



8930 Stanford Blvd, Columbia, MD 21045

Main: 410-313-6204 | Fax: 410-313-6108

lhic@howardcountymd.gov

www.hclhic.org

www.facebook.com/hclhic

**Maura J. Rossman, M.D., HCLHIC Co-Chair
Health Officer, Howard County Health Department**

**Steven C. Snelgrove, HCLHIC Co-Chair
President, Howard County General Hospital**

Howard County Local Health Improvement Coalition

Behavioral Health Delegate Report

June 28, 2018

FY 18-20 Behavioral Health Priority 1: Reduce Emergency Department visits related to mental health conditions in Howard County.

FY 18-20 Behavioral Health Priority 2: Reduce Emergency Department visits for addiction-related conditions in Howard County.

FY 18-20 Behavioral Health Priority 3: Reduce suicide rates in Howard County.

FY 18-20 Behavioral Health Goals:

Goal 1.1a: Provide referral/linkage for *mental health conditions-related* education and services through community partnerships and evidenced-based programs for priority populations.

Goal 1.1b: Engage HCLHIC member organizations in coordinated communication through social, print and other media on prevention and treatment of *mental health-related* conditions among priority populations.

Goal 2.1a: Provide referral/linkage for *addictions-related* education and services through community partnerships and evidenced-based programs for priority populations.

Goal 2.1b: Engage HCLHIC member organizations in coordinated communication through social, print and other media reduce stigma about prevention and treatment of *addictions-related* conditions among priority populations.

Goal 3.1a: Provide referral/linkage for suicide prevention education and services through community partnerships and evidenced-based programs for priority populations.

Goal 3.1b: Engage HCLHIC member organizations in coordinated communication through social, print and other media to reduce stigma about suicide among priority populations.

FY 18-20 Behavioral Health Process Objectives:

- By June 30, 2020, participation in mental health education and stigma reduction programs; addiction awareness and stigma reduction programs; and, suicide prevention programs for priority populations will be increased by 20%.
- By June 30, 2020, 6 educational symposia/CE opportunities for providers, other care professionals and community members working with priority populations will be provided.

- By June 30, 2020, 20% of HCLHIC partner organizations will be engaged in mental health stigma reduction awareness; addiction awareness and stigma reduction; and, suicide prevention for priority populations by utilizing communication action alert tool.
- By June 30, 2020, 20% of HCLHIC partner organizations will be engaged in targeted education on appropriate uses of emergency department, and crisis intervention services for priority populations by utilizing communication action

FY 18-20 Q4 Progress Report

	Discussion
<p>List the action item (s) that this work group will complete by June 2018.</p>	<p>The action items this group will complete by June 2018 are as follows:</p> <ul style="list-style-type: none"> A. Increase participation in mental health awareness/stigma reduction and suicide prevention/stigma reduction program participation for priority populations by 5%; and, establish a baseline for participation in addiction awareness/ stigma reduction programs program participation for priority populations. B. Behavioral Health specific presentation/training held during 1 full HCLHIC meeting /1 work group meeting annually C. Hold one provider-focused symposia/continuing education opportunity with mental health/stigma reduction; addiction/stigma reduction; and, suicide prevention/stigma reduction focus. D. Hold one community-based presentation/training opportunity with mental health/stigma reduction; addiction/stigma reduction; and, suicide prevention/stigma reduction focus. E. Include mental health/stigma reduction; addiction/stigma reduction; and, suicide prevention/stigma reduction awareness actions/messages in a minimum of 2 HCLHIC Action Alert Tools per topic. F. Engage a minimum of 5% of HCLHIC partner organizations in mental health/stigma reduction; addiction/stigma reduction; and, suicide prevention/stigma reduction actions/messages through the HCLHIC Action Alert Tool. G. Include appropriate uses of emergency department and crisis intervention services awareness-related actions/messages in a minimum of 2 HCLHIC Action Alert Tools per topic.
<p>What is the current status of the action item (s) above during this month?</p>	<p>The current status of the action items are as follows:</p> <ul style="list-style-type: none"> A. HCLHIC staff hosting next quarterly meeting for MHFA HC instructors and stakeholders in August 2018; HCLHIC coordinator maintained community listing of MHFA classes and instructor trainings; and suicide intervention programs in Howard County; HCLHIC Staff developed flyer and data tracking sheet for Guiding Good Choices (GGC) facilitators; Program Coordinators collaborating with HCHD Bureau of Behavioral Health to implement GGC Program in Fall FY19 at HCHD; HCLHIC Program Coordinators were trained in April 2018 as MHFA facilitators in order to co-facilitate with community partners and are being trained in July 2018 to facilitate the Youth MHFA. HCLHIC staff worked with HCPSS to secure MHFA training goals for

HCPSS bus drivers and athletic trainers.

B. The June Full Coalition meeting is designated as Behavioral Health focus. Representatives from the Howard County Public Schools will present on its plan for enhancing student mental health supports.

C. Collaborated with HCHD Bureau of Child Health and Maryland Behavioral Health Integration on Pediatric Primary Care Pediatric Depression CME event; Collaborating with MHAMD and HCPSS to offer MHFA to transportation providers and athletic trainers; Collaborating with Opioid Administrator on upcoming CME opportunity in June for providers on safe prescribing practices.

Kristen Myers presented on the Anti-Stigma Project through On Our Own of MD during the February Behavioral Health work group meeting. Strategies to promote Anti -Stigma trainings through partner organizations and ways to partner were discussed.

Jennifer Treger presented on Mental Health First Aid Maryland's initiatives and outcomes during the March Behavioral Health work group meeting. A local businessman, John Way shared how he has incorporated the MHFA training into his employee training practices.

D. Collaborated with ROSC Committee on Home Run for Recovery Softball Tournament; HCLHIC coordinators collaborating to develop implementation plan for FY 19 CE activities for providers and community members.

E. Completed for FY18.

F. Completed for FY18.

G. HCLHIC staff met with communication team for HCGH to discuss the approach and legal advice provided by counsel regarding messaging that the hospital has been approved to use. HCLHIC specific messaging will incorporate this as a consideration to maximize approval for usage by partner organizations. HCGH shared with HCLHIC their initial research regarding Urgent Care centers in Howard County and their hours. HCLHIC Intern is using this information as a starting point for developing educational materials around this topic. An undergraduate health sciences intern drafted messages for discussion and potential use by HCLHIC toward this objective.

What are the next steps and projected timelines for the next month to accomplish the action item (s) above?

The next steps in order to accomplish the action items are as follows:

A. HCLHIC staff will facilitate quarterly meeting in August with leadership from Mental Health Association of Maryland, MHFA Howard County instructors and stakeholder organizations to review existing MHFA, Youth MHFA, QPR and other Suicide Awareness/Stigma Reduction

	<p>programs for priority populations and compile data on current participation/capacity and gaps in service/capacity of programs in the county. HCLHIC staff will continue to maintain and publicize community listing of MHFA classes and instructor trainings and suicide intervention programs in Howard County; HCLHIC coordinators to be trained on YMHFA in July 2018 and facilitate an upcoming MHFA training and YMHFA training in FY19 Q1. HCLHIC staff will continue to work with HCPSS on MHFA training goals for HCPSS bus drivers and athletic trainers.</p> <p>HCLHIC Program Coordinators trained to facilitate Guiding Good Choices Program; currently collaborating to implement program at HCHD in FY19 Q2.</p> <p>B. Speaker/Topic for spring 2019 Full HCLHIC presentation to be identified/secured in Q3.</p> <p>C. Convene an action group to guide the selection and facilitation of provider and community educational opportunities and identify educational topics for both audiences to be facilitated in FY 19 and develop corresponding implementation plan; HCLHIC coordinators will prepare an implemented plan for FY 19 offerings of community and provider education programs.</p> <p>D. See above.</p> <p>E. Work with over-arching HCLHIC Communications action group to determine FY 19 approaches using action alert tool and coordinated communications.</p> <p>F. See above.</p> <p>G. Collaborate with HCLHIC partner organizations and the HCLHIC Access to Care work group (via relevant action group) to establish standards, guidance, etc. related to actions/messaging to be used in the HCLHIC Action Alert Tool regarding appropriate uses of emergency department and crisis intervention services awareness-to be developed in FY 18 Q4.</p>
<p>List specific action(s) needed from HCLHIC members; specific work group(s); leadership; and/or others to successfully implement next steps for the month ahead.</p>	<p>The specific actions that are needed from HCLHIC members are as follows:</p> <ol style="list-style-type: none"> 1. Participation in action groups 2. Promotion, hosting, facilitation of MHFA, QPR, other evidence-based classes 3. Engagement in Action Alert Tool calls to action

Respectfully submitted by
Roe Rodgers-Bonaccorsy (Delegate) and Lauren Williams (Coordinator)

Howard County Local Health Improvement Coalition