

**Harford County Health Department - Local Health Improvement Process**  
**Behavioral Health Workgroup**  
**Tuesday, October 27<sup>th</sup>, 2015, 8:00am-9:30am**  
**Meeting Notes**

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**Attendees:** Donell Barnett, Kim Parks-Bourn, Honorable Mimi Cooper, Nancy Corbin, Shawn Dundon, Renee Duzan, Susan Kelly, Bari Klein, Pamela Llewellyn, Dr. Richard Lewis, Sue Lichtfuss, Sharon Lipford, Lisa Marpoe, Barb Mason, Don Mathis, Mallory McCloskey, Gardner McCullough, Jamie Miller, Dr. Russ Moy, Kim Parks-Bourn, Tracy Schylaske, Posie Thompson, Brendan Welsh, Lisa Wainwright

**Review of Action Plan & Accomplishments:**

Sharon Lipford called the meeting to order. She reflected that LHIC began in 2011 with the Behavioral Health Workgroup being in existence for approximately four years. A summary of the Local Health Action Plan (LHAP) for the Behavioral Health Workgroup was distributed to the group (See Attachment A). Dr. Moy reviewed the three SHIP data indicators the Workgroup is tracking:

- Behavioral health-related admissions to the ER have been trending upwards and were worse than the State in 2011-2013. This data comes from the Health Services Cost Review Commission (HSCRC) outpatient data.
- Suicide rate has trended downward but is still worse than the State. This data comes from death certificates from Vital Records data.
- Drug-induced death rate has trended upward and was worse than the State in both 2007-2009 and 2011-2013. This data is gathered from special studies with the office of the chief medical examiner.

The two main strategies outlined in the LHAP were discussed:

- (1) Develop mechanisms to integrate substance abuse and mental health treatment programs and
- (2) Improve delivery and awareness of behavioral health services.

The action items outlined under each strategy were also briefly reviewed. It was emphasized that numerous accomplishments have been made by the group and progress has been made with each action item identified. All actions items and accomplishments can be found in Attachment A.

**Discussion of Issues/Areas of Need:**

Since progress has been made with many of the Workgroup's previous action items, Sharon asked the group to begin thinking about and identifying new goals for the Behavioral Health LHAP. The group engaged in an open sharing discussion on issues they are seeing in the community, as well as some of the things their organizations are doing to address some of these issues.

For the Emergency Department, treatment is becoming more accessible by providing more short-term acute care treatment to expand opportunities for rapid treatment. Also, more LCPCs and LCSWs are being integrated with primary care doctors because evidence-based practices show that many patients with behavioral health needs can be managed in primary care offices. Additionally, through partnerships with academic institutions, the hospital is trying to bring in more psychiatric prescribers to the area.

At the Sheriff's Office, officers are having difficulty keeping up with the influx of crisis calls received. Deputies do have an increased awareness of how to handle the situation and knowledge of resources due to Crisis Intervention Team (CIT) and Mental Health First Aid training and support. Officers receive coaching in areas such as writing detailed emergency petitions. However, they still are experiencing frustration with non-admissions as they are sending approximately 50-60 people to the ED every month. Judge Cooper suggested that community mediation is an underutilized resource that could potentially free officers up in the long run.

A community mediator can be brought into a neighborhood situation to address issues at the beginning of the process and try to help with low level conflict before it escalates.

Judge Cooper expressed a thought over a missed moment in court when a Judge is at a point of deciding whether to send a defendant to jail or to probation. She wondered if it was possible to have someone there to do an evaluation in the court prior to the judge making a decision. Someone could either be embedded at the court or at least very close by -- Mobile Crisis could potentially help with something like this. It was also suggested that someone from probation/parole be included on the Behavioral Health Workgroup.

At the Health Department, the Division of Behavioral Health is creating new ways to engage people into treatment -- reducing waiting periods down to 1-2 weeks for residential treatment. Transportation can often be provided through the Peer Recovery Program. It was suggested to create a Behavioral Health HUB/wellness center where the community can come in to access resources. The wellness center would have representation from all organizations around the table.

For pregnant women who have addiction issues in Harford County, most are referred to Center for Addiction Pregnancy (CAP) in Baltimore City. Although this is a good resource, it would be ideal to have something locally for Harford County residents. Dr. Moy explained that the collaborative effort in Baltimore was done by bringing both ob/gyns and behavioral health professionals together; however, developing a program to this magnitude requires additional funding. Dr. Moy suggested that the Workgroup try to identify one or two key strategies which raise Harford County above the rest of the State -- this is the only way to bring in real new money. Susan Kelly said that at a previous meeting she attended, it was mentioned that an RFP from the Maryland Community Health Resources Commission (CHRC) would be released soon and that there may be an option for behavioral health.

Kim Parks-Bourn from the Department of Social Services reported that a policy shift at the State level has occurred. They are now required to do an assessment for all substance exposed newborns. The assessment is completed primarily to determine the safety of the child but also to explore other needs as well. This may be an opportunity to provide a gateway to other resources for both the mother and the baby.

Barbara Mason from the Office of Drug Control Policy shared information about their presentations to the Harford County middle schools. So far, they have had a very good response from parents with around 100 people or so in attendance at most sessions -- Fallston's was higher with nearly 300 people. Harford Cable Network will be filming the session at Southampton Middle School, and they have received a lot of coverage from both TV stations and the newspaper.

At APG, they are working to expand their behavioral health services. Most of their staff are accessing services off post so APG is working to partner with many different organizations in the area. They are exploring opportunities for a wellness center, which would touch on behavioral health issues as well as many other issues including obesity and tobacco cessation. They are working to shift to a "system of health" as opposed to a healthcare system.

Lisa Wainwright from MedMark Treatment Center expressed concern about people who are homeless. Some of their patients are at risk for losing their homes. Homelessness can affect their treatment as many may return to the street because they have nowhere to refer them.

Many of the main issues and barriers identified by the group through the open discussion are summarized below:

- Behavioral health service and payment parity ~ private vs. public insurance
- Lack of adequate funding for treatment
- Shortage of providers for behavioral health services
- Limited access to treatment especially for people that can't afford it
- Lack of awareness of available community resources (i.e. Mobile Crisis)
- Underutilization of community mediation for lower level conflict
- Lack of programming for special populations (i.e. pregnant women, people with disabilities)
- Lack of transportation to needed services
- No affordable residential treatment centers in the County

### **Future Strategies & Areas of Focus for LHAP:**

For the LHAP, the group agreed that they would like to keep the two main strategies:

- (1) Develop mechanisms to integrate substance abuse and mental health treatment programs and,
- (2) Improve delivery and awareness of behavioral health services.

New Areas of Focus:

New action items will be created for these strategies. One additional strategy may also still be added to encompass a bigger initiative based on some of the group discussion. Sharon summarized some of the bigger initiatives the group seemed interested in pursuing:

- Crisis beds
- Detox center
- Residential treatment center
- Wellness Center
- Programming for special populations (pregnant women and people with disabilities)

Considerations- Dr. Moy posed a question- If new funding came into the County, would the dollars be devoted towards inpatient or outpatient treatment? The group agreed that both are needed; however, a residential treatment center would most likely be the priority.

### **Closing:**

The action items and initiatives discussed at the meeting today will be utilized to develop a draft of a new Behavioral Health LHAP. This will then be shared with the group prior to the next meeting, which will take place in two months.

Summary By:  
Mallory McCloskey

Attachment A  
**HARFORD COUNTY LOCAL HEALTH ACTION PLAN – Summary 10.27.15**

**Behavioral Health Integration**




**Strategies:**

- A. Develop mechanisms to integrate substance abuse and mental health treatment programs
- B. Improve delivery and awareness of behavioral health services

**Framework:**

Prevention, Intervention/Treatment, Recovery

**Data Dashboard:**

Demographic Indicators	2007-09	2011-13	State of Maryland	Trending
Behavioral health-related admissions to E.R.	1,159 (2010)	1,674 (2014)	1,591	
Suicide rate	11.7	10.7	9.0	
Drug-induced death rate	14.9	17.9	13.3	

## HARFORD COUNTY LOCAL HEALTH ACTION PLAN – Summary 10.27.15

Strategies	Develop mechanisms to integrate substance abuse and mental health treatment programs	Improve delivery and awareness of behavioral health services
<b>Actions</b>	1. As part of the Local Health Improvement Plan, recruit members of the Local Health Improvement Coalition to sit on the Behavioral Health Workgroup (BHW).	1. Utilize technology to promote behavioral health wellness.
	2. Explore ways to reduce Emergency Department visits for behavioral health conditions.	2. Increase community education on behavioral health - warning signs, treatment options and promoting wellness (potential ideas: Public Health Matters cable network show, Partner with HealthLink to distribute information, utilize social media).
	3. Bring together multi-disciplinary providers for information sharing and cross training of addiction and mental health.	3. Raise community awareness around prescription drug use, treatment and monitoring as well as misuse, storage and disposal.
	4. Investigate ways to promote behavioral health screenings within primary care and urgent care practices.	4. Increase education on prescription drugs and behavioral health within schools (potential ideas: support distribution of ODCP's youth-targeted Drinking and Driving DVD; explore possibility of a youth-produced behavioral health-focused DVD to be shared in schools; investigate ways to work with school counselors on detection of early psychosis)
	5. Look into ways to share resources between addictions and mental health providers	5. Investigate ways to promote recovery and support through peers, families and faith based community (examples: participation in Recovery Day, promotion of church recovery programs, use of peer specialists, and partnership with detention center). Create a subcommittee to support this effort – include family members.

## HARFORD COUNTY LOCAL HEALTH ACTION PLAN – Summary 10.27.15

### Accomplishments:

- Community Outreach & Partnerships-
  - LE Resource Card – 3,000 distributed by law enforcement
  - Peer embedded in UM UCH and HMH in-person engagement
  - Naloxone Training -800 people, reversals 32/30 lived (13 months)
  - Community Education to students in HCPS
  - Community Education in media- billboards, press releases, public service announcements, events, etc.
  - County Executive Glassman- Town Hall
  - Sheriff Gahler- Established Hope Task Force
- Trainings
  - MHFA >25 classes
  - Certified Peer Training- 36 -Peer to citizen certification
- Local Overdose Fatality Team
  - Review of Cases
  - System level changes – Parole & Probation Expedited Referrals
- Suicide Prevention –
  - Primary Care Physician Outreach
  - Toolkit distributed to PCPs
  - Rapid Treatment Referral Guide developed
- ED Multi-Disciplinary Team – UMUCH, OMH, Mobile Crisis
- Treatment Expansion – Life Saver opioid and alcohol
  - Vivitrol –Detention Center and Community (20) 3 active 15 cue, 17 community
  - Development of UM UCH and Father Martin Ashley IOP
  - Expansion of providers and services in the county- Addiction Centers of America, ARS, Bergand, Maryland Recovery Center, Upper Bay Counseling, etc.
- Prescription Drug Take-Backs
  - Take-back Events
  - 6- Permanent Medication Receptacles around county
- State-Wide Planning Efforts
  - Governor Appointed Representation