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Harford County Ready by 21 Task Force Health Session - Tuesday, December 7, 2010

*Note that handouts provided by speakers can be found on the Ready by 21 website under Resources→
Health: <http://www.harfordcountymd.gov/services/LMB/index.cfm?ID=602>

Presentations

Upper Chesapeake Health: Kathy Kraft, Director of Community Health Improvement and Bari Klein, Grant Writer for Upper Chesapeake Health and the Health Department

Websites: <http://www.healthyharford.org/>, <http://www.uchs.org/>

- Access to Care
 - Survey of Harford County providers that accept Medicaid and/or a sliding fee scale
 - Federal Qualified Health Center (FQHC) initiative
- How the healthcare reform affects children 14-26
 - Dependent children up to age 26 can stay on their family policy
 - Parents are encouraged to investigate their options, it may not always be most cost effective to put a child on the parent's health insurance plan
- Healthy Harford, Inc. – Harford County's 20 year initiative brings together organizations (businesses, nonprofit, government agencies) to work on health issues in Harford County
 - The primary focus since 2007 has been on improved nutrition and increased physical activity
 - Based on rise of childhood obesity and youth diabetes, concern is that cardiovascular disease will become a pediatric disease
 - Looking for community-wide changes (example – in San Francisco, restaurants can no longer offer toys in fast food meals)

Harford County Public Schools: Mary Nasuta, Nurse Coordinator

Website: <http://www.hcps.org/departments/student-services/health-services.aspx>

- There is a school nurse in every school building – 68.5 nurses serve over 38,000 students. Their role is to advance well-being, academic success and life-long health
- Nurses tended to over 340,000 visits last year and administered over 76,000 doses of medication and 33,000 treatments (such as a nebulizer)
- Provide annual vision and hearing screenings in kindergarten, 1st, 4th and 8th grade

- Flumist and chicken pox immunizations provided
- Work within IEP teams, serve as a resource for Health Education teachers
- *Large role is education of families – nurses have a direct link to families. Community organizations are encouraged to share resource information with Mary Nasuta who will ensure that school nurses are aware of and sharing this information with families

Harford County Health Department: Susan Kelly, Health Officer; Beth Jones, Addiction Services; Posie Thompson, Teen Diversion Program

Website: www.harfordcountymd.gov/health/

Health Services

- Dental Clinic – serves ages 1 to 20 with MCHIP and pregnant women on Medical Assistance
 - Cleanings, fillings, emergencies and referrals
 - Monday – Friday, 9:00am-4:30pm – 2204 Hanson Road, Edgewood Shopping Plaza
- Clinical reproductive education and services (birth control, family planning)
- Communicable Disease Program
- Immunization services for un/under-insured
- Flu vaccine clinics – free to students
- Care coordination – health, dental, mental health
- Help families complete applications (i.e.) MCHIP, Health Choice, MCO
- Respite care
- School-based health centers (elementary schools, however can serve older siblings)
- Tobacco intervention/cessation programs

Adolescent Addiction Services

- Sit on Student Assistance Program (SAP) teams. Staff can go right to a school and complete an assessment.
- Partner with Truancy Court
- Provides education services at their office and walk-in urine screenings (\$20, pay out of pocket – no insurance accepted)
- *Although statistics show a big problem of substance abuse among teens, their office is not seeing these same numbers. Working with DJS and schools on how to increase number of referrals.

Teen Diversion

- Psychiatric rehabilitation day program providing services since 1994.
- Funded through the Office on Mental Health, a program of the Health Department, operates at Harford County Public School's Center for Educational Opportunity – transportation is provided to and from the school
- Serves youth ages 13-17 with a DSMIV diagnosis. Services must be completed by age 18. Services last a minimum of 12 weeks.
- Last year 37 youth were served –program can accommodate 10 youth at a time
- Provides therapy (group, family, individual) has a psychiatrist on staff, also provides tutoring through HCPS Home and Hospital program, nutrition education, anger management and off-site PRP
- Referrals must come through the Local Coordinating Council or a Central IEP Team meeting

- *Always have a large number of youth from the northern part of the county – many not eligible for medical assistance and therefore utilize private insurance/or pay out of pocket

Office on Mental Health, Core Service Agency of Harford County: Sharon Lipford, Executive Director and Jamie Miller, Child and Adolescent Coordinator

Website: www.harfordmentalhealth.org

- Develops and monitors mental health services for the county. A continuum of services are available: outpatient, inpatient, respite, RTC, case management, school based mental health, Teen Diversion, crisis stabilization, suicide prevention, etc.
- Partners with the Health Department and local mental health providers (Alliance, Upper Bay, Villa Maria and KeyPoint) to offer these services; utilizes a team approach to care by networking with local providers and making referrals
- Last year over 4,800 people were served by the public mental health system
- 45-48% of those clients were children
- The office administers \$2.5 million of grant funding – 25 local grants and 50 state wide grants
- *Major challenges:
 - Very young children – 5 and under, of which there are over 500 in the public mental health system. Children may be referred due to failing out of day care.
 - Transition Age Youth (TAY) population – dedicated services for this age group are just beginning to be developed

Upper Bay Counseling Services: Erin Fisher, Transition Age Youth Program

Website: <http://www.upperbay.org/>

- TAY Program to begin this January – this is an outcome of the state-wide Ready by 21 planning
- Children’s PRP and Adult PRP are vastly different services
- This program will offer a transition between the two and fill the gap among youth that age out of children’s services but are not yet eligible for adult services
- TAY Program will serve individuals 16-24 - will support them in planning for the future, focus on employment, education, life skills and supportive social networks
- Program will be billed as a PRP program, and available for those with medical assistance (to start)
- A dedicated counselor will be available and mobile, meeting youth where they are in the community
- Minimum of 5 visits/month; mix of individual and group meetings

Maryland Choices: Jessica Tilghman, Community Resource Specialist

Website: <http://www.choicesteam.org/maryland.html>

- Care Management Entity (CME) – coordinator of resources (not a direct service provider)
- Brings together Child and Family Teams; a Care Coordinator guides the process of team meetings held once a month around the design and implementation of a Family Plan
- Utilizes the high-fidelity wraparound model
- Youth eligible for services must be at-risk of an out-of-home placement. Currently there is a waiting list for services. Two avenues to apply:

- Residential Treatment Center (RTC) Waiver
- DHR Group Home Diversion – child is currently in the custody of DHR
- Maryland Choices also has a provider relations team that works to identify local resources available for families as well as gaps in services

Overall Impressions/Group Discussion

What are we good at?

- Collaborations, networking, cross-agency referrals
- Model programs seeing positive outcomes for youth
- Resources within the schools

What are our barriers or services that are needed?

- Services are needed for youth in northern part of region, in the areas of substance abuse and school based mental health
 - Grant support is needed to be able to expand school based mental health, primarily provided to youth with medical assistance by local mental health providers
- Expand school-based health services to middle schools
- Services for youth who have private insurance
- Capacity of many programs is low, due to limited resources
- Primary Access to Care insurance not available until age 19 (private and public insurance gap)
- Need a Community Health Center (Federally Qualified Health Center)
 - Would reach the pediatric age group, we know that problems start in infancy, must be able to offer comprehensive care from birth through adulthood.
 - Offers continuity regardless of the type of insurance an individual has (private insurance, medical assistance, etc.) they can receive care at the same center
- Need to reach out to pediatric physicians and work with them around mental health needs, prescribing medications
- Issue of how to get older youth to access physical care, mental health care
- Issue of obesity, being looked at very closely by Health Harford
- Issue of substance abuse, statistics show this is a county-wide issue, rates higher than the state
 - Student Assistance Teams need to be expanded, new staff were not properly trained this year due to lack of State funding
 - Harford County historically receives lower funding – Health Department has done a lot with what resources they have been given, continuingly receiving budget cuts
 - Parent attitude around drug/alcohol use
 - Idea to have a hotline for youth to call when they are having a crisis related to addiction
- Attitude around public health and mental health consumers, need to be advocates for the community we serve, need to put money in prevention, education

Communities that are less well served:

- Northern part of county

- Families with private insurance

Data Needed?

- Geographically where are referrals to programs coming from?
- Best practices on how to reach 18-21 year olds, get their attention/interest, not necessarily in school

Upcoming Schedule:

Tuesday, January 4, 2011 - Housing Session, 8:00am -10:30am, Harford Community College