



**AMERICAN MUSLIM SENIOR SOCIETY (AMSS)  
REPORT  
"ADDRESSING THE MENTAL HEALTH CRISIS  
WITHIN COMMUNITIES OF COLOR: RAISING UP  
SENIORS AND THEIR FAMILIES"**

**A MENTAL HEALTH SUMMIT  
DECEMBER 4, 2022  
1:00-3:30 PM**



**MR. BOB LEVEY  
AWARD-WINNING  
JOURNALIST  
EVENT MODERATOR**



**IMAM FIZUL KHAN  
ISLAMIC SOCIETY  
OF THE  
WASHINGTON  
AREA (ISWA)**



**HONORABLE  
MARC ELRICH  
(COUNTY  
EXECUTIVE)**



**KEYNOTE SPEAKER  
DR. RAYMOND  
CROWEL  
DIRECTOR, DEP. OF  
HHS**



**BARBARA SELTER  
PANEL DISCUSSION  
MODERATOR  
CHAIR COMMISSION ON  
AGING**



**DR. ROLANDO LUIS  
SANTIAGO, PHD, CFRE  
CHIEF, BEHAVIORAL  
HEALTH AND CRISIS  
SERVICES**



**LESLIE GRAHAM  
CEO PRIMARY CARE  
COALITION**



**GABE ALBORNOZ  
COUNTY COUNCIL  
PRESIDENT**



**DR. SAHAR KHAMIS  
ASSOCIATE PROFESSOR  
OF COMMUNICATION,  
UMD**

## REPORT

### AMERICAN MUSLIM SENIORS SOCIETY (AMSS)

#### REPORT:

#### "ADDRESSING THE MENTAL HEALTH CRISIS WITHIN COMMUNITIES OF COLOR:

#### RAISING UP SENIORS AND THEIR FAMILIES"

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## **AMSS Mental Health Summit**

**December 4, 2022**

### **Report**

#### **“Addressing the Mental Health Crisis Within Communities of Color:**

#### **Raising Up Seniors and their Families**

##### **I. Executive Summary**

The goal of the AMSS Mental Health Summit was to bring together mental health experts, policymakers, researchers, interfaith community leaders, and service providers. They identified the key mental health issues and required collaborative action plan for 2023 and beyond. AMSS’ objective with this report is to ensure the commitment/sponsorship of policymakers for effective implementation of the summit’s recommendations for future mental health research, policy, and programs and services.

The summit proceedings spanned the following topics:

1. Funding and Public Policy
2. Impact of Education and Training on Mental Health
3. Access to Mental Health Care
4. Best Practices.

County Executive Marc Elrich reprised the mental healthcare achievements of his first term and plans for term two. The keynote address by Dr. Raymond Crowel, Director of the County’s Department of Health and Human Services (HHS) detailed those results and laid out immediate-to-long-range needs. A panel of four – moderated by Ms. Barbara Selter, Chair of the Commission on Aging – provided insights from the Primary Care Coalition, the county’s office of Behavioral Health and Crisis Services, the County Council, and a University of Maryland Professor of Communication. From dozens of audience stakeholders came pointed questions, broadening the stakeholder dialogue. The discussion continued during four concurrent breakout sessions, corresponding to each summit topic. The summit concluded with a reporting-out of recommendations to be used in developing next steps.

Moving forward from the summit, AMSS envisions several short-term and long-term plans.

### **Short-Term Action Plans**

1. Engage with representatives of the State of Maryland Behavioral Health Administration, Mental Health Association of Maryland, Montgomery County HHS Minority Health initiatives/ program and Montgomery County Behavioral Health Services at HHS to develop a culturally sensitive Health and Long-Term Care training Curriculum, for community leaders, caregivers, AMSS Ambassadors, assisted living facilities staff, incorporating issues of mental health, including stigmas, and cultural barriers in partnerships with Primary Care Coalition (PCC), and other public and private organizations. Develop an action plan with timelines
2. Conduct countywide mental health outreach and education targeting older communities of color in partnership with PCC Clinics and hospitals, MCC Medical Center, Montgomery County 11 Islamic Centers, HHS crisis center, HHS Aging and Disability Services, HOC, Affiliated Sante Group, Montgomery County Office of Community Partnerships, HHS Minority Health initiatives/program and EveryMind. Develop an action plan with timelines
3. Enhance AMSS website mental health information and resources in support of older communities of color and their caregivers and train community leaders including Imams to access AMSS Website's information and mental health resources. Identify individual who will be responsible and ensure resources on the website are kept up to date.

### **Long-Term Action Plans**

Pressing needs for housing and medical facilities require AMSS to seek funding for the following:

1. A collaborative culturally sensitive group home in close proximity of an Islamic Center
2. A culturally sensitive assisted living facility
3. Adult medical daycare center; supported by County's Islamic Centers
4. Residential options/placements (I.e., Assisted Living facilities) for older adults living with behavioral health (BH) disorders.
5. Access to services for adults living with both BH and intellectual disabilities.
6. More BH residential options/funding for uninsurable applicants.

7. Form an action team to develop needed partnerships and commitment from pertinent State and local government agencies as well as the private and non-sector. Survey current providers of the above services to identify opportunities and challenges. Prioritize the projects based on input obtained. Develop a business plan.
8. Engage in advocacy at all levels of government to secure needed resources for both bricks and mortar as well as program operations.

## II. Report

### **Introduction**

The American Muslim Senior Society is committed to a mission of empowering the county's diverse 55+ residents, especially the underserved, isolated, and marginalized, by providing them access to tools and resources to improve their quality of life and remain in their communities with dignity.

This summit was the culmination of three years of AMSS virtual community dialogues and other engagements to identify the key issues of concern for older members of communities of color with health disparities. Mental health ranked as a top priority, with key mental health-related issues identified.

The summit report includes a background section on demographic data on the county's 55+ communities of color and summit participants' discussion of barriers facing those communities' access to mental health services. The report concludes with recommendations to improve overall programming and planning; funding and public policy; access to mental health care; education and training around mental health; and best practices in mental healthcare. Appendices include the summit agenda, speakers and panel notes, and breakout session summaries.

### **Background: Demographic data for those serving Older Communities of Color**

#### **Mental health needs**

As keynote speaker, Dr. Raymond Crowel explained that the World Health Organization estimates that 20% of adults aged 60 and over suffer from a mental or neurological disorder.

The most common of these disorders are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively.

### **Disparities in Health and Health Care**

Disparities in health and health care for persons of color, especially older persons and underserved groups are longstanding challenges. The COVID-19 pandemic has had a devastating impact on older communities of color exacerbating these disparities with long-term mental health implications and heightening the importance of addressing them. The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone).

- Montgomery County's population of people over 60 is expected to increase by 35% from 2020-2040.
- Older people of color were 34% of the population of Maryland in 2020, and this will increase to 50% by 2045
- Communities of color are challenged by barriers that undermine their health and well-being, including mental health.
- The Centers for Disease Control and Prevention report that [20% of people aged 55 years or older experience some type of behavioral health concern](#).
  - Black or African Americans living below the poverty level are twice as likely to report serious psychological distress.
  - Racial and ethnic minorities are:
    - less likely to receive behavioral health care. For example, in 2015, among adults with any behavioral illness, 48% of whites received behavioral health services, compared with 31% of blacks and Hispanics, and 22% of Asians.
    - less likely to receive needed care and are more likely to receive poor-quality care when treated.
    - more likely than whites to delay or fail to seek behavioral health treatment.
    - less likely than whites to receive the best available treatments for depression and anxiety. (Dr. Rolando Luis Santiago- Health and Human Services 12-4-2022).

### **Barriers to Accessing Mental Health Services**

Summit participants discussed during the general session barriers to accessing mental health services:

The most critical barriers for seniors of color to access high-quality behavioral health services for dementia and depression are:

- The stigma associated with mental health treatment.
- Cultural barriers: Reliance on cultural practices and beliefs (religious beliefs, natural remedies, and in some cultures, mental health illness is regarded with shame).
- Lack of access to transportation.
- Lack of insurance or underinsurance.
- Shortage of diversity competent behavioral health care providers.
- Language barriers (limited English proficiency).
- Distrust in the system due to a history of racism.
- Fears around privacy and confidentiality that may prevent people from seeking help with behavioral issues.
- Lack of access to mental health-related information, services, resources.
- Inability to negotiate a complex healthcare system, including behavioral health
- Structural racism and discriminatory practices.
- Low-income.
- Limited education and training.
- Hazardous living condition (high-crime neighborhoods, food desert, crowded living, and unsafe dwelling).

## **Recommendations:**

### **A. Programming and Planning:**

1. Establish a Culturally sensitive Assisted Living facility alongside a mosque.
2. Encourage the development of middle-income senior housing.
3. Establish culturally sensitive adult group homes.
4. Establish medical day care facilities adjacent to Islamic Centers.
5. Develop centralized locations for educational programs, cultural activities, and food assistance.
6. Provide opportunities for mental health education outreach to fight mental health stigma through community leaders, caregivers, and culturally competent trained Ambassadors.

7. Expand AMSS website to include behavioral health related information and resources
8. Expand PEARLS program.
9. Reduce wait times for receiving behavioral health services: due to staff shortages and high demand for service, older adults may wait several weeks before being seen by a provider. This wait time can prevent an individual from receiving services when needed.
10. Encourage Mental Health First Aid training among community leaders similar to training of AMSS ambassadors.
11. Create or support non-traditional types of mental health wellness, such as art courses.
12. Develop a collaborative action plan to access Mental Health services to isolated under-served older communities of color.

## **B. Funding and Public Policy**

Advocate for Funding for:

1. Family caregivers in support of financial compensation for services rendered.
2. Mental health programs for seniors with disabilities.
3. Mental health programs for homeless seniors.
4. Prevention of homelessness.
5. Increased Community Health Education Grants funds through community foundations.
6. Increased County Executive and Community Grants for FY24.
7. Seek grants to support housing for middle-income seniors, including immigrants, adult-senior daycare, and medical assistance through community and faith-based organizations in collaboration with the Office of Grants Management Director Raphael Pumarejo Murphy.
8. More funding is needed to support older adults with behavioral health conditions (Assisted Living Facilities [ALFs], are primarily privately funded and do not accept Medicaid, charging \$5,000-\$9,000 monthly cost of care (Dr. Rolando Luis Santiago, Dec 4, 2023).



### C. Access to Mental Health Services:

1. Conduct outreach to caregivers to expand access to mental health support services and resources.
2. Provide a "one stop shop" for all mental health and aging services. Develop a new 800 line or platform for aging services. Expand the County Aging and Disability Resource Unit (ADRU line).
3. Marketing Mental and Behavioral Access to Services in different languages.
4. Build in awareness around the 988 number.
5. All programs and services must be culturally sensitive and appropriate.
6. Provide programs that promote early recognition of behavioral health issues.
7. Enlist faith communities.
8. Utilize Peer Support Specialists.
9. Expand services to grow with the number of residents in the County, especially older adults.
10. Publicize County resources, such as:
  - **Montgomery County Crisis Center:** Offers immediate response to mental health and situational crisis through telephone, walk-in and mobile outreach services. Open 24 hours, 7 days a week. Services are provided by telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed). (Dr Rolando Santiago).
  - **Behavioral Health Access:** Provides assessment and linkages for low-income persons of all ages living in Montgomery County who have no commercial insurance and who are in need of services for major behavioral health and/or substance abuse concerns. Services can be provided by calling: 240-777-1770 or visiting their location at: 27 Courthouse Square Rockville, MD 20850 (Dr Rolando Santiago).
  - **The 988 Suicide and Crisis Lifeline:** The 988 Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. By calling or texting 988, you'll connect to mental health professionals within the Lifeline network.
  - **Affiliated Sante's Senior Mental Health Outreach:** provides behavioral health services to homebound older adults. The individual can self-refer, a family

member or provider can complete the referral online at:

<https://www.thesantegroup.org/our-priorities/senior-support/> or by calling 301-572-6585 ext. 2104 (Dr. Rolando Luis Santiago).

#### **D. Education & Training:**

1. Renew the Ambassadors' education and training program.
2. Include in Ambassadors curriculum training the stigma surrounding behavioral health.
3. Expand Ambassadors curriculum training to include community leaders
4. Conduct through collaborative efforts mental health education outreach into older communities of color.
5. Develop awareness of County programs and services.
6. Offer culturally sensitive training to health care providers. Education around cultural awareness and varieties of beliefs and approaches to illness and wellness.
7. Create health literacy programs for seniors (e.g., how to talk to your doctor, how to get the most out of your medical visit).
8. Provide education and funding to increase access to English language training (for example, using ESOL approach) for caregivers and seniors to reduce isolation.
9. Technology: Use of technology to help individuals seeking information and support. There are a number of apps that can be used by those seeking assistance or support.
10. Educating the public around the 988-phone number, or 311, to get access and seek assistance.

#### **E. Best Practices:**

1. Collaborate with trusted, culturally competent community members regarding summit recommendations.
2. Create collaborative mental health model with community partners (e.g., PCC, HHS, Gilchrist Center).
3. Partnerships with senior center staff members.
4. Expand multi-lingual programs to include additional languages

5. Create or maintain partnerships with Public and private county and community agencies/ organizations/ foundations, the business and interfaith communities, community leaders and older community members, including:
  - Health and Human Services Aging and Disability Services
  - Health and Human Services Minority Health Initiatives
  - Community Health Worker Programs
  - Community leaders for teaching and support of their communities.
  - Affiliated Sante visiting senior's programs
  - Faith community leaders
  - County Mental and Behavioral Health Services
  - Primary Care Coalition (PCC)
  - Commission on Aging (COA)
  - Health Care initiative Foundation (HIF)

## **Appendices:**

**Summit Agenda, Speaker and Panel Notes, and  
Breakout Session Summaries**



**APPENDIX 1: Agenda**

**1:00 pm**

***Summit Opening***

***Moderator Bob Levey***

**Opening Prayers / Imam Faizul R. Khan**

***Islamic Society of the Washington Area (ISWA) President of the Montgomery  
County Faith Advisory Council***

**AMSS Welcoming Statement**

***Mrs. Mona Negm (AMSS President)***

**Honorable: Marc Elrich**

***County Executive***

**Keynote Speaker: Dr. Raymond Crowel, Psy.D. *Director, Department of  
Health and Human Services, Montgomery County, MD***

***Introducing Panel Discussion***

**Moderator: Barbara Selter *Chair***

***Commission on Aging***

***Panelists***

**1- *Leslie Graham***

***CEO & President, Primary Care Coalition***



**2- Dr. Rolando Luis Santiago, PHD, CFRE**  
**Chief, Behavioral Health & Crisis Services, Montgomery County**

**3- Gabe Albornoz**  
**Councilmember At-Large, County Council President**

**4- Dr. Sahar Khamis**  
**Associate Professor of Communication & Affiliate Faculty in the**  
**Consortium on Race, Gender, & Ethnicity**  
**University of Maryland, College Park**

**Q&A**

**Break**

**4 Concurrent Breakout Sessions**

**Presentation of Recommendations**

**Breakout Room Facilitators**

**Wrap-Up: Dr. Rolando Luis Santiago, PhD Closing Remarks &**  
**Next Steps (AMSS Board)**

**3:30 pm**

**Adjourn Bob Levey**

## Appendix 2: Speaker and Panel Notes

### General Session- Speeches

#### Summit Speakers Speeches and Recommendations

- Marc Elrich: County Executive
- Dr. Raymond Crowel: Director, Department of Health and Human Services HHS
- Dr. Rolando Santiago: PhD, CFRE, Chief, Behavioral Health and Crisis Services

#### A. County Executive Marc Elrich Remarks at AMSS Summit

##### Addressing the Mental Health Crisis Within Communities of Color:

##### Raising Seniors and Their Families

#### Greetings

- Good afternoon!
- I commend the American Muslim Senior Society (AMSS), its President Mona Negm, its staff, and all its volunteers and partners, for organizing this important mental health summit.
- You have put your finger on one of the most significant challenges we face in Montgomery County: a mental health crisis that impacts all the residents of the County.

#### Introduction

- Today, you have chosen to focus on the mental health crisis among our seniors of color.
- Seniors of color are often invisible to services because they are uninsured or underinsured.
- This places a heavy burden on their families and caregivers.
- I hear story after story of people in our growing senior population who live alone and must fend for themselves.
- In communities of color, mental health services may not reach senior populations simply because they may not be aware of available services.
- Or their families choose to care for them because of language or cultural barriers.
- This places an undue burden on family members who themselves may hold two jobs to sustain themselves and their children.
- AMSS staff and volunteers tell seniors of color that they matter.

- They also tell seniors of color that there are people in Montgomery County who are ready to reach out to them when they need services.
- Your Halal Meals on Wheels program is an example of this messaging.
- The other example is your Ambassadors program where volunteers visit the most underserved seniors of color and show them love, but more than that, they try to find ways to link them to services.

### **Welcoming, Inclusive, and Equity Priority**

- There are a few other passions in my administration that surpass my interest in creating a welcoming and inclusive Montgomery County.
- I am fully aware that Montgomery County is often cited as one of the most diverse counties in the country on measures of cultural, socioeconomic, and religious diversity (Click [here](#) for an example).
- One of my administration's priorities is "An affordable and welcoming county for a lifetime."
- In my administration, "we ... focus on initiatives that make Montgomery County a place where all residents can pursue their dreams regardless of race, ethnicity, age or economic circumstances."
- Together with the County Council, in December 2019, we created the Office of Racial Equity and Social Justice (click [here](#) for the RESJ Act) to help reduce and ultimately eliminate racial and other disparities experienced by residents of color across Montgomery County.
- We do this by supporting County Departments in normalizing conversations on race and other equity issues.
- We empower staff to engage in summits like this one that leads to transformational change.
- We implement equity-centered impact plans that operationalize new practices, policies, and procedures.
- When we implement these equity plans, we dismantle years of systemic racism.
- We also build a much more equitable system for delivering services to all our diverse populations than we've had before.

### **Mental Health Accomplishments**

- One accomplishment I am most proud of is building up the County's capacity to respond to behavioral health crises.



- We've done it in three major ways:
  - (1) by supporting the capacity to respond to mental health crisis calls through the new 988 number,
  - (2) by building the mobile crisis outreach teams at the Crisis Center, and
  - (3) launching the planning, fundraising, and construction of a new Restoration Center.

### ***988 Lifeline Number***

- The 988 number went live on July 16 of this year.
- We had anticipated that EveryMind would need financial staff support to handle a large increase in calls to the 988 number.
- We gave EveryMind additional dollars which helped staff handle the significant increase in the use of the 988 number.
- For example, just this past November, there was a 100% increase in phone calls to the number from November 2021.
- There was a 520% increase in texting and a 90% increase in chats.
- These significant increases show that more people in a mental health crisis are accessing this invaluable service.
- This is encouraging for preventing suicides and other escalated behaviors.

### ***Mobile crisis outreach teams***

- The mobile crisis outreach teams have also expanded since the Spring of 2021.
- Six new behavioral health therapists and four peer support specialists have been hired at the Crisis Center.
- The Crisis Center can now dispatch three teams on the busiest day and evening shift, Monday to Friday.
- It used to be that they could dispatch only one team.
- The Crisis Center has also opened operations at Upcounty and Downcounty locations, Germantown and Silver Spring.
- The result of these efforts is a significant increase in responses from fiscal year to fiscal year.
- In FY20 they responded 397 times.
- In FY21 responses jumped to 796, and in FY22 to 930.
- This mobile crisis outreach response is available to all communities, including those of color.

### ***Restoration Center Project***

- There is also a significant need for short-term stabilization services for people who are experiencing a behavioral health crisis.
- Often the only alternative for people in crisis who need stabilization is admission to an emergency room or being sent to jail.
- Over the last two years, the Department of Health and Human Services (DHHS) has been working with the Department of General Services (DGS) on a plan to construct a Restoration Center with 25 recliners and 20 beds.
- The Restoration Center is now part of the County's six-year Capital Improvement Program (CIP).
- This year, the Maryland legislature approved \$17 million for the project in last Winter's session.
- The \$17M will cover almost the entirety of the design and construction costs for the Restoration Center.
- Emergency rooms will be alleviated from the flood of persons in a behavioral health crisis that could be stabilized at the Restoration Center.
- Police will also have the option to take persons in a behavioral health crisis to the Restoration Center rather than charging them for a minor offense.
- People being released from jail who have mental health or substance use challenges can also be stabilized at the Restoration Center.
- The Restoration Center will be a significant benefit to persons in crisis from our communities of color.

### ***Summary***

- These crisis response efforts benefit seniors of color as well.
- I encourage AMSS to stay close to these plans.
- You are certainly welcome to provide feedback as these expansions continue.

### **More work to be done**

- The County has also been working on some other gaps in services.
- One of them is the lack of assisted living facilities specializing in seniors with mental health conditions.
- I encourage you to stay in close contact with our staff in the Department of Health and Human Services (DHHS) in an effort to meet this and other gaps.

**Thank you**

- Thanks again to AMSS for organizing this event, and I wish you the best over the next couple of hours.
- I look forward to hearing the results and recommendations coming out of the summit.
- Thank you.

**Dr. Raymond Crowel Presentation (???)**

Good afternoon – Just returning home from a day out. I have final numbers for November Montgomery County 988 (the month was not over when I reported at our meeting):

| <b>988 Usage</b> | <b>% increase over 2021</b> | <b># of additional contacts over 2021</b> |
|------------------|-----------------------------|---|
| Phone            | 100%                        | 689                                       |
| Text             | 520%                        | 629                                       |
| Chat             | 90%                         | 482                                       |

- We have not seen a bump in MC from LGBTQIA people reaching out but nationally Lifeline988 has seen a lot of LGBTQIA people using the new option to go to special centers focused on these issues.
- When someone calls 988 they have an option to press 1 for the veterans subnetwork, press 2 for the Spanish subnetwork, and press 3 for the LGBTQIA subnetwork.
- All centers have language line access to respond on the phone system. Chat and text can only be used in English at the moment.

## B. Dr. Rolando Luis Santiago

### Recommended Resources and Ideas for Solutions

- **Montgomery County Older Adult Behavioral Health Resources**
  - **Montgomery County Crisis Center:** Offers immediate response to mental health and situational crises through telephone, walk-in, and mobile outreach services. Open 24 hours, 7 days a week. Services are provided by telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed).
  - **Access To Behavioral Health:** Provides assessment and linkages for low-income persons of all ages living in Montgomery County who have no commercial insurance and who are in need of services for major behavioral health and/or substance abuse concerns. Services can be provided by calling: 240-777-1770 or visiting their location at 27 Courthouse Square Rockville, MD 20850
  - **The 988 Suicide and Crisis Lifeline:** The 988 Lifeline provides 24/7, confidential support to people in suicidal crises or mental health-related distress. By calling or texting 988, you'll connect to mental health professionals within the Lifeline network.
  - **Affiliated Sante's Senior Mental Health Outreach:** provide behavioral health services to homebound older adults. The individual can self-refer, or a family member or provider can complete the referral online at: <https://www.thesantegroup.org/our-priorities/senior-support/> or by calling 301-572-6585 ext. 2104
  
- **Solutions to Gaps in services:**
  - More funding is needed to support older adults with behavioral health conditions to afford Assisted Living Facilities (ALFs). ALFs are primarily privately funded and do not accept Medicaid, charging \$5,000-\$9,000 monthly cost of care.
  - Reduce wait times for receiving behavioral health services: due to staff shortages and high demand for service, older adults may wait several weeks before being seen by a provider. This wait time can prevent an individual from receiving services when needed.
  
- **Take Home Point:**
  - Although older minorities face challenges in seeking and receiving behavioral health care; behavioral health issues are not a normal part of aging. Individuals

and/or their families are not alone. Montgomery County offers many resources to support individuals with behavioral health conditions.

**Dr. Santiago**

### **Older Adult Minorities & Behavioral Health Disparities Talking Points**

- Information regarding Older Minorities and Behavioral Health:
  - Globally, the population is aging.
  - In less than two decades, older adults are projected to outnumber kids for the first time in U.S. history.
  - The population of people 60 and over in Maryland will grow by about 30%, from approximately 1.4 to 1.8 million by 2040.
  - Montgomery County's population of people over 60 is expected to increase by 35% from 2020-2040.
  - The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone).
  - Older people of color were 34% of the population of Maryland in 2020 and this will increase to 50% by 2045.
  - The Centers for Disease Control and Prevention report that [20% of people aged 55 years or older experience some type of behavioral health concern](#).
  - Some minority groups are prone to depression as they age, this could be due to feelings of isolation and loneliness.
    - Minority people may have experienced discrimination all their lives, which has serious consequences in old age.
  - Black or African Americans living below the poverty level are twice as likely to report serious psychological distress.
  - Racial, and ethnic minorities:
    - Are less likely to receive behavioral health care. For example, in 2015, among adults with any behavioral illness, 48% of whites received behavioral health services, compared with 31% of blacks and Hispanics, and 22% of Asians.
    - Are less likely to receive needed care and are more likely to receive poor-quality care when treated.
    - Are more likely than whites to delay or fail to seek behavioral health treatment.

- Are less likely than Whites to receive the best available treatments for depression and anxiety.
- **Barriers to Treatment:**
  - Stigma
  - Reliance on non-traditional behavioral health care, such as faith, natural remedies, etc.
  - Lack of transportation
  - Lack of insurance or underinsurance.
  - Behavioral Health stigma.
  - Lack of diversity among behavioral health care providers.
  - Lack of culturally competent providers.
  - Language barriers.
  - Distrust in the system due to a history of discrimination.
- **Montgomery County Older Adult Behavioral Health Resources**
  - **Montgomery County Crisis Center:** Offers immediate response to mental health and situational crises through telephone, walk-in, and mobile outreach services. Open 24 hours, 7 days a week. Services are provided by telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed).
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- **Solutions to Gaps in services:**
  - More funding is needed to support older adults with behavioral health conditions to afford Assisted Living Facilities (ALFs). ALFs are primarily privately funded and do not accept Medicaid, charging \$5,000-\$9,000 monthly cost of care.
  - Reduce wait times for receiving behavioral health services: due to staff shortages and high demand for service, older adults may wait several weeks before being seen by a provider. This wait time can prevent an individual from receiving services when needed.
  
- **Take Home Point:**
  - Although older minorities face challenges in seeking and receiving behavioral health care; behavioral health issues are not a normal part of aging. Individuals and/or their families are not alone. Montgomery County offers many resources to support individuals with behavioral health conditions.

## Panel Discussion and Q& A

### 4. Breakout Sessions- Questions

#### Questions for the speakers: Dr. Crowel

**-For each of you, what are some challenges and sources of resilience that you have seen in your work with communities of color, particularly since the start of the COVID-19 pandemic?**

Challenges:

1. Isolation
2. Unhealthy social interactions
3. Increase in overdose deaths

Sources of resilience

1. Community outreach
2. Family relationships
3. Language and culture
4. Crisis services

**-If you had a magic wand (and maybe unlimited budget!) what types of services or programs would you like to create?**

1. Affordable assisted living facilities specializing in behavioral health
2. Home health alternatives specializing in behavioral health, trauma-informed care, working with persons with Alzheimer's and other kinds of dementia
3. Rapid behavioral health for seniors experiencing a mental health crisis

## Appendix 3: Breakout Session Summaries

### ***Breakout Session 1***

#### ***Funding and Public Policy***

#### ***Room # Social Hall A-125***

#### **Subject Matter Expert:**

Gabe Albornoz, County Council President;

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#### **Facilitator:**

Debbie Trent, PhD, Co-chair, Middle Eastern American Advisory Group, Office of Community Partnerships [dtrent@civilstrategies.net](mailto:dtrent@civilstrategies.net)

#### **Ambassador:**

Dr. Amang Sukasih; Senior Research Statistician in RTI's International Statistics Program

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### **Three Questions**

#### **Opportunities**

1. What are behavioral healthcare opportunities that you envision for growing populations of seniors among immigrant groups and communities of color in Legislations and funding?

#### **Pressing Needs**

2. What are the most pressing needs in the coming year in Legislations and funding?



**Obstacles to Addressing those Needs**

3. What are the obstacles to addressing those needs and what might AMSS do in the coming years to address those obstacles in Legislations and funding?

**Probing Questions:**

- What can AMSS or AMSS members do to advance legislation and funding for mental health support for community members?
- In your experience, what are the most impactful ways to influence legislation and funding?
- What can AMSS or AMSS members do to advance legislation and funding for mental health support for community members?

**Recommendations**

- Increase grants and other funding for housing and homelessness.
  - ❖ Create collaboration models, e.g. among convening organizations (Primary Care Coalition (PCC), American Asian Health Initiative (AAHI).
- Expand grant-making for middle-income seniors and immigrants for housing and adult senior daycare and medical assistance through community and faith-based organizations.
  - ❖ Advocate and apply through the office of Grants Management (Director Raphael Pumarejo Murphy is striving to simplify the process).

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***Breakout Session 2***

***Access to Health Services***

***Room # Social Hall B-125***

**Session Team:**

**Subject Matter Expert:** Regina Morales, LCSW-C Deputy Chief, Behavioral Health and Crisis Services & Director, Local Behavioral Health Authority

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**Facilitator** Tina Purser Langley; Montgomery County **Senior** Health and Services. Wellness Coordinator- Aging and Disability Services- DHHS

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**Ambassador:** Naffisa Turay, Master in Health Care Administration/Medical Program Specialist MDH

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### **Three Questions**

#### **Opportunities;**

1. What are behavioral healthcare opportunities that you envision for growing populations of seniors among immigrant groups and communities of color in Access to Services?

#### **Pressing Needs**

2. What are the most pressing needs in the coming year in Access to Services?

#### **Obstacles to Addressing those Needs**

3. What are the obstacles to addressing those needs and what might AMSS do in the coming years to address those obstacles in Access to Services?

#### **Probing Questions:**

- Access to Respite Care/Dr. Awel Ibrahim  
It is challenging for so many of our clients and caregivers to qualify for much needed respite care services.  
Are there any established county legislations that permit paying family caregivers to provide respite care and help provide them with financial support?
- Culturally Sensitive Assisted Living/ Nafissa Turay  
Are there best practice models for culturally sensitive Assisted Living Communities to emulate?  
Has there been any State or county funding allowed to subsidize the development of one?

**Recommendations**

- Mental health is not important it’s everything
- Early recognition
- Education, online 988
- Focus on quality of life not quantity
- Support for Caregivers
- “One-stop shop” for all mental and aging services. A different 800 line or platform.
- Marketing programs in different languages, and be culturally sensitive.

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***Breakout Session 3:***

***Education and Training***

***Art Room 221-A***

***Session Team:***

**Subject Matter Expert:**

Karishma Sheth, Chief Program Officer at EveryMind

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**Facilitator:**

Rabbi Dr. Gary Fink, retired Senior Vice President of Counseling and Family Support, Montgomery Hospice, & Stakeholder

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**Ambassador:**

Dr. Anwar Goheer, retired Senior Pharmacologist at USFDA/ Stakeholder

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### **Three Questions**

#### **Opportunities;**

1. What are behavioral healthcare opportunities that you envision for growing populations of seniors among immigrant groups and communities of color in Education & Training?

#### **Pressing Needs**

2. What are the most pressing needs in the coming year in Education & Training

#### **Obstacles to Addressing those Needs**

3. What are the obstacles to addressing those needs and what might AMSS do in the coming years to address those obstacles in Education & Training?

#### **Probing Questions:**

1. What education programs have you participated in the past that would be helpful for AMSS ambassadors or community members?
2. What kinds of healthcare issues or problems, especially behavioral health issues. Affected you or those close to you in the past year or two? What things do you wish you knew more about that would have been helpful?
3. What kinds of classes or programs do you prefer –
  - in-person lectures & discussions?
  - “live” zoom programs?
  - previously recorded video programs that can be viewed whenever you wish?
  - podcasts that can be listened to whenever you wish?

#### **Issues:**

A major obstacle to seeking support for behavioral health is a stigma attached to mental health and behavioral illness.

- Stigma may emerge from individual personality, family system, and or culture.
- Education is critical to overcoming the stigma surrounding behavioral health.
- In some cultures, behavioral health is something that is not talked about in public or private due to a sense of shame some people have fears around privacy and confidentiality that may prevent them from seeking help with behavioral issues

**Recommendations:**

- Utilize community leaders through their teaching, as well as through open discussion of personal experiences with behavioral issues. Especially important for our faith community leaders but also those in the community who are looked up to.
- Language Barrier: Education for providers regarding the centrality of support for multiple languages, acknowledging the language barrier that prevents so many from seeking care.
- Technology: The use of technology to help individuals seek information and support can be important. There are a number of apps that can be used by those seeking assistance or support.
- Education: Educate the public about the 988-phone number, or 311, to get access and seek assistance.
- Care for the caregiver is critical. Those who provide care may be so devoted to giving to others that they may ignore the advice to receive support for themselves and to care for themselves.
- Education around cultural awareness and varieties of beliefs and approaches to illness and wellness.

**In summary, important messages are:**

1. It’s OK not to be OK.
2. Mental health is indeed everything. Mental wellness is for everyone

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***Breakout Session 4:***

***Best Practices:***

***Art Room 221-B***

**Session Team**

**Subject Matter Expert:**

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**Facilitator:**

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**Ambassador:**

Fareeha Bajwa; Urban Planning environmental Engineering; Plan of Service Unit Supervisor (MDH)

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**Three Questions:****Opportunities**

1. What are behavioral healthcare opportunities that you envision for growing populations of seniors among immigrant groups and communities of color in best practices?

**Pressing Needs**

2. What are the most pressing needs in the coming year in best practices?

**Obstacles to Addressing those Needs**

3. What are the obstacles to addressing those needs and what might AMSS do in the coming years to address those obstacles in best practices?

## Probing Questions

1. What kinds of programs do you know about that successfully address mental health needs?
2. What actions by groups or organizations have successfully addressed mental health issues?

## Issues:

1. Caregiving compensation.
2. Mental Health respite training.
3. There aren't enough Behavioral Health providers to meet all needs.

## Recommendations:

- Expand training of Ambassadors.
- Utilize Affiliated Sante Group: A good example of an innovative program providing in-home behavioral health services to seniors. Spanish/English/and expand into different languages. Team of mental health specialists.
- Utilize "PEARLS" National Program in MC, Home based service/ Based on behavioral health issues, Assessment with cultural, and language competency.
- Organize additional seniors' clubs with culturally competent activities.
- Invite speakers-ESOL, behavioral health vocabulary, and "Health and Behavioral Literacy (how to talk to a doctor)."
- Encourage more programs that celebrate healthcare using art. Creative ongoing Arts & Medicine connections.
- Educate regarding ageism, check biases, more training for providers.
- Address issue of unpaid family caregiving (a major issue).
- Paid caregivers are undercompensated/ subject to burn out.
- Acknowledge barriers to mental health care, given cultural stigma.
- Increase mental health workforce, including more training.
- Address homelessness among seniors with disabilities or mental health issues.
- Expand MH First Aid training partnerships.
- Connect seniors to community resources, including Senior Centers.
- ESOL/Art - Think outside the box, outside the medical models of behavioral health treatment.