

Frederick County Local Health Improvement Plan 2014

Behavioral Health Workgroup Action Plan, updated Feb. 2014

Priority Area: Behavioral Health			
Members: Sarah Drennan – sdrennan@frederickcountymd.gov Andrea Walker – awalker@frederickcountymd.gov Overdose Prevention Workgroup Members			
Goal 1: Overdose deaths in Frederick County are reduced by 20% by 2016			
Objectives	Key Actions	Who	By When
Objective 1: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 75% of identified professionals Overdose Prevention toolkits.	1.1: Identify the professionals to receive the kits which should include medical, social service, law enforcement, and “non-traditional” settings.	Sarah Drennan & Overdose Prevention Workgroup Members (OPW)	September 1, 2014. Complete.
	1.2: Create a schedule for distributing the kits.	Sarah Drennan and OPW	September 1, 2014. Complete.
	1.3: Deliver the kits.	Sarah Drennan and OPW	September 1, 2014. Complete.
Objective 2: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 50% of the identified professional in-person training about Overdose Prevention and related topics	2.1: Identify the professionals to receive the in-person training which should include medical, social service, law enforcement, and “non-traditional” settings.	Sarah Drennan and OPW	September 1, 2014. Complete.
	2.2: Create a schedule for distributing the kits.	Sarah Drennan and OPW	September 1, 2014
	2.3: Deliver the kits.	Sarah Drennan and OPW	September 1, 2014
Objective 3: Provide education about overdose, local resources and support to community residents at 10 community events targeting high risk areas as identified by OD death data.	3.1: Work with DHMH, EMS and law enforcement to obtain data on the administration of naloxone in Frederick County to identify high risk areas.	Sarah Drennan, EMS, LE and OPW	April 1, 2014. Complete.
	3.2: Utilize data to identify communities in which to provide outreach and education; identify partners /champions within those communities.	Sarah Drennan, EMS, LE and OPW	April 1, 2014. Complete/Ongoing.
	3.3: Provide overdose prevention education at 10 community events	Sarah Drennan, Local Substance Abuse Council and OPWG	June 1, 2015. Attended/participated in 4 Drug Awareness

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			events held in 4 local FC High Schools. Planning for Rally for Recovery in September.
Objective 4: Establish a coalition of stakeholders tasked with identifying and implementing interventions	4.1 Create a workgroup utilizing the expertise in the Substance Abuse Advisory Council	Sarah Drennan and OPW	February 2014
	4.2 Work with elected officials to write and introduce legislation to create an Overdose Fatality Review Board.	Dr, Brookmyer, Sarah Drennan, Delegate Schultz and OPWG	May 2014. Complete.
Objective 5: At least 60% of prescribing physicians in Frederick County will register for the PDMP.	5.1 Identify licensed prescribing physicians in Frederick County	Sarah Drennan and OPW	January 1, 2015
	5.2 Educate prescribers about the Prescription Drug monitoring Program so they are able to accurately learn their patients' other prescription medications.	Sarah Drennan and OPW	January 1, 2015. Fax blast sent to all physicians on May 1, 2014.

Goal 2: Frederick County's suicide rate has been decreased to 9.1% by January 1, 2016

Members: Andrea Walker - awalker@frederickcountymd.gov
 Suzi Borg - sborg@fcmha.org
 Provider Council Members

Objective 1: Establish a coalition of stakeholders tasked with identifying and implementing interventions.	1.1: Create a workgroup utilizing the existing expertise of the MHA staff and the Mental Health Provider Council	Andrea Walker, Suzi Borg	June 2014
	1.2: Investigate costs associated with AAS Psychological Autopsy Certification and community training for American Association of Suicidology – “Recognizing and Responding to Suicide Risk.”	Andrea Walker, Suzi Borg	November, 2014.
	1.3: Two behavioral health professional staff will complete training for Psychological Autopsy Certification.	Andrea Walker, Suzi Borg	November, 2015
Objective 2: Provide education about suicide prevention & intervention, local resources	2.1: Using data from the OCME, identify communities in which to provide outreach and education; identify partners/champions within	Andrea Walker, Suzi Borg	June 2014

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	those communities 2.2: Provide suicide prevention/intervention education at 10 community events	Andrea Walker, Suzi Borg	January 2016
Goal 3: Systemic Behavioral Health Integration – There will be a system of integrated care where prevention and treatment of mental illness and substance use disorders are common practice in Frederick County with no wrong door by 2016			
Objective 1: Increase collaboration among MH and SA treatment providers including increased communication between providers regarding consumers using both services. (supported by consumer release)	1.1 Increase number of substance abuse providers (5) mental health providers(5) and consumers(2) on Co-occurring Committee (numbers are minimum)	1.1 Bob Pitcher, Marte Birnbaum, Monica, Kirkpatrick (COD)	September 2014
	1.2 Take first 15 minutes of committee meeting for one provider to present their program and awareness of dual treatment.	1.3 Co-occurring committee	On going
	1.3 Ongoing collection of data related to increased case coordination.	1.4 Identified data manager.	On going
	1.4 Combine SA and MH Councils	1.2 Chairpersons of each council, plus	October 2014
Objective 2: Identify gaps in integration of substance abuse and mental health.	2.1 Process University of Maryland System Tool evaluating progress toward integration through 4 hour workshop	2.1 Bob Pitcher, Tom Godwin	October 2014 – COD group is working with Tom Godwin, Training Specialist for Co-Occurring Disorders at the University of Maryland Evidence Based Practice Center. First meeting scheduled for October, 2014.
	2.2 Identify gaps from evaluation tool and identify action steps for present doable changes.	2.2 Co-occurring Committee	November 2014
	2.3 Identify barriers needing longer term resolution.	2.3 Co-occurring Committee	February 2015

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Objective 3: Provide screening tools and education to providers for both SA and MH	3.1 Providers will distribute copies of screening tools to committee members that they presently are using.	3.1 Bob Pitcher, Co-occurring Committee	October 2014
	3.2 Identify brief and accurate screening tool for Substance Abuse and Mental Health (Keeping in mind expectations from the State)	3.2 Co-occurring Committee	October 2015
	3.3 Identify educational tools for substance abuse and mental health including time requirements to implement.	3.3 Co-occurring committee	March 2015
	3.4 Implement co-training conference	3.4 Co-occurring sub-committee.	September 2015