

Montgomery County – DHHS
Asian American Health Initiative (AAHI) Steering Committee Meeting
September 18, 2014

<u>Steering Committee</u>	<u>Present</u>	<u>Staff</u>	<u>Present</u>
<u>Organizational Members</u>			
Ji-Young Cho	X	Perry Chan	X
Wilbur Friedman	X	Sierra Jue-Leong	
Yan Gu		Jasmine Vinh	X
Michael Lin	X	Shannon Lee	X
Mayur Mody		Nazia Cheema	X
Sam Mukherjee	X	Kelly Huynh	X
Nguyen Nguyen	X	Betty Lam	X
Stan Tsai		Dr. Raymond Crowel	X
Tho Tran			
Sovan Tun			
<u>Individual Members</u>			
Nerita Estampador(Vice Chair)	X	Shahin Sebastian	X
Meng K. Lee (Chair)	X	Aparna Puri	X
Sunmin Lee			
Cathy Ng	X		
Wendy Shiau	X		
Ashraf Sufi			
<u>Affiliate Members</u>			
Anis Ahmed	X		

Welcome

- Meng calls the meeting to order at 6:16 PM and introduces Shahin Sebastian from the Patient Navigator Program.

Approval of Agenda

- Meng moves to approve the agenda and asks about any changes.
- Michael Lin mentions the change of date.
- All members vote to approve the agenda.

Approval of Minutes

- Meng moves to approve the minutes.
- Wilbur seconds the motion. He notes minor changes to Perry.
- Perry says he will make changes and send them back to the group.
- All vote to approve the minutes.

Pre-Discussion of Behavioral Health and Crisis Services (BHCS)

- Cathy asks if other minority health initiatives have any programs for mental health.
- Perry says the Welcome Back Center is a program to help people who were licensed health care professionals in their home country to obtain a license in Maryland. This program receives additional funding to expand and include behavioral health professionals.
- Meng says Montgomery Cares has a mental health program funded by the County.
- Nerita asks if County residence is a requirement of the Welcome Back Center program.
- Michael explains that the Welcome Back Center is a statewide initiative.
- Nerita also asks if participants need to pay back the program after they get their license.
- Meng says that is a question they can ask Sonia.

Overview of Montgomery County DHHS (MCDHHS), BHCS: Dr. Raymond Crowel

- Meng introduces Raymond who has been the Chief of MCDHHS BHCS for five years.
- Raymond gives a verbal presentation based on the attached slides.

Program Updates: General Outreach

- Perry introduces AAHI's new staff member, Kelly Huynh, who will strengthen outreach efforts by working with clients and connecting them to services with the help of technology such as a tablet, internet, and printer. Perry notes that an updated resources brochure will be available in thirteen languages. They will be uploaded to the AAHI website.
- Perry mentions that we have been working on the FY14 Annual Report and will send it out electronically to everyone once it is ready.
- Perry points out that AAHI is in the process of hiring Behavioral Health Program Coordinator. The job description will be on the internet by tomorrow and he will share it with everyone.
- Perry reports that the staff met with Raymond and his senior managers, Program Manager of the Access to Behavioral Health Program, Program Manager of the Adult Behavioral Health Program, and the Director of the Primary Care Coalition Behavioral Health Program. Perry started some informal program planning and does not want to make it formal until there is a program subcommittee set up for mental health.
- Perry distributes a handout on AAHI's mental health awareness article that was published in multiple Asian media sources in different languages.
- Perry says that he has been in touch with several organizations to plan the Hepatitis B Prevention Project.
- Sam notes that showing positive results at the grassroots level is very important.
- Meng agrees with Sam that programs should be focused on Asian communities and on the most critical barrier, which is language.
- Sam says we need results. Otherwise, we cannot lobby for more money.
- Shahin shares that most people who work and come out to outreach events do not have mental health problems. She adds that most people with mental health problems stay

inside and are unable to access the centers. In Maryland, no one can be forced to have mental health treatment unless the patient comes forward seeking help on their own.

Council Breakfast Meeting on October 16th: Review Statement

- Meng says that the breakfast is hosted annually by George Leventhal for health-related agencies, organizations, and commissions to present two minutes of their priorities for the next fiscal year.
- Meng notes that Nerita and Perry will be attending. The Steering Committee has prepared a presentation which focuses on mental health, hepatitis B, and LIEED.

Subcommittees

- Meng says that we need to set up subcommittees (Program Support, Advocacy and Public Relations, and Membership and Nominating) for everyone to participate. He explains they are set up to clearly state a mission and tasks. Each subcommittee will have a chair.
- Meng motions to approve the three subcommittees.
- All Committee members approve the three subcommittees.
- Nerita and Meng say that everyone should be committed to one or two subcommittees.
- Nguyen asks what the expectations should be for each subcommittee.
- Meng explains the expectations depend on the tasks and what needs to be accomplished.
 - **Membership and Nominating Subcommittee**
 - Wilbur volunteers to join.
 - **Advocacy and Public Relations Subcommittee**
 - Wendy, Sam, Nguyen, and Michael volunteer to join.
 - **Program Subcommittee**
 - Cathy, Sam, and Ji-Young volunteer to join.

FY15 Meeting Dates

- Committee members discuss moving meetings to Tuesdays.
- Nguyen mentions the idea of teleconferencing, in case people want to travel.
- Sam notes that teleconferences might not be a good idea because they will form a habit.
- Meng says he will decide on a case-by-case basis if teleconference will be offered.
- **Tentative dates: 11/18/14; 01/13/15; 03/17/15; and 05/19/15**

Liaison Updates

- Committee members discuss the importance of having liaison minutes available to the entire group.
- Meng explains that liaison minutes are time sensitive and should be available right after the meeting so they can be sent to Committee members as soon as possible.

- Sam says we use liaisons to uphold our values and we use minutes to supplement different people's opinions. He adds that we need a person to take minutes objectively and to record participation. Liaisons can help give insight into the meeting.
- Meng says that the responsibilities are to report on what happens at meetings and to influence the decisions of the respective commission for AAHI's best interest.
- On behalf of Anis, Perry reports that the Governor's Commission on South Asian American Affairs will conduct a business and professional conference on December 6th 2014 from 10 AM – 2 PM. For more information about the event, please contact Anis.

Adjourn: 8:20 PM

Montgomery County Health and Human Services

Behavioral Health and Crisis Services: Overview to the Asian American Health Initiative Steering Committee

September 18, 2014



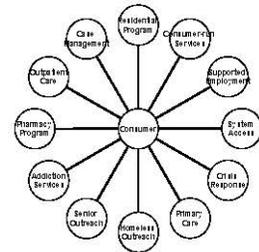
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Behavioral Health and Crisis Services Mission

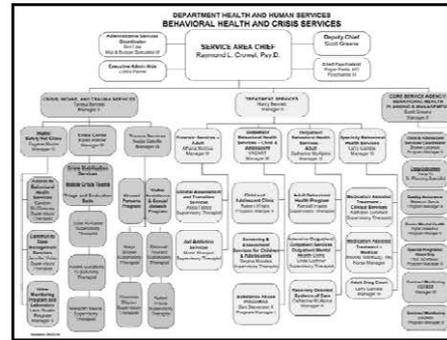
- **Promote the behavioral health and wellbeing of Montgomery County residents.**
 - Foster the *development* of, and ensure *access* to a comprehensive system of *effective behavioral health services and supports* for children, youth and families, adults, and seniors.
 - Promote the delivery of *culturally and linguistically competent care* and the use of *evidence based/best practices* along the continuum of care.
 - Work with State and County partners to provide *strength-based and integrated* services to persons in need.

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Consumer Centered Service Delivery System



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BHCS Service Continuum

Contract and Private Providers partner to ensure a full array of services across the lifespan:

- **Hospital Psychiatric Services**
- **Residential Services** Residential Rehabilitation, Residential Crisis, Residential Treatment Centers
- **Psychiatric Rehabilitation** residential services provided to an individual in their home, in the community, or on-site with providers
- **Supported Employment** provides job development, job coaching and ongoing employment support services
- **Assertive Community Treatment** evidence based intensive community care for individuals with serious mental illness who have been hospitalized
- **Case Management** short-term support services to individual to ongoing treatment and rehabilitation services
- **Outpatient Treatment** outpatient clinics, group practice, individual practitioners, home based and intensive clinics

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BHCS Programs by Functions

- **Crisis, Intake and Trauma Services**
 - Crisis Center (Crisis Stabilization Services, Mobile Crisis Team, Triage & Evaluation Beds),
 - Access to Behavioral Health Services,
 - Community Case Management Services,
 - TCA (Temporary Cash Assistance),
 - Urine Monitoring Program/ Laboratory,
 - VASAP/APP (Victim Assistance & Sexual Assault Program/Abused Persons Program).

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BHCS Programs by Functions

- > Treatment Services
 - CATS - Clinical Assessment and Transition Services,
 - JAS - Jail Addiction Services,
 - CAMH - Child and Adolescent Clinic, SASCA,
 - Substance Abuse Prevention,
 - ABH - Adult Behavioral Health Services,
 - IOP - Intensive Outpatient Services/OMHC,
 - MAT - Medication Assisted Treatment-Clinical Services, Medication Assisted Treatment-Medical Services,
 - Adult Drug Court.
- > Oversight and Monitoring Services
 - Behavioral Health Planning and Management
- > Senior Mental Health Services
- > Contracted Services

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Contracted Services

- Residential Services
- Outpatient Services
- Case Management Services
- Shelter + Care – Extended Case Management Services
- Community Based Services: Outreach and Education
- Therapeutic Nursery Program
- Consumer-run Services
- Site-based Respite Care Services
- Path Grant – Homeless Outreach
- Senior Mental Health Services
- Homeless ID Program & SOAR (SSI/SSDI Outreach Access to Recovery) Grant
- Transitional Shelters / Domestic Violence Shelter
- Supported Employment services
- Representative Payee services
- Crisis and Resource Hotlines
- Veterans Services (Serving Together)
- And many more contracts (total # of contracts: 100+)

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Behavioral Health & Crisis Services Budget by Program Areas

Program Area	FY15 Budget	FY15 Wt%
Behavioral Health Planning and Management	\$7,854,242	15.50
Access to Behavioral Health Services	3,566,185	32.00
Treatment Services Administration	5,655,203	3.00
Forensic Services-Adult	2,328,835	19.00
Outpatient Behavioral Health Services-Adult	3,210,735	19.50
Outpatient Behavioral Health Services-Child	5,511,617	28.25
Trauma Services	4,766,068	29.55
24-Hour Crisis Center	4,505,229	35.90
Mental Health Svcs: Seniors & Persons with Disabilities	775,312	2.00
Specialty Behavioral Health Services	2,435,763	21.50
Service Area Administration	615,191	3.50
Total	\$41,224,381	209.70

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BHCS Clients

Who are they?
Where do they live?
What needs do they bring?

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Snapshot of Public Mental Health System Consumers

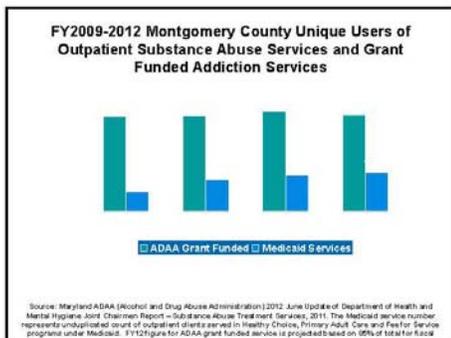
- > In FY2013, 11,394 Montgomery County consumers were served by the Public Mental Health System - an increase of 33% from FY2009.
- > 11% of all consumers are uninsured sometime during the fiscal year.
- > The total expenditures for Montgomery County consumers are \$52,289,532.

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Montgomery County consumers with Co-Occurring needs

- > In FY2013, 1619 PMHS consumers at all ages have been identified as Co-Occurring diagnosis
- > 14% have co-occurring substance abuse - an increase of 31% from FY2009. Total expenditures for treating Co-Occurring consumers increased 15%.
- > The total cost for treating this group of consumers is \$15,468,974 in FY2013.

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Residential Services Statistics

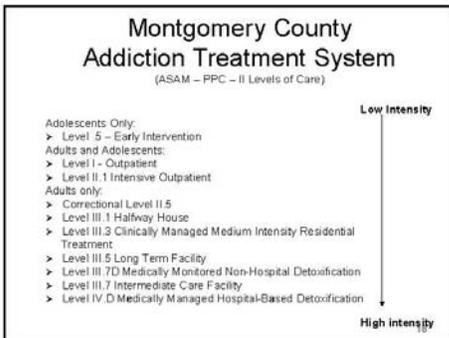
- > The Core Service Agency monitors a total of 382 RRP beds.
- > The Core Service Agency monitors a total of 320 Independent Living Beds.
- > At the end of FY14, there were 69 consumers on the RRP waiting list (excluding individual living in State Hospitals waiting for placement)
- > 32% of consumers served in RRP were co-occurring.

Crisis, Intake and Trauma Services

- > **Crisis Response & Intervention** The Crisis Center is 24/7 mental health resource for anyone in Montgomery County. It is a fully integrated crisis program that includes the following services: crisis phone services, crisis walk-in services, mobile crisis team (MCT), residential crisis beds, and critical incident stress management.
- > **Intake Services** This includes the Access Team which is a single point of entry to a bilingual assessment and referral team that helps bridge services for consumers who have mental health, addiction, or Co-Occurring disorders. Community Case Management supports mentally ill clients accessing services. Safety Net Services provides psychiatric care for those returning to the community to prevent them from becoming disconnected with treatment. Urine Monitoring Unit provides critical anxiety services to BHCS programs and external agencies and community providers.
- > **Trauma Services** Abused Persons Program (APP) & Victim Assistance/Sexual Assault Program (VASAP). APP provides comprehensive human services to victims of DV through a phone crisis line, outpatient counseling, court advocacy, & emergency shelter in the Betty Ann Kraschke Center. Services are provided in collaboration with the Family Justice Center. Group treatment is provided for DV offenders. VASAP provides clinical counseling services for sexual assault victims, clinical counseling for victims of crime, and court advocacy.

Treatment Services

- > Outpatient Behavioral Health Services - Child & Adolescent (Child & Adolescent Outpatient Mental Services, Home-based Treatment Team, System of Care Development and Management Team, Wrap Around Services, Screening & Assessment Services for Children & Adolescents, Substance Abuse Prevention)
- > Outpatient Behavioral Health Services- Adult (Adult Behavioral Health Program, Intensive Outpatient Addiction and Mental Health Clinic)
- > Specialty Behavioral Health Services (Medication Assisted Treatment, Adult Drug Court)



Adult Addiction Services

Outpatient Addiction Services

County run programs:

- **MAT (Medication Assisted Treatment)– Level II**
 - Medical management of methadone maintenance therapy and counseling.
- **Outpatient Level I and Intensive Outpatient Level II**
 - Substance abuse treatment for adults focused on abstinence.
- **Drug Court – Level II**
 - Serves adults and juveniles addicted to drugs and/or alcohol.
 - Remediation of criminal behavior and/or drug and alcohol use.

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Adult Addiction Services

Jail Based Services

County run programs:

- **JAS – Jail Addiction Services**
 - Substance abuse treatment services for individuals incarcerated at the County Correctional Facility.
- **Clinical Assessment Triage Services - CATS**
 - Mental health and substance abuse assessment and diversion services for individuals entering the Detention Center.
 - Re-entry & Diversion Services:
 - Coordination of substance abuse and mental health referral services for incarcerated individuals being diverted or returned to the community.

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Adult Addiction Services

Residential Addiction Programs - Contracted

- **Avery Halfway House for Women – Level III**
 - Program for women and their children.
- **Lawrence Court Halfway House- Level III**
 - Halfway House for adults (male and female).
- **Avery Road Combined Care (ARCC) - Level II/III**
 - Provides residential and intensive outpatient treatment.
- **Avery Road Treatment Center (ARTC) - Level III**
 - Provides detoxification and intermediate care. Co-Occurring services are also available.

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Oversight and Monitoring Services:

Core Service Agency Behavioral Health Planning & Management

- Child & Adolescent Services Coordination
- Adult Services and Quality Assurance (Oversight, Placement and Inspection for Residential Services, Assisted living, group homes for children, independent landlord based housing, Shelters)
- Senior Mental Health Services (senior outreach, senior Hispanic outreach, prevention and early intervention, deaf or hearing impaired)
- Special Program Reporting (care coordination for forensic population, high utilizers, veterans in need of care and services)
- Data/Outcome Reporting (Service Utilization, Compliance and Outcomes)
- Contract Monitoring/Recovery-Oriented System of Care (ROSC)

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