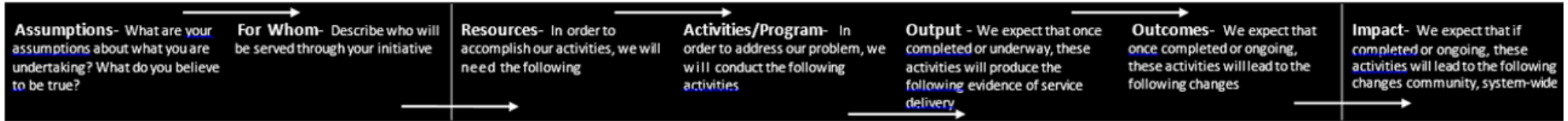


## SUBGROUP: Community Engagement

**Goal/s:** All Frederick County residents are aware that mental health is health and know how to access and receive mental health care.

Mental Health is Health and viewed by the community as an essential and acceptable piece of an individual's overall healthcare considerations.

Reducing stigma is essential to the achievement of both of these goals.



				DATA	BEHAVIOR	SYSTEMIC
<p>There remains a large degree of stigma regarding mental health in our community, which results in the delay of recognizing, seeking, identifying and/or accessing care.</p> <p>In addition, to the lack of awareness of existing services and resources to address support, and strengthen mental health, the navigation of resources is challenging for residents.</p> <p>The above concerns are amplified by the lack of comfort that exists regarding how to discuss and/or address mental health issues by leaders and gatekeepers in the community, as well as</p>	<p><u>Direct:</u> All community members regardless of age, gender, background, ethnicity, race, religion, socioeconomic status, including those who are in need of services, those who are in supportive roles, and those who will be better prepared to seek services or support others.</p> <p>Community will be better prepared to address personal needs or assist others</p> <p>Community will be better prepared to address the future needs of self or others.</p> <p><u>Indirect:</u> All community members who live with, work with, care</p>	<p>Relationships with institutional /organizational partners, building relationships with individuals at all levels</p> <p>Aggregate data availability</p> <p>Communication tools: i.e. websites, social media, written marketing via social media and printed materials that are culturally and linguistically competent, diverse and accessible.</p> <p>Technical assistance via Lifting all Voices Health Literacy project.</p> <p>Community-wide communication campaign to reduce stigma and promote</p>	<p>Create action plans to support an anti-stigma campaign, including researching what is currently utilized and considered best practice</p> <p>Gather baseline data through assessing what is currently available, as well as utilizing qualitative and quantitative tools including surveys/focus groups to address willingness to obtain/ utilize mental health treatment for self, family members, and others, identify barriers to accessing services, # of 211 calls concerning mental health issues, # of referrals, etc.,</p> <p>Build relationships within the community that promote a “safe” environment, one where listening, understanding and acceptance is at the</p>	<p># of education events, # attended</p> <p># of staff trainings</p> <p># of PSA and often shown</p> <p>Metrics from communication campaign: i.e. # of website hits, # of clicks</p> <p># of 211 calls &amp; referrals</p> <p># MH champions</p> <p># of businesses and/or organizations with EAP programs</p> <p># of FCPS students with access to care</p>	<p>Increase percentage of Individuals who seek assistance with accessing mental health services</p> <p>Reduce barriers to accessing mental health care.</p> <p>Individuals (providers, educators, students, consumers, community members) throughout Frederick County understand the importance of mental health services and how to access them.</p> <p>Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>Decrease # of youth who report feeling sad or hopeless every</p>	<p>Reduced stigma concerning mental health services and support</p> <p>Mental health services are available to all in need.</p>

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<b>Assumptions-</b> What are your assumptions about what you are undertaking? What do you believe to be true?	<b>For Whom-</b> Describe who will be served through your initiative	<b>Resources-</b> In order to accomplish our activities, we will need the following	<b>Activities/Program-</b> In order to address our problem, we will conduct the following activities	<b>Output -</b> We expect that once completed or underway, these activities will produce the following evidence of service delivery	<b>Outcomes-</b> We expect that once completed or ongoing, these activities will lead to the following changes	<b>Impact-</b> We expect that if completed or ongoing, these activities will lead to the following changes community, system-wide
family members and friends.  Parking lot ideas: Peer support	for, or serve those in need of assistance, including: all organizational and institutional structures.	community and political buy-in, utilizing multi-modal approach.	foundation of any conversation.  Provide education and outreach targeting the entire Frederick County population, including special interest groups including, but not limited to: veterans, seniors, children, LGBTQ, colleges, business, faith based organizations  Identify champions in the community within each organization and institutional structure that represent the community as a whole to ensure diversity and inclusion  Creating a sustainability plan  Identify appropriate/relevant opportunities for funding to support marketing and accessibility of services		day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS).	

# MENTAL HEALTH LHIP LOGIC MODEL

(07.01.22)

## SUBGROUP: Workforce Development/Capacity Building for Mental Health Services Providers

**Problem or Issue Statement:** There is a lack of licensed clinicians and prescribers employed in mental health service agencies. There is insufficient access to mental health treatment services for all populations, regardless of insurance status; however, this lack of access is more pronounced in those who are uninsured, underinsured, and/or speak languages other than English (especially Spanish and ASL).

**Goal:** Frederick County residents are able to access the full continuum of mental health treatment services in a timely and culturally competent manner.

**Identified/Demonstrated Need:** Lengthy local provider wait lists, wait times for initial mental health prescriber appointments.

Assumptions – what are your assumptions about what you are undertaking? What do you believe to be true?	For Whom – Describe Who will be served through your initiative	Resources – in order to accomplish our activities, we will need the following	Activities/Program – in order to address our problem, we will conduct the following activities	Output – we expect that once completed or underway, these activities will produce the following evidence of service delivery	Outcomes – We expect that once completed or ongoing, these activities will lead to the following changes
<p>Individuals seeking mental health services are experiencing long wait times for appointments.</p> <p>MA Providers are not consistently knowledgeable about the Optum uninsured/underinsured process (who is eligible, how to access). MA providers may also be unwilling or unable to utilize this process due to past negative experiences.</p> <p>Individuals are not easily able to access mental</p>	<p><u>Direct:</u></p> <p>Uninsured individuals, including those who are non-citizens and “undocumented” who are seeking MH services</p> <p>Underinsured individuals In certain situations who are seeking MH services</p> <p>Individuals who do not speak English and are in need of/seeking MH services</p> <p>All other individuals seeking mental health treatment services.</p>	<p>Data</p> <p>Funding</p> <p>Participation from educational institutions</p> <p>Participation from mental health providers</p> <p>Reliable service from Medicaid ASO</p> <p>Peers and Community Health Outreach Workers</p> <p>Ongoing billing for telehealth services</p> <p>Certified Interpreters</p>	<p>Educate all providers about MA ASO uninsured process and % of community who are MA recipients.</p> <p>Educate all MA providers about interpreting reimbursement process with LBHA.</p> <p>Develop a process with current local providers to create time slots for on demand treatment.</p> <p>Assess capacity/ability of local mental health providers to provide services to a culturally diverse population.</p>	<p>Increased # of MA providers overall, and increased # utilizing Optum/ASO uninsured eligibility requests</p> <p># of individuals who are non-citizens and individuals who speak languages other than English receiving mental health services</p> <p># of mh providers with paid interns</p> <p>Guidance document for MH providers to utilize Optum/ASO uninsured</p>	<p>Individuals will be able to access mental health services in a timely, high-quality, and culturally competent manner. Through on-demand treatment services.</p> <p>Providers will have reliable and accessible guidance to establish a process for providing culturally competent services (including the use of interpreters).</p>

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<p>health services in their native language.</p> <p>Providers who take MA are required to provide an interpreter; this is costly for the provider.</p> <p>Mental health services provided in a person’s native language is ideal and preferred; certified interpreting is acceptable second choice.</p> <p>More people deciding on a career path in the mental health field will help in the long term: nurse practitioners, clinicians</p>	<p>Family members</p> <p>Mental health treatment providers</p> <p><u>Indirect:</u></p> <p>Educational institutions</p> <p>Students</p> <p>Behavioral health care continuum (including SUD)</p> <p>Crisis system/continuum of care</p>	<p>Partner agencies serving the needs of people from other countries (AACF, Centro de Hispano, etc)</p> <p>Input from Health Equity Division at FCHD</p> <p>Primary Care practitioners</p> <p>HRSA grants</p> <p>Federal student loan forgiveness for public health</p> <p>Maryland Association of Behavioral Health Authorities (MABHA)</p>	<p>(where to bilingual staff exist? Do agencies have a process in place to access interpreting services in a timely manner by phone/telehealth/in person?)</p> <p>Locate or create a resource guide for interpreting agencies accessible to mental health providers.</p> <p>Explore funding opportunities for Peer Recovery Support Specialist and/or Community Health Outreach Worker expansion for mental health providers.</p>	<p>eligibility request process</p> <p># of providers reimbursed for interpreting services.</p> <p>Reduced wait times for initial MH appointments.</p> <p>Increased # of graduate level interns in mental health provider agencies</p> <p>Increased # of individuals receiving support via peer support and case management as an adjunct to mental health treatment</p>	

# MENTAL HEALTH LHIP LOGIC MODEL

(07.01.22)

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<p>People with lived experience, with training as peer support specialists, and Community Health Outreach Workers can help to support people during wait times and throughout treatment.</p> <p>Individuals pursuing licensure via a state licensing board may experience long wait times for approval of licensure, which delays their ability to provide services for a provider.</p> <p>Unpaid internships in the mental health field</p>		<p>State Licensing Boards</p>	<p>Engage w staff at local colleges/universities to determine programs and internships/field placements that match community need.</p> <p>Educate middle and high school groups about the benefits of career paths in mental health field.</p> <p>Determine which agencies are enrolled in HRSA programs currently and explore paid internships with local providers (what would duties look like, funding)</p>		

# MENTAL HEALTH LHIP LOGIC MODEL

(07.01.22)

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can be burdensome for the student.					

**IMPACT: We expect that if completed or ongoing, these activities will lead to the following changes community, system-wide**

- Mental health treatment slots will be available regardless of insurance status at the time an individual seeks services.
- Individuals will have reliable access to services in their native language, either directly or by certified interpreter.

# Mental Health Workgroup Logic Model

(07/01/2022)

<b>Subgroup: Suicide Prevention</b>						
<b>Assumptions:</b> Suicide is everyone's business. COVID19 has increased the frequency and severity of mental health concerns that contribute to suicide risk. Rural areas of Frederick County experience a disproportionate rate of death by suicide with a firearm. Specific populations in Frederick County are at greater risk of suicide: veterans, first responders, members of the LGBTQ community, youth, and senior citizens.						
<b>INPUTS</b>		<b>OUTPUTS</b>		<b>OUTCOMES/IMPACT</b>		<b>GOAL</b>
<b>RESOURCES</b>	<b>ACTIVITIES</b>	<b>DELIVERABLES</b>	<b>SHORT TERM</b>	<b>LONG TERM</b>		
Community stakeholders  Funding (public and private)  Subject matter experts  Collateral  Data	Determine key stakeholders that need to be a part of a coalition.  Recruit coalition members.  Determine leadership for the coalition.  Create a mission and vision statement for the coalition.	Establish a suicide prevention coalition.	Identify key stakeholders, funding sources, and infrastructure to create a sustainable suicide prevention coalition.	Establish a suicide prevention coalition composed of key community stakeholders that is invested in continuing suicide prevention work beyond the LHIP cycle.	Reduce the number of people that die by suicide in Frederick County.	
Best practices for responsible and safe gun ownership.  Social media	Determine what safe gun ownership equipment will be used by gun owners, and what equipment is effective.  Outreach to youth firearm groups.	Develop an exhaustive list of places where firearms can be purchased (including organizations that do gun raffles, gun shows) in Frederick County.	Offer safe gun storage options with embedded suicide prevention messaging at no cost to current and future gun owners.  Develop, or locate a responsible gun ownership training program that can be	Enhance communitywide safe and responsible gun ownership by raising awareness, promoting best practices, and insuring low barrier access to safe storage equipment.		

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(07/01/2022)

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Suicide prevention training curriculum and trainers.	Outreach to Hunter education safety courses		implemented locally by gun shop owners (including chain retailers, hunting retailers), gun clubs, and gun shows.		
	Identify a partner / location that gun owners would trust.  Work with law enforcement entities and local government to develop policies and procedures for establishing and operating a safe firearm storage facility.	Establish a low barrier, safe storage facility that is trusted by the community.	Reduce the presence of firearms in the homes of people that are at imminent risk of dying by suicide.	Reduce the potential for impulsive decisions, combined with easy access to lethal means to result in deaths by suicide.	
	Landscape analysis of transition services and recovery support services for those discharging from	Create and insure low barrier access to a resource guide specific to targeted populations.	Raise awareness of treatment resources and recovery supports available in the community.	Improve care transition from inpatient and hospital settings to outpatient	



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(07/01/2022)

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<b>RESOURCES</b>	<b>ACTIVITIES</b>	<b>DELIVERABLES</b>	<b>SHORT TERM</b>	<b>LONG TERM</b>	
	inpatient and hospital settings.		Increase connection to transition and recovery support services for people discharging from inpatient or hospital settings.	treatment and community supports. Improve outcomes for people transitioning from inpatient or hospital settings to the community.	
	Identify a presenter and source of funding to provide a no cost, low barrier training for best practices in suicide risk screening.  Identify additional agencies, organizations, treatment providers, and providers of support in the community that should be doing suicide risk screenings and invite them to the community wide training.	Hold a no cost, low barrier community wide training for stakeholders defining best practices for suicide risk screening.	All agencies that are or should be conducting suicide screenings are using best practices.	More people are identified as being at risk for dying by suicide through suicide risk screenings and are connected to treatment and recovery supports.	

# Mental Health Workgroup Logic Model

(07/01/2022)

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	<p>Identify and promote social media campaigns for suicide prevention.</p> <p>Identify a presenter and source of funding to provide a no cost, low barrier training for suicide prevention.</p>	<p>A suicide prevention campaign is disseminated widely through social media in Frederick County.</p> <p>Conduct no cost, low barrier suicide prevention trainings in the community.</p>	<p>Increase community awareness of the prevalence and complexity of death by suicide in Frederick County.</p> <p>Increase the number of community members talking with others about risk for dying by suicide.</p>	<p>Increase connection to treatment and recovery supports for people at risk of dying by suicide.</p>	
<b>IDENTIFIED NEED</b>					
<b>Frederick County suicide data indicates a need for increased suicide prevention efforts. Veterans, first responders, members of the LGBTQ community, youth, and senior citizens are disproportionately at risk for death by suicide.</b>					
<b>EVALUATION/SURVEY INSTRUMENTS/INDICATORS</b>					
<b>YRBS, Frederick County suicide data.</b>					