

IMPLEMENTATION STRATEGY – PRIORITY AREAS

Priority Area #1: Behavioral Health/Substance Abuse

Overarching Goal: Increase education/awareness of behavioral health/substance abuse in the community and improve delivery of services

Focus Areas:

- Establish a universal screening tool and discuss platforms for sharing information
- Expand Mental Health First Aid Training
- Establish a County-Wide Provider Council

Focus Area #1: Establish a universal screening tool and a platform for sharing information

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Create an email list of Behavioral Health Workgroup participants.	Sheppard Pratt – Lynn Flanigan Kolmac – Mimi Walsh-Wehberg	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of participants included on email list 	<ul style="list-style-type: none"> • List was updated during May 2019 meeting
Share and review ideas of assessment tools and information sharing platforms among email list.	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of participants providing input • # of assessment tools and platforms identified 	<ul style="list-style-type: none"> • Discussed possibly changing the focus area to a universal screening tool.
Hold a meeting of Behavioral Health Workgroup participants and other key organizations to establish a universal assessment	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of participants at meeting • Identification of universal assessment tool 	<ul style="list-style-type: none"> • No update to date.

tool and discuss platform sharing options.			<ul style="list-style-type: none"> • # of organizations committed to using universal assessment tool 	
Train organization staff on how to use the universal assessment tool moving forward.	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations using universal assessment tool • # of staff trained • # of individuals screened through universal assessment tool 	<ul style="list-style-type: none"> • No update to date.
Establish plans to reconvene group to make a decision on platform sharing options.	Sheppard Pratt – Lynn Flanigan Kolmac – Mimi Walsh-Wehberg	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations invited to participate in discussion 	<ul style="list-style-type: none"> • No update to date.
Research mental health apps and the potential tie to universal assessment tools.	Manor Care – Melissa Falbo	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of mental health apps identified • # of ideas generated to link to assessment tool 	<ul style="list-style-type: none"> • A list of 12 Mental Health and 4 Substance Abuse apps was established.

Focus Area #2: Expand Mental Health First Aid Training

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Determine what organizations provide Mental Health First Aid training classes in the area.	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations providing Mental Health First Aid training classes in the area 	<ul style="list-style-type: none"> • No update to date.

Host Mental Health First Aid training at each organization in the Behavioral Health Workgroup.	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations hosting training classes • # of people trained 	<ul style="list-style-type: none"> • Funding was provided for 100 participants to be trained. First class was held on May 13. Three classes are scheduled at Sheppard Pratt Conference Center the remainder of 2019
Investigate opportunities to offer community-wide Mental Health First Aid training and consider partnering with local colleges.	All Workgroup Participants, Towson University	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations interested in participating in Mental Health First Aid training • # of individuals trained • # of training hours conducted 	<ul style="list-style-type: none"> • No update to date.

Focus Area #3: Establish a County-Wide Provider Council

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Identify an organization to spearhead Provider Council.	All Workgroup Participants, GBMC	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of organizations identified to spearhead Council • Selection of one spearheading organization 	<ul style="list-style-type: none"> • No update to date.
Recruit community stakeholders to participate in the Provider Council.	Spearheading Organization, All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of community stakeholders recruited for Council 	<ul style="list-style-type: none"> • No update to date.

<p>Conduct initial meeting of Provider Council to discuss Behavioral Health resources available in the community.</p>	<p>Spearheading Organization, Provider Council</p>	<p>Next CHNA 3-year cycle 2020 -2022</p>	<ul style="list-style-type: none"> • # of attendees at initial meeting • # of resources identified 	<ul style="list-style-type: none"> • No update to date.
<p>Create and maintain an online directory of available Behavioral Health resources.</p>	<p>Spearheading Organization, Provider Council</p>	<p>Next CHNA 3-year cycle 2020 -2022</p>	<ul style="list-style-type: none"> • Creation of 1 online directory • # of resources listed in directory • # of page views of online directory • # of updates to directory – updated at least quarterly 	<ul style="list-style-type: none"> • No update to date.

Future Actions/Strategies for Behavioral Health/Substance Abuse:

- Grace Serafini to provide updates to the group of Baltimore County and Maryland Hospital Association initiatives in order to develop additional resources to provide improved access to services and resources.
- Lynn Flanigan will be retiring in June 2019. Sarah Fogler will be stepping in to handle Lynn’s responsibilities of the BH/SA Priority Area Group.
- A Mental Health Consortium meets in the area quarterly. It was discussed that someone from the BH/SA Priority Area Group could try to attend.
- Sarah Fogler will be attending the meeting on June 27th of Baltimore County Council
- Establish an inventory of services that exist within the County.

Priority Area #2: Access to Care

Overarching Goal: Increase access to quality care for all residents by identifying underserved populations and simplifying the process for accessing services and resources

Focus Area #1: Identify needs of underserved populations and facilitate connections to meet needs by creating seamless transitions and coordination of care between care settings and providers

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
<p>Conduct meetings of providers in the GBMC and University of Maryland St. Joseph Medical Center (UM SJMC) health networks and other community partners.</p> <p>-----</p> <p>Establish a Community Access Network (CAN) to help address needs/barriers identified.</p>	<p>GBMC - Leana Hoover and Dr. Robin Motter-Mast, UM SJMC - Alice Chan, Health Network Providers</p>	<p>Next CHNA 3-year cycle 2020 - 2022</p>	<ul style="list-style-type: none"> • # of meetings held • # of providers in attendance at meetings • # of participants in attendance • # of partners participating in network • # of needs addressed through Community Access Network 	<ul style="list-style-type: none"> • Quarterly meetings conducted. • The group agreed that bringing resources together can make a bigger impact. Suggestions to reach out for additional partnerships
<p>Create a standard set of information to be collected from patients upon admission and discharge that will be</p>	<p>GBMC - Leana Hoover and Dr. Robin Motter-Mast,</p>	<p>Next CHNA 3-year cycle 2020 - 2022</p>	<p>Outline a standard data set or measuring tool</p> <ul style="list-style-type: none"> • # of care settings informed about the standard data set 	<ul style="list-style-type: none"> • UM SJMC and GBMC will be meeting soon to establish consistent data and quality measures to

<p>utilized across all care settings and among providers. -----</p> <p>Identify populations in need of care by collecting social determinants or other data via a standard screening tool. -----</p> <p>Determine and connect patients to resources available in the community during the discharge process.</p>	<p>UM SJMC - Alice Chan, Health Network Providers, CRISP or EPIC (reporting platform)</p>		<ul style="list-style-type: none"> • # of care settings utilizing the standard data set <p>Outline a standard process</p> <ul style="list-style-type: none"> • # of care settings providing outline of standard process • # of underserved populations identified • # of connections made with organizations serving underserved populations • # of care settings connecting patients to resources at discharge • # of individuals utilizing resources identified in repository 	<p>be submitted to establish baseline data.</p> <ul style="list-style-type: none"> • Determine if a standard data set is being used across care settings and facilities. • Determine how to leverage utilization of social determinant screenings tools • Discussion about adding care plans to CRISP. • EPIC is partnering with Aunt Bertha to supply a centralized place to connect patients with community resources (still a work in progress)
<p>Establish a social media group/website for patient navigators and community health workers to share resources and offer support.</p>	<p>GBMC - Melanie Miller, UM SJMC - contact to be identified</p> <p>Additional resources identified to help: Howard County,</p>	<p>Next CHNA 3-year cycle 2020 - 2022</p>	<ul style="list-style-type: none"> • # of patient navigators/community health workers identified <p>Creation of a patient navigator social media group/website</p> <ul style="list-style-type: none"> • # of patient navigators/community 	<ul style="list-style-type: none"> • Identify care managers/patient navigators or community health workers in UM SJMC and GBMC that focus on underserved populations in different care settings

	<p>Baltimore County Provider Council, Assistance Center of Towson Churches (ACTC), Maryland Senior Resource Network (MSRN), United Churches Assistance Network (UCAN)</p>		<p>workers participating in a social media group/website</p> <ul style="list-style-type: none"> • # of posts/page views on the social media group/website • #/% of patient navigators/community workers that feel support and resources from the group/website is helpful 	<ul style="list-style-type: none"> • UM SJMC and GBMC High Risk Clinic • This is continuing to be explored and refined between both health care systems. Local non-clinical entities should be involved with this content as well. • Aunt Bertha may play a role in this, but still working out the resource and contract to place in EPIC.
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Future Actions/Strategies for Access to Care:

- Improve education and awareness of all access to care resources through community workshops
- Increase the use and awareness of mobile screenings (including follow-up)
- Increase the presence of providers/practices that are available after hours
- Utilize retired nurses, pharmacy/nursing students, or high school students to provide in-home services (mostly non-clinical)
- Non-clinical staff utilized as care managers/patient navigators or community workers to share resources and offer support
- Increase utilization of CRISP to improve information sharing between providers/facilities (care plans can be accessed from anywhere by providers)
- Look into the affordability and availability of basic resources (transportation, medications, nutrition, doctors’ appointments, support/isolation, social determinants)

Priority Area #3: Obesity

Overarching goal: Reduce risk factors that contribute to obesity and improve access to wellness resources and healthy foods

Focus Areas:

- Explore opportunities to create “Healthy Baltimore County”
- Increase access to healthy foods
- Pilot a comprehensive weight management program with GBMC health system

Focus Area #1: Explore opportunities to create “Healthy Baltimore County”

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Reach out to community stakeholders including Baltimore County Health Dept., Giant Registered Dietitian, Department of Aging, Towson University, American Heart Association, YMCA, and Parks and Recreation.	All Workgroup Participants	2020 Next CHNA 3-year cycle 2020 -2022	• # of stakeholders contacted	• Workgroup is actively working to expand the stakeholder group.
Reach out to Healthy Howard for best practices.	Gilchrist – Anne Evans	Next CHNA 3-year cycle 2020 -2022	• # of best practices identified	• No update to date.
Convene a meeting of all Obesity Workgroup members and additional stakeholders.	All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	• # of meeting attendees	• Obesity workgroup met twice since initial meeting in May 2018 and plans to schedule virtual meetings

				in order to encourage attendance.
Create an inventory of wellness resources in the community (i.e. parks, transportation) both in and out of Baltimore County.	GBMC – Cate O’Connor-Devlin, All Workgroup Participants	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of resources identified on inventory 	<ul style="list-style-type: none"> • In process of gathering the resources that are available in the community. Once all resources are gathered, this will be shared with the broader community.

Focus Area #2: Increase access to healthy foods

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Explore opportunities to raise awareness and expand the “Healthy Harvest” program.	GBMC – Meghan Chan	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of new ideas • # of opportunities identified to expand Healthy Harvest program • # of blood pressures and diabetes checks taken during programming and interventions made 	<ul style="list-style-type: none"> • Information was gathered and shared among group members about the Healthy Harvest program. UM SJMC is implementing programming and GBMC representatives will work collectively with Healthy Harvest and UM SJMC to expand footprint of program.
Create a partnership between Towson University students and older adults in the community to help with grocery shopping.	GBMC – Carolyn Candiello, Towson University	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of older adults served by students • # of college students partnered 	<ul style="list-style-type: none"> • Towson University shared interest in partnering with GBMC and UM SJMC to help with increasing access healthy food.

Create a partnership between grocery stores and senior housing to bring produce on-site.	GBMC – Cate O’Connor-Devlin, Shop-Rite, Giant, Other Grocery Stores	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of senior housing communities participating • # of seniors served 	<ul style="list-style-type: none"> • Giant is reaching out through community events for seniors and offering help with the ordering and delivery of food.
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Focus Area #3: Pilot a comprehensive weight management program with GBMC health system

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Connect with GBMC Leadership to discuss idea for comprehensive weight management program.	GBMC	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of conversations with leadership 	<ul style="list-style-type: none"> • Discussion was held and a representative from HR was assigned to the group.
Create a list of recommendations of weight loss resources in the community for individuals that don’t qualify for surgery.	GBMC	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • Creation of list of weight loss resources • # of resources identified 	<ul style="list-style-type: none"> • Discussion around the resources and recommendations that will be included. Topics of discussion included Nu Tri, establishing partnerships with WW, and using reusable cups to encourage healthy drink alternatives.
Work with Sodexo to review food served at GBMC.	GBMC, American Heart Association, Sodexo	Next CHNA 3-year cycle	<ul style="list-style-type: none"> • # of healthy food alternatives provided 	<ul style="list-style-type: none"> • In progress

		2020 -2022		
Pilot the comprehensive weight management program, featuring the list of recommendations of weight loss resources, with GBMC staff.	GBMC	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • # of GBMC staff provided the list/participating in program • # of GBMC staff reaching weight loss goals using recommendation list 	<ul style="list-style-type: none"> • GBMC’s Fit and Healthy Program coverage should be expanded to include pre-diabetics. This program could be expanded to broader community.
Assess the success of the pilot comprehensive weight management program to determine if the program should be expanded.	GBMC	Next CHNA 3-year cycle 2020 -2022	<ul style="list-style-type: none"> • %/# of participants that lost weight/within a healthy range • % of participants with blood lipid levels w/in a healthy range • % of participants w/ blood glucose w/in a healthy range • # of participants that have made healthy lifestyle changes 	<ul style="list-style-type: none"> • No update to date.

Focus Area #4: Improve collaborative efforts with chronic disease management specialists

Actions	Responsible Parties/Partners	Timeline	Measures/Outcomes	Status
Connect with GBMC Specialists to refine chronic disease management process to	GBMC, Dr. Motter-Mast	Next CHNA 3-year cycle	<ul style="list-style-type: none"> • # multi-specialist meetings • # of patients impacted by new approach 	<ul style="list-style-type: none"> • In progress

enhance patient care to those who are also obese		2020 -2022	• # of interventions to patient care	
Creation of a Pilot program that will utilize GBMC Interns and Residents to address health issues of potential new hires	GBMC residency/intern programs and Employee Health Staff	Next CHNA 3-year cycle 2020 -2022	• # of new hires who are Diabetic or Hypertensive • # of interventions • # of employees hired whose health conditions are now controlled and in healthy levels.	• In progress
Create process to identify and educate patients who are admitted with Type II Diabetes and have an A1C of 9 or higher	GBMC	Next CHNA 3-year cycle 2020 -2022	• # of admissions/patients with uncontrolled Diabetes • # of interventions	

Future Actions/Strategies for Obesity:

- Make public transportation to healthy areas easier
- Create a partnership between Uber and meals on wheels
- Limit access to sugary beverages
- Improve education about healthy eating
- Collaborate with grocery stores and physician offices
- Provide education to parents on packing student lunches
- Establish partnership with public schools; partner elementary students and college students; contest around food groups
- Provide prescriptions to patients to see a Registered Dietitian at Giant grocery store
- Promote self-help groups such as weight watchers, Over-Eaters anonymous, and my fitness pal
- Provide grocery store tours to the community
- When patients are discharged, utilize meals on wheels to help with transition back home