

Meeting Notes

Local Health Improvement Process Behavioral Health Workgroup (BHW)

Bel Air Historic Colored High School
Wednesday, November 7, 2012
8:00am - 9:30am

Attendees: Bill Beyer, Anne Cerruto, Mimi Cooper, Shawn Dundon, Terry Farrell, Beth Jones, Susan Kelly, Bari Klein, Steve Lentowski, Sharon Lipford, Mallory McCloskey, Barbara Melton-Jones, Russell Moy, Paula Nash, Joe Ryan, Pat Thompson, Posie Thompson, Felix Vaughan, Keith Warner, Laura McIntosh

I. LHIP Coalition Meeting and State Health Improvement Plan Presentations

- Susan Kelly provided a recap of the October Coalition meeting which provided an update to all participating groups on the work of the 3 priority workgroups: obesity, tobacco and behavioral health.
- Sharon Lipford attended the State Leadership Meeting along with Susan Kelly and Dr. Moy in October to present on the local work around Emergency Department diversions. Discussed how in contrast to other counties, Harford is approaching behavioral health from a systems perspective (prevention, intervention and recovery) rather than focusing on individual projects.

II. Youth Behavior Survey

- Conducted between April and June of 2012 among parent groups contacted by the Office of Drug Control Policy– 170 parents responded to the survey
- Results
 - Alcohol was primary concern, drugs were next, with marijuana being number one, while tobacco was of least concern.
 - Large number of comments confirmed parents feel passionately about these issues.
- The report along with parent resource “What to Expect and When to Seek Help” provided by Teen Diversion, were forwarded to those who were asked to participate in the survey.
- Joe Ryan mentioned that in the future we should be asking parents about synthetic drug use as well.

ODCP Work in the Schools

- Joe described the work of the Office of Drug Control Policy in the schools. All 9th grade health classes are now receiving an ODCP presentation which emphasizes refusal skills. In addition, all school bus drivers and athletic directors have received trainings.
- A suggestion was raised to create a simple 10 point handout for parents on how to talk to their children and teach them refusal skills.

III. Prescription Drug Task Force

- Handout was provided which showed that between September 2010 and October 2012 over 7,000 pounds of prescription medication have been turned in through take-back events.
- Drug Enforcement Administration's take-back day in September 2012 captured 1,650 pounds in Harford County, more than Baltimore City, Baltimore County, Anne Arundel County and Howard County combined (1,050 pounds).
- Have also worked with Harford County Public Schools to dispose of left-over medications from nurses offices. Collected 220 pounds at the end of the 2011-2012 school year.

Synthetic Drug Use (Spice, Bath Salts)

- Sold in tobacco shops
- Judge Cooper noted seeing an increase in people at court ages 18-25 who appear to be using substances, but are not there for a drug charge.
- Mobile Crisis and Upper Chesapeake are also seeing a rising number of individuals using synthetic drugs.

IV. Primary Care Doctor Outreach

- Paula Nash is spearheading a subcommittee effort to encourage primary care doctors to do depression and risk behavior screenings regularly. The majority of individuals who complete suicide have visited their primary care physician with health complaints in recent months.

V. Emergency Department Recommendations

- A meeting was held on June 26, 2012 with members of the workgroup and representatives of the Upper Chesapeake and Harford Memorial Hospital to discuss behavioral health issues in the Emergency Department.
- Primary needs identified:
 - Improved communication between hospital, providers and law enforcement
 - Increased knowledge (within the hospital) of local resources
 - Urgent care
 - Crisis beds
 - Addiction prevention
- Pat Thompson noted that Upper Chesapeake will be reopening an outpatient care center next week with 3 full-time psychiatrists; also hiring a full-time evening shift evaluator.
- Terry Farrell mentioned that the Office on Mental Health will be having bi-monthly meetings with the hospital going forward

VI. Bazelon Recommendations (would also support ED diversions)

- The Bazelon Center for Mental Health Law identified Harford County as one of four communities in the nation to profile as part of its Substance Abuse and Mental Health Services Administration (SAMHSA) funded project to see how community mental health systems can prevent escalation of problems and migration of clients into criminal justice systems.
- Bazelon staff conducted site-visits with Harford Detention Center, mental health and addictions staff in the spring/summer of 2012 and provided formal recommendations for ways to further strengthen these services.

- Top recommendations:
 - 24/7 Mobile Crisis (Terry Farrell explained that this is something all Core Service Agencies are pushing for at the state level)
 1. Approximately \$100,000 more per year would be needed to make Haford's Mobile Crisis 24 hours
 2. Currently 49 Crisis Intervention Team (CIT) officers in the County who are trained in mental health issues and de-escalation techniques (have been able to divert 48% of calls)
 - Open access scheduling/emergency psychiatric slots (Hospital is adding four/week; difficult to do at the provider level unless it is for their own client)
 - Difficulty being experienced with Medicaid applications (Terry Farrell working with Department of Social Services on this issue)

VII. Training Opportunities

- Health Department has grant funding available to bring trainers to the County to speak to both mental health and addictions counselors in preparation for behavioral health integration.
 - Anyone interested in being part of this planning group should contact Laura (laura.mcintosh@maryland.gov)

VIII. Revised Local Health Action Plan

- A subcommittee of the Workgroup met in August to review and revise the Local Health Action Plan. This is the overarching planning document for the group which is part of the County's Local Health Improvement Process. Major changes included adding the indicator, "reduce ER visits for behavioral health issues."

IX. Connection to MH/AAC Committee

- The Workgroup's efforts are also connected to local Mental Health/Addiction Advisory Committee meetings held bi-monthly.

X. Next Meeting

- To be held in March, in the meantime subcommittees will meet regarding primary care doctor outreach and behavioral health integration trainings