplemental Appropriation #22-36
SAMHSA Community Block Grant

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) findings are inconclusive regarding Supplemental Appropriation #22-36. While strengthening community mental health centers is a necessary strategy for improving mental health outcomes and reducing unnecessary involvement with criminal legal systems in the County, it is unclear how the design and approaches employed in this effort will consider the experiences and structural barriers faced by communities of color in the County. It is for this reason that ORESJ's findings are inconclusive.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-36 is to use Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funding to strengthen community mental health centers. The funding will be used to enhance the county's continuum of crisis care services, helping to divert people in distress from emergency rooms or jails to appropriate care facilities and services.

Prior to the onset of the Covid-19 pandemic, indicators of substance use and mental illness among adults 18 years and older in the US were trending in an alarming direction. In 2019, the percentage of adults reporting Any Mental Illness (AMI) in the prior year

was 20.6%; in 2018 the percentage was 19.1¹. For the same measurement period, the percentage of adults with Serious Mental Illness (SMI) was 5.2%, up from 4.6%². According to the Health and Human Services Office of Minority Health, Black adults are more likely than White adults to report persistent symptoms of emotional distress such as sadness, hopelessness, and feeling like everything is an effort³. Among Black youth ages 15-24, suicide was the second leading cause of death in 2019 and Black females, grades 9-12, were 60 percent more likely to attempt suicide in 2019, as compared to non-Hispanic White females of the same age⁴. Serious mental illness among the Hispanic population continues to rise as have suicidal thoughts and behaviors among Hispanic adults age 18 to 49 between 2009 and 2019⁵.

As with other racial inequities, there are notable differences in mental illness when dimensions of poverty and historical trauma are considered. Related to employment and poverty, larger percentages of part-time and unemployed individuals report AMI and SMI than employed individuals⁶ and larger percentages of uninsured and those with incomes less than 100% of the federal poverty level report SMI⁷. At the time of this analysis, there weren't local data available on prevalence of mental illness by these economic indicators, but given racial inequities in employment, household income, and health insurance coverage in the County, it is likely that any links between economic indicators and mental illness will disproportionately burden Black and Latino residents. Additionally, systemic racism dating back to the founding of the US has created race-based exclusion from health, educational, social, and economic resources for Black, Indigenous, and other People of Color. Historical and current experiences of

¹ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. Table 8.2b and table 8.5b. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabs8-2,5,9,11,13pe2019.pdf>.

² Measures of AMI and SMI in The National Survey on Drug Use and Health (NSDUH) are based on a predictive model and are not direct measures of diagnostic status. While the data is a nationally representative sample, the survey excludes individuals with no fixed address (e.g., people who are homeless and not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals. Given these limitations, we looked at other sources of information to understand racial and ethnic differences in prevalence of mental illness.

³ US Department of Health and Human Services. Office of Minority Health. "Mental and Behavioral Health - African Americans". Available at: <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>.

⁴ US Department of Health and Human Services. Office of Minority Health.

⁵ Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services. "2019 National Survey on Drug Use and Health: Hispanics. September 2020. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt31101/2019NSDUH-Hispanic/Hispanic%202019%20NSDUH.pdf>.

⁶ SAMHSA, Table 8.2b.

⁷ Substance Abuse and Mental Health Services Administration. Behavioral Health Equity Report 2021. Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015-2019. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt35328/2021NSDUHBHEReport.pdf>.

mistreatment across systems impacts access to care, psychological stress, and the social determinants of health that influence mental illness⁸. These same systems and the racial inequities they create have resulted in a disproportionate number of people who have a current or past mental health problem being incarcerated⁹. For example, Mental Health America reports that states with less access to mental health care have more adults who are in the criminal justice system¹⁰. It's also important to recognize that the relationship between racial inequities, historical trauma and mental illness are often worsened by other forms of oppression that impact women, LGBTQIA individuals, and people with disabilities.

During the pandemic all groups experienced challenges to mental wellness¹¹, but based on the disproportionate economic and health impacts of the pandemic on communities of color and preexisting social determinants of health, disparities in mental health indicators such as depression, suicidal thoughts/ideation, and substance use increase or initiation are likely to have emerged or increased¹². For example, Kaiser Family Foundation reported that that share of adults reporting symptoms of anxiety and/or depressive disorder during the pandemic is highest among Black, Latino, and other Non-Hispanic people¹³.

As with other aspects of healthcare in the US, there are stark racial disparities in access to and receipt of mental health services. The National Alliance on Mental Illness reports that Black adults are less likely to receive guideline-consistent care, less frequently included in research, and more likely to use emergency rooms or primary care (rather than a mental health specialist)¹⁴. Similarly, more than half of Hispanic young adults age 18-25 with serious mental illness may not receive treatment¹⁵. These data are echoed in

⁸ McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021; 70:162–166. DOI: <http://dx.doi.org/10.15585/mmwr.mm7005a3>.

⁹ Prison Policy Initiative. “Mental Health: policies and practices surrounding mental health”. November 16, 2021. Available at: https://www.prisonpolicy.org/research/mental_health/.

¹⁰ Mental Health America. Access to Mental Health Care and Incarceration. 2021. Available at: <https://www.mhanational.org/issues/access-mental-health-care-and-incarceration>.

¹¹ Mayo Clinic Staff. Mayo Clinic. “COVID-19 and your mental health”. November 23, 2021. Available at: <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731> and Mental Health America. “How Race Matters: What we can learn from Mental Health America’s Screening in 2020”. Available at: <https://mhanational.org/mental-health-data-2020>.

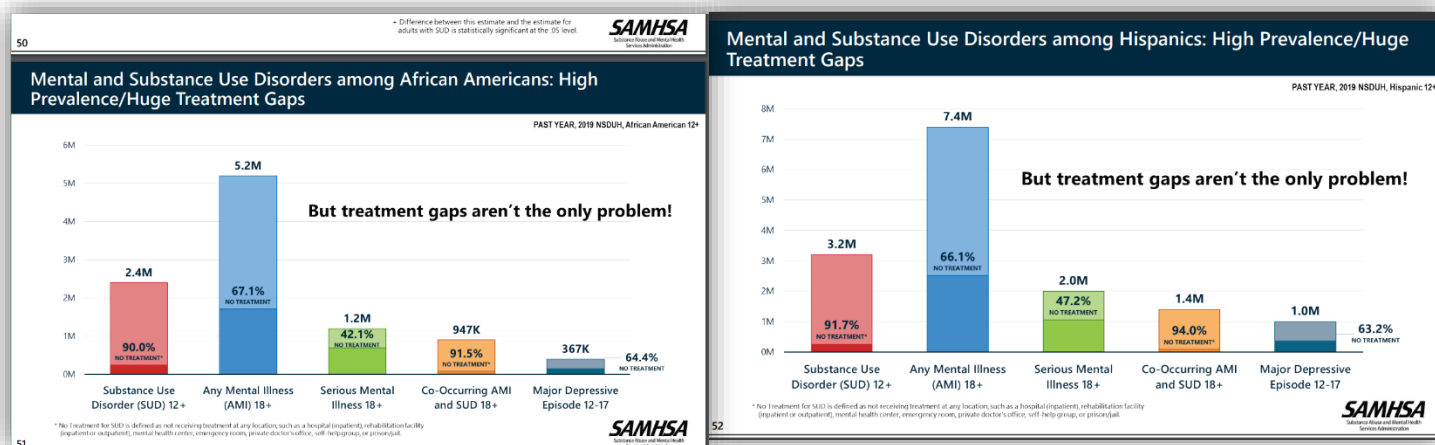
¹² McKnight-Eily LR, Okoro CA, Strine TW, et al. and Mental Health America. “How Race Matters”.

¹³ Nirmita Panchal, Rabah Kamal, Cynthia Cox, and Rachel Garfield. Kaiser Family Foundation. “The Implications of COVID-19 for Mental Health and Substance Use”. February 10, 2021. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

¹⁴ National Alliance on Mental Illness. “Identity and Cultural Dimensions. Black/African American”. Available at: <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>.

¹⁵ National Alliance on Mental Illness. “Identity and Cultural Dimensions. Hispanic/Latinx”. Available at: <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>.

2021 SAMHSA report, *Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019)*, which highlights lower mental health care and prescription psychiatric medication use among Black and Latino communities compared to the White population. Looking at 2015-2019 annual averages in mental health service use among adults in the previous year, 18.3% of White adults used mental health services compared to 8.9% of Black adults and 8.7% of Hispanic or Latino adults¹⁶. It is also notable that White adults were less likely to use inpatient care than Black or Hispanic adults¹⁷, which could be related to multiple factors, including that Medicaid use is associated with higher inpatient service use¹⁸. SAMHSA provides the following graphs, which show large gaps



in treatment, particularly when AMI is occurring with a Substance Use Disorder. These gaps are rooted in long-standing inequities affecting other aspects of healthcare such as access to insurance or distrust of the systems providing care. It's important to note that these inequities have also spurred stigma and misperception of need among many communities of color (though it's important not to overemphasize this as a cause, discussed later). The American Psychiatric Association compiled the following list of barriers to mental care for people of color:

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers

¹⁶ Center for Behavioral Health Statistics and Quality. 2021. Racial/ethnic differences in mental health service use among adults and adolescents (2015-2019) (Publication No. PEP21-07-01-002). Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt35327/2021NSDUHMHChartbook.pdf>.

¹⁷ Center for Behavioral Health Statistics and Quality.

¹⁸ Center for Behavioral Health Statistics and Quality.

- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

According to *Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019)*, the mostly commonly cited reasons for not using mental health services (among adults with unmet need) were cost or insurance and structural barriers like not having enough time or information about where to go. Among Black adults with unmet need, 39% reported cost or insurance and 37% reported structural barriers. For Hispanic or Latino adults, 45% reported cost or insurance and 42.6% reported structural barriers. The lowest ranking reason for both Black and Latino adults was “Did not think mental health services would help”, with 7% and 10.3% respectively.

In response to mental healthcare disparities, researchers and policy advocates explain the importance of systems-level changes, examination and prevention of police-involved crises responses, and diverting individuals with mental illness away from incarceration towards appropriate community-based services and supportive housing.

Related to the structural barriers in accessing treatment services, advocates encourage universal coverage of mental health care, while enhancing screening efforts to appropriately identify disorders and strengthen the mental healthcare workforce¹⁹ so that it is more responsive to the unique experiences of people of color. Addressing these and other systems-level issues can begin to shrink the vast gap between prevalence and treatment of mental illness among Black and Latino populations, as illustrated in the SAMHSA charts included in this analysis.

Much focus has also been given to decoupling mental health crisis response from policing²⁰. A 2021 article in the New England Journal of Medicine explains many of the tragically common statistics related the criminalization of race and mental health by police. Quantifying the risk of harm for individuals with untreated mental illness, authors explain, “In the United States, a police encounter with a civilian is 16 times as likely to result in that person’s death if they have an untreated mental illness as if they do not” and that risk is exacerbated by structural racism, resulting in Black men with mental illness facing significant risks of dying from police violence²¹.

¹⁹ Thomas G. McGuire and Jeanne Miranda. “Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications”. 2014. PMID: PMC3928067. U.S. National Library of Medicine. National Institutes of Health. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>.

²⁰ Eric Rafla-Yuan, M.D., Divya K. Chhabra, M.D., and Michael O. Mensah, M.D., M.P.H. The New England Journal of Medicine. 384:18. “Decoupling Crisis Response from Policing—A step Toward Equitable Psychiatric Emergency Services.” May 6, 2021. <https://www.nejm.org/doi/pdf/10.1056/NEJMms2035710?articleTools=true>.

²¹ Eric Rafla-Yuan, et al.

Relatedly, advocates also urge the end of practices that criminalize mental illness and instead encourage diverting people away from jail or other carceral solutions to mental illness or substance use disorders. An American Civil Liberties Union brief outlines major concerns with existing rates of incarceration among people with mental illness, explaining how inhumane, expensive, and ineffective incarceration is in preventing recidivism and improving outcomes for those with mental illness²².

In September 2021, the National Council for Mental Wellbeing produced a report documenting the approaches and early results of a mental health and substance use treatment service delivery model called Certified Community Behavioral Health Clinics (CCBHCs). The approach is centered around coordination with community partners such as law enforcement courts and other justice setting and expanded access to care through a 24/7/365 crisis response system, all with the aim of diverting individuals in crisis from costly and oppressive settings not designed to provide mental health and substance use treatment. Among clients served by programs involved with this model there have been reduced emergency department visits, hospitalization, incarceration, and homelessness²³. Further, shifting mental health responses away from law enforcement to clinical teams would advance equity and outcomes for all patients, particularly Black patients²⁴.

cc: Ken Hartman, Director, Strategic Partnerships, Office of the County Executive

²² Sarah Liebowitz, Peter J. Eliasberg, Ira A. Burnim, and Emily R. Read. The ACLU of Southern California and the Bazelon Center for Mental Health Law. "A Way Forward: Diverting people with mental illness from Inhumane and Expensive Jails into Community-Based Treatment that Works". July 2014. Available at: <https://www.prisonlegalnews.org/media/publications/A%20Way%20Forward%20-%20Diverting%20People%20with%20Mental%20Illness%20from%20Inhumane%20and%20Expensive%20Jails%20into%20Community-Based%20Treatment%20that%20Works%2C%20ACLU%20%26%20Bazelon%2C%202014.pdf>.

²³ National Council for Mental Wellbeing for the National Center for State Courts' National Judicial Task Force to Examine State Courts' Response to Mental Illness. "Certified Community Behavioral Health Clinics and the Justice Systems". September 2021. Available at: <https://www.thenationalcouncil.org/wp-content/uploads/2021/08/2021-CCBHC-and-Justice-Systems-Report.pdf?dof=375ateTbd56>.

²⁴ Eric Rafla-Yuan, et al.