



HARFORD COUNTY HEALTH FORUM

FEBRUARY 5, 2020

Harford County Health Department

The Health of Harford County

Russell Moy, MD, MPH, Health Officer
Ronya Nassar, MPH, Health Policy Analyst



Agenda

- Who is the Harford County Health Department
- Snapshot of Harford County's Health
- Maternal and Infant Health
- Behavioral Health
- Chronic Diseases

Health Department Locations



120 S. Hays St., Bel Air



1 N. Main St., Bel Air



2204 Hanson Rd., Edgewood



1321 Woodbridge Station
Way, Edgewood



2015 Pulaski Hwy,
Havre de Grace

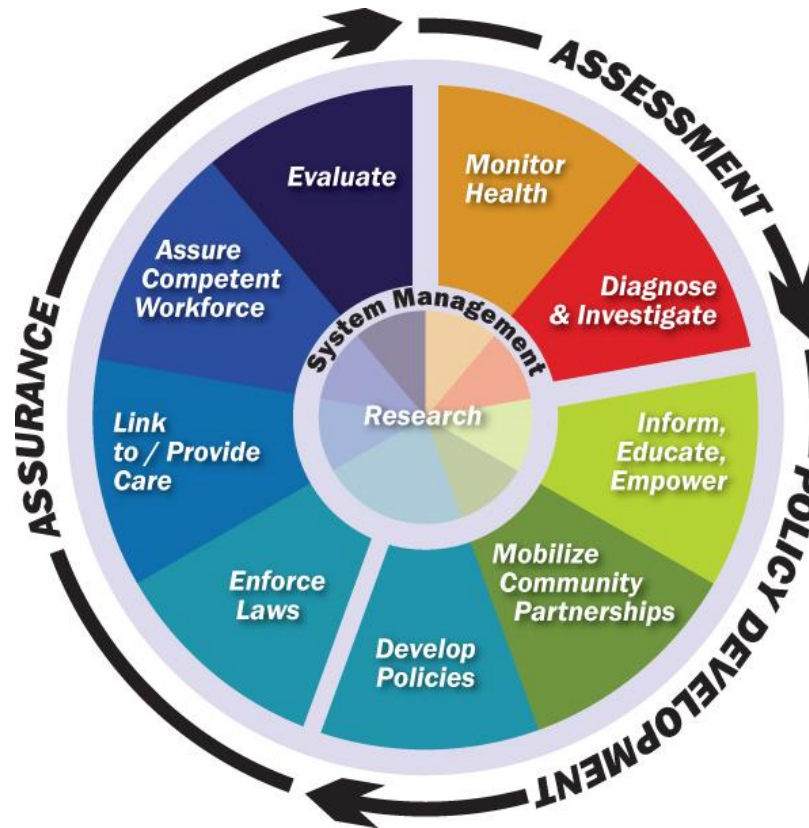


2027 Pulaski Hwy,
Havre de Grace



Health Department Services

- Addiction Services
- AERS Services
- Birth Certificates
- Cancer Prevention
- Care Coordination Plus
- Communicable Disease
- Dental Care
- Emergency Response
- Environmental Health
- Family Planning
- Health Education



- Health Planning
- HIV/STI Treatment
- Home Visiting
- Immunizations
- MD Health Insurance
- Mental Health
- Outbreak Investigation
- Population Health
- Tobacco Cessation
- Transportation
- PrEP



A collage of four report covers from Harford County Health Department. Top left: "ANNUAL REPORT FY 2019" in large white letters on a dark blue background. Top right: "COMMUNITY HEALTH NEEDS ASSESSMENT" in yellow letters on a teal background, with "JULY 2019" and "REVISED" in smaller text. Bottom left: "Harford County Health Department" with logos for PHAB, CCRP, and ASPE. Bottom right: "COMMUNITY HEALTH IMPROVEMENT PLAN JANUARY 2019 - 2024" in dark blue letters on a white background, with "REVISED JULY, 2019" and "LOCAL HEALTH IMPROVEMENT COALITION" below it. The central collage includes images of a crab, people walking, runners, a family, and flowers, all surrounding a central circular logo for "Public Health Harford County Health Department DIRECTORY OF SERVICES".

Snapshot of Harford County's Health

Of Maryland's 24 jurisdictions, what is Harford County's 2019 health ranking? (1= most healthy, 24= least healthy)

- (A) # 1
- (B) # 7
- (C) # 10
- (D) # 16
- (E) # 24



2019 County Health Rankings: *By Maryland Jurisdiction*

County Health Rankings 2019

2019 County Health Rankings for the 24 Ranked Counties in Maryland

Harford County ranks 10th of 24 for health outcomes and 7th of 24 for health factors.

County	Health Outcomes	Health Factors
Allegany	20	18
Anne Arundel	8	8
Baltimore	13	10
Baltimore City	24	23
Calvert	6	5
Caroline	21	22
Carroll	4	3
Cecil	18	19

County	Health Outcomes	Health Factors
Charles	12	12
Dorchester	22	21
Frederick	3	4
Garrett	15	13
Harford	10	7
Howard	2	1
Kent	14	14
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	11	16
Queen Anne's	7	6
Somerset	23	24
St. Mary's	5	11
Talbot	9	9
Washington	17	15
Wicomico	19	20
Worcester	16	17

<https://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report>



Life Expectancy

What is the average life expectancy of a Harford County resident?

- (A) 82 years
- (B) 81 years
- (C) 79 years
- (D) 77 years
- (E) 72 years



Life Expectancy

What is the average life expectancy of a Harford County resident?

- (A) 82.98 years – Howard County
- (B) 81.48 years – Montgomery County
- (C) 79.54 years – Harford County**
- (D) 77.01 years – Cecil County
- (E) 72.14 years – Baltimore City

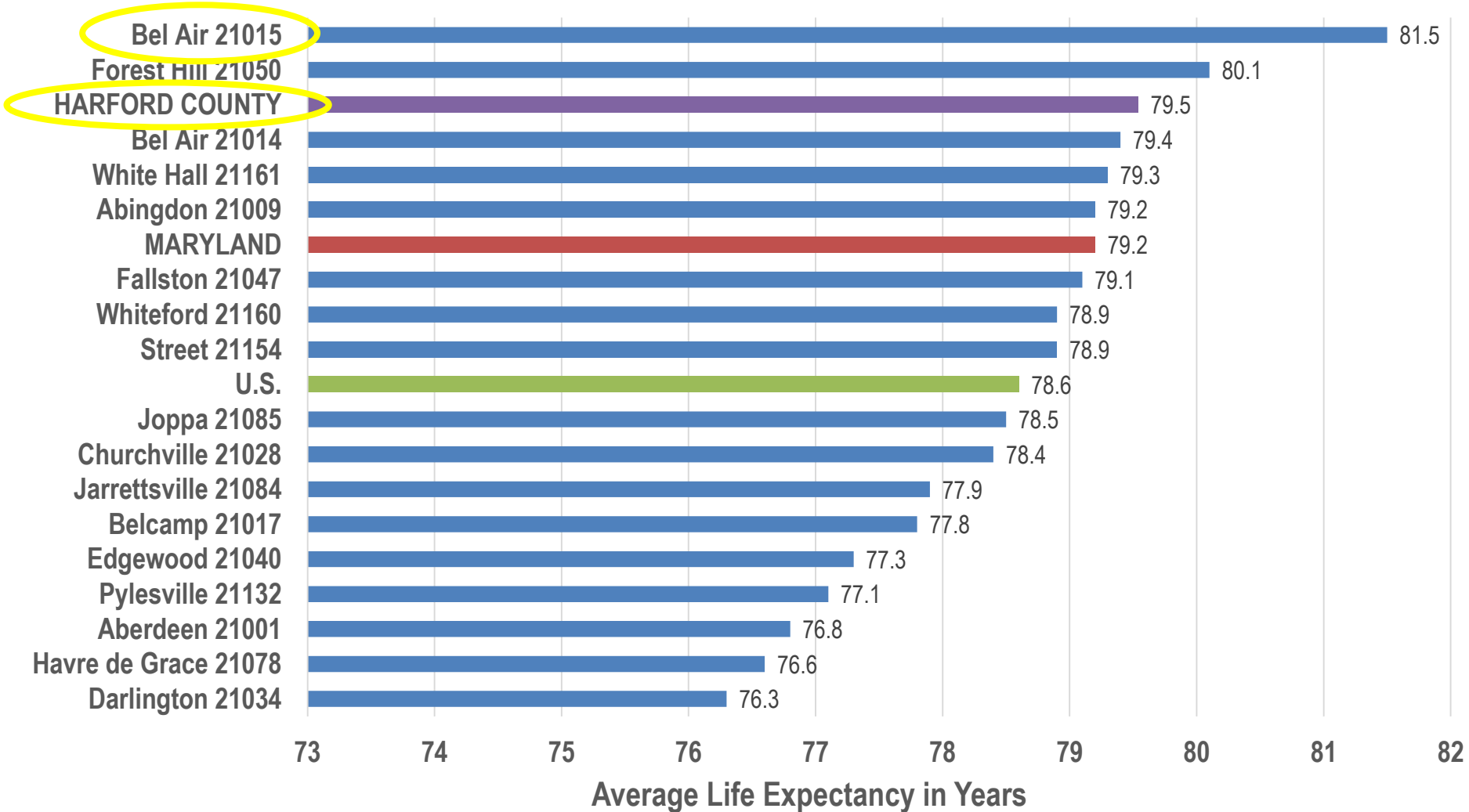
Location – Location - Location

There's a 10-year geographic disparity in average life expectancy within Maryland.

Source: Maryland Vital Statistics, 2016



Your Zip Code Matters More Than Your Genetic Code



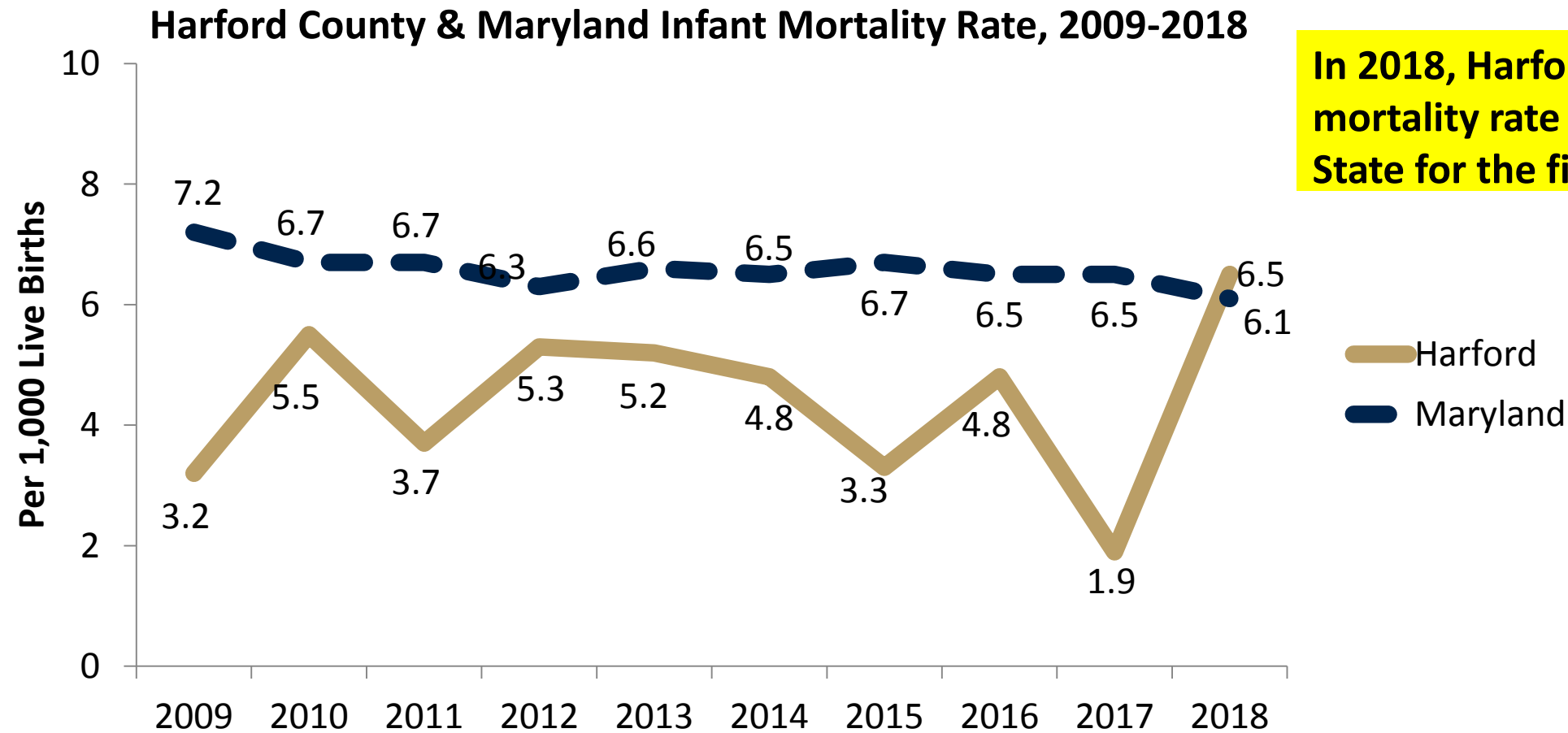
Health Indicators

Doing Better – Doing Worse

Health Indicators	Harford County	Maryland	Top U.S. Performers
<i>HARFORD COUNTY DOING BETTER</i>			
Infant Mortality (per 1k)	4	7	4
Teen Births (per 1k)	11	19	14
Uninsured (%)	5	7	6
<i>HARFORD COUNTY DOING WORSE</i>			
Drug Overdose Deaths (per 100k)	34	31	10
Poor Mental Health Days	3.6	3.5	3.0
Adult Smoking (%)	15	14	14



Infant Mortality

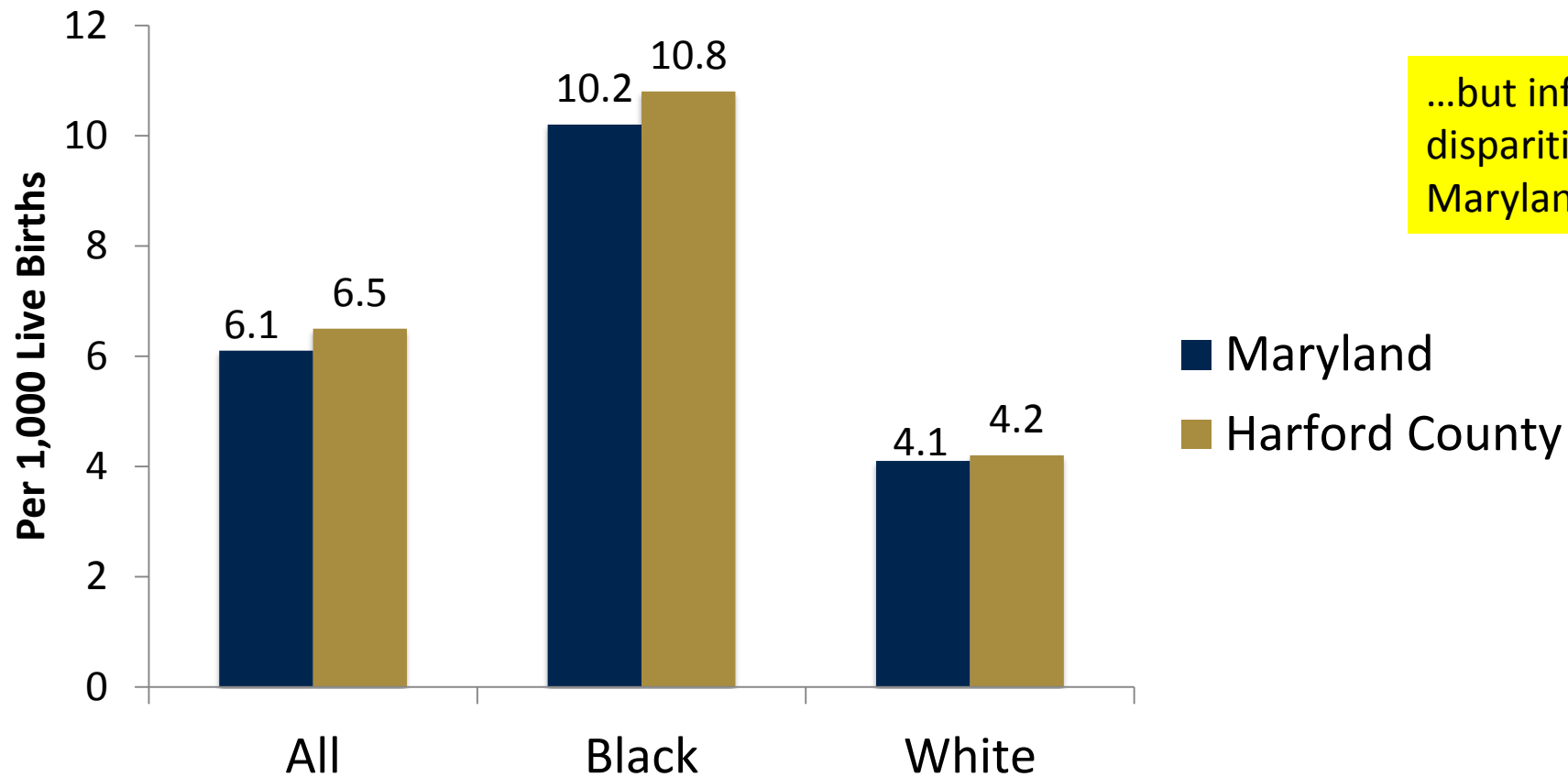


Source: Maryland Vital Statistics



Infant Mortality

Harford County & Maryland Infant Mortality Rates by Race, 2018



...but infant mortality racial disparities persist in Maryland and Harford County

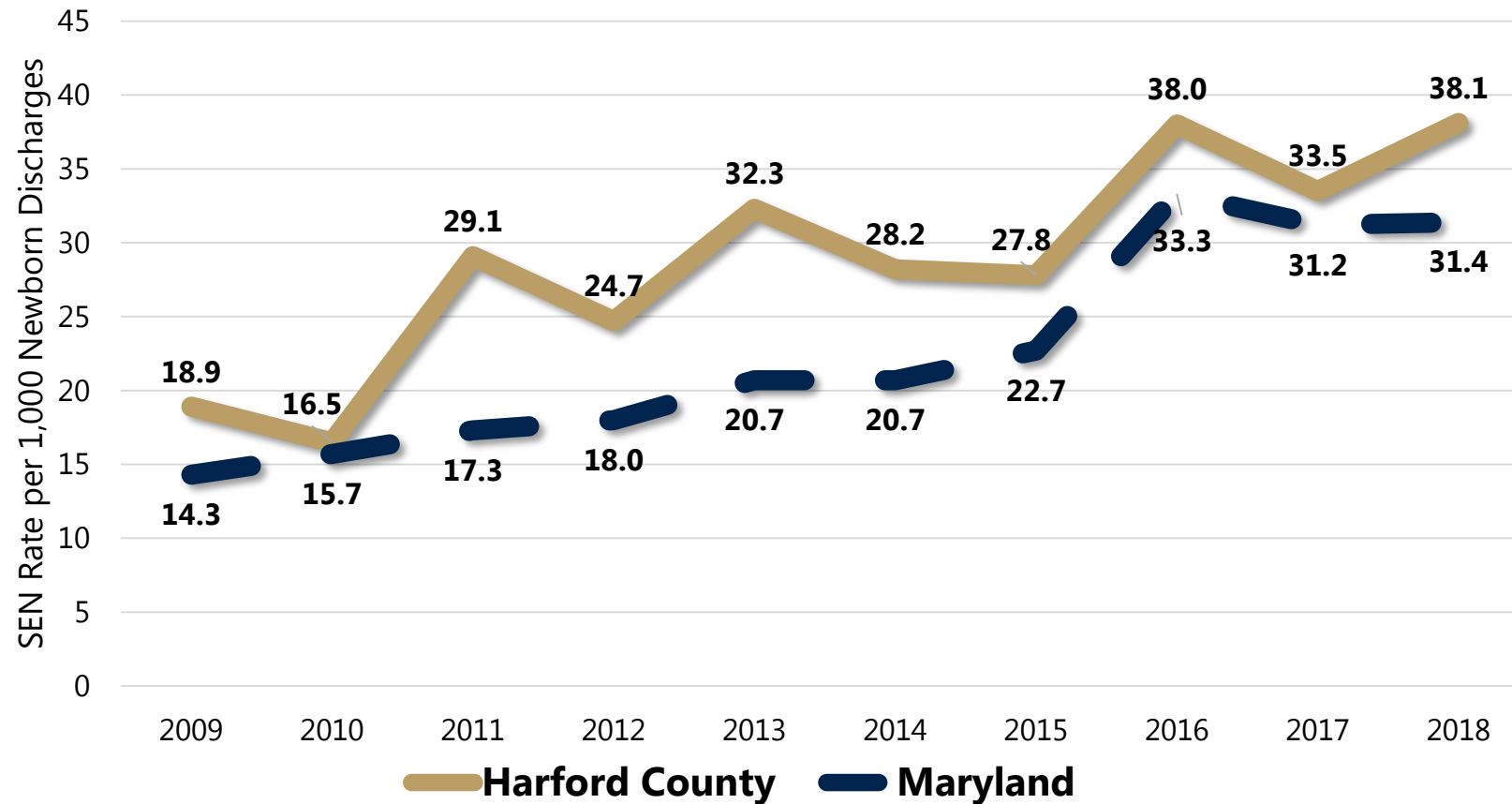
■ Maryland
■ Harford County

Source: Maryland Vital Statistics



Substance Exposed Newborns (SEN)

Harford County & Maryland SEN Rates, 2009-2018



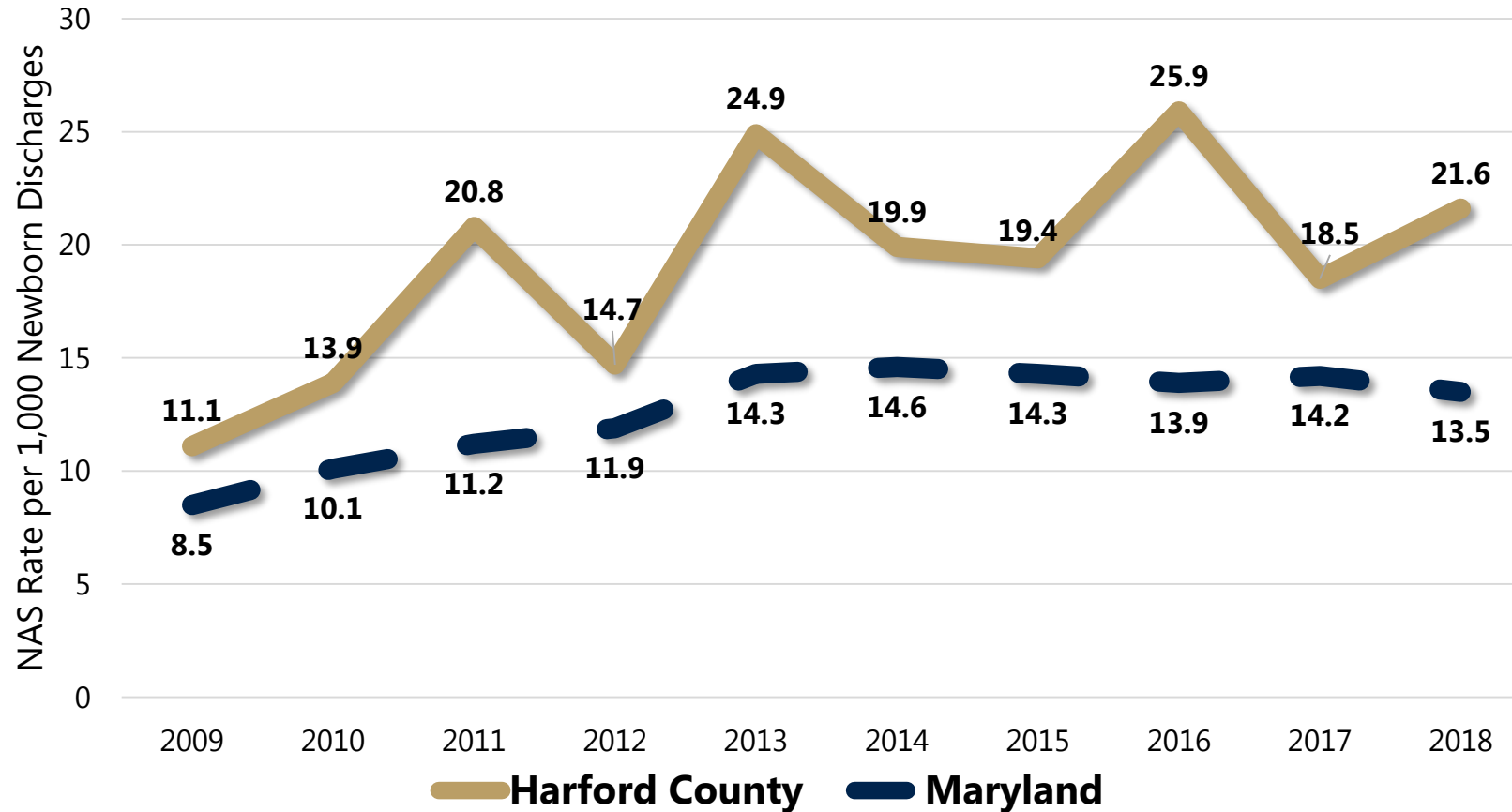
Harford County rate has doubled over the past 10 years

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.



Neonatal Abstinence Syndrome (NAS)

Harford County & Maryland NAS Rates, 2009-2018

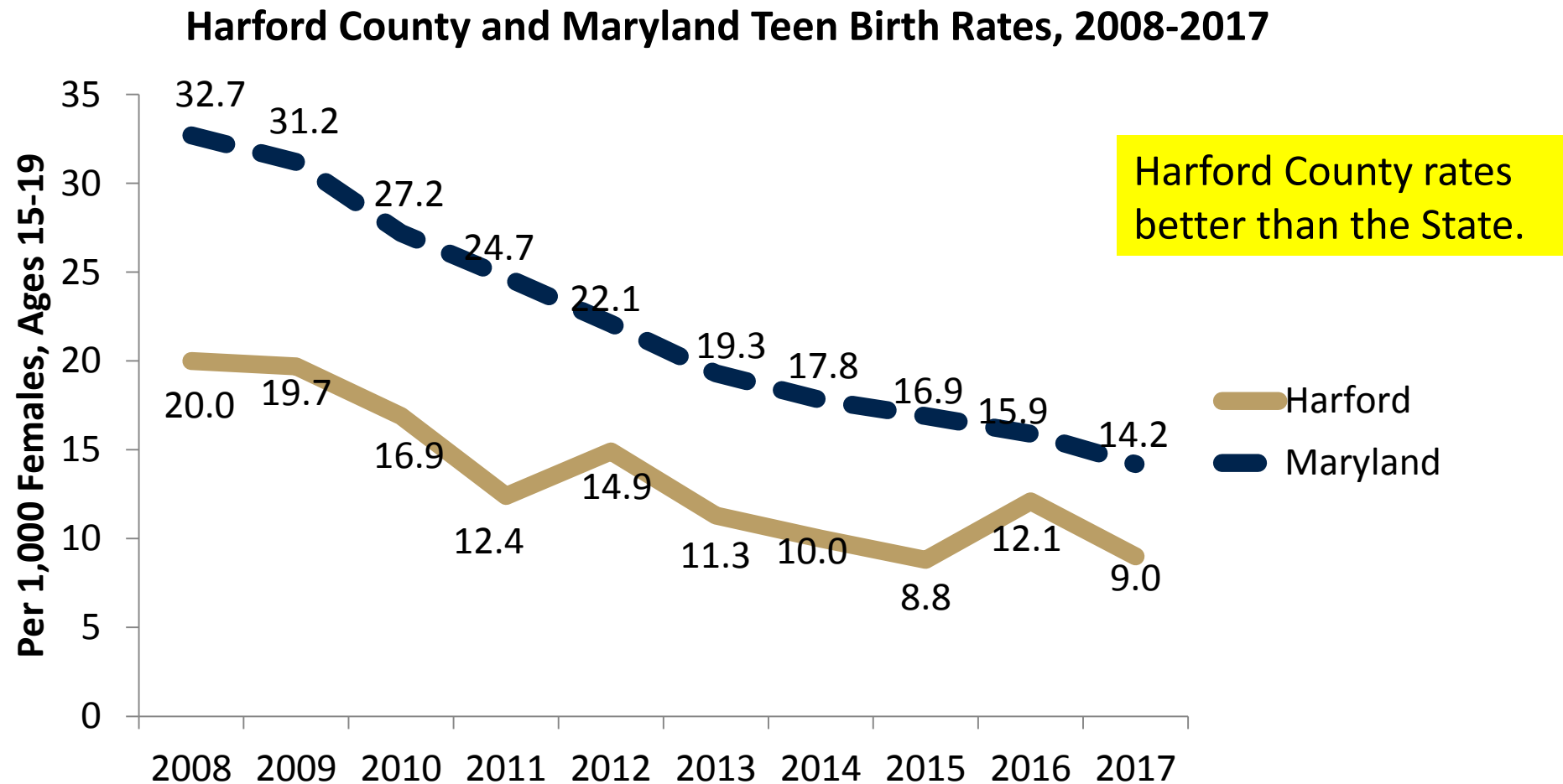


Harford County rate has been consistently higher than Maryland

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.)



Teen Births



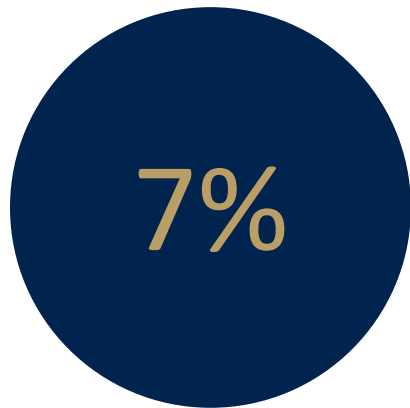
Source: Maryland Vital Statistics Reports



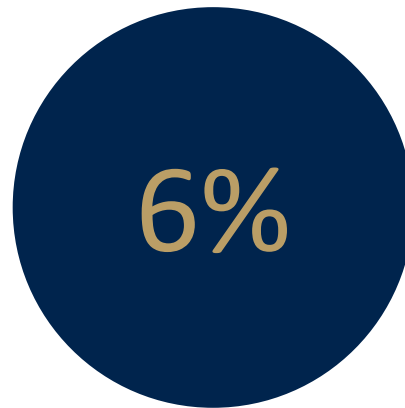
Health Insurance

Percentage of population under age 65 without health insurance:

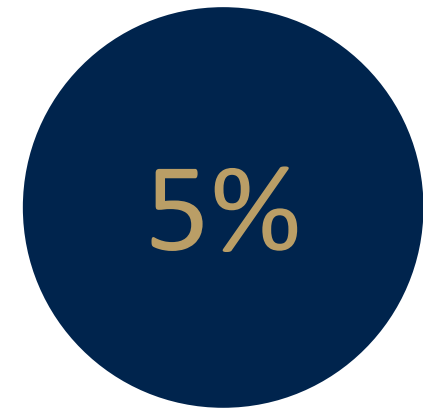
Maryland



Top US Performers



Harford County



Harford County uninsured percentage better than the state and top US performers!

Source: 2019 County Health Rankings Data



MEGAN's Place

MEGAN's Place is:

- A trusted, safe, non-judgmental physical place for at-risk pregnant, postpartum women and their families to meet in Harford County – for information and guidance, referrals and services, care coordination and support.
- An approach for building family resilience:
 - Start by building **trusted relationships**
 - **Light touch family support** in every day settings
 - Connections to more intensive **clinical services when needed**
 - Connections to and support from dedicated **wraparound support services**
 - **Navigation support** to help make the connections



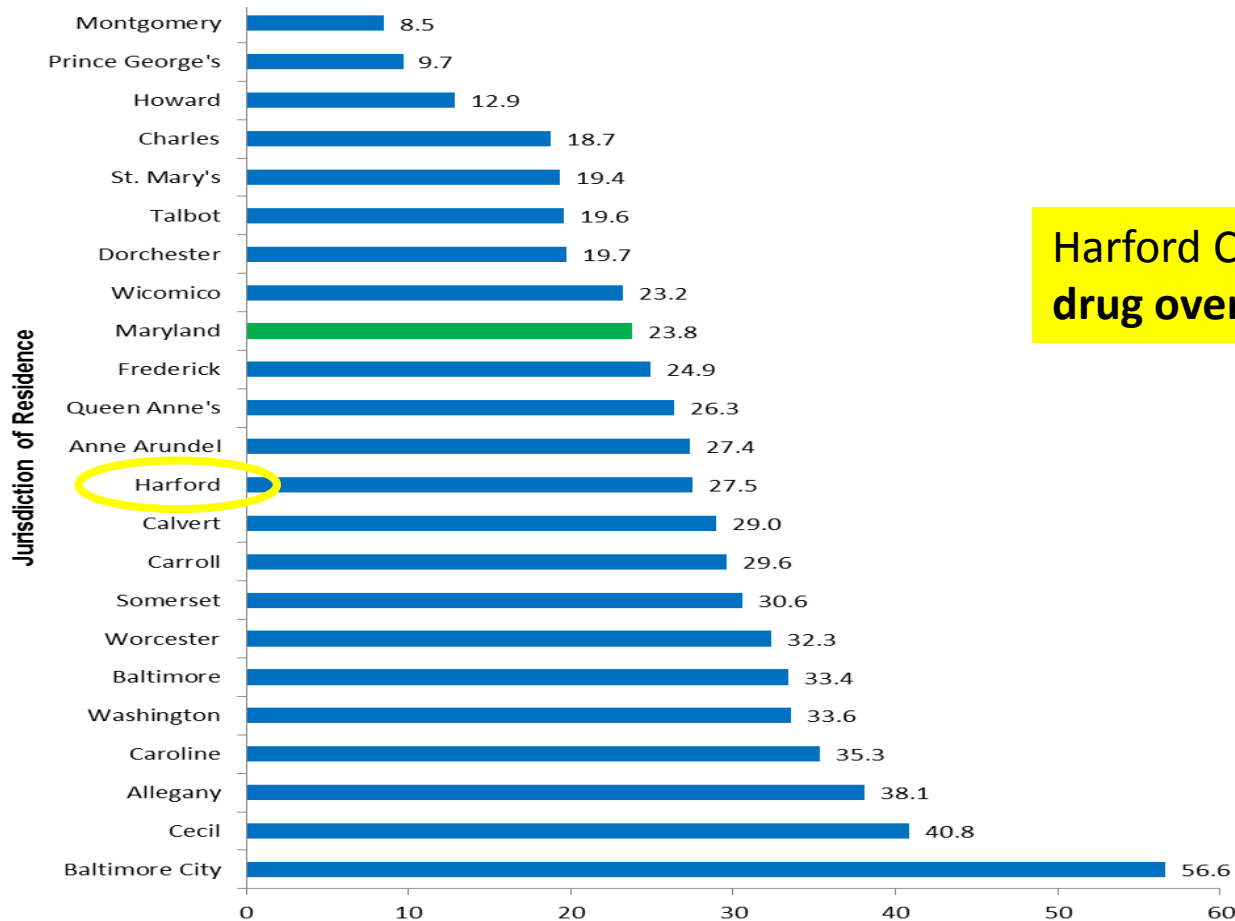
Coming Soon: 1 N. Main Family Health Center

- 1 N. Main Family Health Center will soon offer:
 - MD Health Insurance (MCHP)
 - Women, Infants, and Children (WIC)- Nutrition Services
 - Dental Care for Pregnant Women and Children
 - Youth and Adolescent Behavioral Health
 - Women's Health Services
 - Care Coordination



Drug Overdose Crisis

Age-Adjusted Mortality Rates for Total Unintentional Intoxication Deaths by Place of Residence, Maryland, 2013-2017



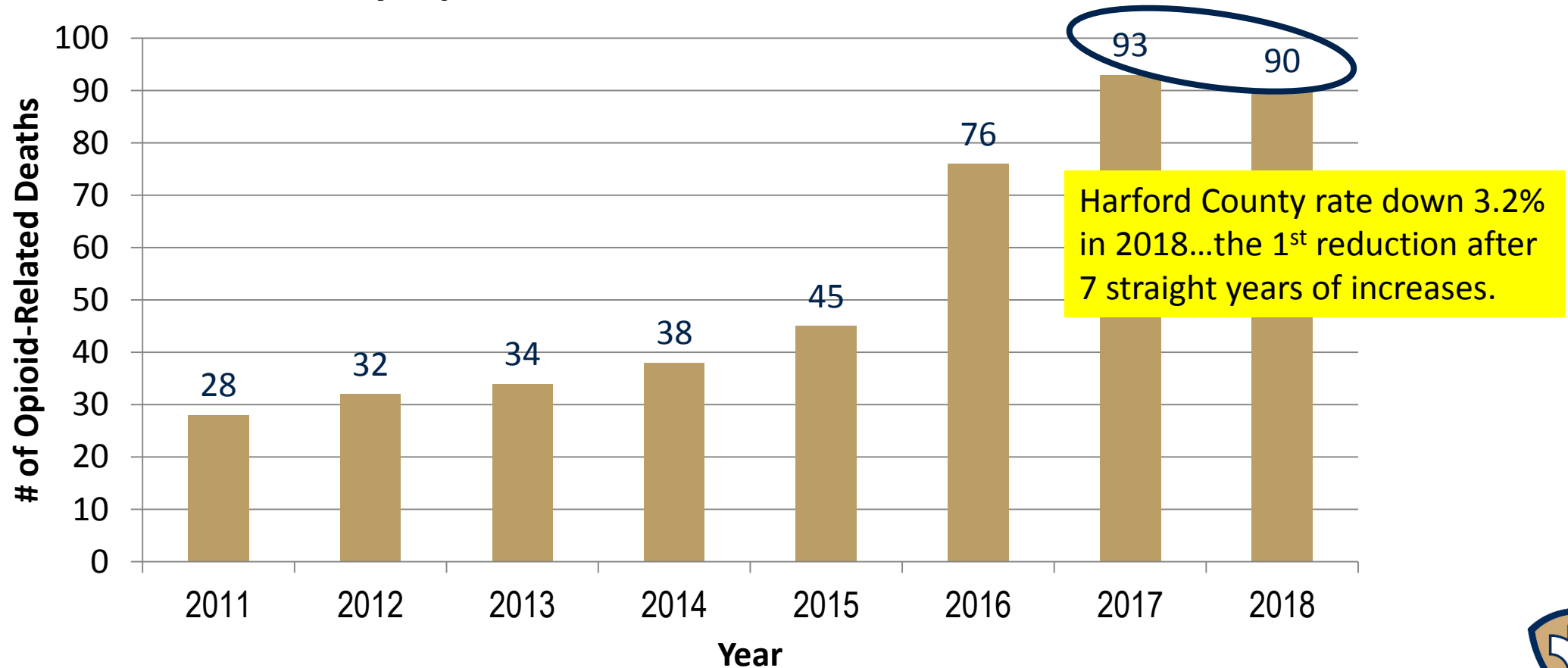
Harford County has the **11th worst** drug overdose rate in Maryland

Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018



Drug Overdose Crisis

Harford County Opioid-Related Overdose Deaths, 2011-2018



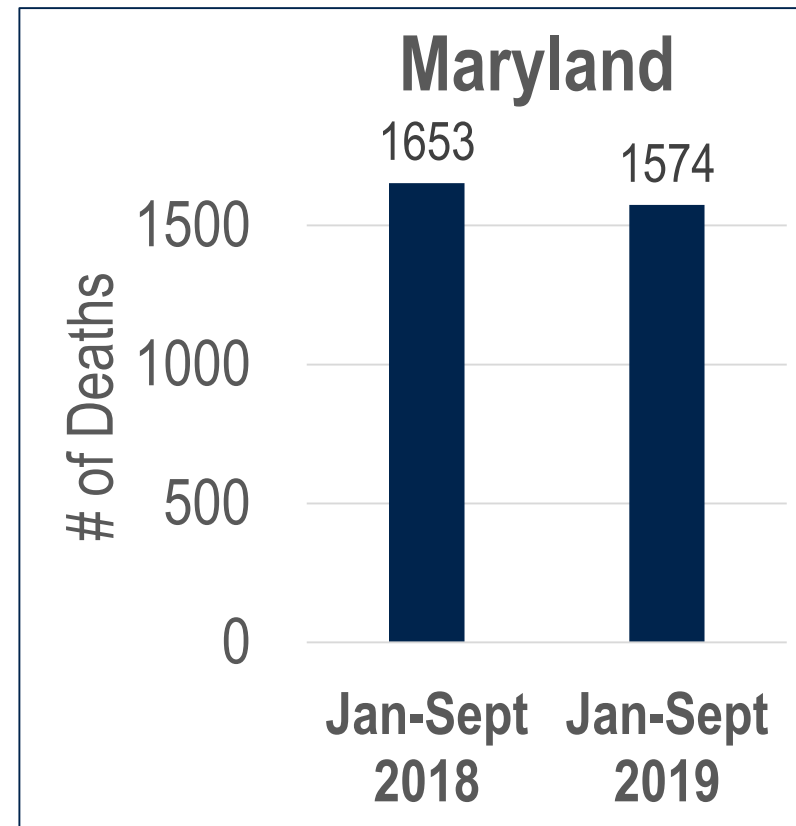
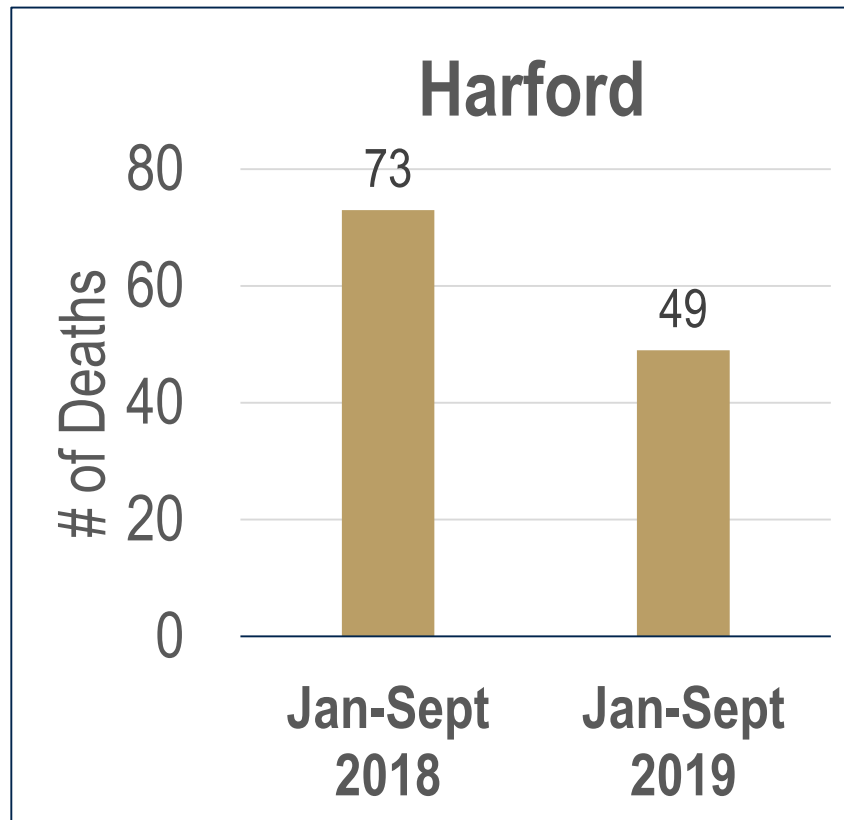
Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018



Drug Overdose Crisis

Comparison of Opioid-Related Intoxication Deaths, Harford County and Maryland, January-September, 2019 and 2018

For CY 2019 YTD, # of overdose deaths down by 4.8% in Maryland, **down by 33% in Harford County.**

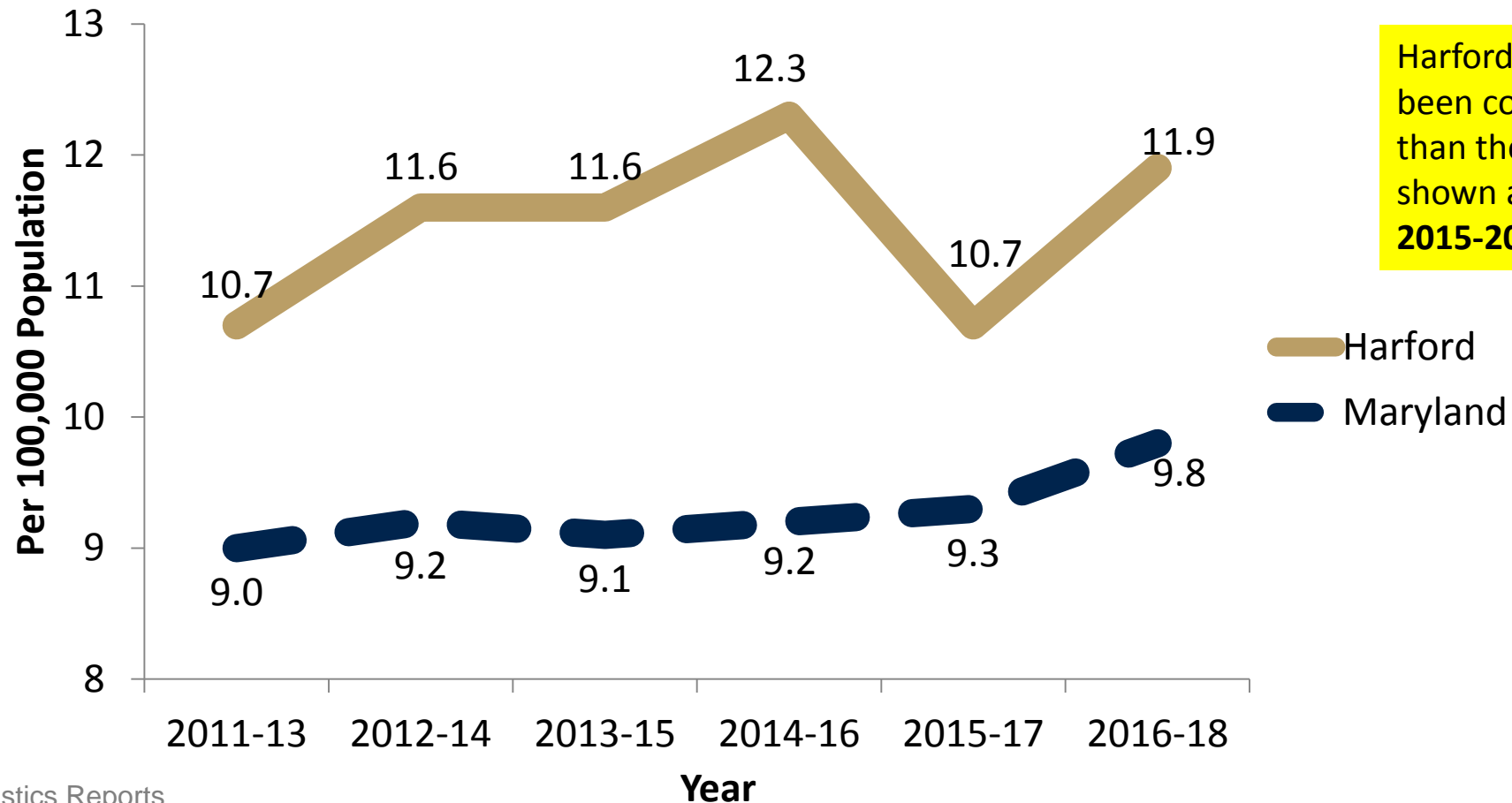


Source: Opioid Operational Command Center 2019 Third Quarter Report



Mental Health

Suicide Mortality Rates, Harford County and Maryland, 2011-2018

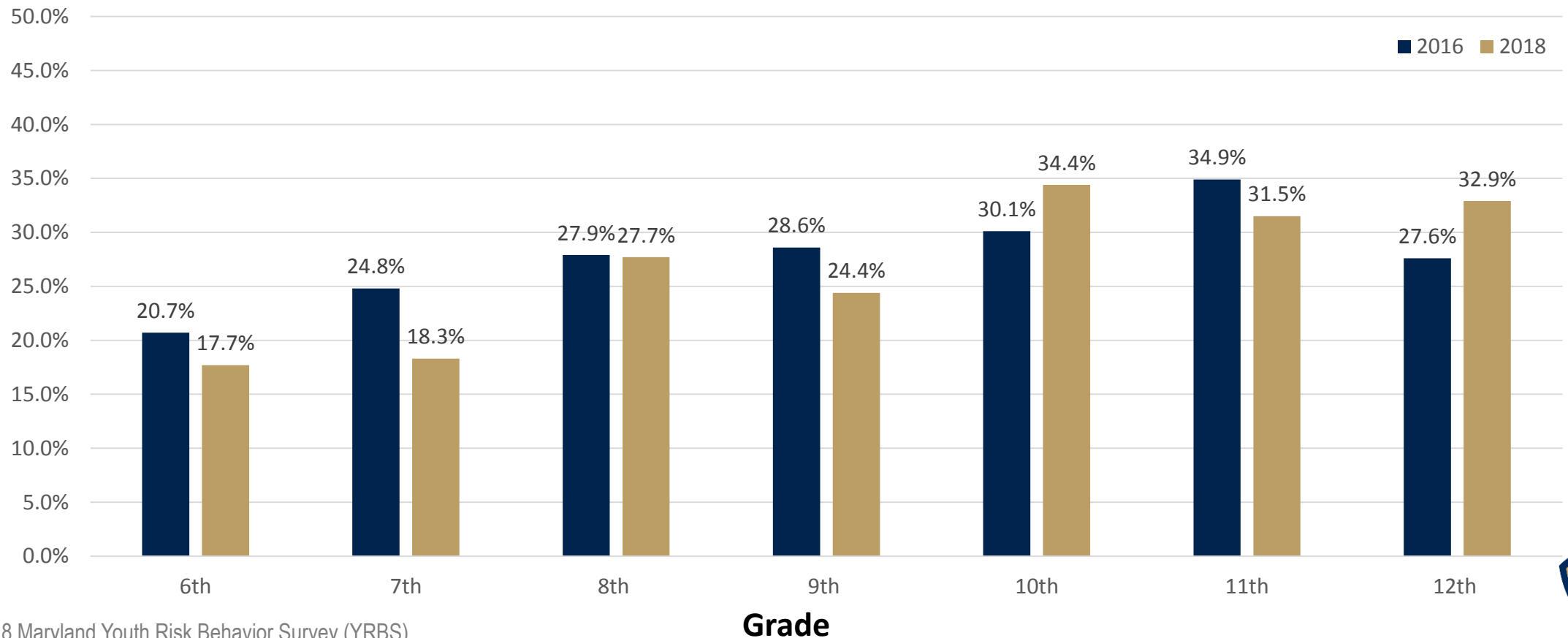


*Age-Adjusted Rates
Source: Maryland Vital Statistics Reports



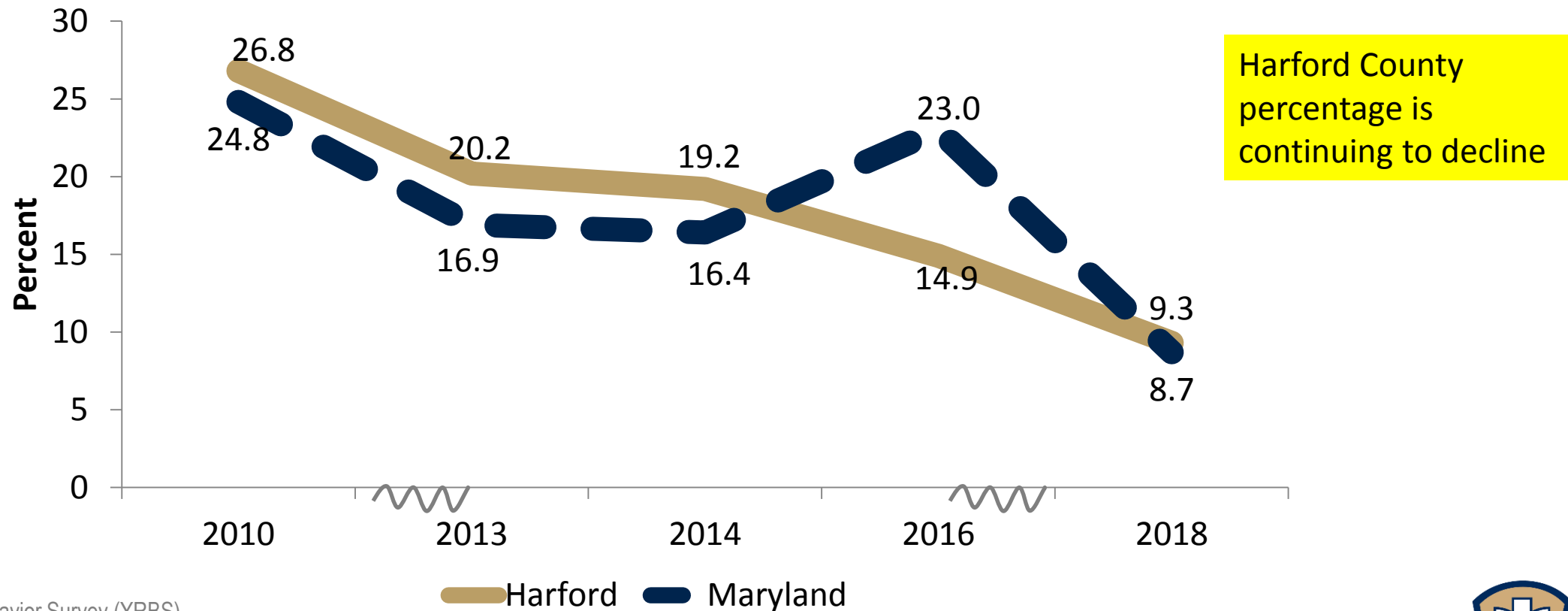
Mental Health

Percentage of Harford County Students Who Felt Sad or Hopeless, 2016 and 2018



Smoking

Percentage of High School Students Who Use Tobacco, Harford County and Maryland, 2010-2018



Source: Maryland Youth Risk Behavior Survey (YRBS)

Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days

* Data gap between 2010-2013 and 2014-2016



Smoking

Percentage of high school students who ever used an electronic vapor product, total and by age

Ever used = 43%

34%

15 or younger

50%

16-17

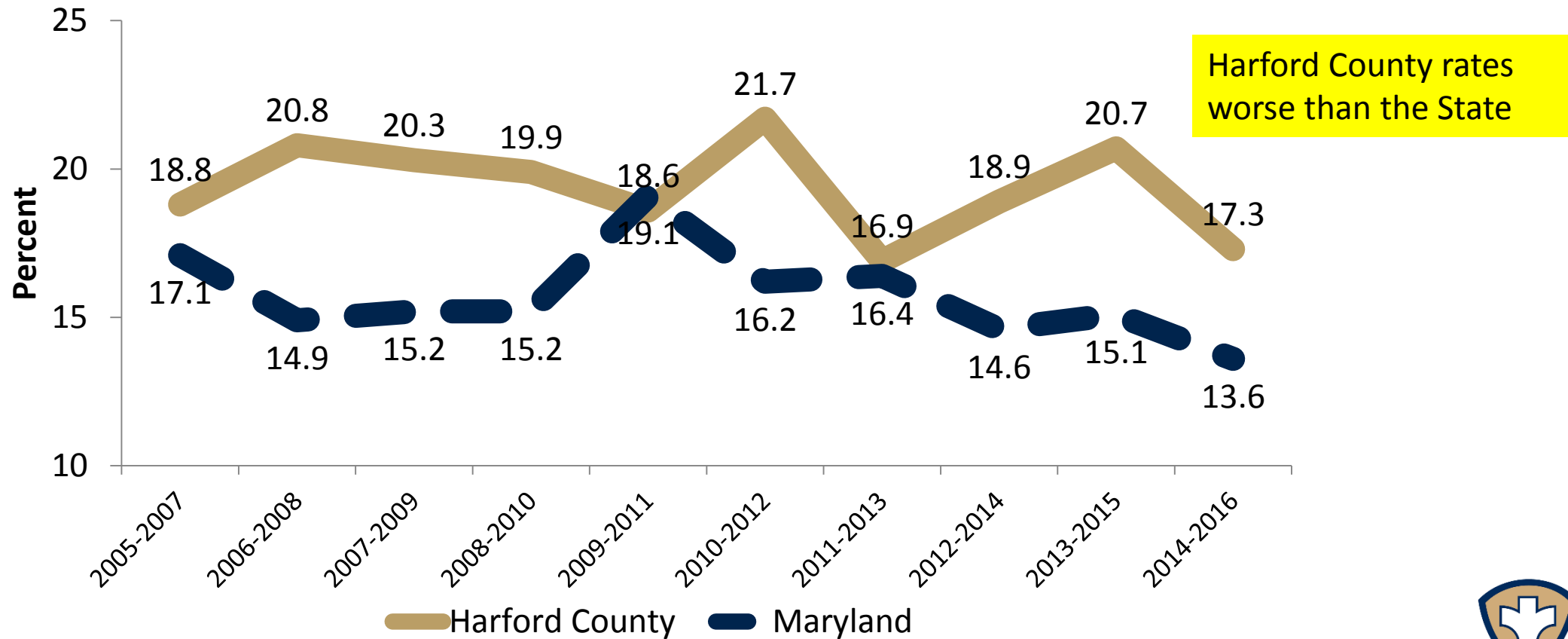
54%

18 or older



Smoking

Adult Smoking Rates, Harford County and Maryland, 2007-2016

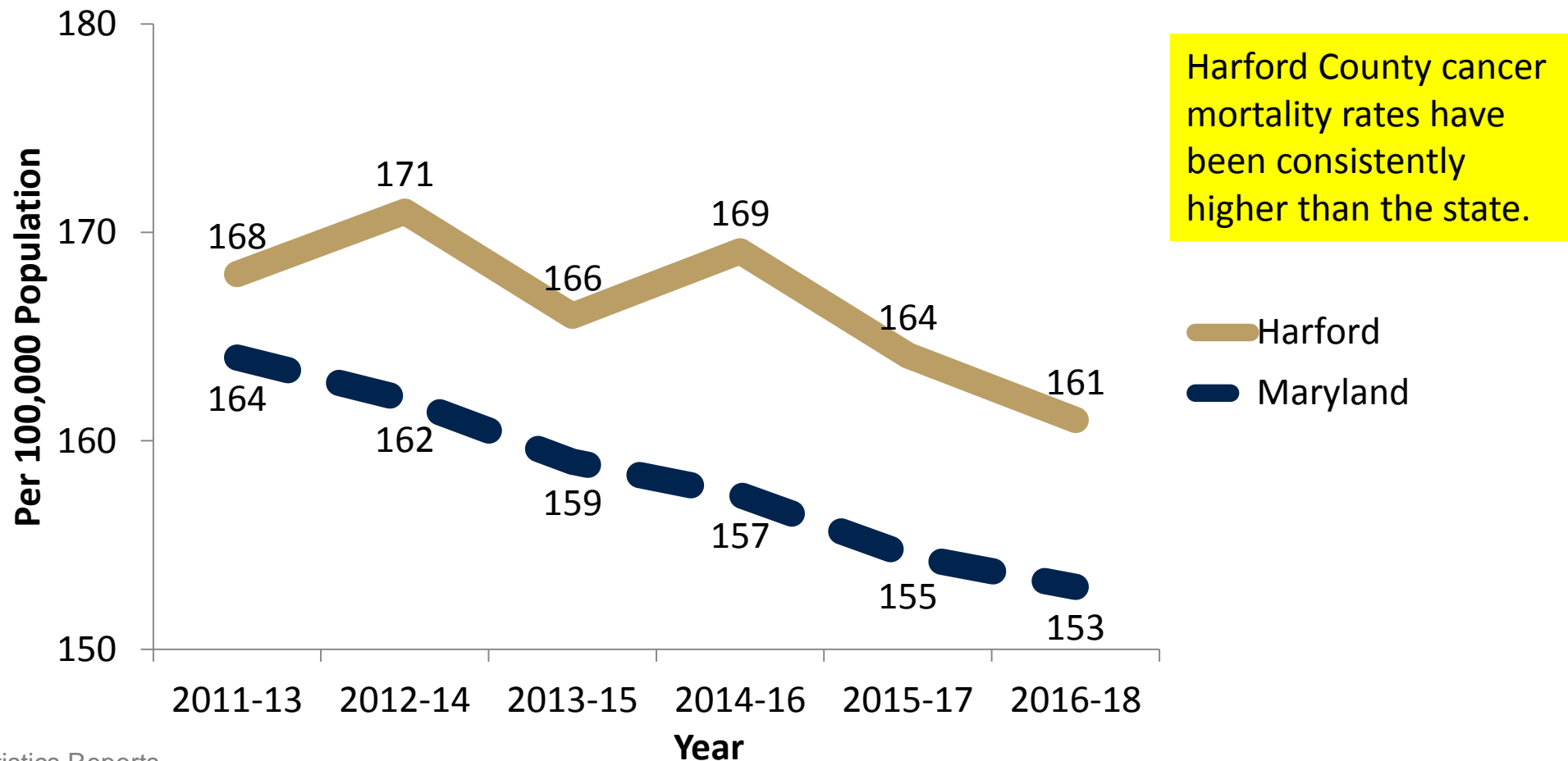


Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)



Cancer

Cancer Mortality Rates, Harford County and Maryland, 2011-2018

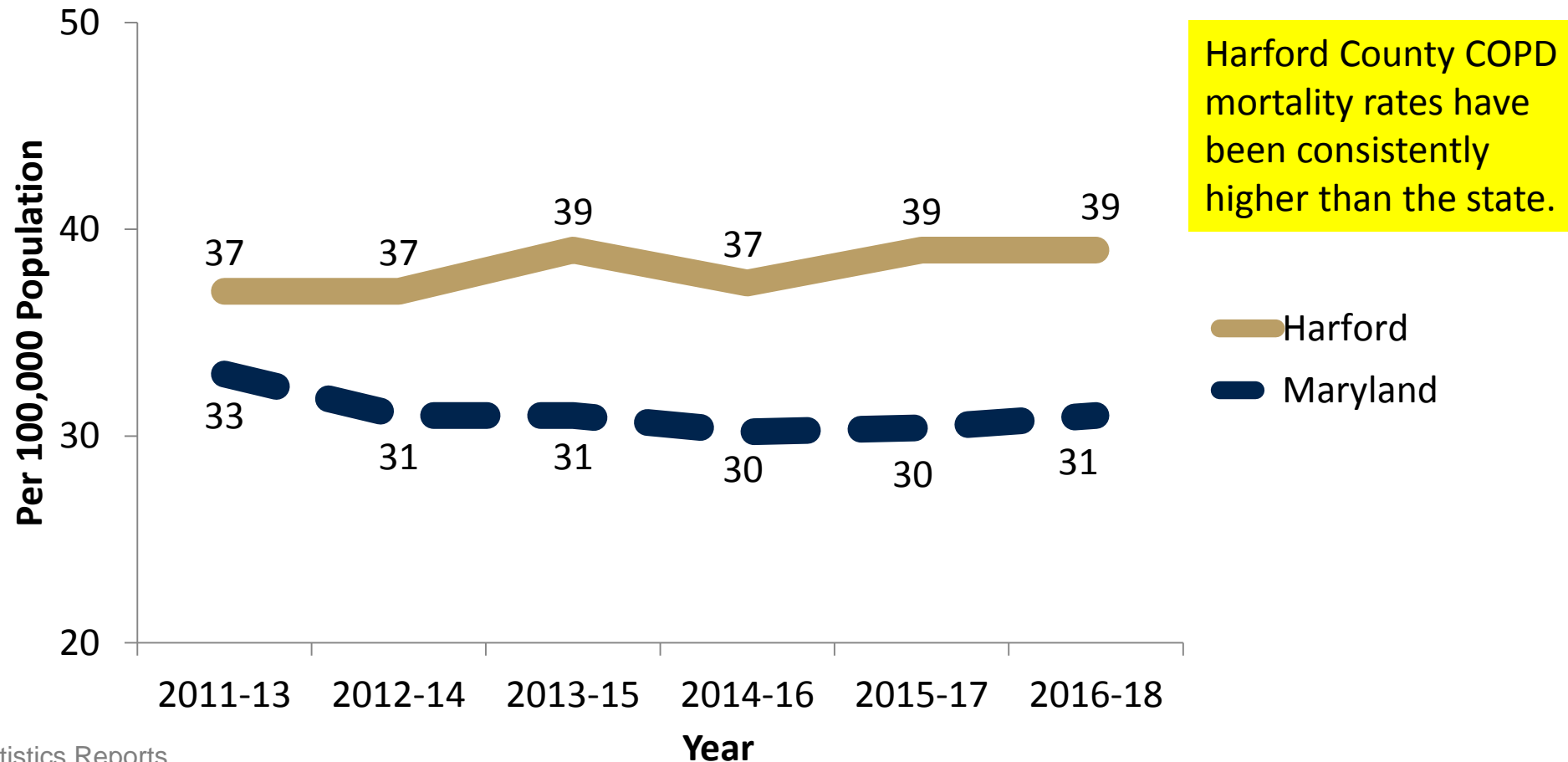


* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports



Chronic Obstructive Pulmonary Disease (COPD)

COPD Mortality Rates, Harford County and Maryland, 2011-2018

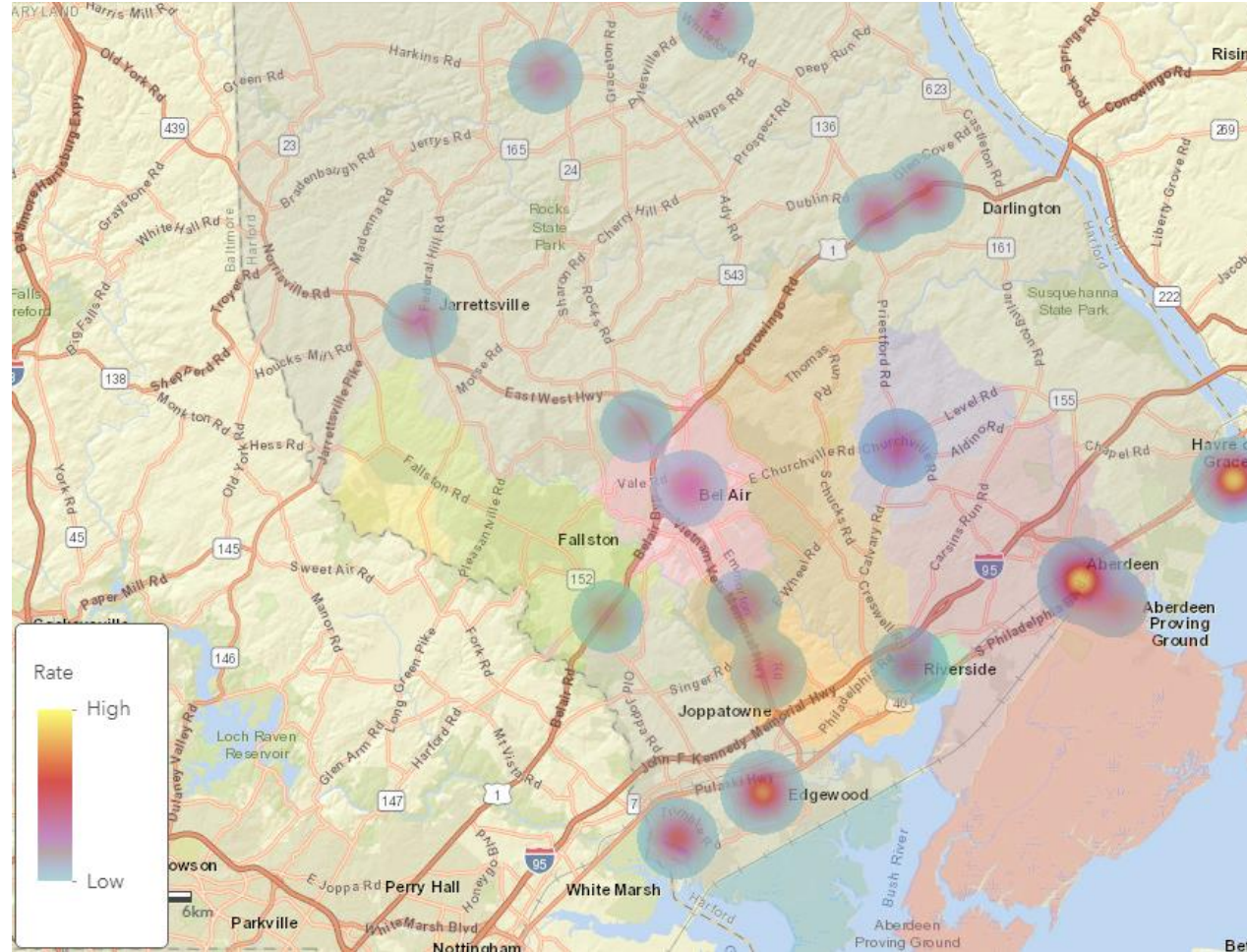


* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports



Chronic Obstructive Pulmonary Disease (COPD)

2017 Emergency Department Visits Rate for COPD per 1,000 Residents in Harford County



2017 CRISP Data, ED Visits COPD

Maryland's Unique Health Care Delivery System: *Total Cost of Care (TCOC)*

- **1977 – 2014: Maryland All-Payer Hospital Rate Setting System**
 - The only state in the nation to have federal CMS waiver approval for a regulated fee-for-service (FFS) system.
- **2014 – 2018: Maryland All-Payer Global Budget Model**
 - Transitioned from FFS system to a Global Budgets that provide hospitals with a fixed amount of revenue for each upcoming year, thereby encouraging the elimination of unnecessary hospitalizations and ED visits.
- **2019- 2028: Maryland Total Cost of Care Model**
 - That addresses (1) costs and quality for all CMS funded health care costs, including hospital, physician, pharmaceutical, laboratory, imaging, and other costs, as well as (2) population health outcomes.

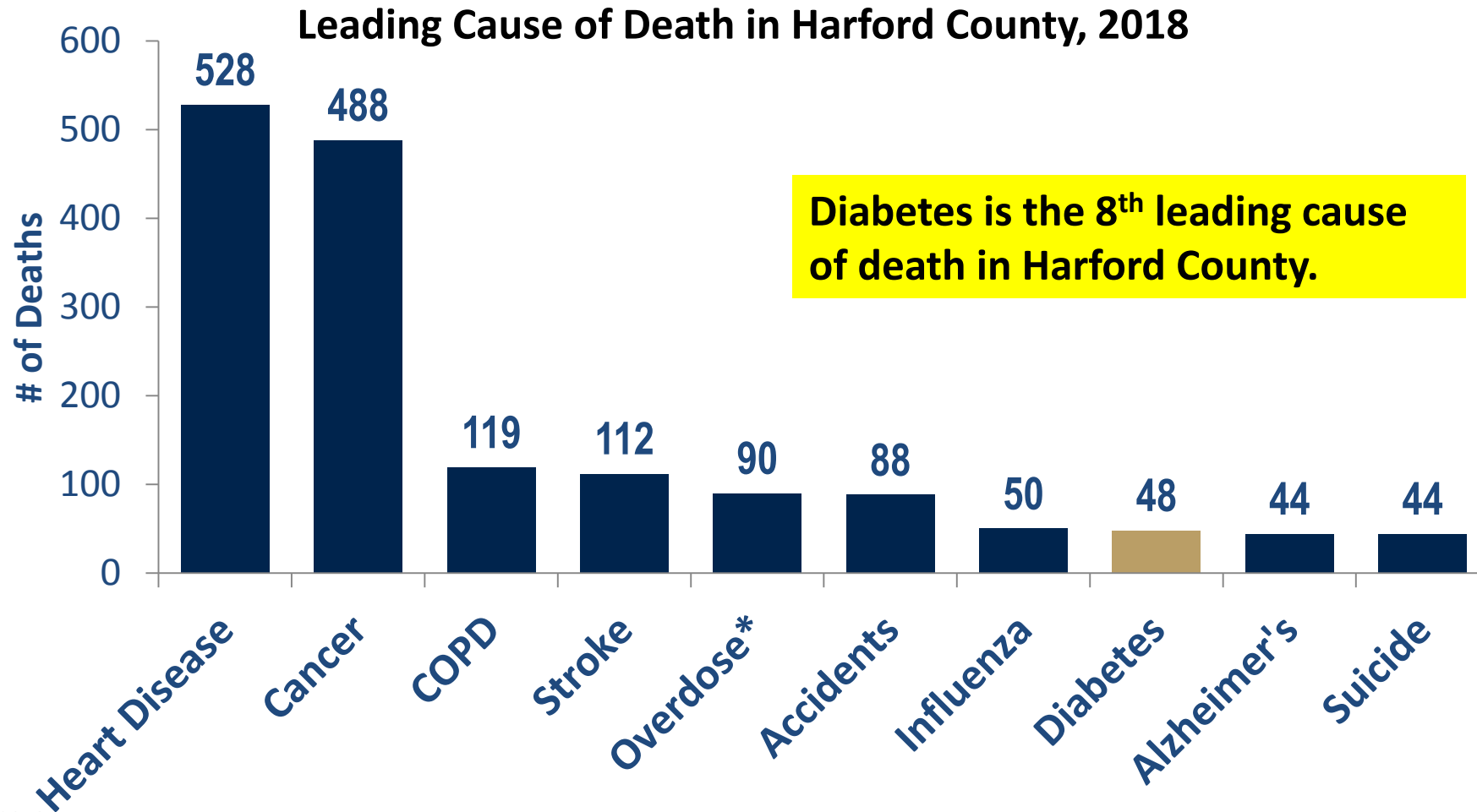


Maryland's Unique Health Care Delivery System: *Total Cost of Care (TCOC)*

- **CMS/Maryland Goals of the TCOC Model:**
 - \$1 billion in Medicare cost savings by 2023
 - Population health outcome improvements in 6 high-priority areas:
 - Substance Use Disorder (SUD)
 - Smoking
 - Hypertension
 - Asthma
 - Diabetes
 - Obesity



Leading Cause of Death



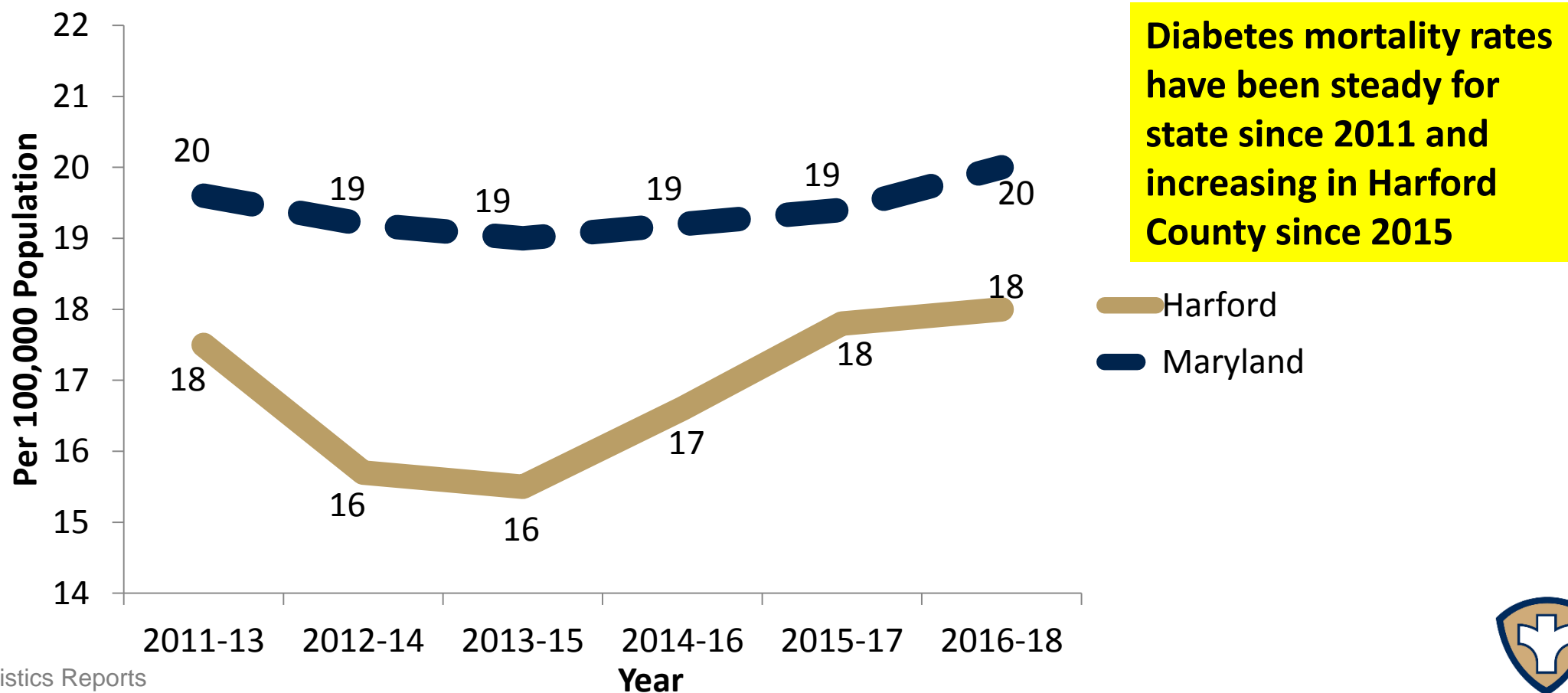
Source: Maryland Vital Statistics, 2018

Source: * Maryland Drug and Alcohol-Related Intoxication Deaths, 2018



Diabetes

Diabetes Mortality Rates, Harford County and Maryland, 2011-2018



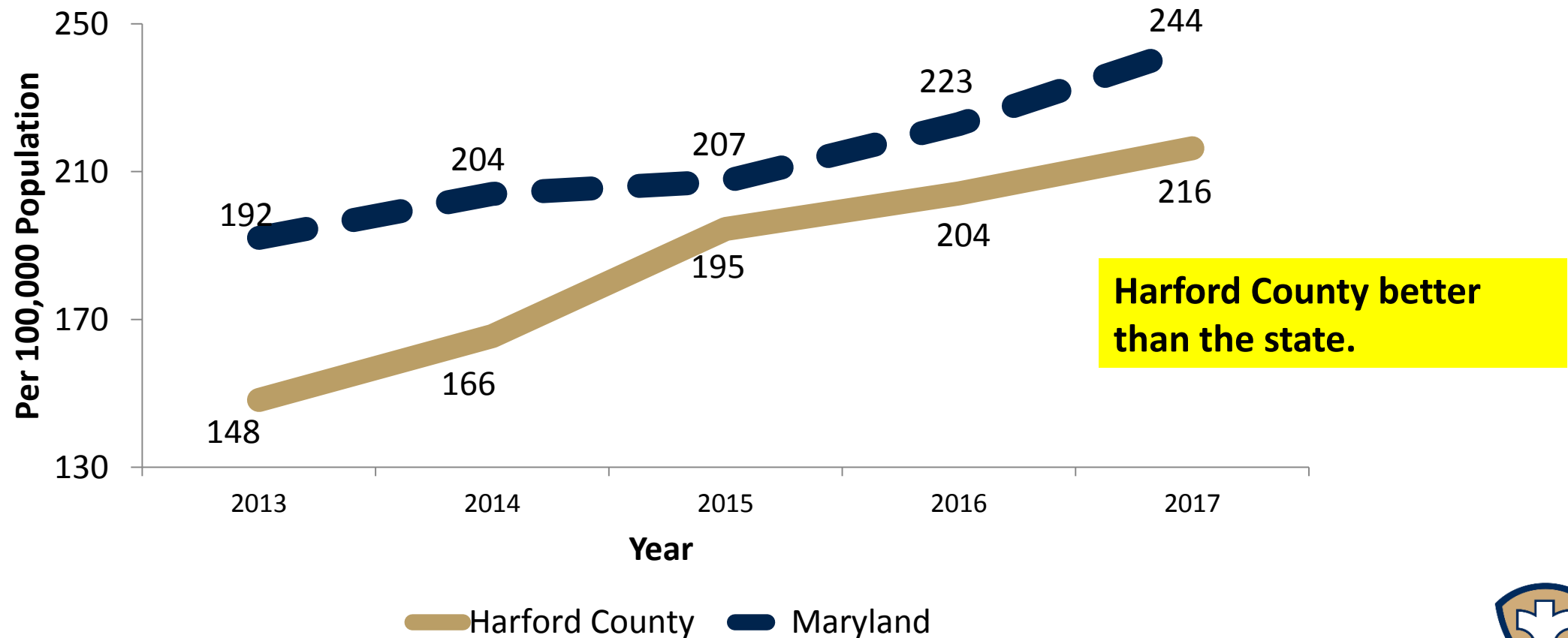
* Age-Adjusted Rates

Source: Maryland Vital Statistics Reports



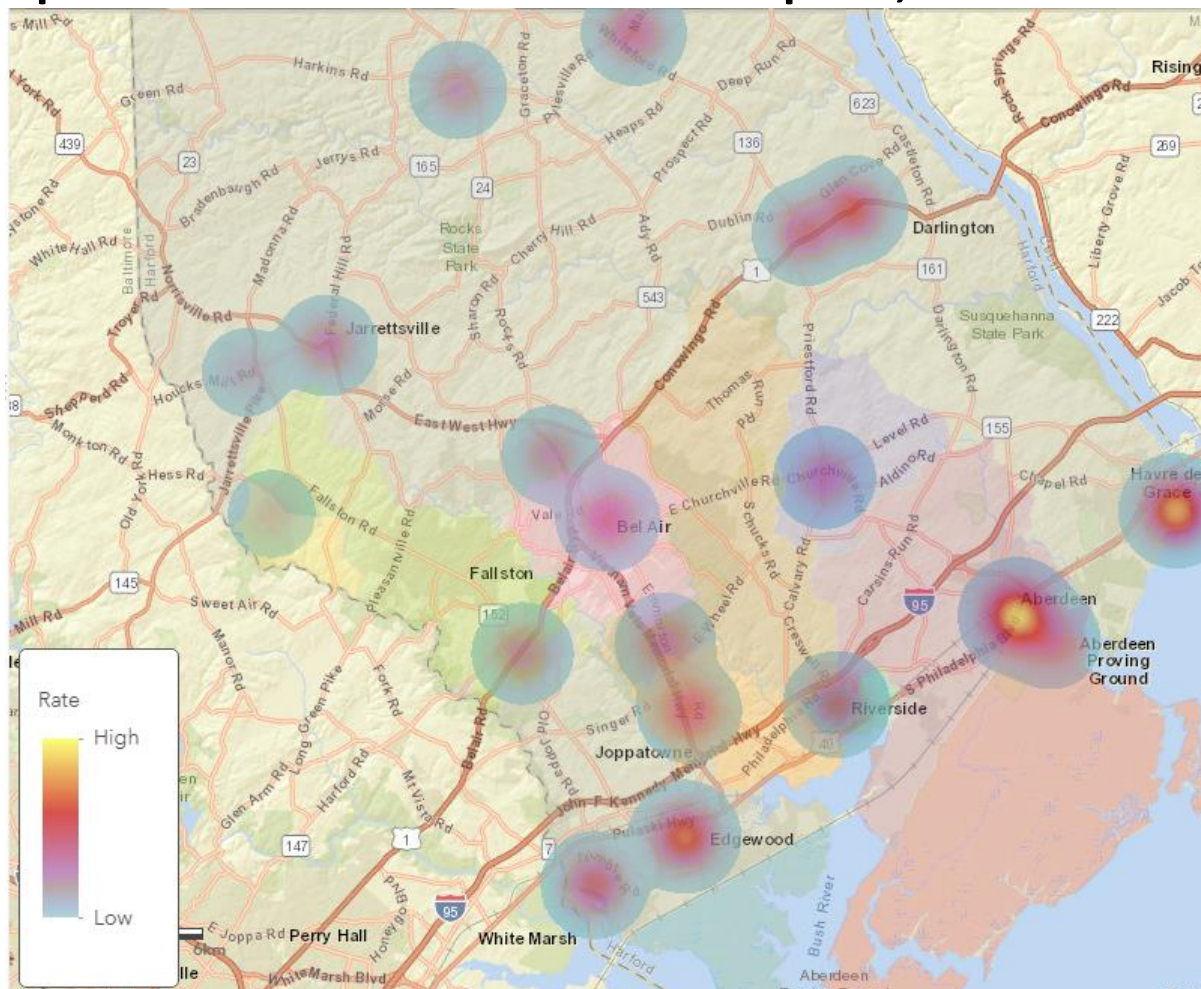
Diabetes

Emergency Department Visits for Diabetes Harford County & Maryland, 2013-2017



Diabetes

2017 Emergency Department Visits Rate for Diabetes per 1,000 Residents in Harford County

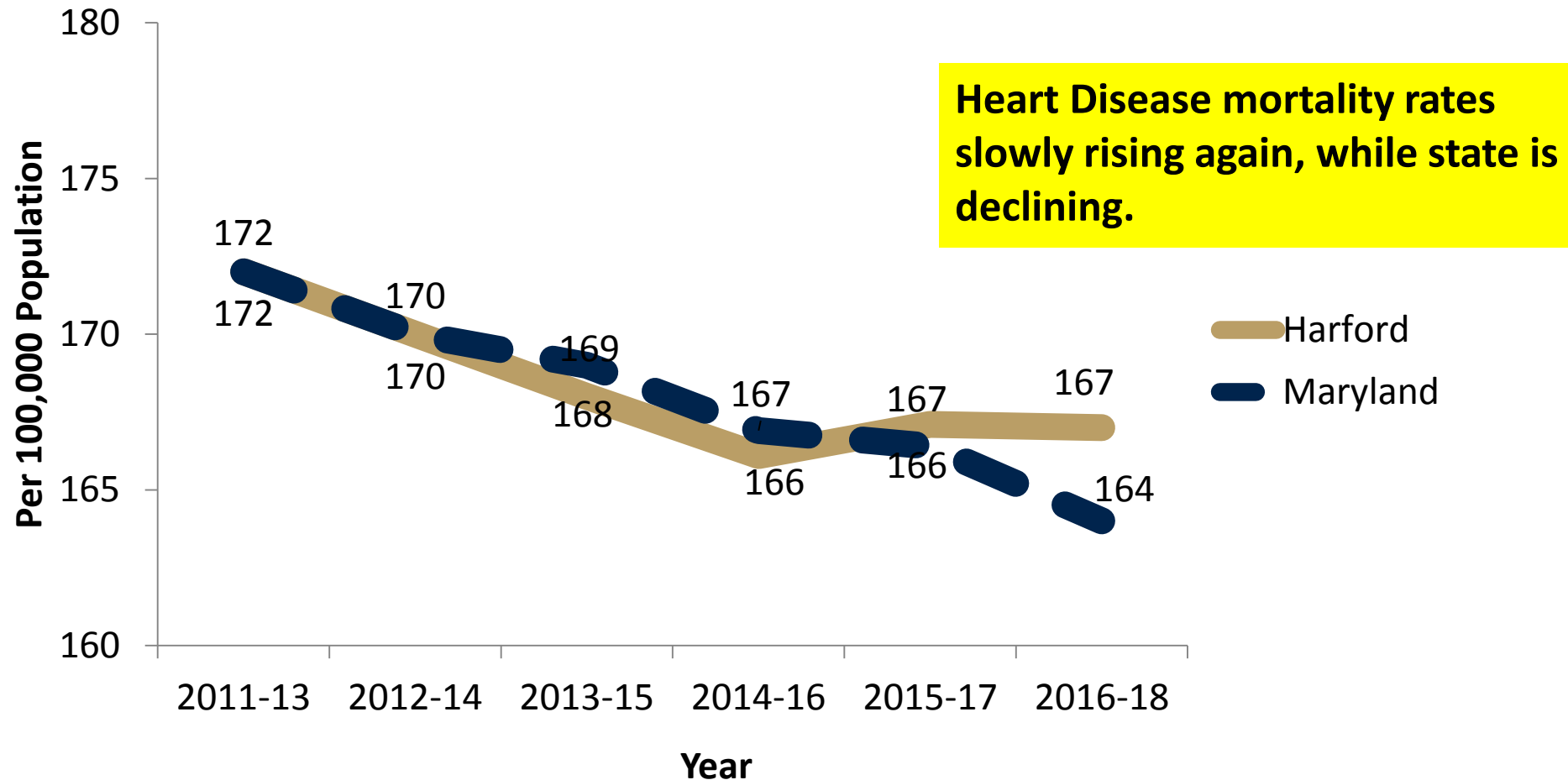


2017 CRISP Data, ED Visits Diabetes



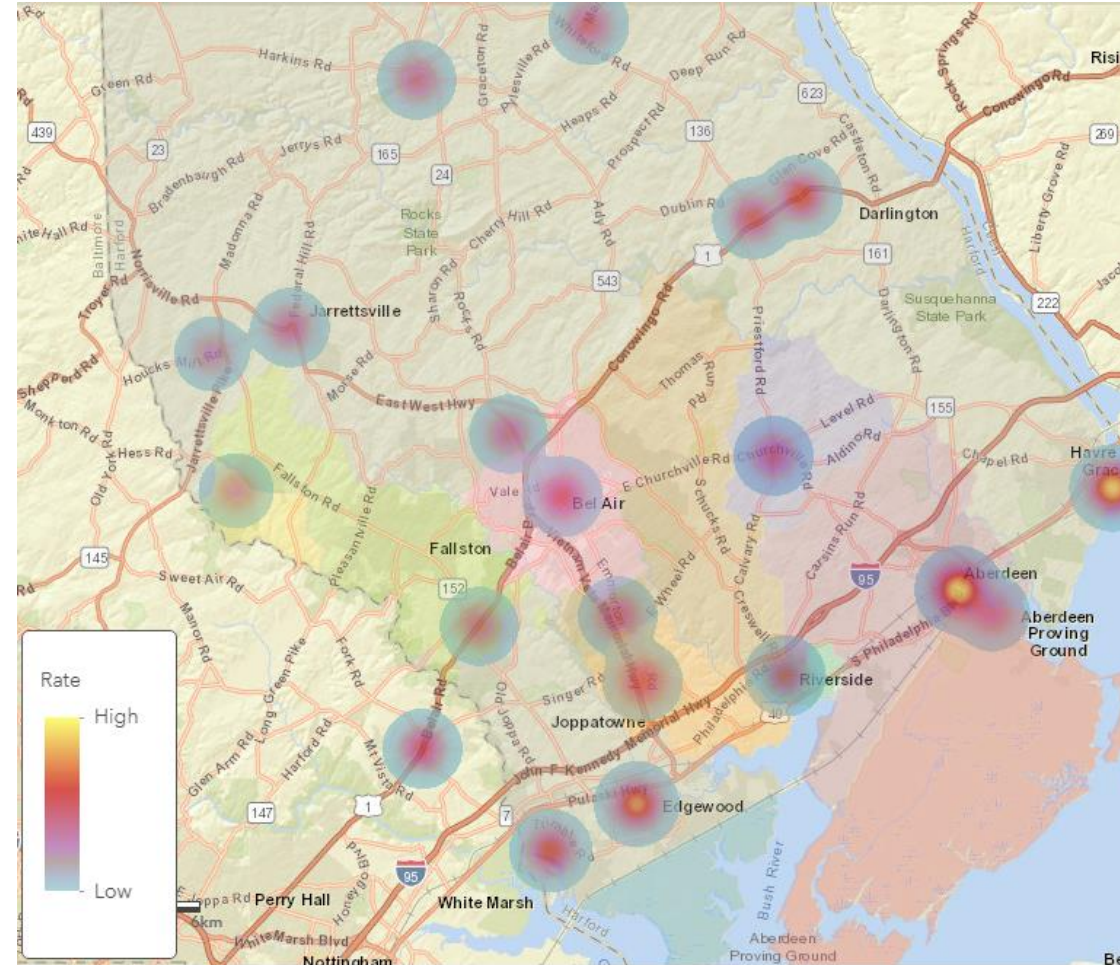
Heart Disease

Heart Disease Mortality Rates, Harford County and Maryland, 2011-2018



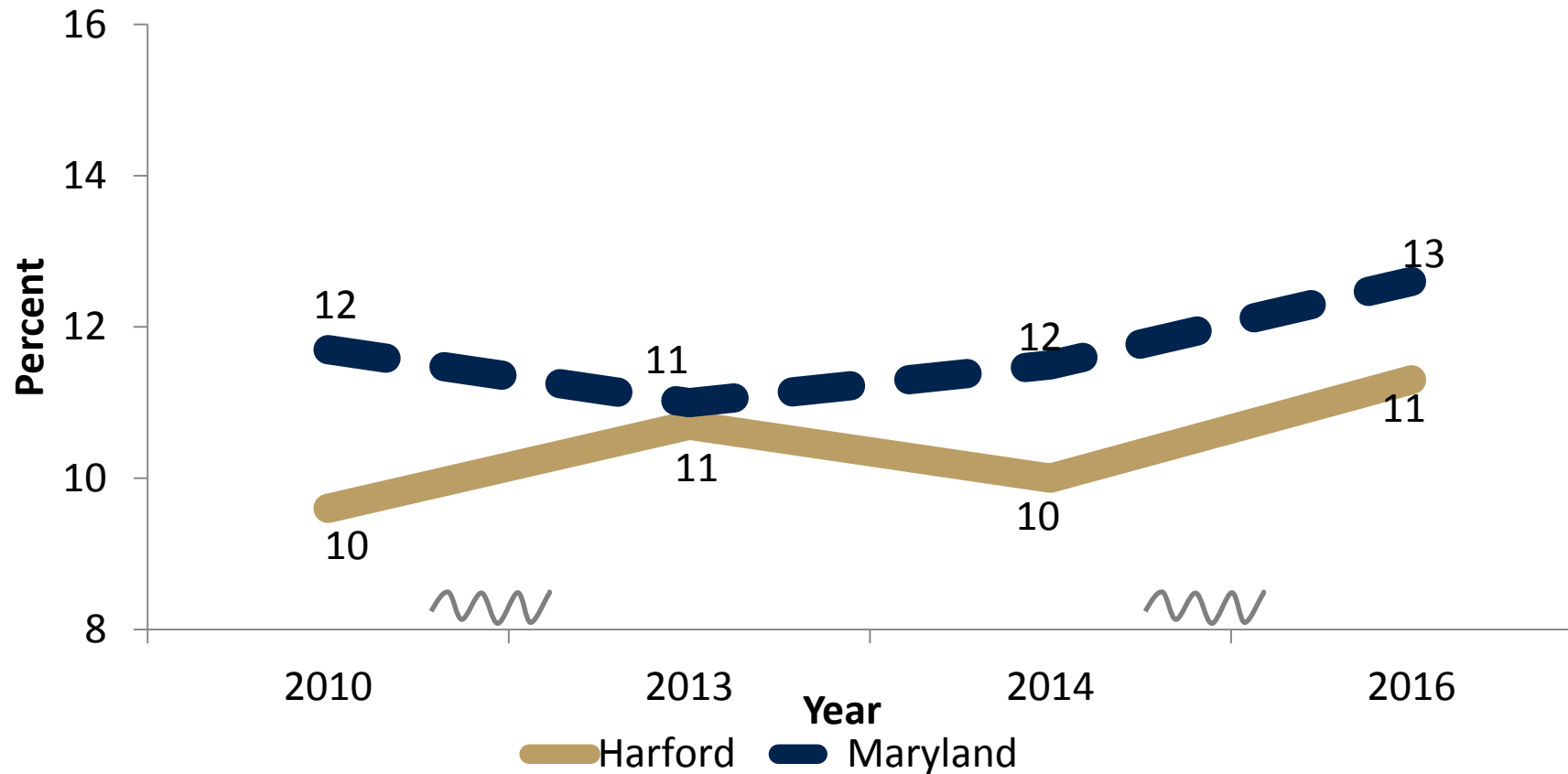
Hypertension

2017 Emergency Department Visits Rate for Hypertension per 1,000 Residents in Harford County



Obesity

Adolescent Obesity Harford County & Maryland, 2010-2016

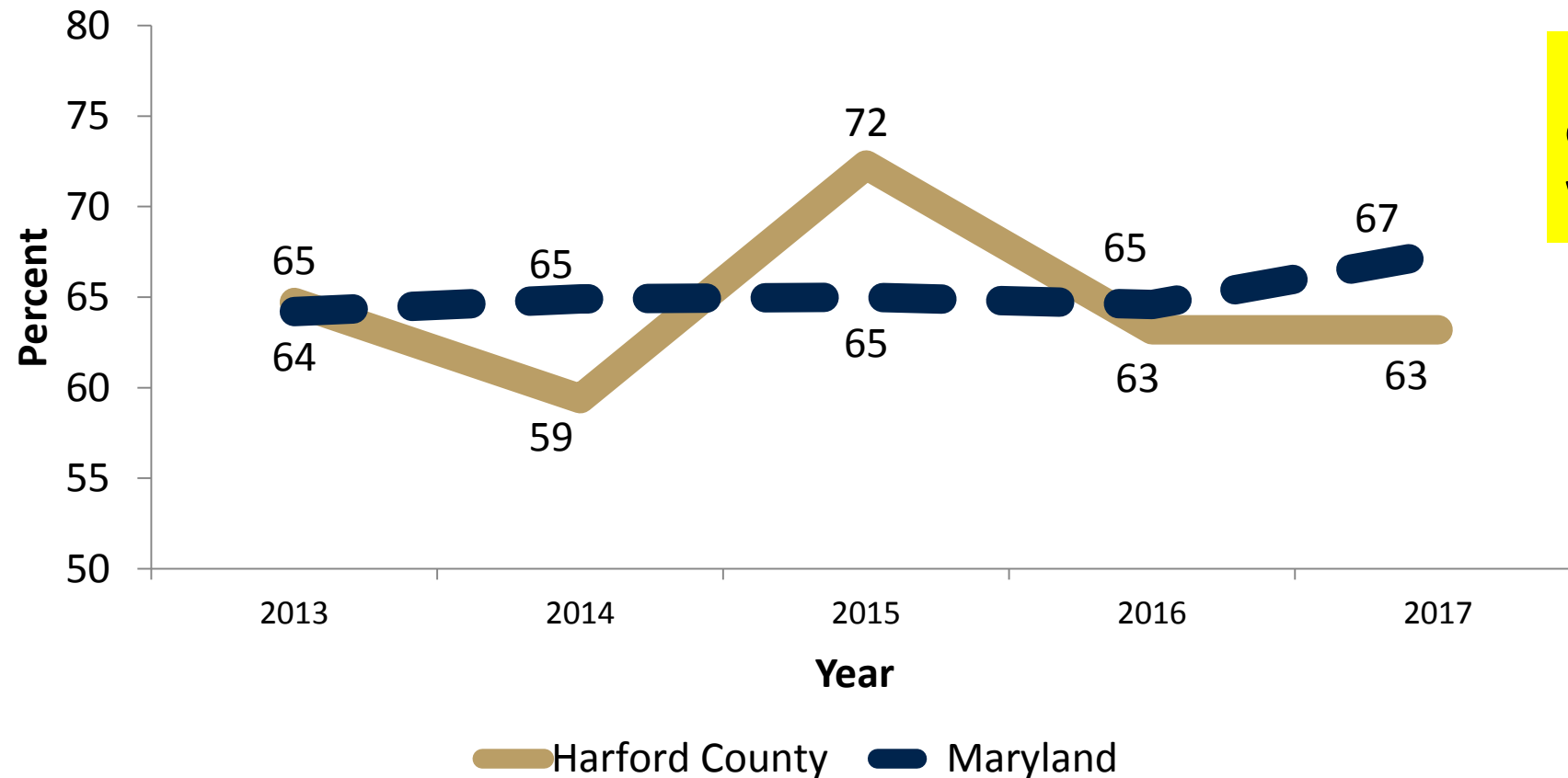


**Rates better
than the state.**



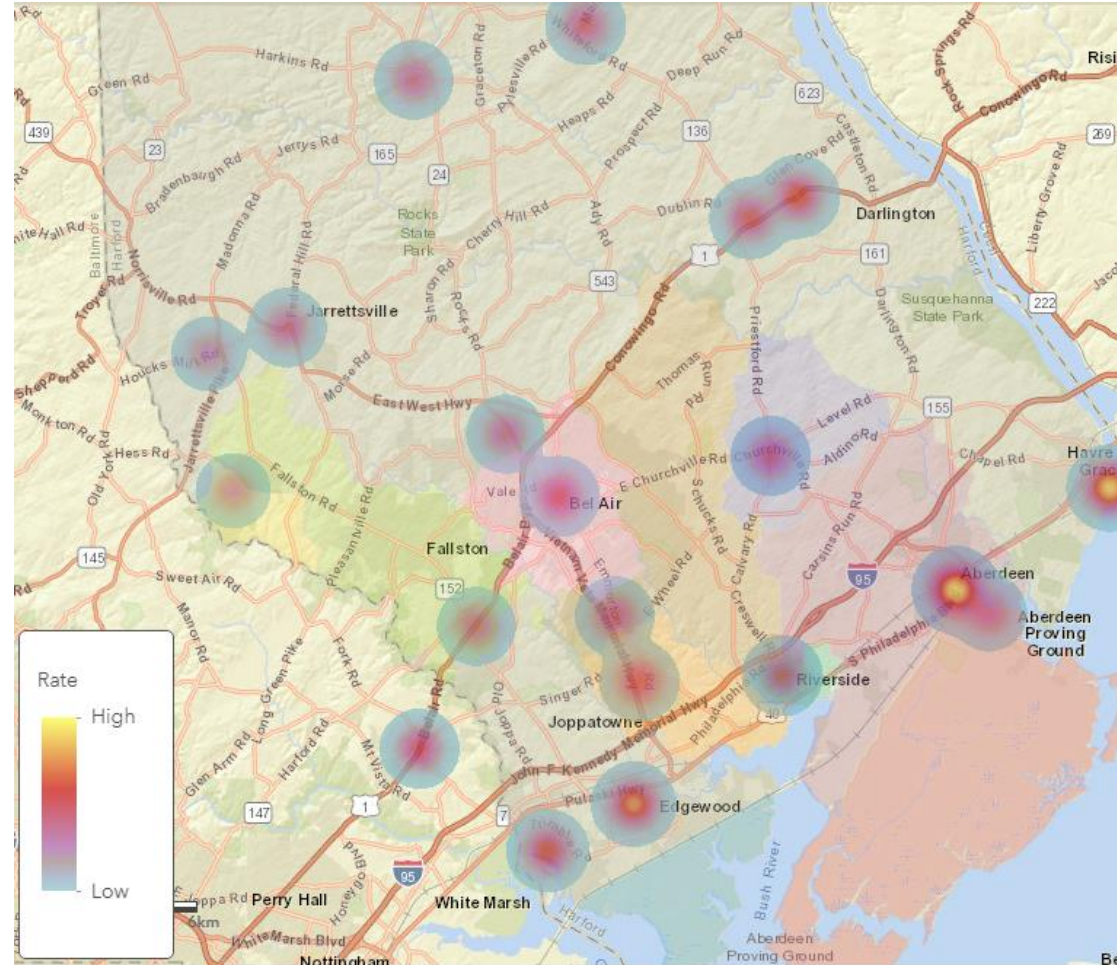
Obesity

Adult Overweight/Obesity Rates Harford County & Maryland, 2013-2017

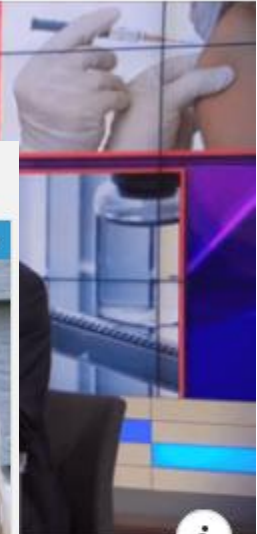


Obesity

2017 Emergency Department Visits Rate for Obesity per 1,000 Residents in Harford County



Electronics, Technology, Media *Good or bad?*



Vaccine Injuries & Deaths

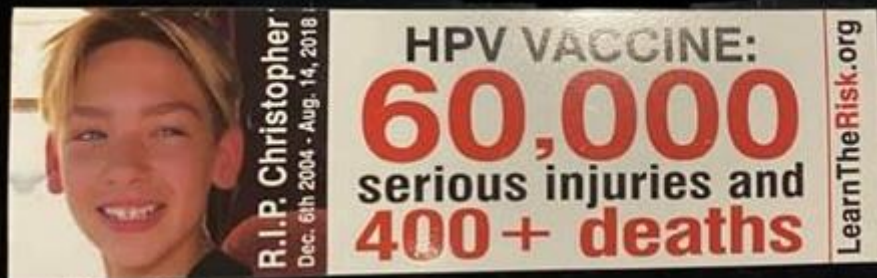


Vaccine Induced Autism and the Fallout: Now What?

INJURIES & DEATHS

By Sarah Carrasco

At thirteen months old, my son David was a "genius" according [...]



HEALTHY AND
Eat More (C)
Diabetes, ...



3



Electronics, Technology, Media

or bad

Telehealth in Rural Communities

How CDC Develops Programs That Deliver Care in New Ways

People who live in rural areas of the United States are more likely than urban residents to die prematurely from all of the five leading causes of death: heart

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FDA Minority Health and Health Equity Retweeted



U.S. FDA @US_FDA · Jan 15

FDA and @CDCgov have declared the romaine E. coli outbreaks over. Consumers do not need to avoid romaine lettuce from Salinas. FDA will continue to investigate and plans to issue a root cause report.

go.usa.gov/xdcU4

E. coli Outbreaks Declared Over

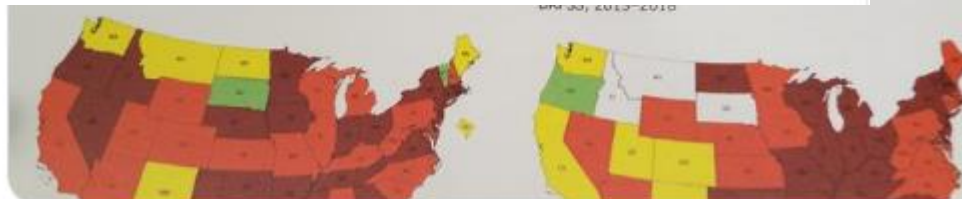
FDA no longer recommends consumers avoid romaine lettuce from Salinas, CA



3

40

30



6

11



have
ments fi

y? These



CDC @CDCgov

CDC estimates, that between Oct. 1 and Jan. 11, there were at least 13 million illnesses, 120,000 hospitalizations and 6,600 deaths caused by flu. Learn more about the burden of flu: bit.ly/2AJe9L4.

PRELIMINARY FLU BURDEN ESTIMATES

So far this season, CDC estimates there have been at least:



Based on data from Oct. 1, 2019 through Jan. 11, 2020

* These estimates are preliminary and based on data from CDC's weekly influenza surveillance reports summarizing key influenza activity indicators.



11:56 AM · Jan 21, 2020 · Sprout Social

36 Retweets 35 Likes



In Summary

- Harford County has made progress with:
 - The first **decline in opioid deaths** in 7 years
 - The **lowest uninsured** rate in the State
 - **Lowest teen birth** rate
 - Better than state average rates for **diabetes and adolescent obesity** rates
- Concerning trends in Harford County include:
 - Although teen smoking has decreased, **teen vaping has increased**
 - **Infant mortality rate** has exceeded the State rate for the 1st time
 - **SEN and NAS rates** have doubled over the past 10 years
 - **Suicide, cancer, and COPD mortality** rates higher than the State average
- We need to focus on:
 - Strengthening the **behavioral health services** system infrastructure, especially for adolescent health
 - **Chronic disease prevention** with an emphasis on smoking and vaping prevention efforts
 - Focus on prevention services for **maternal-child and family health**

Thank you!

410-838-1500

www.harfordcountyhealth.com

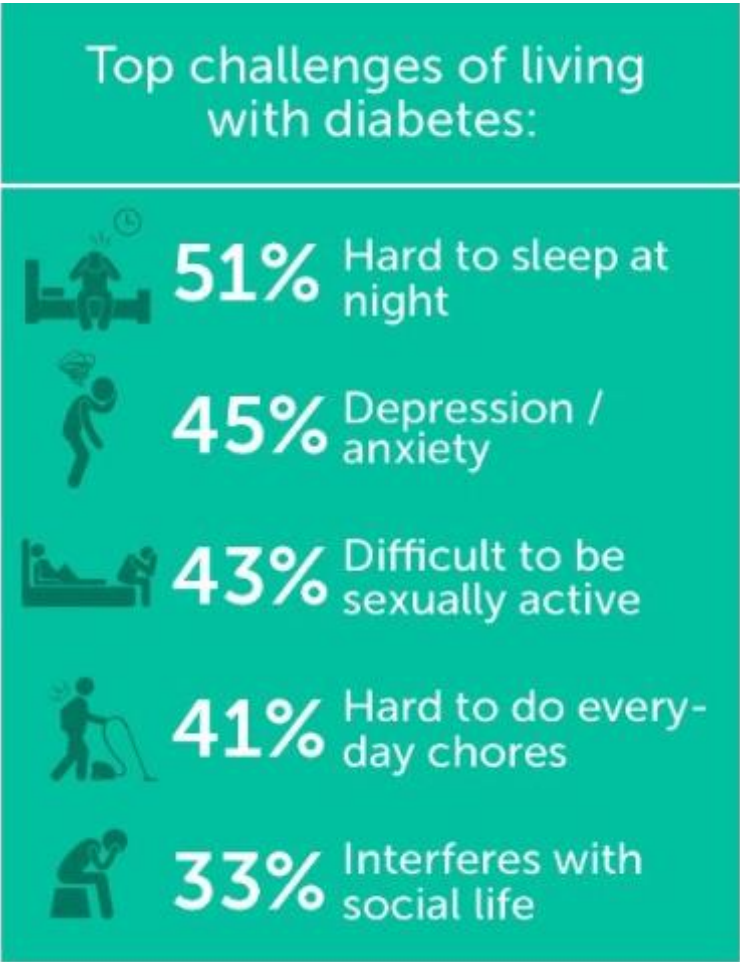




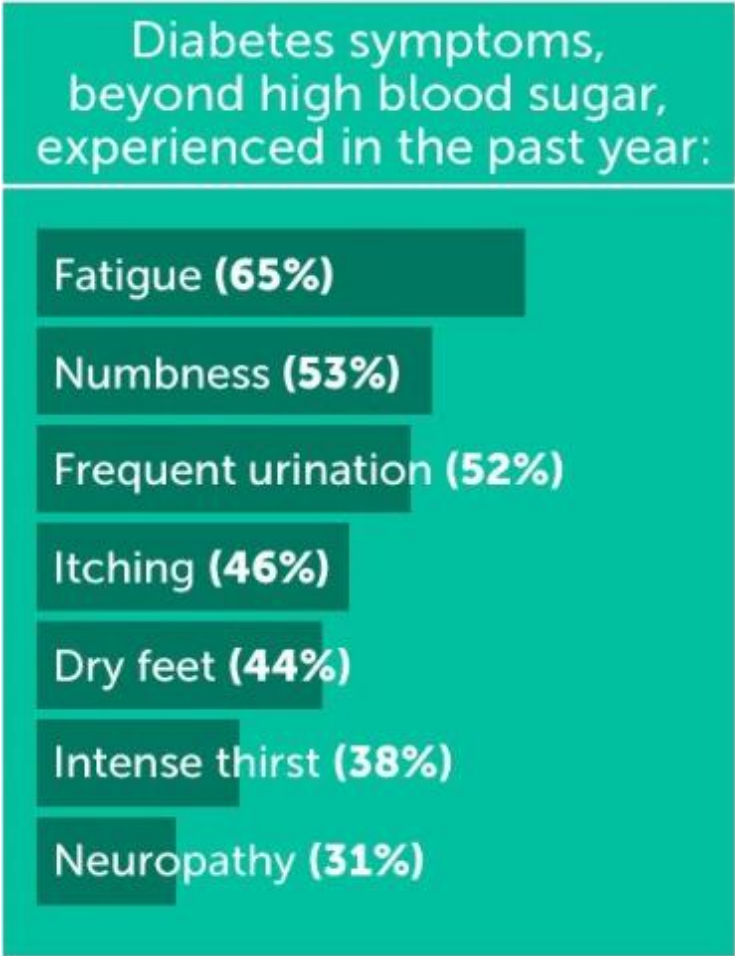
LIVING WITH DIABETES

Anne Dalton, Clinical Advisor
CareFirst BlueCross BlueShield

What No One Talks About: Living With Diabetes



Survey results from over 450 individuals living with diabetes





MEMBER JOURNEY: NAVIGATING PROGRAMS & RESOURCES

Carrie Greene, Manager, Wellness Consultants
CareFirst BlueCross BlueShield

Diabetes Facts & Figures

Diabetes is the **7th** leading cause of death in the U.S.

The CDC estimates that **34%** of the US population has **prediabetes** and **24%** have diabetes but are undiagnosed.

In the last 20 years, the number of U.S. adults diagnosed with diabetes has more than **doubled**.

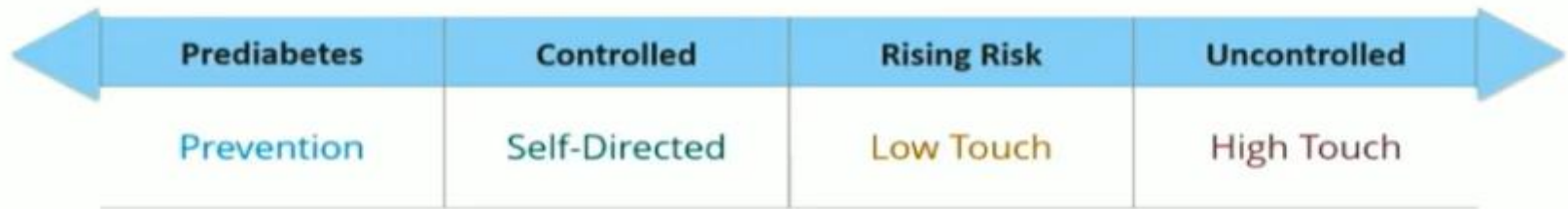
\$245 billion total medical costs and lost work and wages for people diagnosed with diabetes.

Medical costs for people with diabetes are more than **twice as high** as for people without diabetes.

Workers with diabetes are absent up to **10** extra workdays a year.

Diabetes Program Strategy

- Navigating the member to appropriate programs and resources to support healthy living
- Offer wellness interventions for pre-diabetes
- Help maintain well-controlled diabetes
- Improve quality of life for persons living with uncontrolled diabetes



Pre-Diabetes

- Education and Awareness for Pre-diabetics (onsite and digital)
- Health Coaching
- Workplace and Community Programs
- Focused Diabetes Prevention Program

Diabetes

- Diabetes Education
- Close Gaps in Care Management
- Monitoring
- Coordinate Care

Risk Stratification

Claims Data + Biometrics/lab results + A/I machine learning + RealAge assessment + Illness Burden Score

Self directed



- Wellness digital platform (Sharecare)
- Video Visit
- Stress relief tools
- Convenience care/urgent care

Coach directed



- Wellness digital platform (Sharecare)
- Lifestyle management coaching
- Disease management coaching
- Core well-being programs
- Diabetes prevention program

Clinically directed



- Wellness digital platform (Sharecare)
- Hospital Transition of Care
- Complex care coordination
- Behavioral health/substance use coordination
- Pharmacy care coordination

Awareness and Education

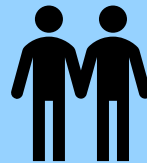
Health Education Content

- Health Observances are special days, weeks, or months dedicated to raise awareness among your staff about important health topics.
- Health education material sent electronically, paper, mail
- Conditions focused on lifestyle behaviors and chronic conditions



Onsite Wellness Services

- Services provided onsite at CareFirst client locations
- Services Include: seminars/webinars, lunch & learns, screenings, cooking demonstrations, health booths, physical activity classes ,and more.
- Incorporating community partners - hospitals, pharmacies, non-profit organization, etc., into events.



Digital Wellness Platform

- Personalized health timeline with wellness recommendations and content
- Personalized messaging
- Health Education
- Health trackers and challenges
- Health Profile (stores conditions, medications, biometrics, physician information, labs
- Activities and exercises
- Promotes coaching and Scale Back



1:1 Health Coaching

Lifestyle Management

- Reduce health risks and encourage long-term lifestyle change that will improve overall well-being.
- One-on-one, our highly trained certified health education coaches develop relationships and rapport with members to provide information, focus, and accountability.
- Focused on lifestyle behaviors impacting risk for diabetes
- Engagement through telephone, mail, emails, coach chat, digital platform, and text (coming soon).

Disease Management

- Prevents disease progression and long-term complications by utilizing cost-effective, evidence-based practice guidelines and patient empowerment strategies including self-management.
- Delivered by registered nurse
- Supports the practitioner-patient relationship and plan of care.
- Engagement through telephone, mail, emails, coach chat, digital platform, and text (coming soon).
- Connects the member to increased clinical resources as needed



Best Practices

- Meeting members where they are, when they need to be met, and in a manner in how they want to be met.
- Ongoing communication
- Inbound and outbound calls
- Meeting members where they are, when they need to be met, and in a manner in how they want to be met.
- Share testimonials
- Enlist champions to share the success

Disease Management – Success Story

Matt is a CareFirst member who participates in CareFirst Health and Wellness program offered through his employer. He engaged in the disease management program for diabetes with a goal to lose weight and increase his physical activity in order to improve his A1C and avoid insulin injections.

Coaching Calls:

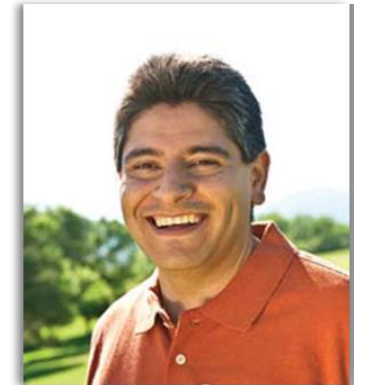
Matt shared that he was newly diagnosed with Diabetes in February. He forgets to take evening diabetes medication and tends to snack late at night due to his work schedule which caused his morning fasting blood sugars to be elevated.

- **A1C** - education, testing, medication compliance
Goal: Matt set a goal to work with his spouse to set up reminders at home for taking his evening diabetes medication.
- **Exercise/Physical Activity** – education, impact on blood sugar and weight loss.
Goal: Matt set a goal to get outside and be more active.
- **Healthier Eating** – healthy lunch options, small protein/carb snack before bedtime to curb morning blood sugar fluctuations.
Goal: Matt set a goal to incorporate a small protein/carb snack in the evening before bedtime, to try not to eat after 7:30 pm and to continue to monitor how consuming certain foods in the evening impacted his morning fasting blood sugars

Outcomes:

- Better understanding of A1C results and how his diet, physical activity and medication compliance impacts his blood sugar control.
- Compliant with evening medication
- Reduced metrics: A1C moved from 9% to 6%, BMI from 29.1 to 28.2 and lost 11 pounds
- Matt has increased his physical activity. He is doing more yard work and taking the dog on long walks each day.
- He continues to work on adjusting his evening eating habits to improve his morning fasting blood sugars.

Matt's Story



Diabetes Academy

Purpose: Program serve as an opportunity to build a better understanding of the diabetes and promote increased self-efficacy in patients. These classes also empower caregivers, though an increased knowledge of the diabetes condition, to more effectively support family members.

Core: Four session educational series designed to enhance the knowledge and understanding of topics relevant to those with diabetes, prediabetes or those supporting someone with diabetes.

Location: Worksite or in the community

Materials: Guidebook for each class

Instructor: Certified Diabetes Educator

Supplemental Activities: Diabetes assessment, 1:1 nutritional counseling, health education displays, healthy cooking demonstrations, supermarket tours, fitness class demonstrations, mindful meditation

Partnerships: Vendor partners and community resources

Topic	Content Overview
Understanding Diabetes	<ul style="list-style-type: none">• Epidemiology of diabetes• Understand causes of diabetes• Discuss the differences between pre-diabetes and T2DM• Understand the progression of diabetes• Discuss risk factors and complications
Nutrition	<ul style="list-style-type: none">• Learn how to plan healthy meals• Receive tips on dining out with diabetes• Carb counting and impact to blood sugar• Reading food labels and creating a healthy plate
Developing A Diabetes Care Plan	<ul style="list-style-type: none">• Setting blood sugar goals• Understand the ABCs of diabetes• Recommended exams for patients with diabetes• Understand the importance of physical activity• Taking medication as prescribed
Better Office Visits	<ul style="list-style-type: none">• Learn how to make the most of an office visit• Understand your diabetes care team• Learn what to expect at each visit• Keeping a blood sugar diary

Scale Back Diabetes Prevention Program



- 12-month telemedicine based program for those identified with prediabetes or at risk for developing diabetes
- Registration provides members with a digital scale that can sync with the app and participation in two sessions over 4 weeks, earns the member a FitBit.
- 26 interactive lessons and weekly classes with a personal health coach
- Ongoing engagement
 - Mobile App
 - Log weight and physical activity 1x/week
 - Meal tracking with photos for coach review and feedback
 - 1:1 coaching
 - Encourages family/friends participation
 - Free Fitbit to encourage and track healthy behaviors
 - Coach/participant messaging

Reason's Members Signed Up for Scale Back

"I want to lose weight and be healthier so I don't feel like I am always tired. Was recently diagnosed with sleep apnea. Weight is a big factor in both that and my blood pressure. I have been in prediabetic status for years. I want to stay out of Type 2 diabetes."

“

"The last 2 glucose tests I've had were little high. Family history of diabetes in family. Also looking forward to having a fitbit from you guys in order to monitor my activity level."

“

"My biggest motivation is the blood test warning of maybe being on the way to being diabetic. I am grateful that my insurance company is able to cover this program where I can learn and have a health coach to help me take care of myself."

“

"Was warned by my doctor I was at risk of developing Diabetes."

“



DIABETES MANAGEMENT PROGRAM

Adrienne Mabee, Manager, Clinical Advisors
CareFirst BlueCross BlueShield

Diabetes Management Program

Delivering Evidence Based Interventions to Improve Clinical Outcomes

- The Diabetes Management Program will connect members to a national specialized virtual clinic
- The goal is to help members manage diabetes, change behavior and remove barriers to education and health providers
- Based upon the member's clinical needs, they will receive tailored support which may include:



A dedicated care lead and targeted consults including certified diabetes educators and endocrinologists

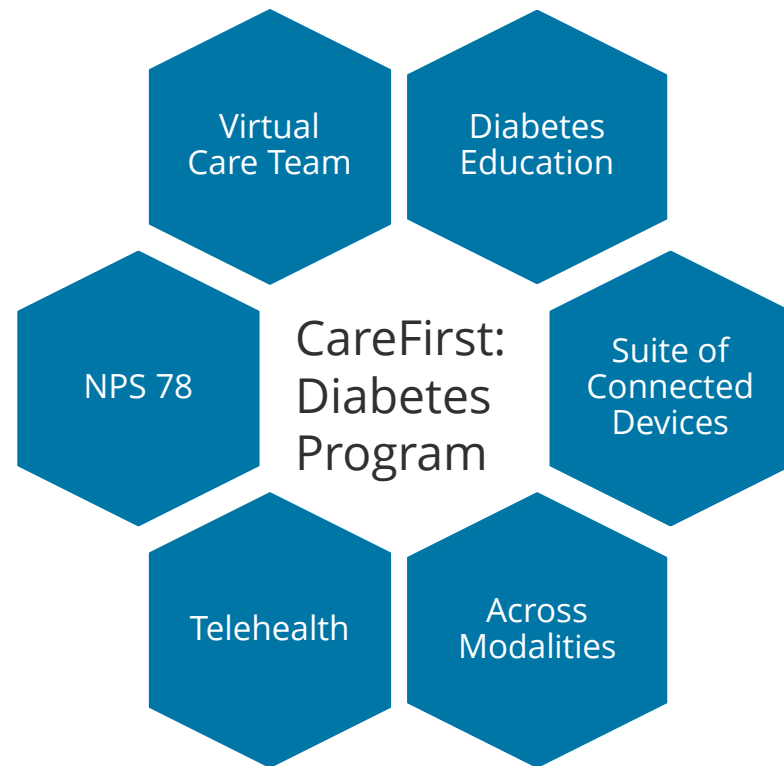


Management tools including connected blood glucose meter, blood pressure cuff, and continuous glucose monitoring

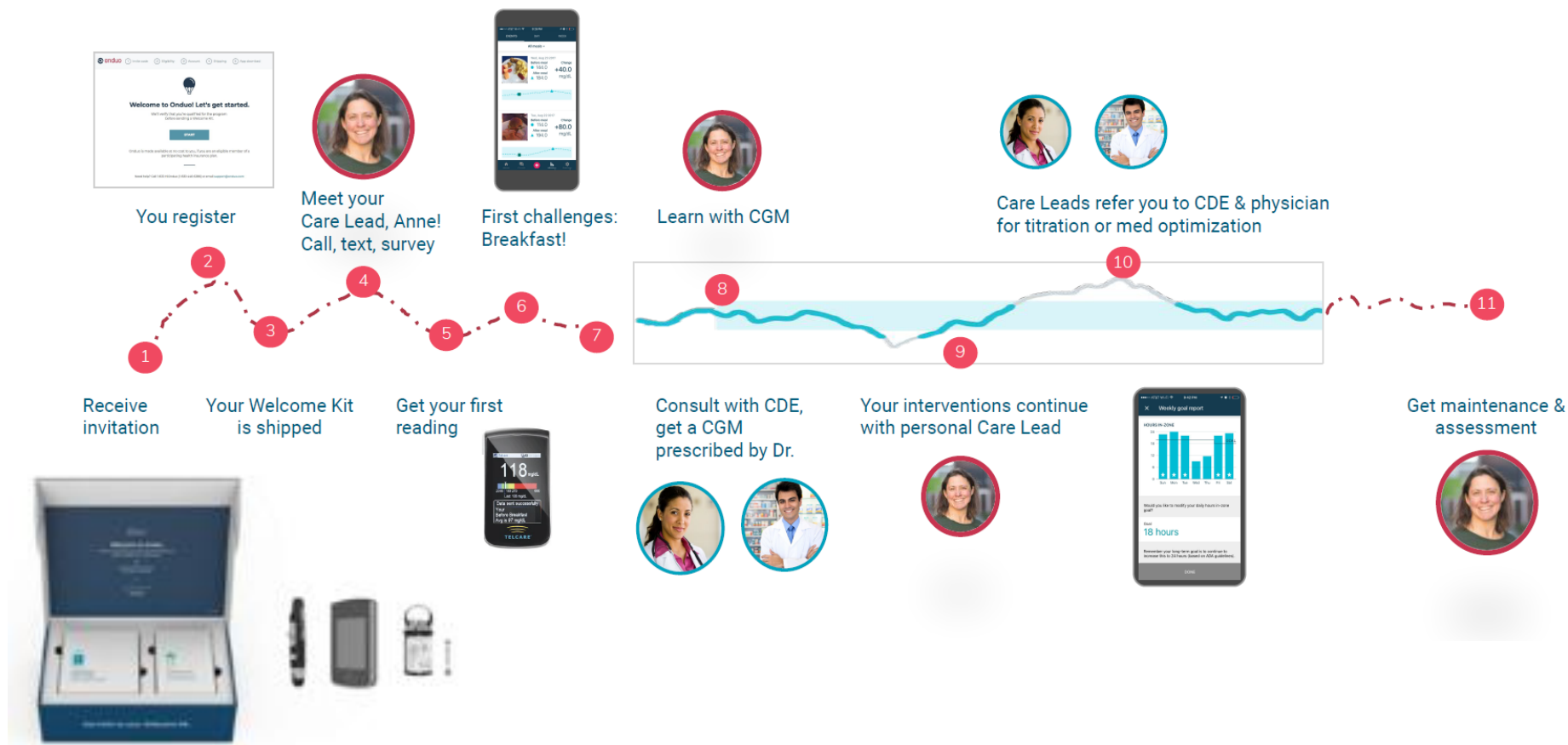


Mobile app which provides monitoring, telehealth visits, secure messaging with care team, and educational tools

Diabetes Management: Improving Outcomes with High Touch Support



Diabetes Management: Comprehensive Virtual Diabetes Clinic





SUBSTANCE ABUSE DISORDER PROGRAM

Lakendra Schwendig, Liaison, Addictions Program
CareFirst BlueCross BlueShield



1.9M

People suffer from substance abuse related to prescription opioids in the United States



Substance abusers have

\$15,500

In excess costs per year over non-abusers



\$78.5B

Is spent annually on medical and substance abuse treatment, lost work productivity and criminal justice costs

At CareFirst BCBS, we seek to treat substance use disorder the same way we treat all chronic diseases, and not as a disease of moral failing.



Clinical-Directed Member Journey



Jane

Health Status: Depression

Identification

- Jane seeks counseling through her EAP due to ongoing sadness and low energy.
- She contacts CareFirst to learn about her benefits and treatment coverage for mental health services once her EAP is maxed.
- She is connected to our IAA line and assigned a behavioral health care coordinator (BHCC).

Engagement

- After connecting with the IAA line and locating an in-network therapist and psychiatrist, Jane has her first call with her BHCC.

Interventions

- Jane begins seeing her therapist and psychiatrist weekly, in order to stabilize her and her medications.
- Jane's behavioral health care coordinator recommends a local support group for women with depression.

Outcomes

- Through the assistance and support of her BHCC, Jane is compliant with her appointments and her medications.
- She begins regularly attending the community support group.
- She is now beginning to feel more balanced and is back to enjoying her favorite activities.

The Substance Use Disorder Continuum of Care

Substance Use Disorder Program

Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Promoting optimum physical and mental health and wellbeing, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty.	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies.	Screening and detecting substance use problems at an early stage and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability.	Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life.

Substance Use Disorder Program

Specialized treatment options for alcohol and drug addiction

- Designed to improve patient recovery outcomes by quickly connecting members with trusted providers of Intensive Outpatient Treatment (IOP).
- The primary focus of the program is to achieve long term (12 months) member participation in outpatient therapy. This includes Medication Assisted Treat (MAT).
- Participating recovery centers are accredited, meet specific standards outlined by CareFirst, and located throughout the region.
- CareFirst BCBS members engaged in an Intensive Outpatient Treatment, with participating facilities, are eligible to receive a waiver of out of pocket costs for substance use disorder outpatient services only.

Substance Use Disorder Program

Harford County treatment centers participating in this program:

- There are 13 partnering treatment centers, with 25 different locations, in the CareFirst BCBS service area.
- Ashley Addiction Treatment Center
 - Locations: Bel Air, Elkton
 - Phone: 1-800-799-4673



Ashley Addiction Treatment

Jennifer Aguglia, LCSW-C



Ashley
Everything for Recovery

800 Tydings Lane
Havre de Grace, MD 21078

800.799.4673 / 410.273.6600
AshleyTreatment.org

About Us



**** Opening Winter 2020**
Klein Family Harford Crisis Center
802 Baltimore Pike, Suite 102
Bel Air, MD 21014

- Founded as Father Martin's Ashley in 1983 by Fr. Joseph C. Martin and Mae "Ashley" Abraham
- Served more than 45,000 people since 1983
- 1 Inpatient, 2 Extended Care, 2 Outpatient programs
- Outpatient has treated approximately 4,400 patients to date
- Current census is approximately 460 patients
- In FY 19, Ashley awarded \$3.6 million in charity care
- \$1.6 million was awarded to Harford and Cecil county residents. 70 lives were directly impacted.
- More than 1,500 patients served, of which 60% were Maryland residents

Outpatient Programming



- Partial Hospitalization, Intensive Outpatient Program, Outpatient Program.
- Multidisciplinary team treatment (nurse practitioner, licensed practical nurse, licensed behavioral health provider)
- Medication Supported Recovery (MSR)
- Monitored detoxification or induction services
- Group and individual therapy sessions
- Acupuncture
- Theracoustic™ Healing Solutions
- Naloxone Education and Certification
- Transportation for local halfway house residents

Medication Supported Recovery



- Buprenorphine products (buprenorphine/naloxone, buprenorphine, Sublocade)
 - Vivitrol or Revia
 - Campral
 - Antabuse
-
- Benefits include:
 - Ease withdrawal symptoms
 - Lessen or eliminate cravings
 - Create a more focused state of mind
 - Improve physical health by removing harmful substances
 - Engage in treatment
 - Build a foundation for long-term recovery

Assessment Process

Includes:

- Registration process with administrative team
- Biopsychosocial assessment with licensed behavioral health provider
- Toxicology Screening

What to expect:

- Recommendation for treatment and individualized treatment plan
- Referrals for ancillary services, support groups.
- Referrals or higher or lower levels of care, if applicable.



Jennifer Aguglia, LCSW-C
Vice President of Outpatient Services
410-273-2462
jaguglia@ashleytreatment.org

HARFORD COUNTY

“A Pathway to Recovery”

Presented By:

Tara Lathrop
Administrator
Office of Drug Control Policy

Linda Williams
Executive Director
Addiction Connections Resource

BARRY GLASSMAN
Harford County Executive

AMBER SHRODES
Director, Dept. of Community Services

Office of Drug Control Policy

Harford County Department of Community Services

www.harfordcountymd.gov/services/drugcontrol 410.638.3333



PROGRAM OVERVIEW

- Focus: To meet the increased demand for SUD services and to fill the gaps in access to treatment and services.
- ACR has expanded their reach through the working relationship with ODCP and the funding from this grant.



PROGRAM GOALS

- To increase access to substance abuse treatment for individuals with no insurance or are under insured.



PROGRAM OBJECTIVES

- Connection to Treatment
- Continuum of Care and Case Coordination
- Improvement of Quality of Life



SUCCESSSES TO-DATE

The story of “Billy”



Harford County Department of Community Services

Office of Drug Control Policy



Phone: 410.638.3333

odcp@harfordcountymd.gov



Like us on
Facebook

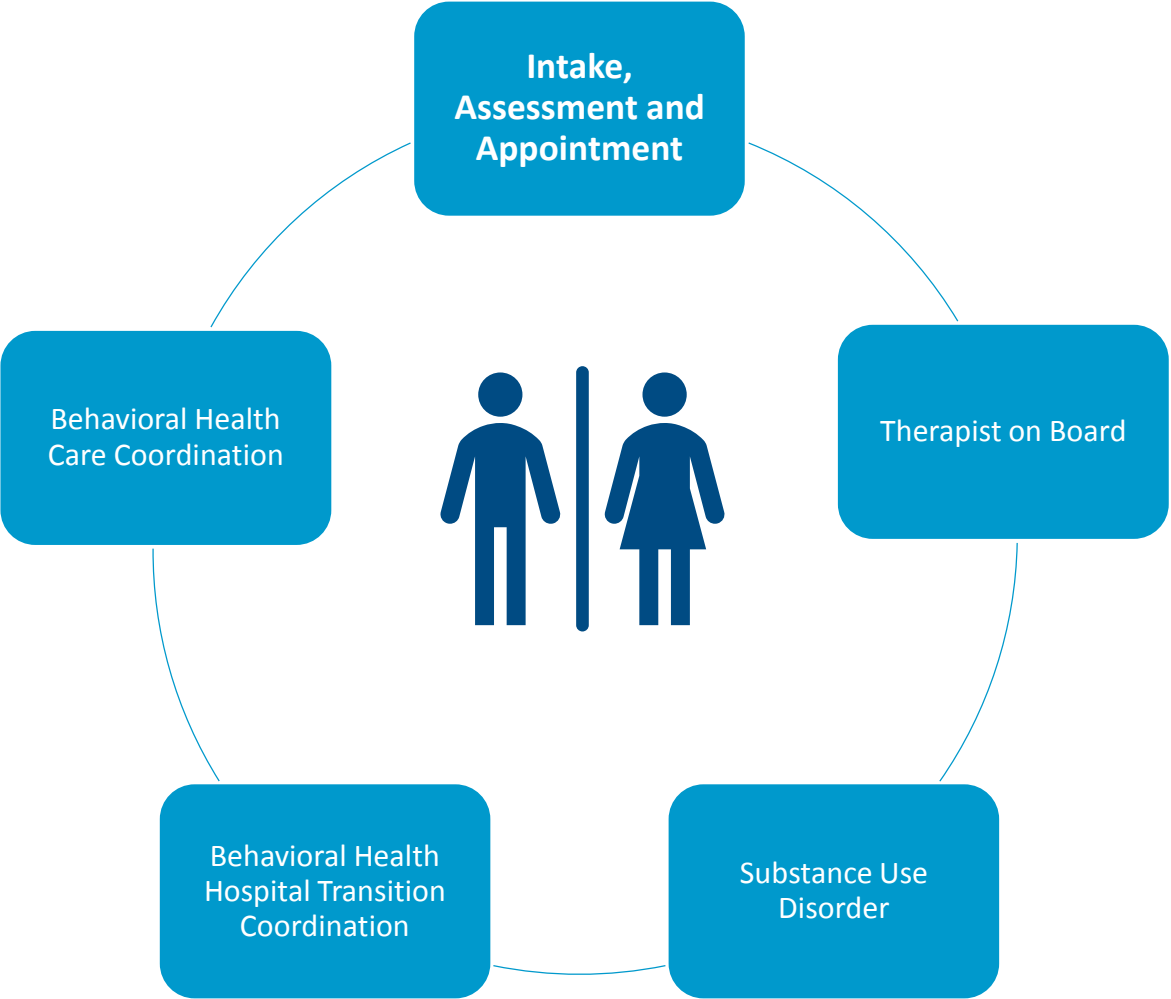
facebook.com/HCODCP



BEHAVIORAL HEALTH SUPPORT PROGRAM

Lakendra Schwendig, Liaison, Addictions Program
CareFirst BlueCross BlueShield

Behavioral Health Services at CareFirst





Behavioral Health Support

Personal and Confidential

- Connect patients with mental health professionals nationwide
- Coordinates care and connections to community programs and support
- Schedules regular check-in phone calls
- 24/7 crisis line: 800-245-7013
- Resources to understand and manage prescription medications

Intake, Assessment and Appointment

Established to ensure members are connected to programs or clinical services appropriate for their needs

Intake and Assessment Team

Licensed behavioral health specialists who:

- Interview and assess member's clinical needs
- Engage members to make them aware of programs
- Submit referrals to appropriate providers
- Consult with PCMH providers and BHCCs as appropriate

Appointment Team

Appointment Advocates who:

- Assist with appointment scheduling with community-based clinicians
- Schedule initial appointments at recovery centers
- Provide timely post-discharge appointment support
- Connect out-of-area members with behavioral health professionals nation-wide



HEALTHY HARFORD

Bari Klein, Executive Director
Healthy Harford

HOW INFLAMMATION AFFECTS THE BODY

"Inflammation is at the root of practically all known chronic health conditions"

BRAIN

Pro-inflammatory cytokines cause autoimmune reactions in the brain, which can lead to depression, autism, poor memory, Alzheimer's disease and MS.



SKIN

Chronic inflammation compromises the liver & kidneys, resulting in rashes, dermatitis, eczema, acne, psoriasis, wrinkles & fine lines.



CARDIOVASCULAR

Inflammation in the heart & arterial & venous walls contributes to heart disease, strokes, high blood sugar (diabetes) and anemia.



KIDNEYS

Inflammatory cytokines restrict blood flow to the kidneys. Complications like edema, hypertension, nephritis & kidney failure can result.



BONES

Inflammation interferes with the body's natural ability to repair bone mass, increasing the number of fractures & leading to conditions like osteoporosis.



LIVER

Build-up of inflammation leads to an enlarged liver or fatty liver disease. Increased toxic load build-up in the body.



THYROID

Autoimmunity as a result of inflammation can reduce total thyroid receptor count & disrupts thyroid hormone function.



LUNGS

Inflammation induces autoimmune reactions against the linings of airways. Can result in allergies or asthma.



GI TRACT

Chronic inflammation damages our intestinal lining and can result in issues like GERD, Chron's disease and Celiac disease.



MUSCLE

Inflammatory cytokines can cause muscle pain & weakness. Can manifest as carpal tunnel syndrome, or polymyalgia rheumatica, to name a few.



Bari Klein
Executive Director
Healthy Harford
www.healthyharford.org

THE POWER OF PARTNERSHIPS

KLEIN FAMILY HARFORD CRISIS CENTER INTEGRATED BEHAVIORAL HEALTH

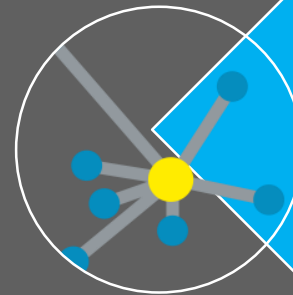


GAPS, CHALLENGES, AND POSSIBILITIES

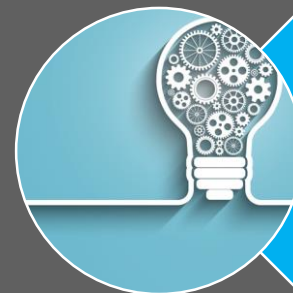
Priorities



Access and Immediacy



Coordination/Navigation



Education
(awareness/stigma)

VISION ~ INTEGRATED BEHAVIORAL HEALTH SYSTEM



A regional, public/private, integrated system of behavioral health care (mental illness & substance use disorders).

THE KLEIN FAMILY
HARFORD CRISIS CENTER

Behavioral, Mental Health and Addiction Services

Services Overview

SCOPE OF SERVICES

Service 1:

- Regional 24/7 Call Center/Hotline – *Operated by Affiliated Sante Group*
- Mobile Crisis Teams – *Operated by Affiliated Sante Group*

Service 2:

- Outpatient mental health “bridge” clinic – *Operated by UM-UCHS*

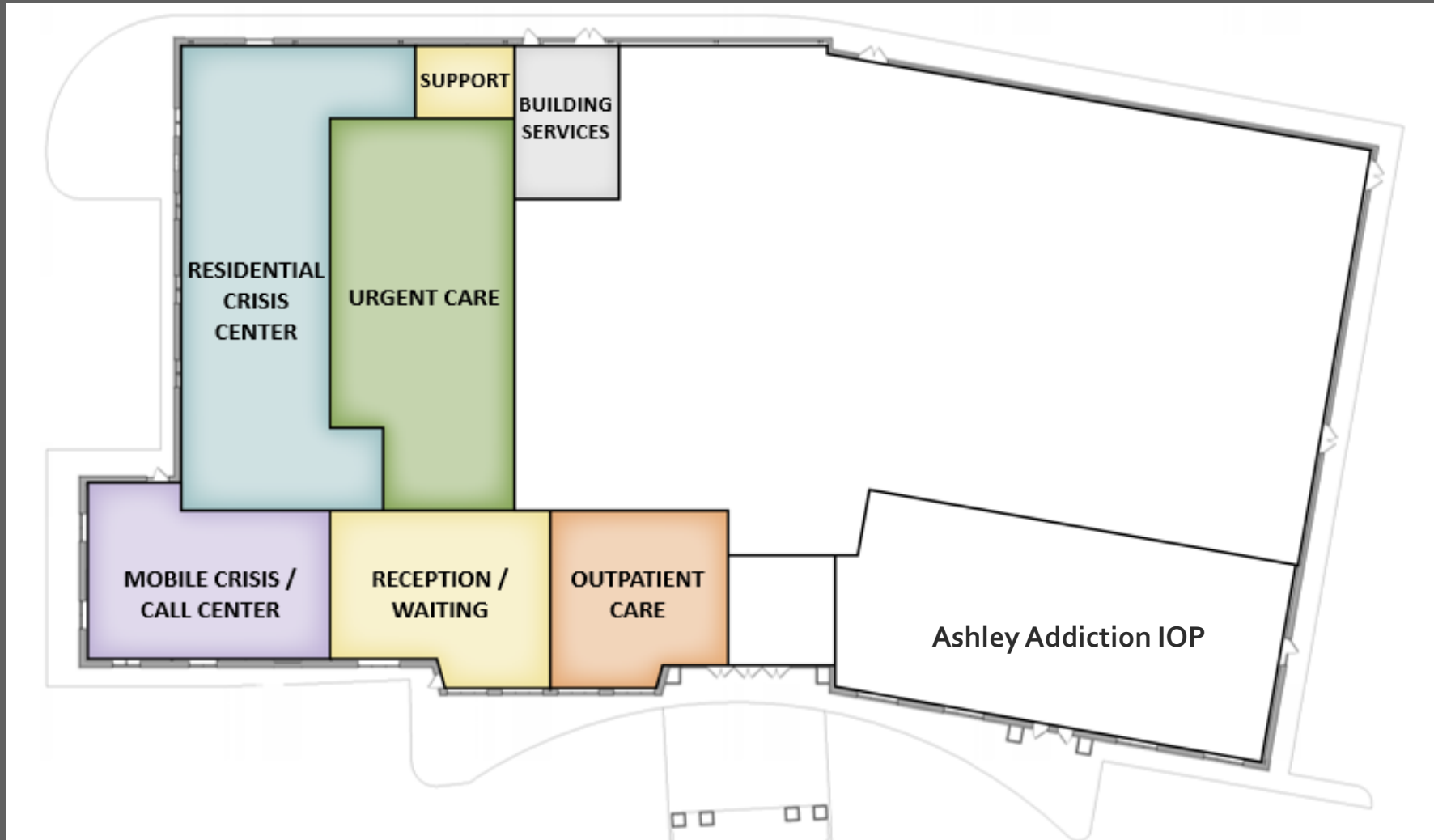
Service 3:

- 24/7 Walk-In assessment for mental health and addiction – *Operated by UM-UCHS*
- 24/7 Residential Crisis beds for short term stabilization – *Operated by UM-UCHS*

Co-located partners:

- Ashley Addiction, Inc.
- Harford County Health Department-uninsured assistance

| Crisis Center Program Zones









KLEIN FAMILY HARFORD CRISIS CENTER TEAM MEMBERS



MORE INFORMATION

1800NEXTSTEP

WWW.HARFORDCRISISCENTER.ORG

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=TF_FXYIWFGC](https://www.youtube.com/watch?v=TF_FXYIWFGC)



CAREFIRST VIDEO VISIT

Kate Schwartz, Telehealth Lead
CareFirst BlueCross BlueShield

CareFirst Video Visit

When your PCP isn't available, CareFirst Video Visit allows you to connect with a doctor on a smartphone, tablet or computer. The cost of Video Visit varies based on your benefits, but will never cost more than \$49.

CareFirst Video Visit is intended for the treatment of uncomplicated, non-emergency* health concerns.



***In the case of a life-threatening emergency, you should always call 911 or your local emergency services. CareFirst Video Visit does not replace these services.**

carefirstvideovisit.com

CareFirst Video Visit

Convenient care when you need it from your smartphone, tablet or computer

- Urgent care* - see a board-certified doctor 24/7/365 without an appointment
- Mental health, diet/nutrition and breast-feeding support – schedule a visit and meet with a licensed professional

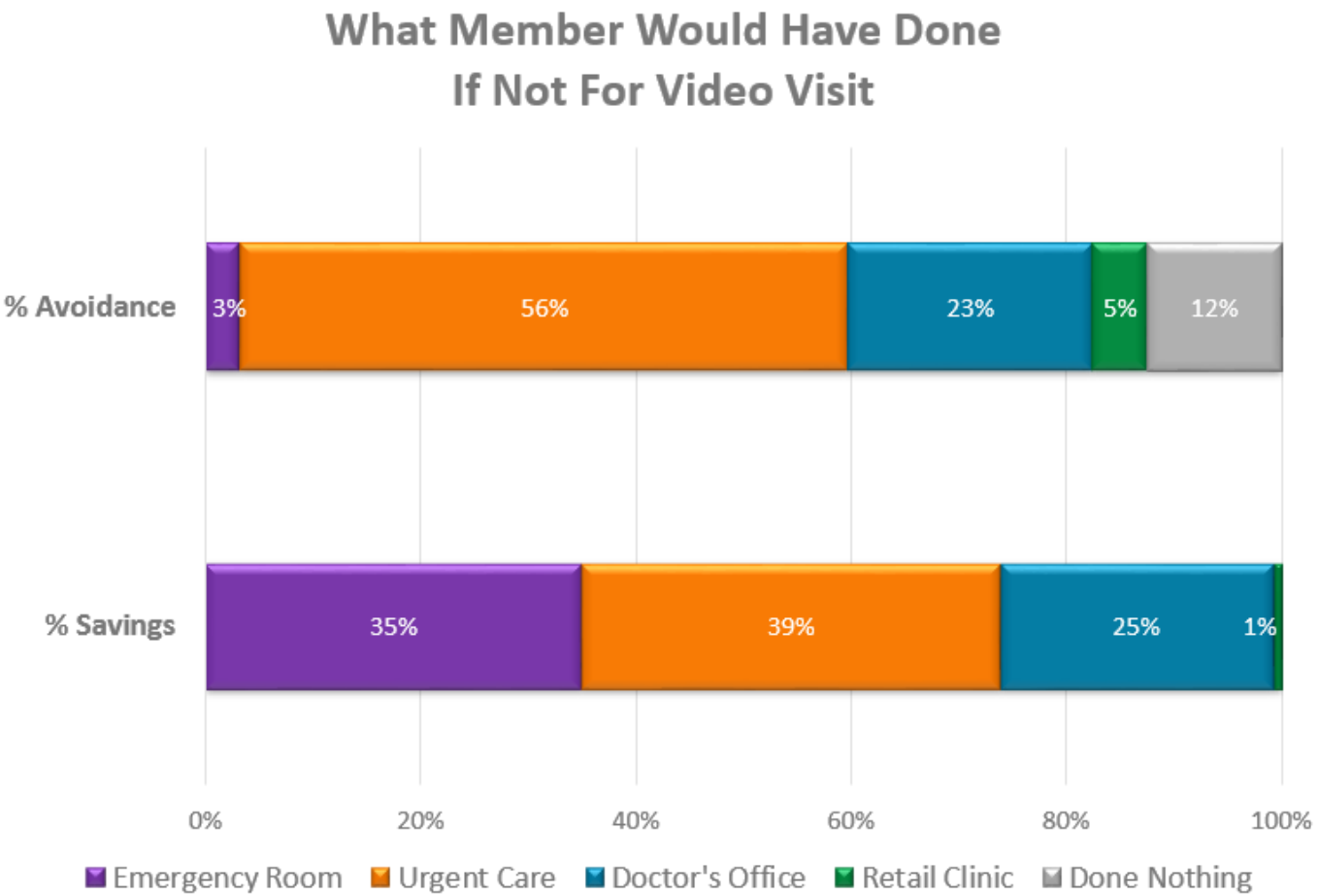
* In the case of a life-threatening emergency, you should always call 911 or your local emergency services. CareFirst Video Visit does not replace these services.



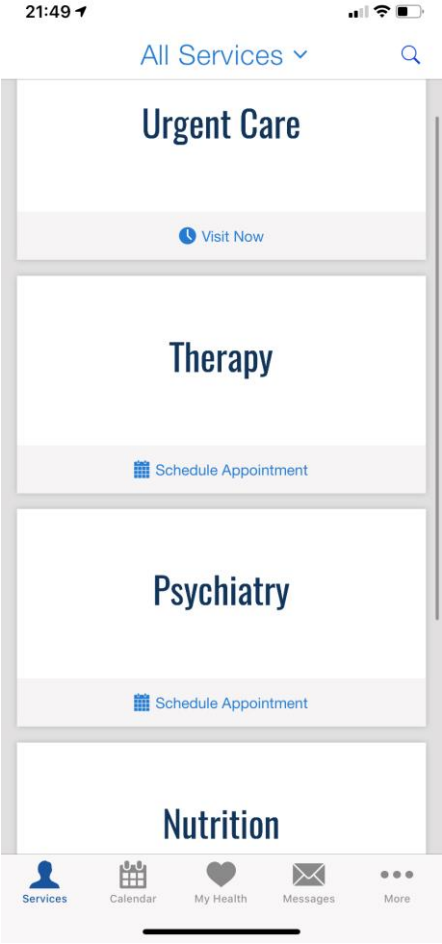
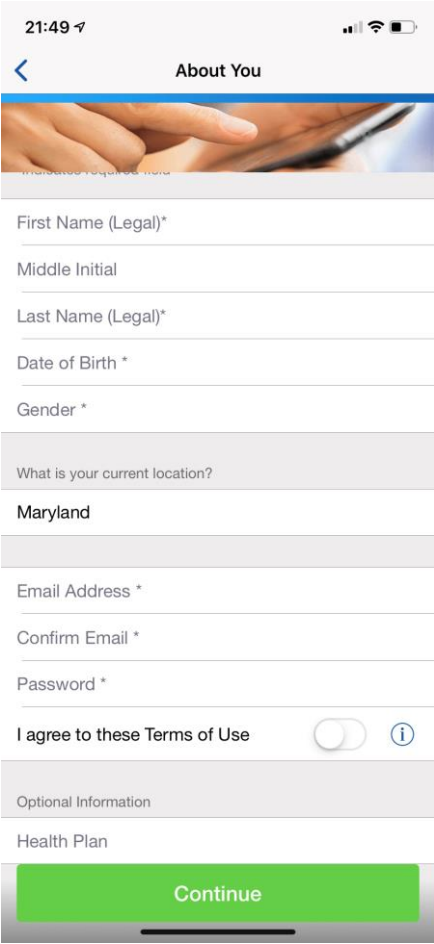
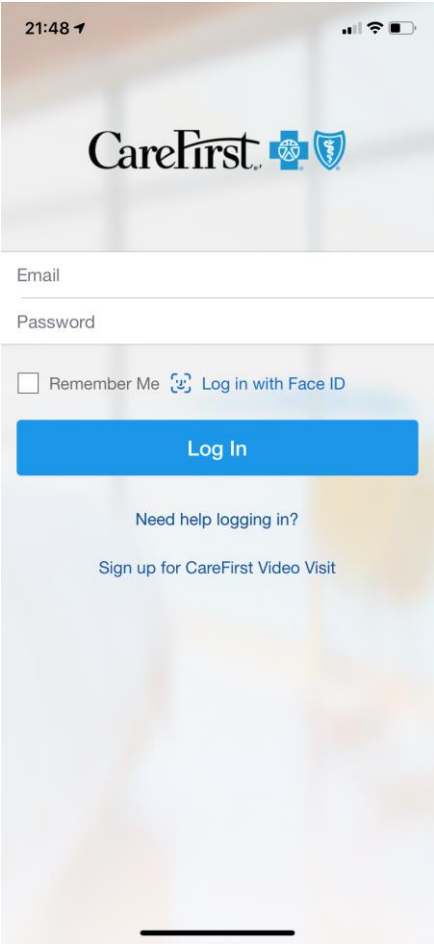
Demo



Video Visit Value



Have you signed up for CareFirst Video Visit?





EFFECTIVE STRATEGIES TO INCREASE VIDEO VISIT UTILIZATION

Denise Dunn, Account Executive
CareFirst BlueCross BlueShield

Strategies to increase Video Visit utilization

Having the Video Visit app downloaded on your phone is the key to utilization

- Marketing
- Onboarding
- Staff Meetings
- Wellness Fairs
- Open Enrollment
- Incentivize
- Seminar/Webinar
- Testimonials & Champion Support



THANK YOU

For more information, contact
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Karen Maclaren: Karen.Maclaren@carefirst.com