BEHAVIORAL HEALTH WORK GROUP MEETING

November 12, 2019

Stephanie Kersheskey, Delegate
Howard County Health Department

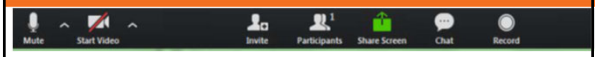
Tina Field, Delegate
Grassroots Crisis Intervention Center

Seojin Kim, Coordinator
Local Health Improvement Coalition

HOWARD COUNTY HEALTH DEPARTMENT
Promote. Preserve. Protect.

Howard County LHIC
Local Health Improvement Coalition

INSTRUCTIONS – HYBRID MEETING



Computer/ Video: Participant controls in the lower left corner of the Zoom screen

Using the icons in the lower left corner of the Zoom screen, you can:

- Mute/Unmute your microphone (far left on computer); Mute/Unmute button on phone
  - **All lines will be muted to minimize background noise**
  - **Lines will be unmuted at the end for discussion/questions**
  - **Please mute yourself during discussion/questions if not speaking**
- View Participant list on computer– opens a pop-out screen that includes a "Raise Hand" icon that you may use to raise a virtual hand
  - **Please raise your virtual hand to ask question or make a comment during the discussion**
  - **Question/ comment can also be added to the chat box throughout the meeting**

❖ *Not a Video Call…you cannot see us and we cannot see you…we can only hear you.*

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PURPOSE & AGENDA

GOALS: Identify relationship between birth outcomes and mental health; discuss strategies for providing implicit bias training to behavioral health providers; and strategize opportunities for promoting year-round medication disposal sites.

AGENDA:

- Welcome & Introductions
- Member Announcements
- Birth Outcomes and Mental Health
- Implicit Bias Training
- Year-Round Medication Disposal
- Next Steps for full work group and full work group meeting wrap-up

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RECAP OF LAST MEETING – AUGUST 13

- Presentation of Grassroots Services
  - SBIRT
    - Screening/Brief Intervention/Referrals to Treatment
  - New Beginnings Crisis Stabilization Program
  - Grassroots Day Resource Center (DRC)
- Tour of Grassroots Crisis Intervention Center

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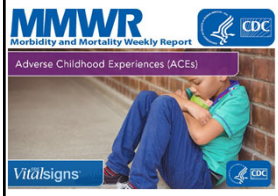
ANNOUCEMENTS



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HCDrugFree Empowering the Community — DRUG TAKE BACK DAY SATURDAY, OCTOBER 26, 2019

Standing Together on ***National Drug Take Back Day!***

In 4 hours, at HC DrugFree's drive-thru collection site:

Record-Breaking Collection of Both Medication (1,262 lbs) and Sharps (needles, syringes and EpiPens)

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YEAR-ROUND DISPOSAL PROMOTION STRATEGIES

HCDrugFree
Empowering the Community

- **Joan Webb Scornaienchi**
  Executive Director of HC DrugFree

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HCPSS SUICIDE PREVENTION TRAINING UPDATE

Howard County Public School System

- **Cynthia Schulmeyer**
  Coordinator of HCPSS School Psychology & Instructional Intervention

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Suicide Prevention in HCPSS

Howard County Public School System

LHIC Behavioral Health Workgroup

November 12, 2019

Cynthia A. Schulmeyer, Ph.D.,
Coordinator, School Psychology

- Lauryn's Law (COMAR 13A.07.11) Student Suicide Prevention and Safety Training for staff requires:
  - Responding to youth suicide, student trauma, student safety, and other topics related to student health and well-being, and
  - Identifying professional resources to help students in crisis.
- Signs of Suicide (for students)
  - Implementation in Middle and High School
  - Future plans for Elementary School

- Certificated personnel who have direct contact with students on a regular basis:
  - Classroom teachers
  - School counselors, school psychologists, PPWs, etc.
  - Speech Language Pathologists, OT, PT, etc.
  - School administrators
- One hour training prior to December 1st
  - Since 2016-2017 HCPSS utilized Kognito's *At-Risk for Educators: Recognize Students in Distress and Connect Them with Help.*
  - For 2019-2020 HCPSS implemented a face-to-face training created by the Suicide Prevention and Intervention Workgroup titled: *Suicide Prevention: Information for Educators*

Additional HCPSS Training Details

- On the August 22nd over 400 Student Services staff were trained to deliver training at their schools:
  - School Counselors
  - School Psychologists
  - School Social Workers
  - Mental Health Therapists at Homewood
- As of November 4th over 5,100 HCPSS staff received training.
  - School staff were trained by September 27th
  - Itinerant and Central Office staff trained in October and November
  - Make-up Sessions offered in November

HCPSS Training Outline

- Data Trends
- Myths and Facts
- Risk Factors
  - Health
  - Environmental
  - Historical
- Impacts of Trauma
- Warning Signs
  - A person may TALK about
  - A person may report FEELINGS about
  - A person's ACTIONS may include
  - A person's SOCIAL MEDIA may include
- Protective Factors
  - Individual
  - Family
  - School, neighborhood, community
- Suicide Intervention Procedures
- Responsibilities of School Staff
- Resources
- Scenarios (two for each level)

Next two slides are from the presentation.

Myths & Facts

MYTH:

Talking to someone about whether or not they are suicidal will make their symptoms worse or make them more likely to die by suicide.

REALITY:

Asking someone if they have thoughts of suicide will not put the idea in their head if they are not suicidal. If they have suicidal thoughts, knowing that you are concerned about them may give them the courage to ask for help.

Howard County

When a Child Talks About Suicide...

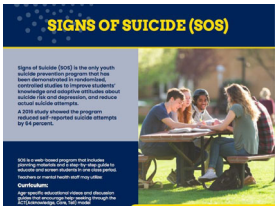
- ✓ Remain calm, non judgemental, and listen.
- ✓ Accompany student to school psychologist, school counselor, school social worker, or Homewood mental health therapist
- ✓ Remove means of self-harm
- ✓ Take it seriously
- ✓ If the child's words or actions scare you, tell him/her you are [illegible] out them

- ✗ Don't leave them alone
- ✗ Don't give advice
- ✗ Don't minimize what they are saying ("You don't mean that")
- ✗ Don't analyze their motives
- ✗ Don't argue or try to reason
- ✗ Don't keep the information to yourself

- Features our workgroup was seeking:
  - Lessons were specific, detailed and/or scripted
  - Could be incorporated into Health Education classes
  - Student Services staff support on day(s) of instruction
- Reviewed a number of curricula, including:
  - Lifelines: Building Knowledge and Skills to Prevent Suicide
  - Signs of Suicide
  - Sources of Strength
  - Teen Mental Health First Aid (High School)
  - The Good Behavior Game (Elementary School)
  - Youth Aware of Mental Health (YAM)

Howard County Public School System

- Features of Signs of Suicide (Mindwise):
  - Evidence-Based (2016 study reported a reduction of self-reported suicide attempts by 40-64%)
  - Age-specific videos and discussion (middle and high school)
  - Encourages help-seeking through Acknowledge-Care-Tell (ACT)
- HCPSS Implementation:
  - On August 22nd all middle and high school Health Education staff were trained on implementation of SOS.
  - Health Education Office prepared scripted lessons that incorporated the SOS videos and post-video questions and discussion.
  - A parent letter will be sent home prior to the lesson.
  - One (or two) class periods for 6th, 7th, 8th and 9th grades.



ACKNOWLEDGE ACT CARE | TELL

https://www.mindwise.org/

- Curricula Development:
  - Elementary lessons
  - Lessons for 10th/11th/12th grades (consider SOS Second ACT)
- Lauryn's Law Training:
  - Plan for Fall 2020 implementation.
- Prevention Program Planning:
  - Share themes from program planning completed in February 2019.
  - School teams continue prevention planning and implementation.
  - Leadership Team provide support to schools, as needed.

HCPSS Leadership Team

Psychological Services
Cynthia Schulmeyer, Coordinator
Ivan Croft, Instructional Facilitator
Sally Dorman, Instructional Facilitator
JT Ridgely, Chair, Crisis Intervention Teams

School Counseling
Kelly Ruby, Coordinator
Nicola Hildreth, Instructional Facilitator
Andrea Portnoy, Instructional Facilitator

Student Support
Kami Wagner, Coordinator
Consuela Robinson, Instructional Facilitator

Health Education
Eric Bishop, Coordinator
Tempe Beall, Instructional Facilitator
Laura Johnson, Resource Support

Program Innovation and Student Well-Being
Caroline Walker, Executive Director
Lisa Davis, Director

Full Workgroup includes:
10 school-based School Psychologists
9 school-based School Counselors
1 Homewood Mental Health Therapist

THE HEALTH DEPARTMENT AND YOU

IMPROVING BIRTH OUTCOMES IN HOWARD COUNTY

LHIC-Behavioral Health Work Group

Erin Anderson, RN, MS
November 12, 2019

HOWARD COUNTY HEALTH DEPARTMENT
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OBJECTIVES

During the presentation we will:

- Review recent Howard County data trends for fetal death, infant death, and premature birth through 2017
- Review key findings from the Fall 2018 focus groups
- Discuss current FIMR initiatives

2018 PRELIMINARY DATA

The remainder of the presentation will focus on data through 2017, however, the 2018 Infant Mortality Report was released at the end of October and the preliminary data is not moving in the right direction in Howard County

Howard County	2017	2018
Infant Mortality rate (All Races)	5.4	6.7
Non-Hispanic White	**	4.1
Non-Hispanic Black	8.7	14.5
Maryland	**2017**	**2018**
Infant Mortality rate (All Races)	6.5	6.1
Non-Hispanic White	4.0	4.1
Non-Hispanic Black	11.2	10.2

HOWARD COUNTY DATA: BIRTH STATISTICS

Birth Demographics, Howard County, 2017

Race / Ethnicity	Howard County Total Births	Howard County % of Births	Maryland % of Births
White Non-Hispanic	1,446	40.9%	42.4%
Black Non-Hispanic	804	22.8%	32.2%
Asian Non-Hispanic	875	24.8%	7.7%
Hispanic	381	10.8%	17.1%
Total Births	**3,533**	**100%**	**N = 71,589**

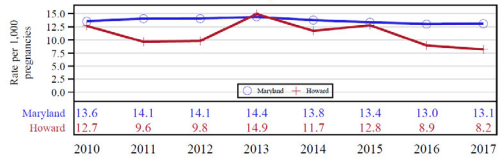
HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

Fetal-Infant Mortality Rates

Fetal-infant mortality rates (FIMR) represent the number of fetal (older than 20 weeks gestation) or infant deaths (younger than 365 days old) per 1,000 pregnancies in that year. NOTE: Source is linked infant birth and death certificate records which exclude records not linked due to certificate errors or migration and results in lower FIMRs than those in Maryland VSA reports.

Of the 3,545 pregnancies in Howard in 2017 there were 8.2 fetal or infant deaths for every 1,000 pregnancies.

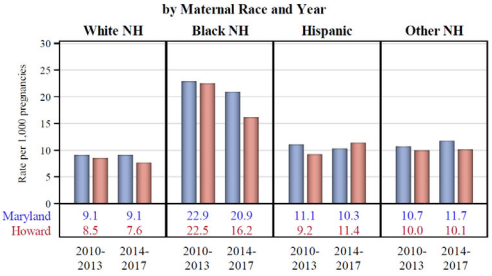
by Year



	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	13.6	14.1	14.1	14.4	13.8	13.4	13.0	13.1
Howard	12.7	9.6	9.8	14.9	11.7	12.8	8.9	8.2

HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

by Maternal Race and Year

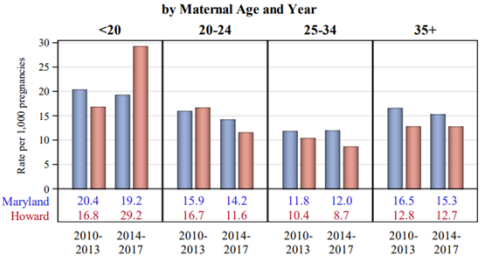


	White NH		Black NH		Hispanic		Other NH	
	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017
Maryland	9.1	9.1	22.9	20.9	11.1	10.3	10.7	11.7
Howard	8.5	7.6	22.5	16.2	9.2	11.4	10.0	10.1

Source: Maryland Vital Statistics Administration Linked Infant Birth-Death Certificate File
*Rates based on less than 5 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.

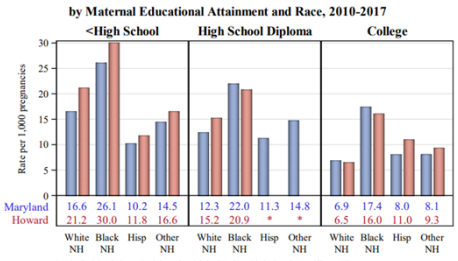
HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

by Maternal Age and Year



	<20		20-24		25-34		35+	
	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017
Maryland	20.4	19.2	15.9	14.2	11.8	12.0	16.5	15.3
Howard	16.8	29.2	16.7	11.6	10.4	8.7	12.8	12.7

HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES



Source: Maryland Vital Statistics Administration Linked Infant Birth-Death Certificate File
*Rates based on less than 5 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.

HOWARD COUNTY DATA: INFANT DEATH CAUSES

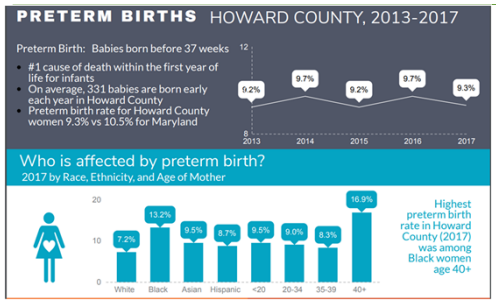
Preterm birth is the leading cause of infant death in Howard County followed by congenital abnormalities. One of every five infant deaths is caused by disorders relating to short gestation and low birth weight.

Leading Causes of Infant Death, Howard County, 2013-2017

Cause of Death	ICD-10 Codes	Rank
Preterm Birth	P07	1
Congenital Abnormalities	Q00-Q99	2
Pregnancy Complications	P01	3
SIDS	P95	4
Respiratory Distress	P22	5
Sepsis	A41,P36	5
Accidents	V01-X59,Y85-Y86	6
Pulmonary Hemorrhage	P26	6
Chorioamnionitis	P02.7	6

Source: Maryland Vital Statistics Administration

A FIMR FOCUS: PREMATURE BIRTH



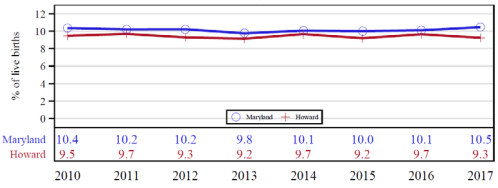
HOWARD COUNTY DATA: PRETERM BIRTH

Preterm Birth (PTB, <37 weeks)

Preterm birth describes infants born prior to 37 weeks gestation and is a leading cause of LBW and VLBW, and infant death. Preterm-related causes of death accounted for 35% of all infant deaths in the U.S. in 2010, more than any other single cause.

Of the 3,533 live births in Howard in 2017, 9.3% were born preterm (<37 weeks gestation).

by Year



	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	10.4	10.2	10.2	9.8	10.1	10.0	10.1	10.5
Howard	9.5	9.7	9.3	9.2	9.7	9.2	9.7	9.3

A FIMR FOCUS: PRETERM BIRTH

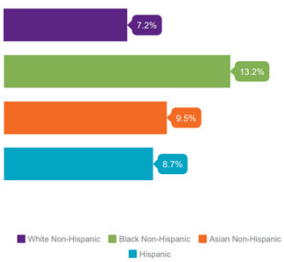
Risk Factors for Preterm Birth, Howard County, 2017

When Risk Factor is Present, Preterm Birth Prevalence is Higher.

Risk Factor	Preterm (%)	Risk Factor	Preterm (%)
No Prenatal Care	15.0%	Gestational Diabetes	11.4%
Multiple Births (twins, triplets, etc.)	59.4%	Chronic Hypertension	28.1%
Advanced Maternal Age (≥40 years)	16.9%	Pregnancy Associated Hypertension	24.3%
Fertility Treatment (ART)	28.1%	Previous Preterm Birth	26.0%
Smoking During Pregnancy	15.1%	Three or more prior pregnancies	15.9%
Obesity (Pre-Pregnancy)	11.3%	Underweight (Pre-Pregnancy)	13.0%

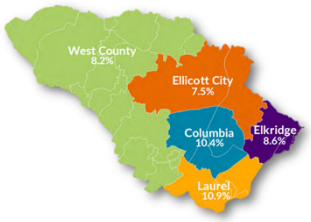
A FIMR FOCUS: PRETERM BIRTH

Preterm Births by Race/Ethnicity, Howard County, 2017



HOWARD COUNTY DATA: PRETERM BIRTH

Preterm Births by Community, Howard County, 2017

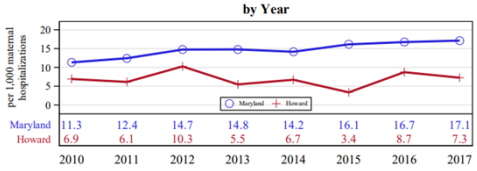


RISK FACTOR- MATERNAL OPIOID USE DISORDER

- Maternal opioid use disorder has been associated with preterm labor, stillbirth, birth defects, neonatal abstinence syndrome and maternal mortality.

Of the 3,446 maternal hospitalizations in Howard in 2017, there were 7.3 with an OUD diagnosis for every 1,000 maternal hospitalizations.

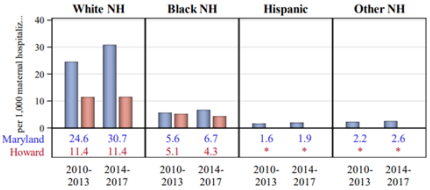
by Year



	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	11.3	12.4	14.7	14.8	14.2	16.1	16.7	17.1
Howard	6.9	6.1	10.3	5.5	6.7	3.4	8.7	7.3

RISK FACTOR- MATERNAL OPIOID USE DISORDER

by Maternal Race and Year



	White NH		Black NH		Hispanic		Other NH	
	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017
Maryland	24.6	30.7	5.6	6.7	1.6	1.9	2.2	2.6
Howard	11.4	11.4	5.1	4.3	*	*	*	*

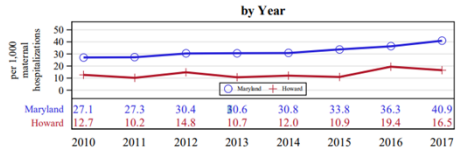
Source: Maryland Health Services Cost Review Commission (HSCRC) Inpatient Files for maternal (prenatal, delivery, or postpartum) hospitalizations. Please note, diagnosis coding transitioned from ICD-9 to ICD-10 beginning October 2015. Note, OUD diagnoses based on AHRQ recommended ICD-9 and ICD-10 codes (Heslin, 2017).

*Rates based on less than 11 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.

RISK FACTOR- MATERNAL SUBSTANCE USE DISORDER

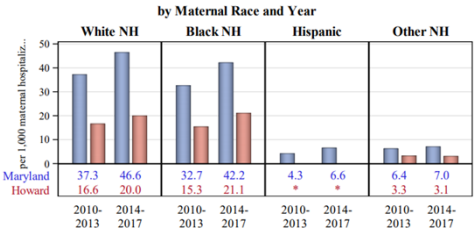
- Other substance use during pregnancy can lead to adverse birth outcomes. This indicator represents a SUD diagnosis during a maternal hospitalization for the following substances: opioids, cocaine, cannabis, alcohol, sedatives, and hallucinogens

Of the 3,446 maternal hospitalizations in Howard in 2017, there were 16.5 with an SUD diagnosis for every 1,000 maternal hospitalizations.



	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	27.1	27.3	30.4	30.6	30.8	33.8	36.3	40.9
Howard	12.7	10.2	14.8	10.7	12.0	10.9	19.4	16.5

RISK FACTOR- MATERNAL SUBSTANCE USE DISORDER



	White NH		Black NH		Hispanic		Other NH	
	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017	2010-2013	2014-2017
Maryland	37.3	46.6	32.7	42.2	4.3	6.6	6.4	7.0
Howard	16.6	20.0	15.3	21.1	*	*	3.3	3.1

FOCUS GROUPS 2018: SUMMARY

- Howard County Health Department staff in collaboration with Johns Hopkins Center for Communication Programs to plan and implement focus groups on maternal/child health
- Twenty women between the ages 18-45 who were considering pregnancy, were currently pregnant, or had recently delivered, participated in one of three focus groups held between August 9, 2018 and October 4, 2018 in Howard County
- A focus group moderator guide was used to facilitate discussion on topics including preterm birth, safe sleep practices, and health messaging

FOCUS GROUPS 2018: KEY FINDINGS

Healthy Pregnancy and Preterm Birth Risk

- Participants consistently identified that good prenatal care was an important part of having a healthy pregnancy
- Most participants consider being active an important part of pregnancy, but some expressed not being sure about limits to physical activity and others described barriers to physical activity
- Many participants identified stress management as an important component of a health pregnancy, but identified barriers (other children/family demands, jobs, the quantity of new information given to pregnant mothers)

FOCUS GROUPS 2018: KEY FINDINGS

Supporting Providers in Improving Quality of Care

- Doctors and doctor's offices were most often identified as key sources of trusted, credible information for pregnancy education and safe sleep education
- Prenatal visits were described as an important aspect of having a health pregnancy and lowering the risk of preterm birth
- Some women described the potential for improved interactions at providers' offices. For example, participants expressed undesirable interactions where providers made assumptions about socio-economic status and access to specific services based on appearance, race, or accent/language

CURRENT FIMR INITIATIVES

Implicit Bias Discussions

- The FIMR and Community Action Teams will be partnering with the Local Health Improvement Coalition to present a series of Implicit Bias discussions for our OB providers and other members of the community at large
  - In person speaker to attend a future OB Meeting to introduce the discussion (Goal: January)
  - Follow up lunch time webinar that will be recorded, archived, and made accessible to extend the reach to more staff, other social service providers, and the community at large (Goal: Early February)
    - The Health Department will be pursuing CME and Social Work CEU's for the webinar

QUESTIONS?

- Erin Anderson, FIMR/CAT Coordinator:
  - eanderson@howardcountymd.gov
  - 410-313-7538

Thank you!!!

IMPLICIT BIAS

"The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner."

- Cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.

- Develop over the course of a lifetime through exposure to direct and indirect messages.

https://www.law.washington.edu/students/streetlaw/lessons/Crim/ImplicitBias.ppt

PROFESSIONALLY IMPLICIT BIAS IMPACTS:

- The judgments we form about individuals (patients, clients, co-workers), situations, and circumstances that are based on stereotypes
- Interpretation of behavior and use of practices and measures
- Effective interaction with individuals (patients, clients, co-workers) and others
- How these judgments impact our ability to effectively interact with individuals (patients, clients, co-workers), and others to facilitate positive outcomes for health and the development of a supportive environment

Adapted from: https://safesupportivelearning.ed.gov/sites/default/files/Standing%20Up%20to%20Implicit%20Bias%20-%20Final.pptx

IMPLICIT ASSOCIATION

Project Implicit was founded as a multi-university research collaboration in 1998 (University of Washington, Harvard University, University of Virginia).

- Website for Project Implicit: *http://www.projectimplicit.net/index.html*

The IAT measures implicit attitudes and beliefs that people are either unwilling or unable to report.

- Website to view IAT Tools: *https://implicit.harvard.edu/implicit/*

IMPLICIT ASSOCIATION

IMPLICIT BIAS TRAINING FOR BEHAVIORAL HEALTH PROVIDERS

- **Is implicit bias something your organization has engaged around? If so, how? If not, do you know why?**
- **What strategies would your organization support to address implicit bias?**
- **What actions/recommendations would this work group make for LHIC actions to address implicit bias among providers across all LHIC Priority Areas?**

WRAP UP AND NEXT STEPS

FULL HCLHIC MEETING

01/30/20

8:30-10:30am

TBD

WORK GROUP MEETING

03/17/20

9:00-10:30am

Barton A&B