

Behavioral Health Authority (CSA, LAA and LBHA) Program Highlights FY'16

<p>Allegany County</p>	<p>The First Annual Mental Health Matters 5 Mile Run/1.5 Mile Walk was held on May 28th. The race exceeded expectations for a first effort with 158 participants - 93 walkers and 65 runners. Funds raised will be used to assist consumers with critical needs where no other assistance is available. For example, to assist a parent with gas cards so they can travel to Brook Lane to see their child and participate in family therapy. The planning process has already begun for next year's race.</p>	<p>Allegany County's first 2-day Intensive CIT course was held in February 2016 with support from Montgomery County's CIT Coordinator and their trainers. Thirty-one individuals participated including law enforcement officers from Frostburg State University Campus Police, Cumberland Police Department, Maryland State Police and Allegany County Sheriff's Office, along with behavioral health staff from the Mental Health System's Office and Western Maryland Health System.</p>	<p>The MHSO worked with Melissa Barber, Maryland's Commitment to Veterans, and other community stakeholders from Allegany and Garrett Counties to develop a local Veterans Collaborative. The group, which meets monthly, is working to expand community awareness about the availability of Veterans' services, including how to access behavioral health services through Maryland's public behavioral health system. Other partners include: Frostburg State University, Garrett Community College, Garrett County Community Action, Maryland Department of Veterans Affairs, the United States Department of Veterans Affairs, Garrett County LBHA, Maryland Department of Labor, Licensing and Regulation, Federal Bureau of Prisons, Human Resource Development Commission, and Clergy.</p>
<p>Anne Arundel CSA</p>	<p>Anne Arundel County received a special grant through Substance Abuse and Mental Health Services Administration (SAMHSA) for the Maryland Collaboration for Homeless Enhancement Services (CHES). This grant is comprised of 4 evidence based practices for behavioral health services and is aimed at reducing homelessness. To date, 60% of the individuals served have gotten housing through the CSA's Critical Time Intervention (CTI) teams.</p>	<p>SEGUE: The CSA managed the successful implementation of a pilot project to transition individuals who no longer need a State Hospital bed, but are not ready to live in the community without intensive supports. This is a transition service for up to 90 days. This project has a significant impact on diminishing the State's waiting list for persons in need of a State hospital bed.</p>	<p>The hospital diversion program has been redesigned to include persons with SUD issues who present in the ER with an overdose. This project coordinates with the DOH ODSOS program, in addition to the primary goal of helping ER staff coordinate care for persons in the ER with a primary mental health diagnosis but who do not require inpatient level of care. All of these achievements have made great contributions to the system with regard to better care, lower cost and increased patient satisfaction.</p>
<p>Anne Arundel LAA</p>	<p>Anne Arundel County Department of Health has successfully implemented the Overdose Survivors Outreach Services program at BWMC and expanded to AAMC. This is a program in which 100% of Opioid Overdose patients seen at the Emergency department are referred to Department of Health Peer Support Specialists to be linked to treatment. In the second half of FY 16, the ODSOS program at BWMC received 179 ED referrals, 77 for Opioid Related conditions, 102 Opioid Overdoses, 27 were linked to MAT services</p>	<p>Peer Support Services have dramatically expanded in FY 16 to include Peers embedded in Emergency Departments, the Detention Center, a homeless resource center, Community Recovery Centers, and the Anne Arundel County Drug Courts.</p>	<p>In response to the Declared Heroin Epidemic in Anne Arundel County, currently the 3rd in the state for fatal overdoses, Anne Arundel County Department of Health launched a centrally located MAT clinic to expand capacity of the evidenced based treatment intervention to underserved areas in the County.</p>

	directly from the ED.		
Baltimore City LBHA	<p>BHSB has been aggressively working to reduce opioid overdose rates in Baltimore by increasing access to naloxone, the life-saving opioid antagonist. This is being done through street outreach, trainings at community-based organizations, and capacity building at substance use treatment programs. The trainings are conducted by peers in the course of regular street outreach targeted to locations where individuals most at risk of overdose are likely to be found, as well as for groups in private or educational settings upon request. Trainees are certified and then provided with a naloxone kit. Individuals who were previously trained and certified but report having used their kit to reverse an overdose are provided with a replacement one. In FY16, BHS Baltimore's overdose prevention team distributed 4,308 naloxone kits, trained 4,762 people to use naloxone, and trained over 50 community organizations on responding to overdose. In order to increase naloxone prescribing and distribution, BHS Baltimore also creating a toolkit for substance use disorder treatment programs to provide overdose education and naloxone dispensing, and trained treatment staff throughout the city.</p>	<p>BHSB led the implementation of a new pilot program in Baltimore City that will increase opportunities for public safety officials to work with behavioral health providers by diverting low-level drug offenders to treatment and support services. The Law Enforcement Assisted Diversion (LEAD) program will refer individuals to services in lieu of arrest and prosecution. Specifically, an officer will refer an individual to a case manager who will connect the individual to a wide range of support services such as assertive community treatment, residential substance use disorder services, comprehensive case management, medication assisted treatment, and other support services. Services are targeted to begin in February 2017 and funding was secured from Open Society Institute, Governor's Office of Crime, Control and Prevention, Abell Foundation and Morton K. and Jane Blaustein Foundation.</p>	<p>BHSB received a 5-year, \$2 million award from SAMHSA under the National Child Traumatic Stress Initiative to 1) improve the quality of trauma treatment and services for children and families who experience traumatic events, 2) increase access to effective trauma-focused treatment and services for children and adolescents, 3) address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. BHSB is partnering with Penn North Recovery, Safe Streets Baltimore through the Baltimore City Health Department, Catholic Charities and the Institute for Innovation and Implementation at University of Maryland Baltimore, School of Social Work to implement the project. Peer navigators for the project will work with the Safe Streets site in the Sandtown neighborhood to target youth between the ages of 14-25 and offer a continuum of support services which are expected to start in February of 2017.</p>
Baltimore County LBHA	<p>Baltimore County Department of Health, Bureau of Behavioral Health received funding from DHMH for a project titled Tobacco Enforcement Initiative to Support Syнар Compliance Grant. The purpose of the grant is to increase efforts in the enforcement of tobacco youth access laws, thereby reducing tobacco sales to minors. As a result of this funding, along with Baltimore County funds, the BCDH/BBH conducted over 5,533 compliance checks through the utilization of special payroll Health Enforcement Officers and youth under 18 years of age. Through these efforts, the retailer violation rate for FY 2016 was 14.6%, which was a significant drop from 25.4% in FY 2015. In FY 2016, through</p>	<p>In FY 2016, Baltimore County's Overdose Response Program held 24 trainings in the community and certified 563 people in recognizing and reversing opioid overdose using naloxone. In addition, the Baltimore County Health Officer trained and certified 889 Department of Health and Human Services staff as part of the annual All Staff Meeting. Peer Recovery Specialists are providing one-on-one trainings with clients and their families in conjunction with their outreach efforts in the community.</p> <p>In order to reduce wait time for screening appointments, the Bureau of Behavioral Health (BBH) instituted a "Substance Use Walk-In</p>	<p>Baltimore County's Peer Recovery Specialist (PRS) Outreach Team engages Baltimore County residents with substance use or co-occurring disorders, and supports their entry or reentry into the recovery process. The PRS team members meet their peers in the community, at treatment facilities, in the courts, at hospitals and in the detention center. Serving as a personal guide and "recovery coach," they provide emotional support, recovery information and resource linkages, concrete assistance in task completion and, opportunities for social connections with other individuals in recovery.</p> <p>In FY 2016 the PRS Outreach Team served 862</p>

	<p>staff and partners, over 1,800 retailer staff were educated on tobacco sales to minors laws.</p> <p>The Baltimore County Bureau of Behavior Health continues to see a high demand with our crisis services program. In FY 16, the program received a total of 15,390 calls to the hotline, including: 12,764 incoming calls for adults and 2,626 incoming calls for children. The Mobile Crisis Team provided 1,789 interventions. The Urgent Care Clinic provided service to 1,492 constituent's in Baltimore County. The In-home team completed 1,461 client visits. Finally, the Crisis Program now employs a part-time substance use counselor to assist with callers.</p>	<p>Clinic." On Mondays, Tuesdays, and Thursdays, any client who is present at BBH at Eastern Family Resource Center before 1 PM will be screened the same day. A Peer Recovery Specialist is available during the walk-in times to meet with clients to provide support and additional recovery resources as necessary.</p>	<p>(unduplicated) peers with substance use disorders and their family members. The Maryland Community Criminal Justice Treatment Program (MCCJTP) is achieving good outcomes utilizing its Case Manager/Peer Recovery Specialist team model in the Baltimore County Detention Center. 73 unduplicated individuals with severe mental illness diagnoses were served in FY 2016.</p>
<p>Calvert County LAA</p>	<p>Calvert County Health Department Behavioral Health has made a great deal of progress toward a full integration model of behavioral health services. The existing OMHC is being expanded to the three existing substance abuse clinic sites with interdisciplinary teams of psychiatrist/psychiatric nurse practitioner, co-occurring and/or mental health and substance use disorders clinicians at all of the locations. CCBH implemented a comprehensive, integrated assessment that can be used by any clinician at any site in a wrong door model.</p>	<p>Calvert County is the first county in Maryland to offer fully integrated behavioral health services (addressing both substance use and mental health issues) in the Calvert County public school system. This began as a pilot grant funded by the Kresge Foundation in the 2015-2016 school year with two middle schools and one high school. This has expanded to all middle schools and high schools in the 2016-2017 school year. Calvert County had the highest number of naloxone training kits dispensed to residents of any county in the state this past year.</p>	<p>Calvert County Health Department Behavioral Health joined with Calvert Memorial Hospital in a partnership to reduce hospital re-admissions due to behavioral health issues (substance use, mental health or both) or the complex interaction of behavioral health problems with somatic issues. This project was made possible, in part, by a grant from the Community Health Resources Commission. Hospital social workers and discharge planners identify high risk patients and collaborate with Calvert County Health Department Behavioral Health's Case Manager to link patients with appropriate outpatient or residential behavioral health and somatic care.</p>
<p>Carroll County LBHA</p>	<p>Training: BPWR continued to address the training needs of the community in a comprehensive manner. Training topics included MHFA, CIT, Self-Care, Trauma, as well as multiple learning opportunities surrounding early childhood mental health with a focus on substance exposed children.</p>	<p>Prevention: BPWR increased outreach to the older adult community from 8% in FY15 to 20% in FY16. To address the rise in fatal and non-fatal overdoses, BPWR increased outreach and education in the use of Naloxone. This was assisted through the use of family members and individuals in recovery.</p>	<p>Community Partnerships: As the LBHA the BPWR has used community partnerships to a valuable tool. In doing so, the agency works with other community stakeholders to form these partnerships. This has been impactful as the method builds upon the history of positive relationships and shared success; as well as shared visions and complementary missions, acknowledging and understanding the individual barriers to progress and taking the time to develop shared strategies. In our community, this has allowed us to continue with valuable coordinated partnerships that address access to services, workforce</p>

			development, and expansion of the local system of care.
Cecil County CSA	The CCCSA and Local Management Board conducted the first youth homeless count in Cecil County in conjunction with the University of Chicago. The process was extensive, requiring months of planning and implementation. The results were shared with local stakeholders and state agencies to utilize in planning for this population.	In recognition of May as Mental Health Awareness Month , the CCCSA partnered with On Our Own of Cecil County, to present a series of Behavioral Health themed workshops, presentations and events to the residents, local provider and Behavioral Health consumers in Cecil County. Approximately 100 attendees participated in the month long events. Additionally, the CCCSA and other local instructors conducted Mental Health First Aid Instruction to both the adult and youth program in Cecil County. Approximately 250 individuals received certificates.	CIT: Cecil County sponsored local officers and first responder to participate in the International Crisis Intervention Team (CIT) Conference in Chicago. Subsequently, a CIT strategic planning committee was developed. The committee has been instrumental in engaging new officers and formulating a CIT plan for the county.
Charles County CSA	Mental Health First Aid (MHFA): Charles County has been working to expand the implementation of Mental Health First Aid and Youth Mental Health First Aid. The CSA maintains teaching certification for two staff members, and a minimum of 4 MHFA/YMHFA courses are taught each fiscal year, which are open to the community. Through a partnership with Southern Maryland Law Enforcement Academy, existing officers and correctional officers, and all new recruits, have been trained in the Law Enforcement Public Safety MHFA course. Through a partnership with Charles County Public Schools, all School Resource Officers have been trained in YMHFA.	Enhancing children's services and Care Coordination Organization: The Charles County CSA has been working closely with Calvert County and St. Mary's County CSAs and with the BHA to successfully implement all elements of Care Coordination in order to comprehensively serve children and youth with a variety of behavioral health needs. This collaboration has resulted in children and youth from Southern Maryland obtaining the necessary community based mental health services needed to avoid out of home placements.	Increasing Awareness and Decreasing Stigma: The CSA was again a partner with the Maryland Children's Mental Health Matters! Campaign. The CSA distributed the 2016 Campaign Poster to various stakeholders and community partners, and sponsored a "Post It" public service announcement using the campaign poster, bus ads to promote the crisis hotline and newspaper ads dispelling myths about mental illness. Over 500 bags with anti-stigma/anti-bullying information were distributed to children at the Charles County Fair.
Frederick County CSA	Decreasing use of ER: Walk-in Behavioral Health Services continue to increase the number of persons using the program. Total number served for FY 2016 was 456. Of those, 35 related specifically to children ages 1-12 (13) and ages 13-17 (22). 23% said they would have gone to the ER without the Walk-in availability. The hospital recognizes this and provides funding to help maintain the program. Comments from persons receiving the service: " After our conversation, this is the first time I actually want to do therapy and feel like I should not be ashamed," "I felt	The CSA is continuing the process of improving an integrated system for Mental Health and Substance Use by working to improve communication between SU and MH providers who are serving the same person. The Mental Health Association's Hot line staff has been trained to process calls of those with substance use concerns. Rally for Recovery, organized to celebrate National Recovery Month, focused on integration and was planned and promoted by both SUD and MH. At the Rally there was testimony about experience with substance use and/or mental illness. There was emphasis on	The CSA has been able the use a 16 unit COC grant efficiently to expand to provide housing for 21 persons. The program has been identified as a housing first program. Applicants are not rejected because of their mental illness and/or substance use. Criminal history is not an automatic rule-out with review of history while still meeting HUD requirements. The manager of the program has done an excellent job of working with a number of landlords, quickly responding and listening to their concerns, supporting the ongoing experience of stabilizing families and

	paralyzed with these feelings until you made me feel safe," "I feel a lot better having a plan and more hope."	recognizing that substance use and/or mental illness does not define the person. The CSA coordinated with the Health Department to train persons as WRAP facilitators and Recovery Coaches with a goal of the peers becoming certified as peer specialists. 14 consumers trained to be WRAP facilitators.	individuals by providing housing.
Frederick County LAA	500 individuals were trained and certified on the use of naloxone (Narcan) during FY 16. Forty sessions were held in various locations and settings. During this time, there were 65 reported successful naloxone administrations by both law enforcement and Frederick citizens. The Health Department continues to conduct trainings on a regular basis.	The Opioid Misuse Prevention Project initiated a major awareness campaign in FY15, Take Back My Life, which was recently recognized with an international award. During FY 16 the campaign received a Gold MarCom Award from the Association of Marketing and Communications Professionals, as it stood out from more than 6,500 international entries for the 2015 competition across all categories. In the integrated marketing category, there were 650 entries, and the campaign was one of only 30 to receive gold awards. The awards competition recognizes outstanding creative achievement by marketing and communication professionals. The campaign continues to reach thousands through social media and our website: www.TakeBackMyLife.org	Additional community-wide educational and outreach efforts were held to reach a broad audience, including behavioral health professionals as well as individuals affected by mental health and substance use disorders. Health Department-sponsored events included the 4 th annual Rally for Recovery in recognition of National Recovery Month on September 26, 2015; Recovery Coach Academy in November 2015; a WRAP class in January 2016; speaker Charlie Wysocki, a person sharing his experience with mental illness to an audience of 75 people, on February 23, 2016; and an Ethics training with Candice R Dickens, LCPC, LCADC, a Board Member of the Maryland Board of Professional Counselors on June 9, 2016.
Garrett County LBHA	The Garrett County LBHA implemented consumer focused and community partnering housing services for 33 individuals through PATH (Projects for Assistance in Transition from Homelessness) during FY 2016.	The LBHA sponsored an Ethics Training for over 50 Behavioral Health Professionals, as well as 3 Mental Health First Aid sessions , for over 25 people. They co-sponsored one training day for a three day Addictions Training in Garrett County.	The LBHA began to work more closely with the sole Outpatient Clinic in the County to work on transitioning the Substance Related Disorder Treatment Services from Grant Funded to Fee for Service.
Harford County CSA and LAA	The Harford County Office on Mental Health hosted a Suicide Prevention "Life Matters" Conference on June 2, 2016 . The purpose of this conference was to break down the barriers associated with the stigma of suicide, bring community awareness, and share resources for treatment and recovery. The conference took place at Mountain Christian Church- New Life Center. Over 300 people attended to hear Keynote speaker Kevin Hines, a mental health advocate, award-winning global speaker, bestselling author, and documentary filmmaker. He reaches audiences with his story of an unlikely survival and his strong will to live during his own battle	Harford County Health Department Division of Behavioral Health received a 3-year CARF accreditation .	

	with suicide. Hines is one of only 34 to survive attempted suicide by jumping from the Golden Gate Bridge. He is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy.		
Howard County CSA	Howard County developed an urgent care psychiatric program through an existing licensed outpatient clinic with grant funds from the local hospital and a private foundation. County residents are seen within 24-48 hours for a psychiatric assessment and medication with follow up therapy. Individuals with private insurance, Medicaid and the uninsured are eligible for services.	In FY16, Howard County focused on suicide prevention through sponsorship of trainings throughout the year and a month long public relations campaign in May 2016 in honor of Mental Health Month.	County funds were made available in FY16 to improve the Directory of Services for Behavioral Health. The directory, which has always been available on the agency's website, is now searchable by various topics on mobile devices.
Howard County LAA	Working to establish outreach, linkage and referral assistance to prevention opiate overdoses via peer recovery support staff working with local police, fire and rescue, crisis intervention, and hospital.	Working to establish data repository for opiate overdose data across community partner agencies.	Working to recruit private providers to develop system of care to support substance use disorder treatment needs.
Mid-Shore CSA	<p>Consumer Recovery Supports Sometimes it is the NOT behavioral health treatment that makes all the difference in staying safe and stable in the community. Sometimes is the recovery supports! A little help and goes a long way to address obstacles and overcome barriers encounter on the path of recovery, and small amounts of one-time funding have a huge impact!</p> <p>A months-long effort of Mid Shore Behavioral Health prevented the loss of housing for one consumer. The consumer's septic system was damaged when an unknown person drove over the drain field. The failed system became an environmental health hazard, which would have resulted in the loss of the home.</p> <p>The consumer had secured a \$10,738 grant to replace the system, but needed an additional \$4771 to repair the drain field. Staff worked with the consumer to explore every possible funding source; the consumer was not eligible for a loan, could not trim</p>	<p>Forensic Mental Health Program, Sequential Intercept Model (SIM) Mapping, & Forensic Workgroup During fiscal year 2016, the Forensic Mental Health Program served 382 individuals. Belinda Frankel, LCSW-C manages the program wherein 157 new clients were referred by the courts for evaluation or case management. "We've had a low rate of recidivism," said Sherone Thompson, forensic case specialist. Fewer than 15 percent of the individuals served re-offend. Recovery hinges largely on stability and to that end consumers have turned to Mid-Shore Mental Health for assistance.</p> <p>The BSHN Forensic Workgroup has met on a monthly basis with a growing group of involved partners for vital discussions and education on issues pertaining to forensic mental health. The workgroup has identified priorities set forth in the annual SIMS meeting and has moved those priorities forward. Topics have included the creation of another ACT team in the region; reaching into the detention centers to link to</p>	<p>A Journey from homelessness to hope He was just a boy when he was placed in Maryland's foster care system following the death of his mother. The boy, whom we'll call John, had difficulty in school and at home. When his teenage peers played sports and began dating, 15-year-old John exchanged foster care for life on the streets, doing the best he could to survive in cities and towns on Maryland's Eastern Shore. He was then introduced to street drugs and alcohol. The 100-pound boy was quick to pick fights with others, a sort of survival mechanism that eventually led to arrests and jail time.</p> <p>John experienced bouts of severe depression and auditory hallucinations. John continued to live on the streets for many years, continuing a cycle of hospitalizations and detoxifications. Homelessness and hospitalizations eventually led him to PATH and a case manager who worked with him, linking John to the SOAR program to successfully obtain disability benefits. After many years of trauma, addiction</p>

	<p>expenses, or increase income. Friends, family and church members provided \$771 and MSBH worked with the Behavioral Health Administration to approve the \$4,000 balance of the consumer's request.</p> <p>The consumer became one of 124 who in FY16 were provided funds for one-time financial needs requests, compared to 109 the previous year. Funds were provided for utilities, security deposits, prescriptions and more. Support funds provided 33 prescriptions to 12 individuals at a cost of about \$3,900. A total of \$70,455 was allotted to 112 individuals and families for one-time needs — average per request support was about \$629. The ability to assist so many resulted from an approved request to the Behavioral Health Administration in January for an additional \$32,000 for consumer support funds. The availability of funds resulted from fiscally conservative administrative practices in place at Mid-Shore Mental Health, and the statutory commitment to reinvest the cost savings from FY15 to address one-time needs in FY16.</p> <p>Mid-Shore Behavioral Health Coordinator Megan Pinder, LCPC, provided oversight to the Targeted Case Management Discretionary funds for Youth and families across the region. Funds from the SAMHSA Rural CARES grant totaling \$42,485 were utilized to serve the needs of youth and families involved in Care Coordination. At the onset of FY16, funds were only available to level III consumers. As of June 2016, the eligibility to access the funds expanded to any Eastern Shore youth enrolled in the service. Pinder reviewed and approved requests to assist families with resources and services identified as needed in their Plan of Care. Requests included YMCA memberships, expressive therapies (equine, art, music, etc.), sensory assistive items, bedding, home appliances, eviction prevention and utility assistance. In total 106 requests were approved, 52 families were served and \$41,895.04 spent.</p>	<p>services before release; housing; medical insurance coverage; expungement; 8-505/8-507 processes; among others. Topics for the coming calendar year include a focus on the Criminal Justice Re-Investment Act. The annual SIMS meeting was held on January 21, 2016 and on Nov. 4, 2016 with robust attendance spanning all areas of the criminal justice partners including police officers, Judges, behavioral health providers, consumers, and legislatures. This year the SIMS meeting focused moving from a regional five county SIMS Map to beginning a county specific Sequential Intercept Map that focused on the gaps, strengths, and opportunities in each of the five Mid-Shore counties. It is hoped that this county-specific map will be further developed as part of each county's LDAAC process.</p>	<p>and homelessness, John was able to secure his own apartment using a BHA housing grant. That was more than one year ago. John continues in recovery, maintains the apartment and receives somatic and behavioral health services.</p> <p>When Case Manager Bernie Vervin visited John on that one-year-anniversary date, John said, "I am so happy and very thankful . . . I did not think that life could be so good." John is on track with all his life goals, has reconnected with some of his family members, and is working on becoming his own representative payee.</p>
<p>Montgomery County CSA</p>	<p>The CSA is an integral team member of the Montgomery County Emergency Medical</p>	<p>The Montgomery County CSA along with Serving Together, assisted the Washington DC Veterans</p>	<p>Montgomery County CSA established its first annual Mental Health Resource Fair for</p>

	<p>Services pilot project begun in FY 2016 between Health and Human Services and the Department of Fire and Rescue. The purpose of this pilot is to identify high volume callers of Emergency Medical Services and compare a list of those callers with high utilizers in the public behavioral health and developmental disabilities systems. Coordinated plans are then made to reduce the inappropriate use of 911 and to ensure the individuals are connected to PBHS and DDA resources. To further this pilot, the CSA will be holding weekly 'behavioral health consult' meetings with EMS to make coordinated plans for EMS identified 'super users' who need outreach and more intensive behavioral health services.</p>	<p>Affairs Medical Center in the planning and implementation of the DCVAMC's annual mental health summit. The summit was held in September of 2015 with over 50 attendees. The summit focused on accessing treatment and services for veterans.</p> <p>The CSA along with Serving Together collaborated with Cohen Veterans Network (CVN) on exploring implementation of a behavioral health clinic for veterans and families in the DC metropolitan area to include veterans and families from Montgomery County. The CSA and Serving Together helped host several focus groups to identify service needs and a potential partner and clinic site. Clinic design will center around the clinic as a hub and spoke model regardless of location. (CVN has clinics in 5 other localities nationwide.) Planning continues in FY17.</p>	<p>services across the lifespan. 40 exhibitors participated in the event and evaluations identified over 125 attendees. Evaluations from both the attendees and the exhibitors reflected positive outcomes and enthusiasm to continue the fair on an annual basis. Marketing for the Fair extended to public and private partners including service providers, libraries, local shopping centers, restaraunts and recovery centers. The CSA looks forward to planning and facilitating the 2nd annual fair in May 2017.</p>
<p>Prince George's County CSA</p>	<p>Crisis Services Expansion and Activities: Prince George's County Health Department received a SAMHSA System of Care (SOC) Planning Grant as a part of the Children's Mental Health Initiative, whereas the CSA serves on the SOC Planning Committee. The committee developed a plan to expand the county's crisis service continuum in FY 2017 to include: mobile hospital diversion workers to divert children from inpatient care, when appropriate; respite care for immediate diversion and/or a planned respite to reduce the number of crises; additional in home stabilization services through flexible funding to assist with the families unmet needs; a tele-psychiatry pilot project; peer support and system navigator for families experiencing crisis; peer support for youth following a crisis; and social media tools to engage directly with youth.</p> <p>Collectively, crises service providers responded to 18,590 persons experiencing mental health crises in FY 2016. This number includes emergency psychiatric evaluations and crisis beds to uninsured persons presenting in the emergency room, callers to the Maryland Youth Crisis Hotline and to the</p>	<p>Mental Health Public Awareness Campaign: The CSA is an active participant in the Prince George's County Health Department's Behavioral Health Workgroup. In FY 2016, the Health Department launched a countywide Mental Health Awareness Campaign during May, which is known nationally as "Mental Health Awareness Month". The campaign was spearheaded by the Behavioral Health Workgroup's Ant-Stigma Sub-Committee, which utilized a social media marketing strategy to mitigate the myths surrounding mental illness, as well as increase public awareness. The goal was to use social media and the internet as a platform to initiate conversation about mental health, share how it feels to live with a mental illness, help remove the shame and stigma of speaking out and create an atmosphere of support so that more people can be comfortable seeking the help they need.</p>	<p>MD LAUNCH Activities: In FY 2016, the Prince George's County Health Department's Maryland LAUNCH program continued to expand the capacity of Early Childhood Mental Health Consultation in the County, as well as increasing the competencies of the existing consultants to ensure the availability of mental health consultation in early care and education. The Early Childhood Mental Health (ECMH) Consultants served ten (10) elementary schools and 11 early childcare facilities.</p> <p>This past Spring, Maryland LAUNCH collaborated with partners from Johns Hopkins, through the Race to the Top Initiative, to hold a free training for physicians and mental health professionals entitled CHECKup (Children's Health and Emotional Care Learning Community for Primary Care Providers, Focused on Early Childhood Mental Health). Maryland LAUNCH also worked with the Department of Social Services and a community-based behavioral health provider under contract with the Health Department (Community Counseling and Mentoring Services) to implement several rounds of the 14-week Strengthening Families Program (an evidence-based program). In each round, there</p>

	<p>County's Crisis Response System (CRS). The Crisis Response System Mobile Crisis Teams (MCT) were dispatched 1,199 times and 237 urgent care appointments were scheduled to assist residents in crisis.</p> <p>Additionally, in FY 2016, two 40-hour Crisis Intervention Team trainings were provided to individuals within the Prince George's County Police Department, Capitol Heights Police Department, Office of the Sheriff, Fire and EMS and Department of Corrections.</p>		<p>are approximately 15 families completing the program. A Family Leadership Training was also completed in collaboration with Maryland Coalition for Families. The one-day training is a parent education program designed to provide parents of young children with skills to support the social and emotional development of their children, as well as equip participants with leadership skills.</p> <p>Maryland LAUNCH also worked with Community Counseling and Mentoring Services to implement a new nationally recognized Substance Abuse prevention model for children in the 10 targeted schools entitled B.A.B.E.S (Beginning Awareness of Basic Education Studies).</p> <p>Furthermore, hundreds of books promoting social and emotional development have been distributed to schools, childcare providers, parents and children through the Maryland LAUNCH program.</p>
Prince George's County LAA	Integrated the LAA and CSA planning and coordination activities under one work group.	Piloted bi-weekly client rounds with RTC provider to integrate a multi-agency multi-disciplinary group into Discharge Planning from all residential levels of care to facilitate improve coordination of care, and to reduce barriers to discharge.	Realigned and expanded Health Department resources including case management, hospital diversion, re-entry resources, and Peer Recovery to focus on engaging more vulnerable populations in the county.
Queen Anne's County LAA	As an early adopter in the Fee-for-Service transition, we have ensured continued access to outpatient treatment services in a jurisdiction that has historically relied exclusively on the health department for such services.	Partnered with our Board of Education to research an evidence-based Life Skills Training program to be implemented (partially) in School Year '16 - '17.	Continued our participation in the Health Departments' award-winning Mobile Integrated Community Health Program.
St. Mary's County CSA	The St. Mary's CSA was the recipient of the Southern Maryland Community Network Community Partner Award . The award is given annually to an entity that shows extraordinary efforts in establishing a partnership with SMCN thus strengthening their ability to work successfully on behalf on individuals with mental illness.	Behavioral Health efforts focused on community outreach through SMART Medicine program . SMART Medicine is a local media campaign designed to generate awareness on the rising issues of opioid misuse, abuse and overdose, as well as provide information and resources on the safe management of prescription medications. While this campaign was aimed at the entire population, Behavioral Health staff visited local	St. Mary's County Government convened a series of round table discussions to examine the current format of its public behavioral health system, identify potential redundancies or gaps in service and seek opportunities for collaboration and cost-savings. The three meetings were attended by Directors and those in leadership positions from local government, behavioral health agencies, non-profits, public

		senior centers and living facilities to provide an increased opportunity to Seniors to hear the presentation.	education, law enforcement, service providers and other key community stakeholders. Staff from the State Behavioral Health Administration accepted the invitation to attend one of the meetings to provide a State perspective and discuss the format of the public behavioral health service delivery systems in other jurisdictions.
St. Mary's County LAA	The St. Mary's County Department of Aging and Human Services, Human Services Division returned to the St. Mary's County Detention Center to re-introduce Guiding Good Choices . Guiding Good Choices is a substance abuse prevention program that teaches parents of children the skills necessary to improve family communication and enhance family bonding. The goal of the program is to prevent substance abuse among young people by teaching their parents effective communication and family management skills before their children enter adolescence. Inmates are taught universal life, effective communication and anger management skills. Several inmates at the detention center are participating in the program. The program is well received and the most recent class had a total of 8 graduates.	The St. Mary's County Department of Aging and Human Services, Behavioral Health/Human Services Division established a Student Prevention Program in collaboration with the St. Mary's County Public School System. The program is a re-creation of the former Student Assistance Program that ended in 2009. The Division of Human Services used Prevention funds provided through the Maryland Department of Health and Mental Hygiene, Behavioral Health Administration to restart services at Great Mills High School during the school year 2016-2017. The program will offer group and individual sessions facilitated by a licensed professional counsellor who will ensure the identification, assessment, and support to students experiencing problems with anger management, mood regulation, marked changes in school performance or behaviour (including truancy and excessive absences), interpersonal struggles, and behavioural issues that increase their risk for substance use. This program is projected to reach approximately 600 students.	
Washington County CSA	WCMHA provided the following trainings for the benefit of the community: 1) Bright Futures conference for Youth of Transition Age, a partnership between WCMHA, Department of Social Services and several other youth-serving organizations was held in Washington County on June 15 at Hagerstown Community College. Approximately 100 individuals ages 16-25 and the staff with whom they work attended. The keynotes were provided by Dr. Lonise Bias (mother of Len Bias) and Holistic Life Foundation. Other sessions were about suicide awareness/prevention, sexual health, decision making, college readiness, etc.	WCMHA staff is active on two ongoing initiatives in partnership with the Local Addiction Authority related to the heroin overdose epidemic: 1) the Overdose Fatality Review Team reviews overdoses resulting in death to determine trends and work toward the goal of preventing future overdoses and future overdose fatalities; 2) Project Act Now - a committee of local partners whose mission is to develop and promote a plan to provide strategies for educating the community on the risks and signs of opioid and heroin use and addiction, assist with connecting individuals seeking assistance with addiction to the appropriate treatment resources, and any other actions determined to	WCMHA staff has been active in restructuring the Continuum of Care (CoC) Program in Washington County which is designed to promote communitywide commitment to the goal of ending homelessness. Staff served on the Homeless Coalition Board and participated on the Strategy Committee to develop a coordinated assessment tool for agencies to match individuals experiencing homelessness to appropriate services. The CoC Housing Program (formerly Shelter Plus Care), managed by WCMHA, served an average of 33 individuals in FY 2016. WCMHA staff were instrumental in correcting problems with data collection and outcome reporting with the local

	<p>2) WCMHA partnered with American Foundation for Suicide Prevention to provide ASIST training to 25 individuals over 2 days in December. The participants were from mental health providers, peer support programs, faith based community, and youth serving agencies.</p> <p>3) Two SafeTALK sessions were provided on May 5, 2016. There were a total of 40 participants between the two sessions. The participants represented many facets of the community. The sessions shared information which allowed the attendees to become suicide-alert helpers.</p>	<p>be appropriate by the committee.</p>	<p>utilization of the Homeless Management Information System.</p>
<p>Worcester County LBHA</p>	<p>Community Resource Days: The Worcester County Core Service Agency in conjunction with local partners including the Health Department, Local Management Board, Providers, Department of Social Services and the MVA hosted five Community Resource events at local church soup kitchens. Nearly 400 people attended these events throughout Worcester County. These Individuals were provided with resources to assist with meeting their identified needs. Resources provided included, but is not limited to, behavioral health information, medical screenings, insurance navigation assistance, veteran support services, public assistance resources, and health promotion activities.</p> <p>Crisis Response Services: The Worcester County Crisis Response Team serves the jurisdiction 24 hours a day, seven days a week. In FY16, the Crisis Team responded to 470 calls. 299 calls were suicide related, 78 calls involved persons with chronic mental illness, and 170 persons had substance abuse disorders. Thirty clients were homeless. The team diverted 216 people from the hospital. The Worcester County Crisis Response Team is an integral part of the County's hospital diversion efforts.</p>	<p>Naloxone: The Worcester County Health Department offers Opiate Overdose Education and Training to administer Naloxone, available for all in Worcester County. Those trained receive a 2 year Certificate, a prescription and voucher. The training includes: recognition of the symptoms and signs of opioid overdose, how to properly administer Naloxone, proper rescue breathing technique, importance of contacting emergency medical services, care after administration of Naloxone, and how to obtain and fill a prescription of Naloxone. In FY 2016, there were 434 individuals trained. These individuals received certificates in the administration of Naloxone.</p>	<p>Suicide Prevention and Mental Health Awareness: 1. On September 26, 2015, the CSA, in partnership with the Worcester County Local Management Board, Atlantic General Hospital, the Worcester County Health Dept., and other partner agencies, held the fourth "Out of the Darkness" Suicide Prevention Walk in Ocean City, MD. The walk attracted nearly 400 walkers and raised over \$23,000 for suicide prevention activities to be made available in Worcester County through the American Foundation for Suicide Prevention.</p> <p>2. In fiscal year 2016 there were four Youth Mental Health First Aid trainings, resulting in the certification of 68 individuals. In addition there were 55 persons trained in the core module of Mental Health First Aid over the course of four trainings. The trainings reached the following groups: DSS, Library, shelter staff, Public Health Nurses, Higher Education and State Employees. Thirty-one officers in Worcester County received training and certification in the law enforcement module through Crisis Intervention Team Training. The Worcester County instructors also trained and certified two members of the faith based community.</p>