

#1

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, February 08, 2019 1:04:38 PM
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Time Spent: 00:01:09
IP Address: 24.245.100.175

Page 1: Presenter(s) Contact Information

Q1 Primary Presenter Name

Erin Carney

Q2 Presenters' Title/Degrees

MS, RDN, LDN

Q3 Primary Presenter's Organization

University of Maryland Extension

Q4 Organization's County, State

Leonardtown, MD

Q5 Primary Presenter Email

erinc@umd.edu

Q6 Primary Presenter Phone Number

301-475-4485

Q7 Co-Presenter's Name (if applicable)

Respondent skipped this question

Q8 Co-Presenter's Title/Degrees (if applicable)

Respondent skipped this question

Q9 Co-Presenter's Organization (if applicable)

Respondent skipped this question

Q10 Organization's County, State (if applicable)

Respondent skipped this question

Page 2: Presentation Information

Q11 Presentation Title **Respondent skipped this question**

Q12 Presentation Description/Overview **Respondent skipped this question**

Q13 Presentation Audience **Respondent skipped this question**

Q14 What time slot would you prefer to present in?
(requests will be taken into consideration but are not guaranteed) **Respondent skipped this question**

Q15 Comments: **Respondent skipped this question**

Page 3: Connection to Healthy St. Mary's 2020 Plan

Q16 What local health priority does your topic relate to?
(check all that apply) **Respondent skipped this question**

Q17 Does your topic address/explore one of the objectives or strategies outlined in the Healthy St. Mary's 2020 Plan? If so, please identify which one: **Respondent skipped this question**

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Q18 Acceptance of Terms **Respondent skipped this question**

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, February 11, 2019 11:19:53 AM
Last Modified: Monday, February 11, 2019 11:37:09 AM
Time Spent: 00:17:16
IP Address: 167.102.229.106

Page 1: Presenter(s) Contact Information

Q1 Primary Presenter Name

Amber Starn

Q2 Presenters' Title/Degrees

Epidemiologist/Masters of Public Health (MPH)

Q3 Primary Presenter's Organization

Charles County Department of Health

Q4 Organization's County, State

Charles County, Maryland

Q5 Primary Presenter Email

amber.starn@maryland.gov

Q6 Primary Presenter Phone Number

301-609-5748

Q7 Co-Presenter's Name (if applicable)

Respondent skipped this question

Q8 Co-Presenter's Title/Degrees (if applicable)

Respondent skipped this question

Q9 Co-Presenter's Organization (if applicable)

Respondent skipped this question

Q10 Organization's County, State (if applicable)

Respondent skipped this question

 Page 2: Presentation Information
Q11 Presentation Title

Charles County Mobile Integrated Healthcare: Paving the Way to a Healthier Community

Q12 Presentation Description/Overview

The Charles County Mobile Integrated Healthcare (MIH) Team is an innovative public/private partnership between the Charles County Department of Health, the Charles County Department of Emergency Services, and the University of Maryland Charles Regional Medical Center. MIH is an integration of 3 agencies for one common goal. The pairing of traditional emergency medical services and public health practice is instrumental to the success of the MIH program. The MIH team consists of a paramedic, a registered nurse, and a community health worker. This team is closing the healthcare loop and ensuring the best client outcomes through care coordination and referral to needed community, health, and social services.

During an initial home visit, the team assesses the client's vital signs, reviews discharge paperwork, evaluates compliance with discharge instructions, completes a medication evaluation/reconciliation, conducts an environmental home scan for safety issues, and provides health education and chronic disease self management information. When appropriate, they return to correct any issues identified in the environmental scan.

In the 3 months prior to MIH participation, 50 MIH participants had a total of 68 visits to the local hospital emergency department. After MIH, the number of ED visits among participants dropped 60% to a total of 27 ED visits. The number of inpatient admissions dropped 57% from a total of 37 inpatient admissions 3 months prior to 16 inpatient admissions. The number of 30 day readmissions dropped from 7 to 1. EMS call volume reduced by 48% from 143 calls to 75 calls among participants.

The presentation will give an overview of this program, outlining program eligibility, the referral process, sources of funding, program outcomes, success stories, challenges, lessons learned, and future expansion.

Q13 Presentation Audience

Local and state public health practitioners, hospital employees, emergency medicine personnel, quality improvement organizations, non-profit organizations, government agencies.

Q14 What time slot would you prefer to present in? (requests will be taken into consideration but are not guaranteed)

9:30 - 10:15 a.m.	5
10:30 - 11:15 a.m.	4
11:30 a.m. - 12:15 p.m.	3
1:00 - 1:45 p.m.	2
2:00 - 2:45 p.m.	1

Q15 Comments:

Respondent skipped this question

Q16 What local health priority does your topic relate to?
(check all that apply)

**Access to
Care**

Q17 Does your topic address/explore one of the objectives or strategies outlined in the Healthy St. Mary's 2020 Plan? If so, please identify which one:

Yes, the Charles County MIH program addresses:
AC 11, AC 12, AC 16

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Q18 Acceptance of Terms

**Yes; I have read and understand the information in the
Call for Proposals for the 2019 HSMP Annual Meeting**

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, February 07, 2019 11:34:13 AM
Last Modified: Wednesday, February 13, 2019 10:48:50 AM
Time Spent: Over a day
IP Address: 167.102.190.106

Page 1: Presenter(s) Contact Information

Q1 Primary Presenter Name

Dorothy Fox

Q2 Presenters' Title/Degrees

Executive Director and CEO

Q3 Primary Presenter's Organization

The Partnership for a Healthier Carroll County, Inc.

Q4 Organization's County, State

Carroll, Maryland

Q5 Primary Presenter Email

ThePartnership@HealthyCarroll.org

Q6 Primary Presenter Phone Number

410-871-7645

Q7 Co-Presenter's Name (if applicable)

Lisa Wack

Q8 Co-Presenter's Title/Degrees (if applicable)

Director of Community Health Improvement

Q9 Co-Presenter's Organization (if applicable)

The Partnership for a Healthier Carroll County, Inc.

Q10 Organization's County, State (if applicable)

Carroll, Maryland

Page 2: Presentation Information

Q11 Presentation Title

C.A.R.E. to End Stigma

Q12 Presentation Description/Overview

Stigma associated with mental and substance abuse disorders leads to social isolation, decreased self-efficacy, and discourages people with behavioral health conditions from seeking and receiving treatment. In Carroll County, the detrimental impact of stigma was identified as a community issue in the Community Health Needs Assessment of 2018, and was discussed during the prioritization of issues for Carroll’s Community Benefit and Health Improvement Plan for FY2019-2020. The finalized Plan directs local leaders in health to develop consistent messaging and conduct an anti-stigma campaign for mental health and substance use. In September of 2018, The Partnership for a Healthier Carroll County, Inc. laid groundwork for the new Carroll Anti-Stigma Resilience Effort (C.A.R.E.), and The Partnership now coordinates this effort with the help of a collaborative community steering group.

Presenters from The Partnership for a Healthier Carroll County, C.A.R.E.’s coordinating organization, will describe the impetus behind the campaign, the diverse local coalition behind it, and the strategies being used to dispel myths, overcome stigma, and provide tools for communicating effectively about behavioral health. Based on proven models for decreasing stigma and increasing the percentage of individuals with a behavioral health condition who receive treatment, C.A.R.E. is a promising new initiative to improve the health and quality of life of people in Carroll County struggling with mental illness and substance abuse.

Q13 Presentation Audience

public health professionals; social and human services providers; consumers, family, and advocates; behavioral health care providers; health care providers

Q14 What time slot would you prefer to present in? (requests will be taken into consideration but are not guaranteed)

9:30 - 10:15 a.m.	5
10:30 - 11:15 a.m.	4
11:30 a.m. - 12:15 p.m.	3
1:00 - 1:45 p.m.	1
2:00 - 2:45 p.m.	2

Q15 Comments:

We look forward to attending the 2019 HSMP Annual Meeting and presenting our initiative addressing the problem of stigma.

Page 3: Connection to Healthy St. Mary's 2020 Plan

Q16 What local health priority does your topic relate to? **Behavioral Health**
(check all that apply)

Q17 Does your topic address/explore one of the objectives or strategies outlined in the Healthy St. Mary's 2020 Plan? If so, please identify which one:

Behavioral Health, Objectives BH2 & BH3: Decrease social stigma associated with mental illness through communications campaigns, public outreach, and anti-stigma training

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Q18 Acceptance of Terms **Yes; I have read and understand the information in the Call for Proposals for the 2019 HSMP Annual Meeting**

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, February 13, 2019 2:38:32 PM
Last Modified: Wednesday, February 13, 2019 3:48:00 PM
Time Spent: 01:09:27
IP Address: 68.134.205.198

Page 1: Presenter(s) Contact Information

Q1 Primary Presenter Name

Kat Olbrich

Q2 Presenters' Title/Degrees

Maryland Area Director

Q3 Primary Presenter's Organization

American Foundation for Suicide Prevention

Q4 Organization's County, State

Maryland

Q5 Primary Presenter Email

kolbrich@afsp.org

Q6 Primary Presenter Phone Number

202-770-8973

Q7 Co-Presenter's Name (if applicable)

N/A

Q8 Co-Presenter's Title/Degrees (if applicable)

N/A

Q9 Co-Presenter's Organization (if applicable)N/A

Q10 Organization's County, State (if applicable)N/A

Page 2: Presentation Information

Q11 Presentation TitleProject 2025: An initiative to reduce the annual rate of suicide in the U.S. 20 percent by 2025

Q12 Presentation Description/Overview

The American Foundation for Suicide Prevention has set a bold goal to reduce the annual suicide rate in the United States 20 percent by the year 2025. Using analytics and modeling tools, and with guidance from leaders in the field of suicide prevention, AFSP has identified four critical areas which represent the highest potential to reach the most people at risk for suicide in the shortest amount of time.

Firearms and Suicide Prevention: There are nearly 23,000 firearms-related suicides each year; roughly half of all suicides. By making suicide prevention education a basic part of firearms ownership, we can increase awareness of mental health and suicide prevention tools, and further the importance of safe storage and other life-saving practices. Since January 2017 the AFSP Maryland Chapter has been presenting the 30 minute "Firearms Safety and Suicide Prevention" program to firearm owners and the general community across Southern Maryland. We will provide an overview of the program, how it can be implemented, and what has been achieved so far.

Healthcare Systems: An estimated 45 percent of individuals who die by suicide visit their primary care physician in the month prior to their death. By accelerating the acceptance and adoption of evidence-based suicide prevention practices within primary and behavioral healthcare systems, we can identify those at risk, and a visit to the doctor's office can become a critical opportunity to connect them to care. In spring of 2019 the AFSP Maryland Chapter will start providing a three hour suicide prevention training to primary care physicians and pediatricians called SafeSide. The training is meant to educate physicians and their staff on how to interact better with those struggling with mental health as well as suicide ideation and thoughts. We will show what SafeSide looks like and how it can be implemented.

Emergency Departments: An estimated 39 percent of individuals who die by suicide visit an emergency department in the year prior to their death. By encouraging the acceptance and adoption of suicide screening and delivery of follow-up services as a standard of emergency care, we have a greater chance of preventing suicide in these at-risk individuals. AFSP and the American College of Emergency Physicians (ACEP) jointly developed an online-based suicide risk assessment and treatment tool to better guide the delivery of emergency suicide prevention services. The tool launched in January of 2019 and is a free app called ICAR2E - Rapid Suicide Risk Identification Tool for Emergency Departments. We will explore the tool and provide suggestions on how to use it as an Emergency Doctor or nurse.

Corrections Settings: Suicide is the leading cause – and accounts for – 35 percent of all deaths in jails. By enhancing mental health education and improving coordination of suicide prevention care in and at key points of contact with corrections systems, we can significantly reduce the rate of suicide in these settings. By Fall 2019 AFSP will roll out a 30 minute presentation for inmates and staff of correctional facilities that will explain the research behind suicide, ways to prevent suicide, and how to help someone in crisis. We will provide an overview of the program and share our experience presenting the talk to inmates that are part of the Maryland Correctional System.

Q13 Presentation Audience

General Community, Firearms Owner, Military personnel and their families, Law Enforcement, Physicians, Pediatricians, Emergency Department Staff, Correctional System staff, lawmakers etc.

Q14 What time slot would you prefer to present in? (requests will be taken into consideration but are not guaranteed)

9:30 - 10:15 a.m.	1
10:30 - 11:15 a.m.	2
11:30 a.m. - 12:15 p.m.	3
1:00 - 1:45 p.m.	4
2:00 - 2:45 p.m.	5

Q15 Comments:

Thank you for your consideration!

Page 3: Connection to Healthy St. Mary's 2020 Plan

Q16 What local health priority does your topic relate to? **Behavioral Health**
(check all that apply)

Q17 Does your topic address/explore one of the objectives or strategies outlined in the Healthy St. Mary's 2020 Plan? If so, please identify which one:

Reduce the rate of emergency department visits related to behavioral health conditions (per 100,000 population) from 7,027.1 to less than 6,675.7 as easured by the HSCRC

Decrease the suicide rate (per 100,000 population) from 12.3 to less than 11.7 as measured by Maryland DHMH vital Statistics Administration

Reduce the percentage of high school students that seriously considered attempting suicide during the past 12 months from 16.1 to less than 15.3 as measured by the Youth Risk Behavior Survey (YRBS)

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Q18 Acceptance of Terms

Yes; I have read and understand the information in the Call for Proposals for the 2019 HSMP Annual Meeting