

Behavioral Health Taskforce: Screening and Prevention Work Group

Notes from January 6, 2015 Meeting

Attending: Tammy Spengler, Helen Liu, Starr Sowers, Marcy, Jenn Pollitt-Hill, Lois Mikkila, James Brothers

General points of discussion:

Cynthia Schulmeyer (HCPSS) sent Tammy documents related to the school system's process of working with children who may have behavioral issues. This complements what Cindi presented to the entire Task Force.

Tammy recapped from the work group's last meeting and reviewed handouts:

Universal screening to identify mental health issues as well as risk for addictions is desirable.

ACE study handouts – risk factors scoring, etc. (See handouts)

Is there a way we can use ACE tools and how? Work group members liked the 10 questions.

Lois: These are adults oriented...is it also effective for youth?

I.e. Emotional abuse: how do pediatricians or schools identify and then refer (process) children

What do we do safely when children are talking about their parents (protective services/interventions?)

Sexual abuse intervention is mandated.

Divorce: court systems, mediators, counsellors, lawyers Child/victim advocates

Health secure attachments – are there interventions being used (early intervention be promoted, education offered related to trauma informed care and other critical impact events – advocating for more intervention and earlier referrals and guidance of families/parents

Spectrum/organizations involved:

Parents as Teachers (ages 0-5)

Healthy Families (age range ___) screening at the hospital at time of birth

Who should we invite to the next meeting: The Office of Children Services convenes meetings of home visiting programs group (Lois will see when they meet again?)

Jenn: mother-baby – screening – ED HCGH what screening (she will research – gather) no prenatal care, not parenting, no insurance, these types of things. Social work assessment results in referrals to resources...requires some case management but where does that come from. What is involvement of Health Department?

Prevention: what information is being distributed to birthing families at HCGH?

Mental illness does not manifest until young adult years – how do we help screen then (suicide) (Helen)

Older adults (Starr)

Real time – immediate help when needed. New program at Grassroots

Jenn: screening...concept of getting more users into a system that is already overwhelmed. Can we identify what IS working and see if we can expand that...and carefully consider how implementing changes in screening and prevent would impact the practitioners' system (that may be already overwhelmed or not accessible).

There may be benefits of having universal/shared data that uses terms and metrics common to all providers - Mental Health equivalent of Servicepoint...(Lois)

Helen: Support groups are lacking...NAMI has a little but we need more and perhaps this is a good way to educate and support people facing MAYBE WE CAN PROMOTE THE ONES WE ALREADY HAVE (Seniors Connect – Starr). Young adult group. 14-30 years old....18-25... How can we

Many providers are not yet part of this conversation (senior centers, private practitioners, etc.)

How would we get screening to non-traditional providers? People who do not identify themselves as needing help may not seek services from traditional providers.

CISM: Critical Incident Stress Management program – set up after 9/11 and is an EMS partnership with Grassroots. The work group recommends expanding Mobile Crisis Team hours to 24 hours/7 days a week. Also expanding the hours of psych services at Grassroots. It would also be useful to expand and more highly promote “Mental Health First Aid” training provided by the Mental Health Authority.

Corporal punishment is still legal in Maryland. Banning this may address #2 question on ACS survey.

Engaging the public through public service announcements on mental health issues may work to reduce stigma and to increase knowledge of resources.

Should there be more presentations in schools related to suicide, drunk driving, date rape, dating violence, etc.? NAMI does awareness programs in some schools but not all – how can a “curriculum” be developed and delivered that might connect students and faculty more effectively to community resources?

Relook at www.thriveinitiative.org

Next Steps:

Invite Office of Children’s Services home visit group representative to attend next meeting (Lois)

Invite Healthy Howard representative to discuss current prevention efforts (Tammy)

Learn more about Grassroots and Mobile Crisis Team do related to screening and prevention (who?)

Next Meeting:

January 21, 2015 2:30 pm Focused Solutions conference room