

Strategic Alignment

A Collective Vision for Behavioral Health in
Montgomery County, Maryland

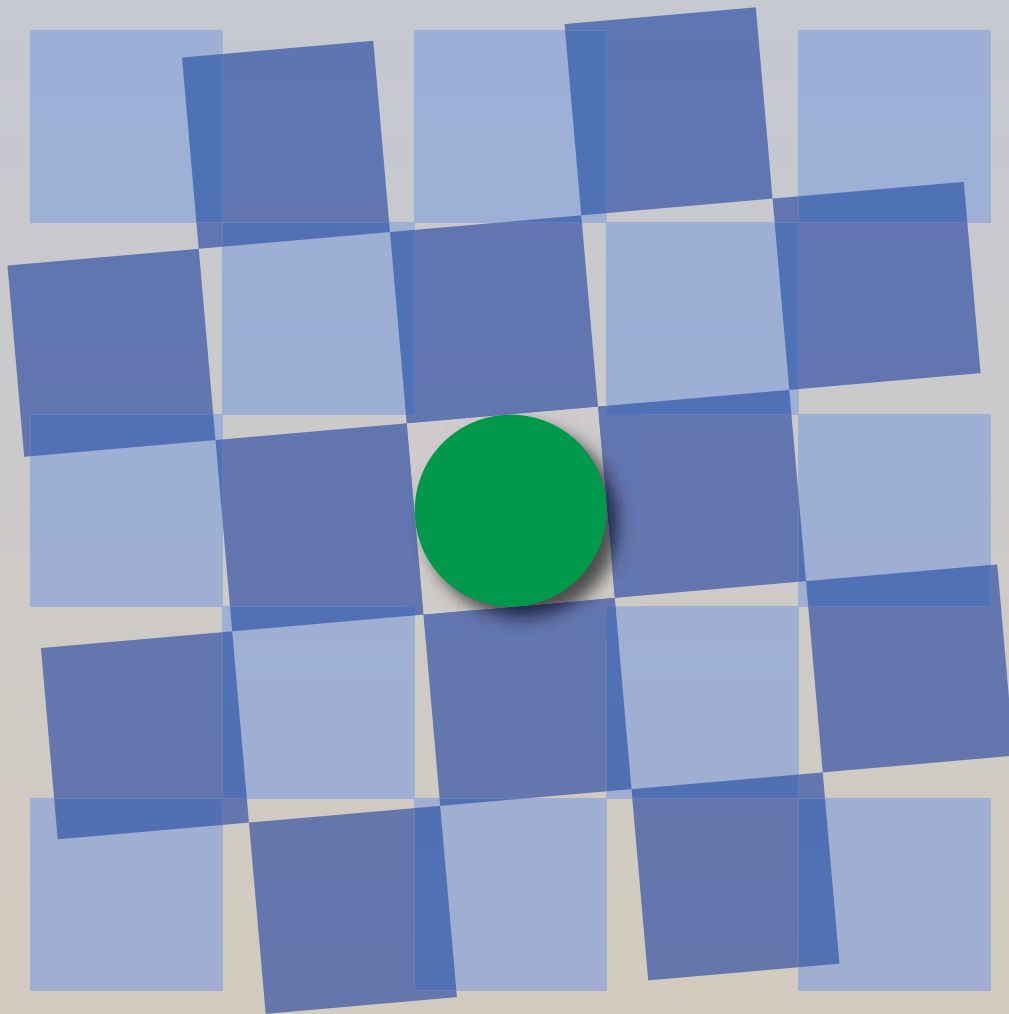


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Executive Summary

In 2003, Montgomery County convened a “Blue Ribbon Task Force” to develop the first County-wide plan for mental health. Fifteen years and many changes later, Behavioral Health and Crisis Services (BHCS) of the County’s Department of Health and Human Services (HHS) began a second planning process to develop a shared vision for behavioral health in Montgomery County and a roadmap for behavioral health planning and priority setting. This process differed from the first in that it focused on both mental health and substance-related disorders, the entire continuum of behavioral health services, and the wellbeing of residents across the entire lifespan.

Recognizing the limits of a State- and Federal-driven fee-for-service system, Montgomery County has over many decades attended to the unmet needs of its residents suffering from mental illness and addiction. As a result, the county has an enviable wealth of resources and services that directly and indirectly support the behavioral health of its residents. Still, it is also the case that much of what we do continues to reflect traditional medical model practices of assessment, diagnosis, and treatment of the most severe behavioral health problems. Moreover, our behavioral health services are spread out across multiple agencies, departments, and communities, operating in parallel fashion rather than in a coherent manner.

BHCS sought to both build on the existing strengths of the behavioral health system and to address its challenges through a collective visioning and planning process that would bring together representatives of all parts of the system and other stakeholders. We chose the term “strategic alignment” to describe the process and distinguish it from organizational strategic planning. Rather than trying to produce a single plan for the system, we sought identify the ways that multiple players – inside and outside of government – could strategically align our collective efforts to serve the behavioral health needs of a changing county.

We sought to base that alignment on the assumption that an effective behavioral health system must do more than address the needs of individuals with diagnosed illnesses. Instead, we agreed that the system best able to meet Montgomery County’s behavioral health needs would deliver a continuum of services to:

- 1. Promote behavioral health and wellness;**
- 2. Prevent behavioral health disorders;**
- 3. Treat individuals who have been diagnosed with behavioral health disorders; and**
- 4. Support the recovery of individuals in improving their health and wellness in the aftermath, or in the presence of, a behavioral health disorder.**

We also agreed that delivery of these services at each of these phases of the behavioral health continuum must be tailored to meet the unique needs of children and adolescents, adults, and seniors.

With this in mind, we convened multiple players with many interests to develop a shared vision for addressing an effective behavioral health system. By its end, more than 75 individuals had participated, representing: all HHS service areas; other County departments; the County Council; County boards and commissions; the Collaboration Council for Children, Youth, and Families; Maryland State agencies; city governments; hospitals and clinics; a range of other behavioral health service providers; and advocacy organizations.

We used a process known as Appreciative Inquiry to structure our deliberations. We began by asking the community “What is working well?” and “What is our vision for a behavioral health system that supports the wellbeing of all residents?” We chose this approach to, first, acknowledge that we do a lot of things well in Montgomery County, and second, to inspire a greater vision for what is possible beyond merely fixing our current problems.

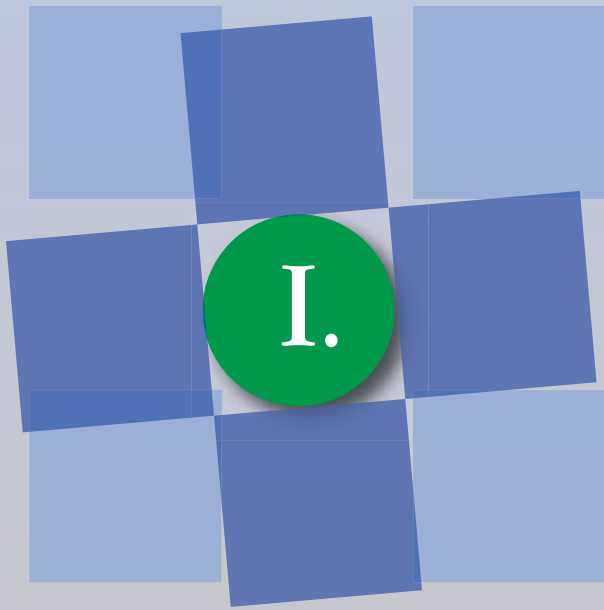
The process entailed organizing participants into three workgroups – each workgroup focused on the needs of one of three age groups: children/adolescents; adults; or seniors – and tasked each group with developing goals, setting priorities, and identifying short- and long-term next steps needed to achieve our shared vision at each phase of the behavioral health continuum.

The result is a compelling vision for what is possible for children, adults, and seniors. Unfettered by concerns of “fixing broken things,” our workgroups crafted a vision for what a collaborative system should do and what it should accomplish. Although each group began by focusing on the strengths of the behavioral health system, their vision is firmly grounded in our current realities, acknowledging the challenges we are facing.

This report presents the collective and separate work of each workgroup. It first summarizes the key themes identified by participants as essential to an effective behavioral health continuum across the lifespan. We next outline the goals, strategic objectives, and priority action steps that cut across all age groups, followed by goals, objectives, and action steps for each age group. The report concludes with a brief presentation of next steps and core recommendations.

A concise report cannot do justice to the depth and breadth of the many wonderful ideas participants presented and discussed. But our goal was to make this a useable report that can serve as a guide for those who make policy, seek and provide funding, and serve residents in ways that are often not recognized as promoting their behavioral health. Within HHS, Behavioral Health and Crisis Services will use the framework and recommendations in its ongoing planning and promotion of behavioral health in the county and in its partnership with the Maryland Department of Health (MDOH).

The report will also serve as a point of departure for ongoing work by participants and others who have agreed to continue working collectively. Our goal is to attain the goals that will move us closer to becoming a community that in policy and practice promotes the behavioral health of all individuals as an essential element of their overall wellbeing and ability to participate in, and contribute to, life in Montgomery County.



Why Strategic Alignment?

The purpose of our planning process and this report is to provide Montgomery County behavioral health leadership and stakeholders with:

- A shared vision for behavioral health in Montgomery County; and
- A roadmap for behavioral health planning and priority setting.

An Abundance of Resources in Need of Alignment

Montgomery County has long enjoyed an abundance of resources for persons in need of behavioral health services. Evolving over decades, the behavioral health system includes many programs and agencies – some within the Department of Health and Human Services (HHS) and Behavioral Health and Crisis Service (BHCS) and many more outside of it. The providers of behavioral health services currently include County departments such as the Montgomery County Police Department (MCPD), the Department of Correction and Rehabilitation (DOCR), Child Welfare Services (CWS), part of HHS, Montgomery County Public Schools (MCPS), plus hospitals, advocacy groups, and private providers.

Ironically, this abundance of resources can make it challenging for providers to know exactly what resources currently exist and what more are needed, especially given a national behavioral health system that is often fragmented and difficult to navigate. As a result, we have pockets of coordination and collaboration across the different systems, but no overarching vision and direction for behavioral health. The regrettable outcome can be residents “falling through the cracks” of the system.

Although all County departments develop strategic plans as part of their ongoing operations, there has not been a county-wide planning process focused on the behavioral health system since the Blue Ribbon Task Force on Mental Health (BRTF) issued its report in 2002. Certainly, much has changed in the county and in its behavioral health system since then, including changes in relative affluence, population demographics, and accompanying levels of behavioral health challenges as well as changes in law, financing, policy, and advances in evidence-based practices and research.

BHCS sought to fill this gap and address these challenges through a collective visioning and planning process that would bring together representatives of all parts of the system and other stakeholders. We chose the term “strategic alignment” to describe the process and distinguish it from traditional strategic planning. Simply put, producing a single strategic plan for behavioral health is an unachievable goal. The multiple entities that provide behavioral health services typically develop strategic plans that address their own organizational needs. But because these organizations often serve the same populations and need to address cross-cutting issues, it is feasible and desirable to strategically align our collective efforts at those intersections.

With this in mind, we brought together multiple players with many interests and goals to develop a shared vision for what an effective behavioral health system needs to address, to agree on priorities, and to identify short and long-term next steps we should take collectively to achieve our shared vision. (For a description of the Strategic Alignment process, see Appendix B). The product of our Strategic Alignment process is not equivalent to an organizational strategic plan. Instead, it is a guide that each organization can use when it addresses behavioral health as part of its own strategic planning.

A New Guiding Framework: A Behavioral Health Continuum across the Lifespan

The guideposts for our deliberations were drawn from two sources. The first was national: cutting edge research on healthy development, resiliency, and recovery and the resulting reconceptualization of the behavioral health continuum by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Historically, behavioral health services have been narrowly defined and focused on treating diagnosed mental illness and substance use disorders. Funding has typically been directed exclusively toward the “deep end” of the spectrum of needs. Payer systems have evolved to fund services or supports only for select, diagnosable behavioral health conditions, using a specific set of treatment services offered by a select group of professionals. And yet, recent national and local events have made it clear that sometimes individuals who need help do not make it into the system until their conditions are so severe as to have tragic consequences.

Over the past two decades, however, research and advancements in the field have demonstrated the need to conceptualize behavioral health as an achievable and sustainable state across the lifespan. Studies have demonstrated that promoting life skills and emotional resilience can protect and maximize behavioral health. Moreover, research on the psychosocial determinants of health has found that behavioral health is essential to the overall health and wellness of the individual. From this perspective, a robust behavioral health system must operate along a continuum that addresses behavioral health promotion/wellness, prevention, treatment, and recovery.

Hence, we began the strategic alignment process having first agreed that a system funded to address only individuals with a defined illness cannot adequately meet Montgomery County’s behavioral health needs. As a result, the strategic alignment process has focused on:

A system funded to address only individuals with a defined illness cannot adequately meet Montgomery County’s behavioral health needs.

- The entire continuum of behavioral health services: promotion/wellness, prevention, treatment, and recovery; and
- The entire lifespan: children/adolescents, adults, and seniors.

The strategic alignment process and this report use the following definitions:

- Wellness/Behavioral Health Promotion. Behavioral health promotion consists of strengthening the determinants of wellness: healthy communities, individual skill development, social-emotional competence, and increasing an individual’s ability to cope with adversity. Promotion efforts seek to increase the resilience of the individual as an end unto itself.
- Prevention. Delivered prior to the onset of a disorder, prevention interventions are intended to prevent or reduce the identified risk of developing a behavioral health problem. Prevention services seek to avert a negative outcome once a person or group of persons has been identified as having elevated risks for particular behavioral health disorders.
- Treatment. After an individual is diagnosed with a behavioral health disorder, treatment services address the symptoms and negative impacts of a behavioral health condition and assist the individual and family members in managing the illness on an ongoing basis.
- Recovery. Recovery is a process of supporting individuals in improving their health and wellness in the aftermath, or in the presence of, a behavioral health disorder. Recovery services support and strengthen individuals’ abilities to live productive lives in the community.

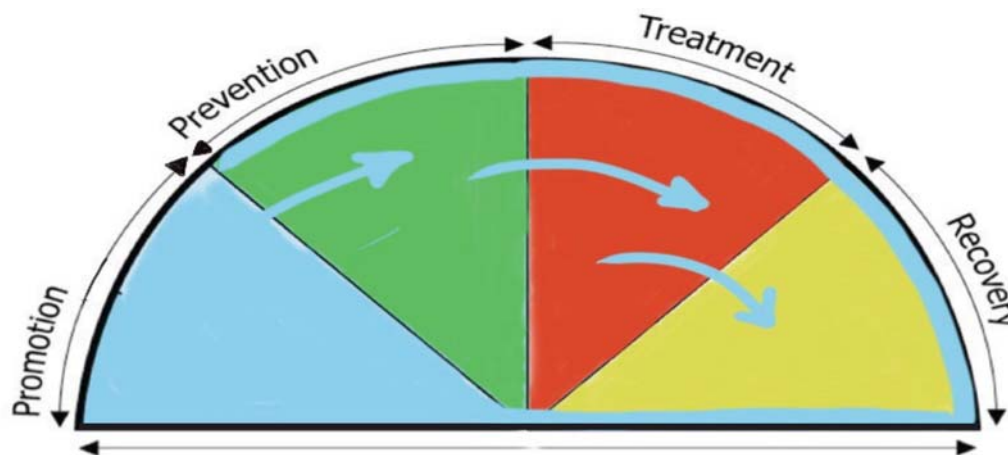
* For a detailed description of SAMSHA’S Continuum of Behavioral Health Services, see <https://www.samhsa.gov/prevention>

As Figure 1 illustrates, the underlying goal of a behavioral health service continuum is the promotion of wellness and healthy development across the lifespan. Accordingly, while we carry out prevention and treatment interventions, we must remain mindful of our larger goal: promoting optimal health. The goal of recovery is not just “from” an illness, it is “recovery of a life worth living.”

Reports and recommendations from the Office of Legislative Oversight (OLO) Behavioral Health in Montgomery County report and the Healthy Montgomery Steering Committee’s (HMSC) Behavioral Health Task Force report served as our second source. These reports highlighted the challenges and set the stage for strategic alignment.

The 2015 OLO report gave us the first broad overview of Montgomery County’s behavioral health system since the 2003 Blue Ribbon Task Force (BRTF) report. Unlike the BRTF report, the OLO report

Figure 1.
The Optimal Behavioral Health Service Continuum



provided an integrated look at a full system of behavioral health, including both mental health and substance-related disorders. More importantly, the OLO also examined the full behavioral health system continuum, ranging from wellness/promotion to recovery. While not making specific recommendations, the OLO, in brief, found that:

- The prevalence of behavioral health disorders in Montgomery County is significant across all communities.
- Behavioral health problems often start in childhood and intensify in adulthood if not addressed early.
- Funding for behavioral health is fragmented and restrictive.
- Many uninsured residents need services. In addition, the high cost of Medicare premiums can make accessing treatment prohibitively expensive for some residents, especially seniors and individuals with disabilities.
- The County has made extensive efforts to provide behavioral health services for the population involved with the criminal justice system. Concerns remain that too many people with behavioral health disorders are incarcerated due to a lack of appropriate alternatives.
- The County has been most successful at providing treatment services for more serious behavioral health conditions, although waitlists do persist for residential treatment and for psychiatric care. In addition, gaps such as housing, care coordination, and case management remain a problem.
- Behavioral health promotion, prevention, and recovery efforts are much less developed than treatment services, and the effectiveness of these efforts is poorly understood.
- Although Montgomery County has a shortage of psychiatrists, it has a sufficient number of other behavioral health services providers such as licensed therapists and social workers. It is important to note that this finding is problematic because the OLO could not measure the percentage of providers who accept public insurance. There is also a shortage of bilingual providers.

- Services, especially residential services, are limited for individuals with multiple needs such as cooccurring behavioral health disorders, somatic issues, and/or developmental disabilities.

In 2012, the Healthy Montgomery Steering Committee (HMSC) convened the Behavioral Health Task Force (BHTF) to develop behavioral health recommendations for Montgomery County residents. This group focused specifically on individuals with the most serious problems—those at the “deep end” of need for treatment, services, and supports—and made three recommendations:

- Expand *infoMontgomery* to enable consumers, providers, and others to more easily access information about the availability of behavioral health services.
- Improve organizational connections to facilitate transfer of vulnerable consumers among providers and levels of care.
- Convene a task force of stakeholders to construct a framework to establish a coordinated system of care in Montgomery County based more on values and collective responsibility than on specific financial risk.

Our strategic alignment process is, in effect, our attempt to address the third BHTF report recommendation.

The Structure of This Report and How to Use It

This report summarizes the current collective best thinking of the community about where we should focus our energy and resources to support and improve the behavioral health of Montgomery County residents across the lifespan.

The following sections:

Summarize the key themes — both age-specific and crosscutting -- identified by participants as essential to an effective behavioral health continuum.

We also describe the core strengths and resources available in the county that can contribute to the work.

Outline the goals and objectives that cut across all age groups, followed by goals and objectives for each age group.

For each age group, we also included recommended first steps for wellness/behavioral health promotion, prevention, treatment, and recovery.

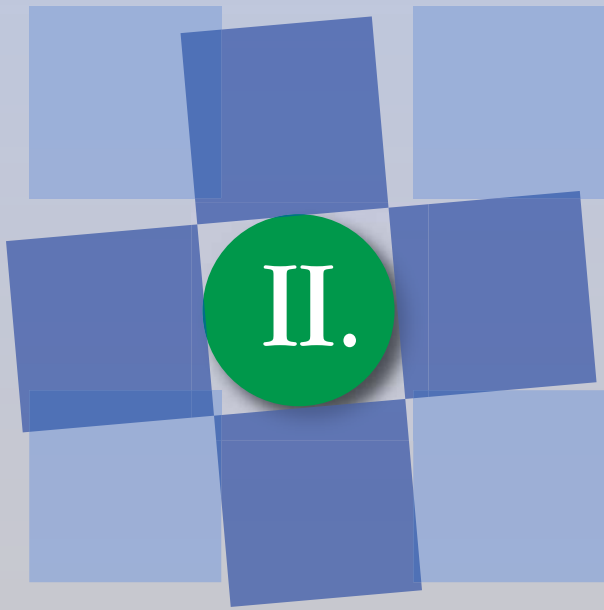
Conclude with next steps and core recommendations.

The report is meant to serve as a guide for several audiences concerned with improving and sustaining the behavioral health of Montgomery County residents. Because it provides a guiding framework for the behavioral health system as a whole, departments, providers, and other stakeholders may use this report to guide their thinking about where they wish to focus their efforts on behavioral health (e.g., prevention of suicide in seniors). For providers of existing services, it presents opportunities to coordinate and align with other providers. For agencies that wish to provide new or innovative approaches, it provides a means to identify what is most needed in the county.

During our strategic alignment process deliberations, we purposefully avoided discussions of funding or funding mechanisms. Our intention was to give participants the freedom to craft a vision for what county behavioral health should seek to accomplish for its residents. Our workgroups began by identifying what was working well and how the county could build on what is already in place. The priorities these groups then identified are starting points for both strengthening existing efforts and adding innovative approaches to promoting wellness and healthy development. With that work completed, the task of seeking and allocating funding can be more focused, less random, and better integrated into the overall vision and priorities of county behavioral health.

Because the report summarizes priority issues in behavioral health, it can be used as a tool to guide policies and funding. For example, the County government (e.g., the County Executive, the County Council, State delegates, and the MCPS School Board) may use this guide to consider how best to deploy existing resources, where to target new resources, and whether or to what extent Council or Executive grant proposals align with the identified behavioral health priorities.

Similarly, private foundations interested in funding behavioral health supports and services in the county may also find this report useful in targeting funding to specific populations and interventions. Advocates, boards, commissions, and other stakeholders will find this a useful starting point from which to base their recommendations to local and State officials on policy and funding. HHS BHCS will use the report as a guide to strengthening both the existing behavioral health service array and partnering across the county to help align behavioral health services towards our shared vision. Consequently, we will expand our focus on promotion, prevention, and recovery, while continuing to promote treatment services.



Cross-Cutting Themes and Core Strengths

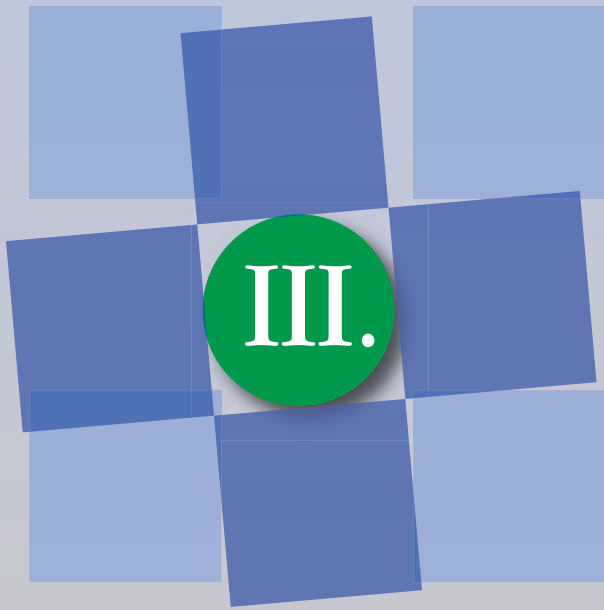
As part of the Appreciative Inquiry (AI) process (described in more detail in Appendix B), participants in each group were asked to envision an ideal behavioral health system based on the strengths of the current system, as well as best practices or high points observed throughout their careers and/or personal experience. As these ideas were captured and reviewed, eight themes emerged that were strikingly consistent for all age groups and all phases of the continuum of care:

- 1. Building a sense of connection** is crucial in promoting and sustaining behavioral health. A high-functioning behavioral health system will need to promote a sense of belonging at family and community levels.
- 2. Collaboration and teamwork** are essential for all stakeholders, including somatic and behavioral health providers, but also for teachers, consumers and families, government officials, and community leaders.
- 3. Holistic care (and avoiding silos)** must become standard practice for all behavioral health service providers. Within behavioral health and primary care, the whole person must be the focus of concern rather than isolated symptoms and diagnoses. Participants recognized that attainment of this goal will not happen overnight because it will require training, education, and advocacy to promote changes in practice, policy, and funding.
- 4. Combating stigma must be a constant focus at all levels of service in the continuum.** The stigma associated with behavioral health issues is one of the most significant barriers to an effective behavioral healthcare system. While education is important, embedding behavioral health services into community life will help to greatly reduce stigma.
- 5. Embedding cultural competency** throughout all initiatives is a must. An initiative grounded in a deep-rooted understanding of the belief systems and mores of the specific populations served will be far more likely to succeed.
- 6. Peer support** should be a core element of service and support in behavioral health. Although licensed providers have an important role to play, peers (i.e., people who have been through the same struggles) can be instrumental in promoting wellness and recovery.
- 7. Strengthening clinician training** to emphasize evidence-based practices across the continuum (i.e., from promotion/prevention through treatment and recovery) is imperative.
- 8. Simplifying administrative and reporting burdens** would enable behavioral health providers to have more time and resources to devote to promotion, prevention, and recovery services.

Core Strengths of the Behavioral Health System in Montgomery County

Participants also consistently named the following strengths in the county's behavioral health field system:

- **Diversity of population.** Due to its growing cultural and linguistic diversity, Montgomery County has developed more openness to new ideas and approaches to addressing behavioral and physical health. These alternatives should be woven into the array of service and treatment options that are part of traditional Western medicine.
- **Wealth of resources.** In contrast to other areas of the country, Montgomery County has financial and other resources to invest in promoting the behavioral health of its residents. These resources should be used to support elements of the behavioral health system that fall outside of the range of funding available through private, State, and Federal funding streams.
- **Providers who care.** Participants expressed admiration and respect for providers' motivations in entering the behavioral health field. People generally choose to enter the field due to genuine caring for others, religious or spiritual beliefs, and/or general benevolence toward humankind, rather than for monetary gain. These motivations, of course, are not unique to Montgomery County.
- **Elected officials who care.** County residents are fortunate to have elected officials in Council, the County Executive, and county delegates who are champions of health and behavioral health services in the county. Their engagement is essential to developing a full array of services and supports and establishing policies that promote behavioral health and wellness.
- **Collaborative attitude.** Participants felt that Montgomery County has done quite well with the notion that collaboration between and among different groups is essential.
- **Emerging appreciation for the value of prevention, promotion, and recovery efforts (i.e., beyond treatment).** The OLO report, the embrace of positive youth development, and schools adopting Positive Behavioral Intervention and Supports (PBIS) and Sources of Strength, all indicate a growing recognition that to successfully promote behavioral health, action is required at community and County levels, not just at the time of diagnosis and treatment.



Crosscutting Goals and Strategic Objectives

Each workgroup was asked to identify goals and strategic objectives for all phases of the behavioral health continuum, using the following definitions to guide their discussions:

- **Goal:** A “Big Dream” that bridges the best of “what currently is” with intuition of “what might be” in the future.
- **Strategic objective:** A statement of specific intent that is both desirable and measurable and that will ultimately contribute to achievement of our shared vision for behavioral health.
- **Rationale:** The reasoning or intent underlying the goals and objective. Why is it important to do this? What is the expected impact of achieving this goal?
- **Priority action steps:** “Wise actions” that must be taken to achieve the “Big Dream,” with first steps clearly delineated.

As with cross-cutting themes, the groups identified several common goals and objectives applicable to all age groups and across the full-service continuum.

This section delineates four cross-cutting goals and objectives that all workgroups identified and summarizes the underlying rationale and priority first steps for each. Appendix C provides additional information on the items marked with an asterisk (*).

Goal 1	<p>Behavioral health services are easily accessible to the community in non-stigmatizing settings, thereby increasing utilization.</p>	<p>Objective: Establish holistic, whole-person hubs in neighborhood-based, culturally responsive centers where behavioral health is normalized.</p>	<p>Rationale: Normalizing and integrating behavioral health services will decrease stigma and increase utilization.</p>
	<p>Priority action steps: Convene stakeholders such as Healthy Montgomery, as well as peer groups, faith-based organizations, recreational centers, businesses, nonprofits, restaurants (promoting nutrition), housing, healthcare partners, universities, social services, and libraries.</p> <p>Study national best practices and identify behavioral health wellness and treatment centers currently operating in the community to ascertain locations and develop strategies and plans for embedding behavioral health services in community settings.</p>		

Goal 2

Increase training on evidence-based practices, especially regarding wellness and recovery, for County government and community clinicians.

Objective:

Create a Clinician Training Institute serving all Montgomery County clinicians.

Rationale:

An increase in delivery of evidence-based practices to clients will result in increases in mental wellness and decreases in substance-related disorders.

Priority action steps:

Convene organizations that provide training, including the Collaboration Council* Learning Collaborative and the County's Center for Continuous Learning* (CCL), to assess current offerings. Develop a plan to expand and focus clinician training on evidence-based practices.

Goal 3

County decision-makers will have updated information regarding the importance and status of behavioral health services, including wellness/promotion, prevention, and recovery, as well as treatment.

Objective:

Start a "Listening and Learning" campaign.

Rationale:

County leadership will gain increased understanding and be kept abreast of the importance of behavioral health to county residents' wellbeing and will actively support implementation of the strategic alignment priorities.

Priority action steps:

In partnership with Healthy Montgomery Steering Committee's Behavioral Health workgroup, establish a rotating, moderated forum of County Council, leadership, service providers, and community members to discuss availability and quality of the full continuum of behavioral health services.

Goal 4

Incorporate behavioral health into decision-making in various sectors (government, nonprofit, private, etc.) throughout Montgomery County, viewing all activities through an equity lens.

Objective:

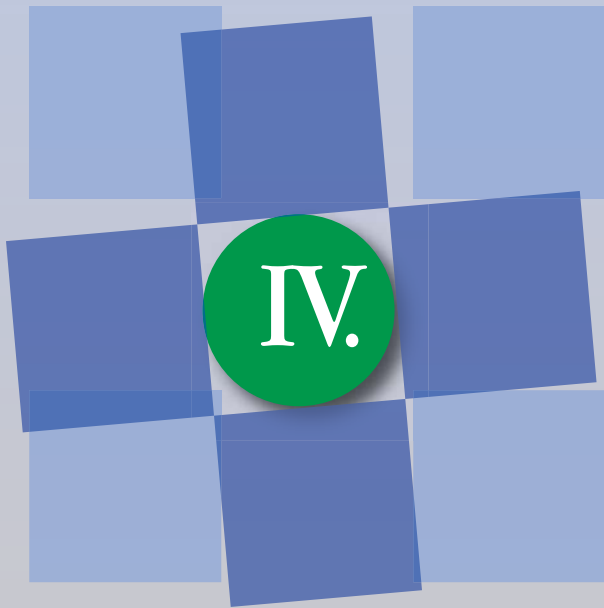
Endorse and expand Health in All Policies* (HiAP) and equity.

Rationale:

A shared vision and understanding of HiAP and equity will provide a solid foundation for the promotion of behavioral health by the county as a whole.

Priority action steps:

Align efforts with those of Healthy Montgomery's Behavioral Health workgroup.



Children and Adolescents: Goals, Objectives, and Priority Action Steps

The Child and Adolescents workgroup strongly focused on following and addressing the developmental needs for this age range. The group recognized the need to support and promote normal skill development while preparing youth for their roles in society as young adults.

The group identified the following goals, strategic objectives, underlying rationale, and priority first steps for each phase of the behavioral health continuum. Appendix B provides additional information on the items marked with an asterisk (*).

Wellness and Promotion

Goal 1: Increase resilience in youth.

Objective 1:

Create a Clinician Training Institute serving all Montgomery County clinicians.

Rationale:

Resilient youth are more likely to engage in positive behaviors, including effective problem-solving, and less likely to display problematic behaviors.

Priority action steps:

In partnership with Montgomery County Public Schools (MCPS), inventory best practices in community schools to discover which are implemented with fidelity and can be easily piloted.

Objective 2:

Pair every child in each school with a caring, accessible adult with whom there would be regular contact.

Rationale:

Children will have access to positive role models and mentors, thus promoting positive behaviors and resilience.

Priority action steps:

Examine current programs utilized in MCPS, such as WATCH D.O.G.S. (Dads of Great Students) and look for ways to expand.

Objective 3:

Establish wellness centers and/or a behavioral health presence in all schools, while promoting stronger connections between school staff and behavioral health providers.

Rationale:

School wellness centers will result in easier access to behavioral health services for children and will help to lessen stigma surrounding behavioral health, while supporting activities that promote wellness.

Priority action steps:

Research existing school wellness centers in the county, and, in partnership with MCPS, explore options for expanding behavioral health supports.

Wellness and Promotion

Goal 2: Promote mental wellness among transitional-aged youth (ages 18-25).

Objective:

Prioritize job skill development that begins in secondary school and feeds directly into the County's workforce needs.

Rationale:

The link may not seem immediately obvious, but if youth have skills that they can easily translate into paid employment and/or other meaningful daily activity, they are more likely to stay out of trouble and lead fulfilling lives. Since brain development typically continues through the mid-twenties, we include transitional-age youth (ages 18-25) in this section.

Priority action steps:

Partnering with the Collaboration Council, MCPS, and Worksource Montgomery, examine current opportunities for job skill development in schools, and gauge how well they align with actual county workforce needs.

Prevention

Goal 1: Increase early identification of potential behavioral health problems in children.

Objective:

Identify and strengthen evidence-based and promising practices in early identification (e.g., Adverse Childhood Experiences (ACE) scores) that are already working in Montgomery County.

Rationale:

Greater utilization of evidence-based and promising practices will increase early identification of youth at risk for behavioral health problems, enabling us to offer additional supports.

Priority action steps:

Establish a workgroup, including MCPS, to identify early identification practices for suicide, trauma, and substance-related disorders, and assess their effectiveness for known at-risk populations. Engage with MCPS in a joint early identification effort.

Goal 2: Ensure that all youth can easily access behavioral health supports and services and that no child is overlooked.

Objective:

Promote Mental Health First Aid* and/or Crisis Intervention Team (CIT) training, making it available for all adults at all public and private schools.

Rationale:

More adults trained and knowledgeable about behavioral health issues will result in earlier intervention if behavioral health needs arise.

Priority action steps:

Examine the current availability of this training. Where and how often is this training offered? Who currently is required to take it? Engage with MCPS in expanding access to the training for school personnel.

Prevention

Goal 3: Increase public and family awareness of behavioral health risks in children and teens.

Objective:

Use technology to coordinate targeted prevention messaging across agencies, including increased use of social media messaging.

Rationale:

Since social media is an integral part of children's and teen's lives, it makes sense to utilize it to increase awareness of behavioral health issues. Effective prevention messaging should lead to decreases in teen drinking and drug use, suicide, and impaired driving. MCPS currently holds contests for public service announcements regarding teen drinking, drunk driving, suicide prevention, etc. Such videos are created by kids and for kids with potential to become "viral" and part of the social fabric. Institutionalizing these prevention strategies through cross-agency collaboration will enable people to hear messages multiple times from a variety of sources.

Priority action steps:

In partnership with Leadership for Adaptive Change in Suicide Intervention (LACSI) and Many Voices for Smart Choices, expand existing efforts in prevention education. For maximum effectiveness, it will be crucial to include children/teens and their families and those with a thorough understanding of social media.

Treatment

Goal: Increase focus on behavioral health treatment to reduce the school-to-prison pipeline.

Objective:

Expand integrated care for at-risk youth, and include families in these efforts.

Rationale:

Increased engagement and retention in treatment will result in decreased incarceration for youth with behavioral health disorders.

Priority action steps:

In partnership with Juvenile Court, Juvenile Services, MCPS, and the Collaboration Council, sustain and expand existing efforts, including WRAP expansion, SASCA, Juvenile Justice diversion*, First Episode* care and support, and Bridges to the Future.*

Recovery

Goal 3: Increase public and family awareness of behavioral health risks in children and teens.

Objective:

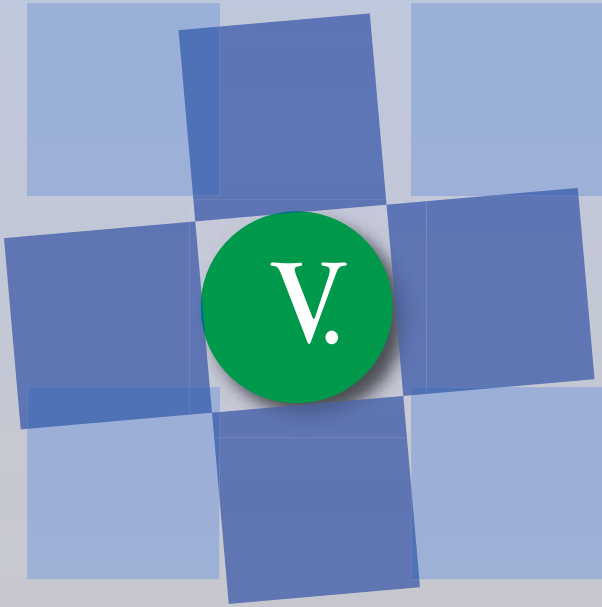
Increase recovery support in schools and elsewhere (e.g., faith organizations, community settings).

Rationale:

Recovery support will increase the chances that youth with behavioral health disorders will regain balance and develop skills that will help to minimize the impact of the mental illness or substance-related disorders while promoting “a life worth living.”

Priority action steps:

Expand the Clubhouse model* to County high schools. Develop options for school-based interventions in schools and communities with higher incidences of substance abuse.



Adults:
Goals, Objectives, and
Priority Action Steps

The Adults workgroup discussions emphasized the ongoing need for adults to have the knowledge, skills and resources to protect their mental health—to know where to get help and how to access effective, culturally appropriate services and supports.

The Adults workgroup developed the goals, strategic objectives, underlying rationale, and priority first steps for each phase of the behavioral health continuum summarized in this section. Appendix B provides additional information on the items marked with an asterisk (*).

Wellness and Promotion

Goal: Every Montgomery County resident will have appropriate information on access to, and activities that promote, behavioral health wellness.

Objective 1:

Establish neighborhood-based resource centers that support the whole person, offering an array of services, including exercise, meditation, mindfulness, breathing and stretching.

Rationale:

Residents can easily access and utilize the resource centers and wellness activities in a non-stigmatizing atmosphere.

Priority action steps:

Using existing resource centers, develop information and activities for the community. When doing this, consider the specific target population and culture, defining neighborhood by sense of community rather than zip code.

Objective 2:

Expand the roles of *infoMontgomery* and MC311 to increase knowledge of behavioral health services and serve a navigator function for callers. Note: This is a shared objective with the Healthy Montgomery Behavioral Health workgroup, and Healthy Montgomery will take the lead on implementing this objective.

Rationale:

infoMontgomery and MC311 are widely used resources that could potentially be used to increase referral and treatment for behavioral health needs.

Priority action steps:

Enhance *infoMontgomery* to include an up-to-date inventory of both behavioral health services available to the public and referral agencies. Expand the database of MC311 to include available behavioral health services.

Prevention

Goal 1: Reduce incidence of suicide among Montgomery County residents.

Objective:

Broaden outreach and screening for depression and suicide risk.

Rationale:

Increased screening for depression and suicidality will increase early identification of depression, successful connection to treatment, and ultimately decrease incidence of suicide.

Priority action steps:

Through a joint partnership between HHS and Everymind, launch a suicide prevention campaign.

Goal 2: Reduce incidence of overdose deaths among Montgomery County residents.

Objective 1:

Increase screening for, and effectively treat, substance-related disorders.

Rationale:

Increasing early identification of substance-related disorders, combined with increasing successful connection to treatment, will help reduce overdose deaths.

Priority action steps:

More fully integrate substance abuse screenings into less stigmatizing, natural settings in the community (i.e., primary care sites, hospital emergency departments, libraries, recreational centers), or in the “neighborhood hubs” described above.

Objective 2:

Educate providers and the public about substance-related disorders and the potential for overdose.

Rationale:

With increased education among providers, fewer individuals will become addicted to opiates. Increased education among providers and the public will result in fewer deaths when overdose does occur.

Priority action steps:

Through a joint partnership between HHS and Everymind, launch a substance-related disorder prevention campaign. In collaboration with the County Opiate Intervention Team (COIT), HHS, Montgomery County Police Department (MCPD), Fire and Rescue, MCPS, and the State, support implementation of physician training on pain management and the potential for addiction beyond that required and offered by Federal regulations. Increase availability of naloxone* and training on its use for the public.

Treatment

Goal: Adults with significant behavioral health needs will have equitable access to effective, clinically appropriate treatment.

Objective 1:

Strengthen a coordinated system of care, involving consumers throughout. Train peers as health promoters -- a community health worker model -- to facilitate engagement in long-term treatment.

Rationale:

Increased coordination in the system of care will result in more successful connection to appropriate care, more people with chronic needs engaging and continuing in care, and less hospital emergency department usage.

Priority action steps:

Institute Screening, Brief Intervention, and Referral to Treatment (SBIRT)* in all settings, including health, justice, social services, abuse/victims, and community centers. Utilize the Nexus project* and Montgomery Cares/Behavioral Health Coordination to more efficiently connect people with needed treatment.

Objective 2:

Effectively use jail diversion/deflection to address behavioral health needs for individuals involved with the criminal justice system.

Rationale:

If adults involved with the criminal justice system receive appropriate behavioral health treatment, they may be less likely to be incarcerated in the future.

Priority action steps:

Fully implement Stop, Triage, Engage, Educate, and Rehabilitate (STEER)* and the Mental Health Court. Begin work on establishing a Restoration Center.*

Recovery

Goal: Adults with chronic behavioral health disorders will have the supports they need to live healthy and rewarding lives.

Objective 1:

Expand peer recovery support for mental health and substance-related disorders.

Rationale:

Increasing the number and utilization of peer recovery coaches can ultimately help decrease mental disorder symptoms and/or lead to longer periods of sobriety.

Priority action steps:

Consult with Recovery-Oriented Systems of Care (ROSC)* leadership and others in the Recovery Coach Academy.* Determine the number of peer recovery coaches currently extant, as well as the typical caseload, and develop approaches to best utilize coaches across the County. Identify formal opportunities for recruiting and utilizing peer recovery coaches in paid positions.

Objective 2:

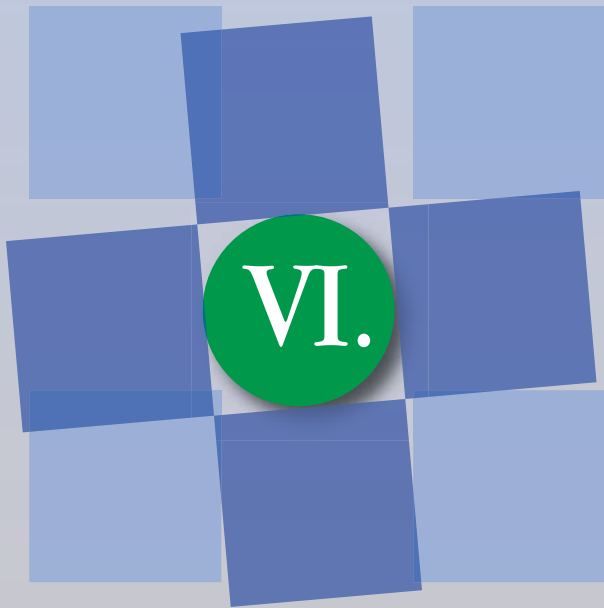
Increase emphasis on addressing the social determinants of health (e.g., housing, employment, social network) during treatment and recovery.

Rationale:

Recovery and wellness do not take place in a vacuum. In addition to treatment, effective recovery supports must address issues such as homelessness and unemployment.

Priority action steps:

More fully implement the Housing First* model and develop behavioral health and recovery supports. With the housing community and in conjunction with current residential rehabilitation programs (RRPs), explore and expand options for recovery housing for persons with behavioral health conditions.



Seniors: Goals, Objectives, and Priority Action Steps

The Seniors workgroup's overarching focus was on aging well and connection to the community. Local, community-based access to services and supports, along with culturally and age-appropriate access to imbedded, local services and supports that destigmatize mental health were central throughout the discussions.

The Seniors workgroup developed the goals, strategic objectives, underlying rationale, and priority first steps for each phase of the behavioral health continuum described below. Appendix B provides additional information on the items marked with an asterisk (*).

In addition to the specific goals for each phase of the continuum listed below, the Seniors workgroup also agreed to an overarching goal: incorporation of behavioral health in the health and wellness domain of Age-Friendly Montgomery County's Strategic Plan.

Wellness and Promotion

Goal 1: Promote health and wellbeing among seniors by fostering their increased involvement in meaningful activities.

Objective 1:

Coordination and expansion of existing volunteer efforts in the county (i.e., establishing a Senior Corps where seniors contribute their expertise to specific areas of county need).

Rationale:

Capitalizing on the vast array of expertise in the senior population will not only benefit the community, but also will contribute to seniors' self-efficacy, confidence, and sense of community belonging.

Priority action steps:

Redesign the volunteer clearinghouse that currently exists, with an eye toward increased centralization and publicity focused on engaging seniors. Clearly differentiate between volunteer and employment opportunities. Partner with the Montgomery County Age-Friendly Initiative, discussing the Senior Corps idea with the Commission on Aging and other groups that are part of the Age-Friendly Initiative.

Objective 2:

Increase opportunities for intergenerational time and bonding.

Rationale:

Intergenerational experiences will foster cross-generational understanding, empathy, and community connection between youth and seniors.

Priority action steps:

Partner with agencies such as Jewish Council for the Aging, Round House Theatre Company, Street Outreach Network, Collaboration Council, public and private schools, faith-based communities, and Minority Health Initiative to understand and strengthen existing opportunities for intergenerational bonding. Publicize programs, that currently exist, such as Interages.

Objective 3:

Start a "SUBER/GUBER" (Senior Uber/Geriatric Uber) transportation system for seniors.

Rationale:

Lack of safe, reliable, and inexpensive transportation can be a barrier for seniors seeking to engage in the community. Facilitating seniors' increased participation in community-wide activities will lead to greater mental wellness and sense of fulfillment.

Priority action steps:

Identify existing efforts to increase access to Uber/Lyft for seniors, while researching other models of specialized transportation systems for specific populations. More effectively publicize availability of these systems to seniors, thereby increasing utilization.

Wellness and Promotion

Goal 2: Seniors and service providers will have easy access to information on health resources.

Objective 1:

Create a user-friendly website that allows seniors to search for resources, using filters such as age, insurance, income, address, and needs.

Rationale:

A user-friendly, web-based system will facilitate access to senior resources for seniors, their family members, and providers.

Priority action steps:

Critically examine the existing website and database (<http://www.montgomerycountymd.gov/senior/index.html>), ensuring that more descriptive Villages* information is clearly visible on the site. Conduct a population needs assessment, surveying seniors and other stakeholders to identify unmet needs.

Objective 2:

Centralize the planning and publicity for Senior Provider Resource Fairs.

Rationale:

Senior provider resource fairs have proved to be popular and useful in the past. If these resource fairs are revived and expanded, service providers and seniors will increase their knowledge of available resources.

Priority action steps:

In partnership with HHS Aging and Disability Services and the Commission on Aging, identify a centralized point person to coordinate senior resource fairs.

Prevention

Goal: Increase seniors' resiliency to cope with and handle life's challenges as aging progresses.

Objective 1:

Implement Mental Health First Aid* training for seniors and everyone who works with seniors.

Rationale:

Due to the complications and challenges of aging, seniors experience a relatively high rate of suicide and overdose. If more people are trained to spot problems early, intervention can occur earlier in the process, resulting in decreased incidents of suicide and overdose.

Priority action steps:

Identify a Train-the-Trainer program for behavioral health and other healthcare providers who work with seniors. Develop an early warning system for crisis prevention and behavioral health emergencies (e.g., when a senior loses a spouse or receives a troubling medical diagnosis). Incorporate training into CCL* and other training forums.

Objective 2:

Support efforts that enable seniors to age in place.

Rationale:

The longer seniors can stay in their familiar and preferred environment, the better off they will be emotionally and physically.

Priority action steps:

Expand utilization of the Villages* program for seniors with behavioral health issues.

Treatment

Goal: Seniors can easily access effective behavioral health treatment, thereby reducing troublesome symptoms and increasing quality of life.

Objective 1:

Provide mobile senior behavioral health treatment, as well as treatment in destigmatizing local settings.

Rationale:

Providing treatment where the seniors are (i.e., in their homes or in community-based settings) will result in increased utilization of behavioral health services, decreased symptoms, and better quality of life.

Priority action steps:

Establish community-based services at senior centers. Establish/reinstate a peer counseling program. Increase use of telepsychiatry, exploring evidence-based practices in the use of Skype or other online services.

Objective 2:

Recruit more psychiatrists who specialize in the complex needs of seniors, especially providers who can communicate in languages other than English.

Rationale:

Seniors will be more likely to engage and continue in treatment if they can communicate easily with their provider. Therefore, it will be crucial to recruit multilingual psychiatrists who are conversant with geriatric issues.

Priority action steps:

Consult with others in HHS and universities regarding residency opportunities and stipends for medical students who are interested and may commit to geriatric psychiatry, especially those who speak languages other than English.

Recovery

Goal: Seniors with behavioral health disorders will have the supports they need to live healthy and rewarding lives.

Objective:

Seniors can access recovery support in destigmatizing local settings.

Rationale:

Seniors will increasingly utilize recovery services, leading to decreased mental health symptoms and/or longer periods of sobriety.

Priority action steps:

Establish or reinstate a peer counseling program. Offer senior-friendly Alcoholics Anonymous/Narcotics Anonymous meetings at senior centers. Behavioral health services, including recovery services, can be accessed through whole-person hubs that allow social and informal networks to be created.



The Ongoing Work of
Strategic Alignment:
Recommendations
and Next Steps

We asked workgroup participants to envision an ideal set of conditions for behavioral health in the County and to identify goals and objectives that would achieve that vision. Collectively, we recognize that the vision will not be achieved in the short term. In fact, the goals and objectives in the Strategic Alignment Plan are intended to serve as a long-term guide for the County.

The priority actions identified by the group represent starting points for more immediate attention over the next two years. The recommendations and next steps are intended as a guide for addressing the priorities. In many cases the work on the priorities already is underway as this report goes to print. Other priorities will require work to coordinate and align the efforts of multiple providers and workgroups already operating in the county.

Recommendations

Our hope is that policymakers, funders, providers, organizations, and groups that are interested in promoting and improving the county's behavioral health will use this report as a guide. To that end, we have distilled recommendations from workgroup discussions that are focused on needed changes in policy, system development, and funding.

Changes in State, Local, and Organization Policy

- Develop agency policies with an emphasis on Health in All Policies (HiAP); using this approach, for example, in economic development or transportation, will help promote equitable access to care and resources needed to promote health and wellbeing.
- As the County Executive, County Council, School Board and State delegates enact policy they should assess the behavioral health impacts and benefits as part of implementing HiAP.
- Advocates, advisory boards, and commissions can team up to advocate for key changes in legislature to promote policies and funding for a full continuum of services. Shifts in policy and funding at State and local levels may represent the best option for short and intermediate-term actions to foster the development of a full continuum across the lifespan. Advocates may use this plan to strategically target their efforts to help build a stronger system. Because behavioral health cuts across multiple systems (e.g., schools, recreation), advocacy must also address those systems.

System Development

- Strengthen organizational capacity of providers and the behavioral health continuum.
- Increase public awareness and understanding of behavioral health to reduce stigma and to promote proactive attention to promoting wellness. Increased emphasis on promoting resiliency and building protective factors in organizations and the community should be focal points for this effort. Two immediate and related threats to wellbeing are suicide attempts and substance abuse. Public education on these self-injurious behaviors and organizational efforts to combat the underlying cause are two areas that need expanded effort.
- Increase cultural and linguistic competency of systems affecting the behavioral health of county residents. This is not new, but again is underscored as a priority for the next several years. Both the historic and changing cultural and ethnic composition of the county requires efforts to: expand the diversity of the work force; strengthen provider competency through training; address the disproportionate minority contact issues underlying the school-to-prison pipeline.
- Increase coordination and integration of services. At the core of strategic alignment is the recognition that behavioral health is profoundly fragmented and isolated. Work has begun to integrate primary care with behavioral health, but progress is slow. Integration and coordination are cornerstones to promoting a holistic approach to the care of those in need. One essential step is coordination through case management services and integrated communications networks, supported locally when necessary.

Expand the Capacity of the System

Increase wellness/health promotion and prevention supports and initiatives. The weakest points in the continuum are in the areas of promotion and prevention. While the science of behavioral health promotion and prevention has grown, the greater focus has remained primarily on treatment.

Broadening attention to the areas of promotion and prevention will require:

- Reorienting the behavioral health community and aligned systems toward viewing health promotion as an underlying goal of the services they provide.
- Engaging the broader service community (e.g., MCPS, recreation centers) in promotion and prevention activities such as stress management, early identification of behavioral health issues, and mental health first aid.
- Expanding the use of SBIRT in healthcare settings.

Funding

Because discussions of funding tend to narrow thinking to “what’s possible with the funding we have,” we limited workgroup consideration of funding until very late in the Appreciative Inquiry process, and then only to focus on the realities of the County’s fiscal challenges, the multiple funding sources for behavioral health, and the relative flexibility of available funding to achieve the goals of strategic alignment. A good outcome of this approach was the recognition that there are many sources of funding that are not limited by Federal and State mandates. In addition, there are funders who might be encouraged to embrace this plan as they make funding available to the community or to revisit their funding priorities in light of the plan’s goals and objectives. To that end, the following funding recommendations are offered to both funders and providers considering behavioral health initiatives.

1. Realign existing funding.

- Reprogram existing local funding to support the goals and objectives of Strategic Alignment. In particular, shift funding towards elements in the continuum (e.g., promotion and prevention) that are not, at present, supported by sources such as Medicaid or Medicare.
- Seek joint cross-system funding opportunities such as behavioral health promotion in MCPS, recreation centers, the justice system, etc.

2. Ensure that grantmaking aligns with identified priorities.

- Private grant makers and foundations can set funding priorities to help providers align with the goals and objectives of the plan. This will help promote increased coordination and integration with a county-wide system.
- The County Executive and County Council can set conditions for community grants that, at a minimum, require applicants to demonstrate how their proposals align with and support specific goals and objectives in the plan.
- HHS BHCS can work to realign funding streams to address areas of behavioral health that are not funded through Federal or State funding streams.
- HHS BHCS can serve as lead and in partnership with providers on Federal and State-funded opportunities that require local government participation.
- Providers can collaborate to reprogram services or funding streams to braid or blend funding to serve common populations in order to build synergy and avoid duplication of efforts.

3. Identify new funding to support the behavioral health continuum. Behavioral health is playing an increasingly visible role in many of the challenges faced by Montgomery County. From addiction and suicide, to obesity, asthma, and cardiovascular disease, mental health affects the lives of our residents. As the economic situation for the State and County stabilizes, any new funding added should align with the needs and objectives identified in this plan.

The Ongoing Work of Strategic Alignment

Strategic Alignment process participants recognized that the focus groups and this report are only the beginning of the process. Next steps will include:

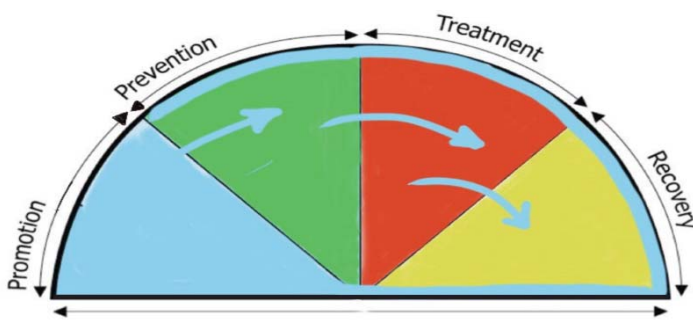
- Establishing ongoing workgroups around each of the prioritized areas, drawing from the membership of the workgroups and other interested parties;
- Partnering with groups such as the Healthy Montgomery Steering Committee and the Minority Health Initiatives/Programs to ensure that behavioral health priorities are part of their work and that the future direction of behavioral health is informed and guided by their knowledge and experience;
- Providing the workgroups with the action steps proposed, as well as with the best practices that group members identified.
- Tasking the workgroups with closely examining the recommendations, comparing and contrasting them with what currently exists within the county, and identifying additional action steps and/or refining those outlined in this report;
- Educating stakeholders on how to best promote the behavioral health of Montgomery County residents; and
- Aligning BHCS County and State plans and timelines. BHCS will need to ensure that the annual mandatory State mental health and addictions plans align with the broader strategic alignment plans.

Appendix A.

Continuum of Behavioral Health Services

According to the Substance Abuse and Mental Health Administration (SAMHSA), a comprehensive approach to behavioral health involves viewing the various components we are addressing (promotion, prevention, treatment, and recovery) as part of an overall continuum of care. The Behavioral Health Continuum of Care Model (first introduced in a 1994 Institute of Medicine report) emphasizes that there are multiple opportunities to address behavioral health issues. SAMHSA has described its idea of a "good and modern mental health and substance abuse system" in which behavioral health is an essential part of overall health, prevention works, treatment is effective, and people recover. In such a system, interventions are evidence-based, collaborative with consumers and their families, and focused on strength and resilience.

In thinking and talking about the range of behavioral health services and needs in Montgomery County, we found the need to develop a common point of reference for each of the four major points on this continuum. These definitions can, if shared across the county, serve as a point of reference for those issues each organization is working on and as a guide for funding and policy options for future development.



Wellness and Promotion

Behavioral health promotion consists of strengthening the determinants of mental wellness: healthy communities; individual skill development; social-emotional competence; and increasing an individual's ability to cope with adversity. Some representative behavioral health promotion activities are: parenting education; anti-bullying initiatives in schools; stress management/reduction classes; communication skills classes; community activities promoting inclusion; bereavement support groups; and other similar efforts. A 2009 seminal National Research Council/Institute of

Medicine (NRC/IOM) report recommends the addition of behavioral health promotion to broaden the prevention efforts that had previously been described in an earlier (1994) IOM report on prevention. Behavioral health promotion is distinguished from prevention of mental disorders by its focus on healthy outcomes such as competence and well-being, and that many of these outcomes are valued in their own right, such as prosocial involvement, spirituality, and social justice.

SAMHSA delineated eight dimensions of wellness:

- 1. Emotional:** Coping effectively with life and creating satisfying relationships;
- 2. Environmental:** Good health by occupying pleasant, stimulating environments that support well-being;
- 3. Financial:** Satisfaction with current and future financial situations;
- 4. Intellectual:** Recognizing creative abilities and finding ways to expand knowledge and skills;
- 5. Occupational:** Personal satisfaction and enrichment from one's work;
- 6. Physical:** Recognizing the need for physical activity, healthy foods, and sleep;
- 7. Social:** Developing a sense of connection, belonging, and a well-developed support system; and
- 8. Spiritual:** Expanding a sense of purpose and meaning in life.

Prevention

Delivered prior to the onset of a disorder, prevention interventions are intended to prevent or reduce the risk of developing a behavioral health problem. These interventions typically target the underlying conditions associated with known risks. For instance, Montgomery County has been experiencing an epidemic of overdose, as well as increased rates of suicide, and has therefore prioritized prevention efforts in these areas.

Treatment

Treatment services are for people diagnosed with a mental health and/or substance-related disorder. Services run along a continuum from crisis intervention to outpatient care to residential treatment.

Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery efforts support and strengthen individuals' abilities to live productive lives in the community and can often help with abstinence. Like promotion efforts, recovery fosters resilience and helps individuals withstand challenges and manage behavioral health conditions effectively.

SAMHSA's four dimensions supporting life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

SAMHSA's Guiding Principles of Recovery are:

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and their unique path(s).
- **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance-related disorders.
- **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
- **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

- **Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover, offer hope, support, and encouragement; and suggest strategies and resources for change.
- **Recovery is culturally-based and influenced:** Culture and cultural background, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.
- **Recovery is supported by addressing trauma:** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
- **Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- **Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance-related problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

When considering the overall continuum of care, it is helpful to consider wellness promotion and recovery as part of the same process, rather than as discrete points along a continuum. The goals for recovery are typically the same as for wellness: to promote a person's ability to live a healthy and productive life. The only distinction is that recovery requires learning to live a healthy and productive life in the face of a known and potentially ongoing illness. Imbedded in both wellness and recovery is the concept of resilience, which is the ability to recover in ways that leave you stronger and more capable of facing life's challenges. For instance, when we catch a cold, we recover, and our immune system develops greater capacity to defend against colds. With behavioral health, we are stressed, we manage the stressor, while gaining skills and confidence for the next challenge.

Appendix B.

The Strategic Alignment Process

Thank you to all who participated in this complex yet exciting process. More detailed thanks will follow in Appendix D.

This entire project would not have happened without the support and work of Dr. Jennifer Vidas (supervisory therapist, Behavioral Health and Crisis Services) to help lead this strategic alignment work. Together, consulting with Susan Seling (special assistant, Office of the Director), and Dr. Deat LaCour (psychologist and contracted AI facilitator) we formulated a plan and conceptual framework for the process.

Traditional decision-making strategies often involve an analysis of deficits – what are we missing? Where are the gaps? What are we doing wrong? However, focusing on the negative can demoralize participants.

In contrast, we decided to use Appreciative Inquiry (AI) as the conceptual framework for this project. Originally developed by David Cooperrider in the 1980s, AI is a facilitated process that focuses on strengths and successes, building on what has worked in the past to envision the future. Derived from a Positive Psychology approach, the process tends to inspire creativity and excitement.

One of the most important principles of AI is to include a wide range of stakeholders in the process. People are more likely to support organizational change if they have contributed to it. The AI process involves what is known as the “4D” cycle: Discover, Dream, Design, and Deliver. Participants interview each other regarding “High Points” or “Best in Class” moments from their experiences (Discover); envision a possible future (Dream); design the organization around this future, identifying actions to make the dream a reality (Design); and recommend and prioritize these actions (Deliver). AI has been used in a wide variety of settings, including businesses, non-profit organizations, government, universities, and hospitals.

We looked for professional AI consultants who were experienced with facilitating diverse groups of talented (and opinionated) individuals. After contacting several AI consultants, we retained Dr. Deat LaCour, Ph.D., psychologist and professor at American University, to facilitate our focus groups.

We started with a half-day kick-off meeting on October 6, 2016, during which we described the project, set some levels regarding definitions of promotion, prevention, treatment, and recovery, and introduced participants to the AI framework. Building on the membership of the Behavioral Health Task Force (BHTF), we invited 130 individuals to this meeting, 85 of whom attended and actively participated in the process. Invitees included County Council members and staff, management from DHHS, Fire and Rescue Services, MCPD, DOCR, OMB, representatives from local hospitals, Primary Care Coalition, consumer advocacy organizations, MCPS, behavioral health providers, Mental Health Advisory Committee, AAODAC, and Minority Health Initiative steering committee members.

Following the kick-off meeting, we held nine focus groups during the fall of 2016. Each of our three age groupings (Children/Adolescents, Adults, Seniors) had an HHS lead and a co-lead who was not a county employee.

The Children and Adolescents Workgroup leads were Regina Morales (HHS/BHCS, manager, Child and Adolescent Behavioral Health Services) and Rachel Larkin (director, Crisis Prevention and Intervention Services, EveryMind).

The Adult Workgroup leads were Gene Morris (HHS, manager, Access to Behavioral Health) and Kevin Young (president, Adventist Behavioral Health).

The Seniors Workgroup leads were Sybil Greenhut (HHS/BHCS, program manager, Mental Health Services for Seniors and Persons with Disabilities) and Stephanie Svec (director, Senior Services, Affiliated Sante).

Each age grouping met three times: once in October (focus on Wellness/Promotion), once in November (focus on Prevention/Treatment), and once in December (focus on Recovery).

We sought to balance the group memberships among public and private providers, community members, and consumers, with an eye toward racial/ethnic and gender diversity. Approximately 30-35 individuals were invited to each focus group, with 15-25 people participating in most of them. For each organizational entity, we typically invited someone in a

Table 1. Focus Group Sessions Participation by Workgroup

Workgroup	Focus Group Sessions	Number of Participants
Children and Adolescents	Session 1: Wellness and Promotion	20
	Session 2: Prevention and Treatment	20
	Session 3: Recovery	11
Adults	Session 1: Wellness and Promotion	16
	Session 2: Prevention and Treatment	21
	Session 3: Recovery	16
Seniors	Session 1: Wellness and Promotion	19
	Session 2: Prevention and Treatment	24
	Session 3: Recovery	11

senior leadership position, giving this leader the option to delegate the invitation to a representative of his or her choosing. Once someone attended a group, the invitation stayed open for that individual to return to subsequent sessions. Sometimes that individual in turn invited other individuals to join them for later meetings. Some individuals/organizations attended all three meetings for their assigned age group; some attended just one or two. A few others attended the meetings for their assigned age group, as well as meetings for other age groups. We kept the invitation open and fluid; If someone was sincerely interested in participating, we encouraged him or her to participate.

Table 2. Organizations Represented in Each Workgroups

Children and Adolescents	Adults	Seniors
HHS (BHCS) HHS (CYF) City of Rockville Family Services, Inc. MCPS Maryland Department of Juvenile Services Collaboration Council Primary Care Coalition Federation of Families Mental Health Advisory Committee EveryMind (formerly Montgomery County MHA) Identity Suburban Hospital County Council	HHS (BHCS) HHS (Special Needs Housing) HHS (Public Health) DOCR Community Clinic, Inc. (CCI) EveryMind (formerly Montgomery County MHA) Peer Wellness and Recovery, Inc. Primary Care Coalition Holy Cross Hospital Maryland Treatment Centers, Inc. Suburban Hospital Cornerstone Montgomery Latino Health Initiative African American Health Initiative MedStar Montgomery Mental Health Advisory Committee Montgomery County Coalition for the Homeless (MCCH) Mary's Center	HHS (BHCS) HHS (Public Health) HHS (Aging and Disability) Housing Opportunities Commission (HOC) MC Fire and Rescue Medstar Montgomery EveryMind (formerly Montgomery County MHA) Jewish Council for the Aging Primary Care Coalition Asian American Health Initiative Alzheimer's Association Adventist Behavioral Health Family Services, Inc. Commission on Aging Affiliated Sante Wellness and Independence for Seniors at Home (WISH) Cornerstone Montgomery National Alliance for the Mentally Ill (NAMI) Jewish Social Service Agency (JSSA)

Group Process

Dr. LaCour, our AI facilitator, modified and condensed the traditional AI 4-D process to fit with our predetermined structure, which consisted of three series of three five-hour meetings. A typical meeting contained the following components:

- Brief introductions and overview of the process;
- Paired interviews exploring strengths and best practices (the “Discover” phase), with larger group discussion afterwards;
- Small groups that brainstormed dreams for Montgomery County’s behavioral system (the “Dream” phase), followed by larger group discussion; and
- Participants then identified the dreams that had the most interest for them, separating themselves into small groups based on favorite dream. In this “Design” phase, the groups discussed the practicality of the dream, including the necessary level of community support and buy-in, and identified components of the dream that were “low hanging fruit” (i.e., achievable in two years) or “higher hanging fruit” (i.e., achievable in five years).
- In the final phase of the 4-D cycle (“Deliver”), participants were asked to identify concrete future action steps to accomplish the various components of the dream. What exactly should be done, in what order, and at what time?

Participants then completed evaluations of the process. Most participants reported finding the process to be energizing, positive, and exhilarating.

Focus group data came from all of the written materials produced during the workgroups, including group work and individual notes. Data was painstakingly transcribed and organized over a period of several months.

Group members were given several opportunities to weigh in and provide comments on earlier drafts of this report. Groups were reconvened in July 2017 to provide additional feedback on the findings. This feedback was incorporated into the final draft of the report.

Appendix C.

Organizations and Programs Referenced in the Objectives and Priority Action Steps, with Master Acronym List

Bridges to the Future is a Federally funded program that specifically targets transition-aged youth who are disconnected from education or employment. The initiative focuses on connecting disconnected youth to needed services, including behavioral health treatment, education, vocational rehabilitation, and/or employment.

Center for Continuous Learning (CCL) is a partnership of the County's Office of Human Resources and Department of Health and Human Services. It is an approved provider of continuing education credits for social workers and professional counselors and is open to all county employees as well as community partners.

Clubhouse Model is an evidence-based approach to promoting recovery among individuals with severe mental illness. The model emphasizes holistic care and a team approach.

Collaboration Council for Children, Youth, and Families is a quasi-public, non-profit corporation that currently is designated as Montgomery County's Local Management Board to implement a local interagency service delivery system for children, youth, and families.

First Episode is an evidence-based approach that focuses on adolescents and young adults experiencing symptoms of psychosis for the first time. It emphasizes coordinated care and family engagement.

Health in All Policies (HiAP) is defined by the Centers for Disease Control and Prevention (CDC) as a collaborative approach to integrate health implications into all decision making regarding policies across various sectors and areas. The HiAP approach recognizes that health does not exist in a vacuum and that many other non-medical variables, including social determinants of health, play a role in overall health. Social determinants of health can include socioeconomic status, education, social support, and access to healthcare.

Housing First is an approach to homelessness that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, without barriers or preconditions such as sobriety or compliance with behavioral health treatment. Once in housing, people then receive the supportive services and connections to community-based supports that people need to keep their housing.

Juvenile Justice Diversion is an initiative that targets youth under age 18 who are charged for the first time with a misdemeanor offense. If the youth admits involvement to the offense, he or she can meet with a social worker who will develop a plan that may include substance abuse and/or mental health treatment. Upon completion of the program, the criminal case can be closed.

Mental Health First Aid is a national program designed to teach non-clinicians how to recognize the signs and symptoms of a mental health or substance abuse crisis in order to appropriately intervene and request help.

Montgomery Cares Program is a group of community-based healthcare providers that provide medical care to uninsured adults in Montgomery County.

Naloxone is a medication created to save lives by rapidly reversing an opioid overdose. Non-medical personnel can be trained to administer it.

Nexus program is a project through which Montgomery County hospitals work to reduce unnecessary readmissions.

Positive Behavioral Interventions and Supports (PBIS) is a framework for applying evidence-based behavioral interventions in schools in a way that optimizes academic and social behavioral outcomes. As the name suggests, the focus is on positive reinforcement for desirable behaviors rather than punishment for negative behaviors.

Recovery Coach Academy is a five-day intensive training academy that provides individuals with the skills needed to guide, mentor, and support anyone who wants to enter or sustain long-term recovery from an addiction to alcohol or other drugs.

Recovery-Oriented Systems of Care (ROSC) is a person-centered and coordinated network of community-based services and supports designed to build on individual and family strengths to maintain abstinence and improve quality of life for people with substance use disorders.

Restoration Center is a proposed facility to be jointly operated and occupied by the Department of Correction and Rehabilitation (DOCR) and Health and Human Services (HHS) that will provide behavioral health screening and assessment, treatment and short-term stabilization and evaluation beds for arrestees admitted and processed into the detention facility.

SBIRT, or Screening, Brief Intervention, and Referral to Treatment, is an evidence-based, community-based approach to early identification and intervention for substance-related disorders.

STEER, or Stop, Triage, Engage, Educate, and Rehabilitate is a partnership between police and community treatment that works to connect people to substance abuse treatment rather than arrest and pretrial programming.

Villages are community-based organizations that help older adults to age in place by fostering social connections and neighbors-helping-neighbors support.

WRAP is an evidence-based recovery model for individuals with mental health challenges. WRAP approaches are highly individualized and focus on strengths and self-determination.

Master Acronym List

AA	Alcoholics Anonymous
AAODAC	Alcohol and Other Drug Abuse Advisory Council
ACE	Adverse Childhood Experiences
AI	Appreciative Inquiry
BRTF	Blue Ribbon Task Force
BHTF	Behavioral Health Task Force
BHCS	Behavioral Health and Crisis Services
CCL	Center for Continuous Learning
CDC	Centers for Disease Control and Prevention
CIT	Crisis Intervention Team
COIT	County Opioid Intervention Team
CWS	Child Welfare Services
DOCR	Department of Corrections and Rehabilitation
HHS	Department of Health and Human Services
HiAP	Health in All Policies
IOM	Institute of Medicine
LACSI	Leadership for Adaptive Change in Suicide Intervention
MCPD	Montgomery County Police Department
MCPS	Montgomery County Public Schools
MDOH	Maryland Department of Health
NA	Narcotics Anonymous
NRC	National Research Council
OLO	Office of Legislative Oversight
OMB	Montgomery County Office of Management and Budget
PBIS	Positive Behavioral Intervention and Supports
ROSC	Recovery-Oriented System of Care
SASCA	Screening and Assessment Services for Children and Adolescents
SAMSHA	Substance Abuse and Mental Health Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
STEER	Stop, Triage, Engage, Educate, and Rehabilitate
WRAP	Wellness Recovery Action Plan

Appendix D.

Strategic Alignment Participants

We would like to express our gratitude to all those who contributed to and participated in the strategic alignment process.

First, a special thanks to Director Uma Ahluwalia for her support. Thank you to Susan Seling, who played a crucial role in the logistics of planning and implementation.

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Thank you to Rachel Larkin and Everymind for providing space for the Children/Adolescents focus groups to meet.

Thank you to Kara Pokras and Family Services, Inc. for providing space for a Seniors focus group to meet.

Thank you to Gene Morris, Regina Morales, Sybil Greenhut, Kevin Young, Rachel Larkin, and Stephanie Svec, project planners who became working group leaders, for helping to keep our workgroups focused and on task.

Thank you to Dr. Deat LaCour who facilitated all of our Appreciative Inquiry focus groups.

Lastly, some very special thanks to Dr. Jenny Vidas for coordinating this entire process and for the hours of work needed to produce this final report.

Workgroup Participants

We would like to express our sincere appreciation for all of the time that workgroup participants donated to this project. Each workgroup participated in three five-hour focus groups, and many of their members attended them all. Even attending just one of the groups meant sacrificing a large portion of the work-day, and we are so thankful for the positive energy that participants contributed to the process.

A complete list of all participants and the organizations which they represent follows.

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Co-chairs: Regina Morales (HHS/BHCS) and Rachel Larkin (Everymind)

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Scott Birdsong (Family Services, Inc.)
Charlotte Boucher (Montgomery County Public Schools)
Carolyn Camacho (Identity)
Luis Cardona (HHS/Children, Youth and Families)
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Laurie Slavit (Maryland Department of Juvenile Services)
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Carrie Zilcoski (Family Services, Inc.)

Adult Workgroup

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Steve Mathis (Peer Wellness and Recovery)Health Initiative
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Seniors Workgroup

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Shenita Freeman (Wellness and Independence for Seniors at Home)
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