

MENTAL HEALTH LHIP WORKGROUP
Subcommittee: Workforce Development/Capacity Building for MH Service Providers
Action Plan

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

Subcommittee Goal: Frederick County residents will be able to access the full continuum of culturally competent, trauma-informed, high quality mental health treatment services in a timely manner, through an increased capacity of mental health professionals and other trained support persons (i.e. Recovery Coaches, Community Health Outreach Workers) who can offer services.

Subcommittee Members: Melissa Carpenter, Bob Clegg, Sarah Drennan, Alan Feinberg, Jennifer Gauthier, Micha Hagans, Dawn Johns, Kelsea Kephart, Ken Kerr, Jessica Lertora, Gordon Levine, Latrice Lewis, Joi Vogen, Danica Warden, Nicole Watts, Hongwei Xu

| Outcome | Action | How will you measure? | Person(s) Responsible | Deadline/Status |
|--|---|--|--|---|
| Increased size and diversity of mental health workforce. | <p>Obtain <u>baseline data</u>:</p> <ul style="list-style-type: none"> ● the current size of workforce <ul style="list-style-type: none"> ○ Types of licensures ● number of mental health agencies ● HRSA <ul style="list-style-type: none"> ○ agencies currently eligible ○ agencies currently enrolled <p>Conduct <u>focus groups</u>:</p> <ul style="list-style-type: none"> ● Providers: ● Community: <ul style="list-style-type: none"> ○ Intentionally diverse audiences ○ What are you looking for in MH services? ○ What are barriers to seeking or engaging in MH services? <p>Locate and promote opportunities for mental health providers to develop plans for</p> | <p>State boards and BHA licensing (LBHA), Psychology Today site, workforce devt (Micha)</p> <p>and</p> <p>Focus groups</p> | <p>Workgroup leaders, Micha, Nicole</p> <p>Workgroup members</p> | <p>Completion goal: December 15, 2022</p> <p>Completion goal: February 2023</p> |

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| | <p>successful and diverse workforce recruitment and retention.</p> <ul style="list-style-type: none"> ● Danya Institute: Recruitment and Retention Learning Collaborative and here ● Include FCHD Office of Health Equity staff in Behavioral Health Provider Council and this workgroup <p>Explore additional <u>funding opportunities</u> for non-billable MH services:</p> <ul style="list-style-type: none"> ● Peer Recovery Support Specialists and Community Health Outreach Workers, focused on - <ul style="list-style-type: none"> ○ expansions for mental health providers. ○ bilingual support to OMHC ● Paid internships with local providers <ul style="list-style-type: none"> ○ What duties are allowed? ○ Stipends for field instructors also? <p>Reduce regulatory barriers to MH services:</p> | <p>Participation in various opportunities</p> | <p>LBHA and others who become aware of opportunities</p> <p>Missy Carpenter</p> | <p>Danya Institute application information emailed to BH Provider Council 8/31/22. Application Deadline 9/14/22.</p> <p>Inquiring about usage and price of utilizing the “Language Line” for interpreting services - In process</p> <p>Inquiring about allowing paid Internships for SW at employer Frederick Health System - In process</p> |

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| | <ul style="list-style-type: none"> ● Provide education to elected officials (Congressman Trone) regarding federal Medicare workforce barrier: parity issue with LCSW-C and LCPC clinicians <p><u>Collaborate with educational institutions:</u></p> <ul style="list-style-type: none"> ● Middle and high schools <ul style="list-style-type: none"> ○ Provide information about the benefits of career paths in mental health field ● Higher education <ul style="list-style-type: none"> ○ Engage w staff at local colleges/universities to determine programs and internships/field placements that match community need. | | Andrea Walker, Del. Ken Kerr Presentations and/or information disseminated to school | Andrea Walker presented the issue to Congressman Trone on 8/30/22. Followed up with District Director at US House of Reps. w/ email detailing problems, barriers, challenges, previous attempts to legislate Federal change. Connected to Federal Policy Advisor/Legislative Director. Begin collaborations in Year 1 |

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| | <ul style="list-style-type: none"> ○ Determine enrollment rates in social work and counseling ○ Consider inviting staff to join this workgroup ○ Educate students on HRSA opportunities ○ Work with state delegates on scholarship opportunities ○ Increase school and student knowledge of scholarship opportunities | | | |
| Providers will have reliable and accessible guidance to establish a process for providing culturally competent services (including the use of interpreters). | <ul style="list-style-type: none"> ● Locate or create a resource guide for interpreting agencies accessible to mental health providers. ● explore appropriate use of Language Line as a way to avoid no-show costs ● Facilitate provider networking to share successful approaches to serving non-English speakers | <p>Creation of resource; distribution to providers</p> <p>Provider Council agenda</p> | <p>LBHA staff</p> <p>Missy Carpenter</p> <p>LBHA staff</p> | <p>Year 1</p> <p>Agenda in Provider council by January 2023</p> |

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| | <ul style="list-style-type: none"> Explore use of CHOWs or other trained healthcare workers being certified as interpreters to serve agencies across the county. | Collaborate with Asian American Center, FHH, other agencies with CHOWs | Missy Carpenter | |
| Individuals will be able to access mental health services in a timely, high-quality, trauma-informed and culturally competent manner. Through on-demand treatment services. | <ul style="list-style-type: none"> Obtain <u>baseline data</u> about the current capacity of mental health providers via provider survey and focus group. [Provider questions: <i>How many people do they typically see in a day? Allow any open spots for crisis? Would having CHOWs and/or Peers available for clients help alleviate some of the time spent with some patients/clients - in order to be more focused on the therapy and med mgmt? Are providers open to connecting to CHOWs/Peers? Has there been a change/impact on no shows or capacity with expansion of telehealth? Any provider barriers for offering telehealth? Do telehealth appointments help with time/appointments offered?</i>] | Survey of BH Provider Council (covers MA, uninsured, underinsured); reach out to state licensing boards/survey/Psychology Today site; survey agencies who employ CHOWs; access recent peer census | Workgroup members | Complete this in conjunction with focus groups |

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| | <p><i>Re Providing services to a culturally diverse population: where do bilingual staff exist? Do agencies have a process in place to access interpreting services in a timely manner by phone/telehealth/in person?]</i></p> <p><u>Additional baseline research:</u></p> <ul style="list-style-type: none"> ● Bed Registry - HB1121 ● Any Willing Provider - ability to go out of network for no additional cost HB971 ● Educate all providers about Medicaid ASO uninsured process and % of community who are MA recipients. <p>Educate all MA providers about interpreting reimbursement process with LBHA.</p> <p>Explore the possibility of creating time slots for on demand treatment with local OMHCs.</p> <ul style="list-style-type: none"> ● How to incorporate appropriate use of and education about MHA | | <p>Provider Council, infoblast (infographic?) to MA providers</p> <p>Provider Council, infoblast to MA providers</p> <p>Provider Council, discussions with providers, incorporate into focus group</p> | <p>LBHA staff</p> <p>LBHA staff</p> <p>LBHA staff</p> <p>Regular reminders in Provider Council; create reference material by December 31, 2022.</p> <p>Regular reminders in Provider Council; create reference material by December 31, 2022.</p> <p>Regular updates in monthly Provider Council about Crisis Stabilization Center and walk-in.</p> |

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| | <p><u>Behavioral Health Crisis Walk in Center</u> and eventually <u>Crisis Stabilization Center</u></p> <p>Explore how to remove barriers for providers - any funding opportunities to be reimbursed for no shows?</p> <p>Share opportunities for providers to receive training in evidence-based and innovative practices.</p> <p><u>Telehealth</u></p> <ul style="list-style-type: none"> • Explore access points: libraries? • How individuals can access technology needed to engage in telehealth (there is a grant for seniors, are there others? CHOWs could assist with getting them connected, could go to homes) | | <p>Provider Council and email blasts</p> <p>LBHA staff</p> <p>workgroup member</p> | <p>Ongoing</p> <p>Year 1</p> |

LHIP MENTAL HEALTH WORK GROUP
Community Engagement/Anti-Stigma Subcommittee

Action Plan

Updated: 08.29.22

Vision Statement: Frederick County is a community where mental health is accepted as an important component of overall health, where residents feel comfortable seeking mental health services, and where residents with mental health concerns are treated with respect and dignity.

Subcommittee Goal: 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.

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| Reduce barriers to accessing mental health care | 1 | Build relationships within the community that promote a 'safe' environment, one where listening, understanding and acceptance is at the foundation of any conversation <ul style="list-style-type: none"> Identify list of organizations, communities, employers that should be targeted. (May be a list in the faith based and non-profit communities {specifics to be determined by the sub-subgroup}, may also include the past LHIP Community Engagement workgroup) | Identify at least 50 county-wide organizations, communities and employers | Danielle Haskin Lisa Bromfield Sharon MacDougall Brooke DeSantis Kim Hintzman | October 1, 2022 |
| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | <ul style="list-style-type: none"> Identify Champions in each community, being culturally/linguistically competent, outline responsibilities/expectations to promote continuity and sustainability. | Identify 25 individuals, by name, from the targeted organizations, communities, employers | As above | February 1, 2023 |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | <ul style="list-style-type: none"> Liaisons to promote partnerships, coordination and collaboration. | Identify 10 liaisons to other community advocacy projects | As above | December 1, 2022 |
| Reduce barriers to accessing mental health care | 1 | Gathering baseline data <ul style="list-style-type: none"> Glean past LHIP workgroup Community Health Needs Assessment BRFSS (Behavioral Risk Factor Surveillance System) | Outline available data points covered by each of the identified | Kathy Schey Stephanie Smiley-Johnson Sharon MacDougall | December 31, 2022 |

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| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | <ul style="list-style-type: none"> YRBSS (Youth Risk Behavior Surveillance System) Kris Fair will share PHQ9 (Patient Health Questionnaire) www.wefaceittogether.org www.ncbi.nlm.nih.gov/pmc/articles/PMC1525289/ http://apps.npr.org/mental-health/ | resources, in order to determine baseline | | |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | | | | |
| Reduce barriers to accessing mental health care | 1 | <p>Urgent Response:</p> <ul style="list-style-type: none"> Identify and collect marketing materials with 988 Target and distribute populations/organizations that should receive information | Gather all available material for dissemination | Brooke DeSantis Lisa Bromfield | November 1, 2022 |
| Reduce # of poor mental health days reported by adults as measured by | | | | | |

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| Behavioral Risk Factor Surveillance System (BRFSS) Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | | | | |
| Reduce barriers to accessing mental health care Increase percentage of Individuals who seek assistance with accessing mental health services | 2 | Focus groups (with representatives from the above target populations) <ul style="list-style-type: none"> Email Amanda Walker concerning the Community Engagement Workgroup's interest in hiring a consultant to support two focus groups | Email interest in securing funding for focus groups | Lisa Bromfield | August 22, 2022 |
| | | <ul style="list-style-type: none"> Identify the populations that are to be targeted | A minimum of two focus groups identified | Catherine DiGennaro Aeon Kaplowitz Leshia Chandler Lisa Bromfield Sharon MacDougall | April 1, 2023 |

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| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | • Create questions that determine what barriers exist, what stigma exist and preferred language. | Upon review by consultants | As above | June 1, 2023 | |
| | | • Schedule, invite, | Invites sent to all participants | As above | June 1, 2023 | |
| | | • Conduct focus groups | % of individuals accepted, refused, no reply, attended. | As above | September/October 2023 | |
| | | • Analyze data | Presentation by consultant | As above | November 2023 | |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | | | | | |
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| Reduce barriers to accessing mental health care | 2 | Create sustainability plan | Access point is built and accessible by community members | Kris Fair Joanie Raymond | September 30, 2022 | |
| | | • Create a community "access" point/central repository of resources, materials, etc. | during workgroup | As above | September 30, 2022 | |
| | | • Identify the long-term custodian of "access" point | lifespan and continues functionality after the workgroup disbands | As above | October 31, 2022 | |
| | | • Identify best way to store information, determine platform(cloud based, Microsoft, Google) | | As above | November 20, 2022 | |
| Increase percentage of Individuals who seek assistance with | | • Plan to migrate existing documents | | | | |
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| accessing mental health services | | <ul style="list-style-type: none"> • Plan to share access with LHIP committee members | | As above | December 31, 2022 |
| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | <ul style="list-style-type: none"> • Create/develop community partners and champions of LHIP mental health community engagement and resources (building on priority #1) | Document available for review and housed on the "access" point | As above | December 31, 2023 |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | <ul style="list-style-type: none"> • Annual audit and update of sustainability plan, (language, marketing materials, community partners). | Document available for review and housed on the "access" point | As above | December 31, 2024 |
| Reduce barriers to accessing mental health care | 3 | <p>Review current anti-stigma campaigns</p> <ul style="list-style-type: none"> • Build on the past community engagement workgroup, gather all materials as noted in priority #2 | Work group adopts changes | Kris Fair Lisa Bromfield Sharon MacDougall Brooke DeSantis | November 2023 |

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| Increase percentage of individuals who seek assistance with accessing mental health services | | <ul style="list-style-type: none"> Update according to focus group analysis and community partner input: making content changes, language options, etc. | Work group adopts changes | As above | February 2024 |
| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | | | | |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | | | | |

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| Reduce barriers to accessing mental health care | 4 | Update Marketing Materials <ul style="list-style-type: none"> Decide which material are needed Decide how materials will be disseminated to the priority populations Decide who will create the desired materials Determine funding stream | Materials will be available to target populations | Kim Hintzman Danielle Haskin Brooke DeSantis Mageen White Kathy Schey | June 2024 |
| Increase percentage of Individuals who seek assistance with accessing mental health services | | | | | |
| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | | | | |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk | | | | | |

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| Behavior Surveillance System (YRBSS). | | | | | |
| Reduce barriers to accessing mental health care | 1-5 | Education/Outreach Campaign: (not an exhaustive list) <ul style="list-style-type: none"> • Create a plan for outreach, to include work group members and other community members, organizations, businesses, non-profits, etc. | Education/Outreach campaign materials will be completed | Danica Warden Brooke DeSantis Kris Fair Aeon Kaplowitz Teresa Young Jessica Chausky Kathy Schey | October 2024 – May 2025 |
| Increase percentage of Individuals who seek assistance with accessing mental health services | | <ul style="list-style-type: none"> • Create a training program | 80% of the community partners, as identified in priority #1, will have received training. | As above | October 2024 – May 2025 |
| Individuals (providers, educators, students, consumers, community members) throughout Frederick County understand the importance of mental health services and how to access them. | | | | | |

LHIP MENTAL HEALTH WORK GROUP
Community Engagement/Anti-Stigma Subcommittee

Action Plan

Updated: 08.29.22

Vision Statement: Frederick County is a community where mental health is accepted as an important component of overall health, where residents feel comfortable seeking mental health services, and where residents with mental health concerns are treated with respect and dignity.

Subcommittee Goal: 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.

Subcommittee Members: Lisa Bromfield, Andrea Butler, Leshia Chandler, Jessica Chausky, Brooke DeSantis, Catherine DiGennaro, Kris Fair, Joseph Garrett, Danielle Haskin, Jean Havrilla, Kim Hintzman, Aeon Kaplowitz, Sharon MacDougall, Ana Mejia, Joanie Raymond, Thea Ruff, Kathy Schey, Stephanie Smiley-Johnson, Mageen White, Teresa Young.

| Outcome | Priority # | Action | How will you measure? | Person(s) Responsible | Deadline/Status |
|---|------------|--------|-----------------------|-----------------------|-----------------|
| Reduce # of poor mental health days reported by adults as measured by Behavioral Risk Factor Surveillance System (BRFSS) | | | | | |
| Decrease # of youth who report feeling sad or hopeless every day for two weeks in the past year as measured by the Youth Risk Behavior Surveillance System (YRBSS). | | | | | |
| | | | | | |

(Draft MH-CE-Action Plan-09.01.22)

MENTAL HEALTH LHIP WORK GROUP
Suicide Prevention Subcommittee
Action Plan

Vision Statement: Frederick County has a sustainable and responsive Suicide Prevention Coalition.

Subcommittee Goal: Reduce the number of people that die by suicide in Frederick County.

Subcommittee Members: Amanda Adams, Jason Barth, Suzi Borg, Diana Fulchiron, Jay Hessler, Monica Kirkpatrick, Jason Marshall, Emily Paterson, Erica Sacchetti, Sara Varga, Sandra Wastler, Kadena Williams

| Outcome | Action | How will you measure? | Person(s) Responsible | Deadline/Status |
|---|--|--|--|-----------------|
| Establish a suicide prevention coalition composed of key community stakeholders that is invested in continuing suicide prevention work beyond the LHIP cycle. | Determine best practices in developing a successful coalition. | Work group will discuss and agree upon method and plan for developing a coalition | LHIP Suicide Prevention Work Group | 8/19/22 |
| | Brainstorm a list of key stakeholders that need to be a part of a coalition. | List developed during a Suicide Prevention Work Group meeting. | LHIP Suicide Prevention Work Group | 9/12/22 |
| | Recruit potential members to a first coalition meeting. | Written confirmation from key community stakeholders. | LHIP Suicide Prevention Work Group members with support from the LBHA. | 9/30/22 |
| | Draft a working mission statement. | Working mission statement created and agreed upon by Suicide Prevention Work Group. | LHIP Suicide Prevention Work Group | 9/12/22 |
| | Schedule first coalition meeting and set the agenda. | Complete agenda and agree on date / time of first meeting during LHIP Suicide Prevention Work Group meeting. | LBHA with support from the LHIP Suicide Prevention Work Group. | 9/30/22 |
| | | Minutes from first coalition meeting, including action items for next steps. | LBHA | 10/2022 |

MENTAL HEALTH LHIP WORK GROUP
Suicide Prevention Subcommittee
Action Plan

Vision Statement: Frederick County has a sustainable and responsive Suicide Prevention Coalition.

Subcommittee Goal: Reduce the number of people that die by suicide in Frederick County.

Subcommittee Members: Amanda Adams, Jason Barth, Suzi Borg, Diana Fulchiron, Jay Hessler, Monica Kirkpatrick, Jason Marshall, Emily Paterson, Erica Sacchetti, Sara Varga, Sandra Wastler, Kadena Williams

| Outcome | Action | How will you measure? | Person(s) Responsible | Deadline/Status |
|---------|---|--|------------------------------|-----------------|
| | Discuss the vision for leadership of the suicide prevention coalition for both the short and long term. | Minutes from coalition meeting. | Suicide Prevention Coalition | 11/2022 |
| | Develop agreed upon guidelines, expectations, onboarding practices, and membership review for Suicide Prevention Coalition members. | Coalition creates and votes on a mission and vision statement. | Suicide Prevention Coalition | 11/2022 |
| | Create a formal mission and vision statement for the coalition. | | | |

(Draft MH-SP-Action Plan-09.01.22)