



Agenda

1) Welcome and Introductions

Krystal Armstrong, *Harbor Oaks Hospital*; Mirissa Bosch, *MCHD*; Luke Bowen, *MCEMSMCA*; Dr. Teresa Edwards, *Martha T. Berry*; Madeline Habib, *MCCMH/HSCB*; Ambrosia Jackson, *MCCMH*; Kevin Kulhanek, *Easterseals*; Em Maier, *MCHD*; John Pascaretti, *MCCMH*; Melissa Peters (Savage), *Judson Center*; Dominique Schroeder, *Operation Rx*; Lauren Scipione, *MCHD*; Susan Styf, *CARE of SEM*; Maria Swiatkowski, *MCHD*; Louis Vader, *MCCMH*

2) Review of May Meeting Minutes

No changes were made to the May minutes. Minutes were approved.

3) Group work:

Mental Health First Aid

The Health Department is working with CMH to help host their Mental Health First Aid trainings. The Health Department will be providing lunch for these trainings as well as a short opioid awareness lesson/discussion. The next classes available are two youth-based sessions on October 25th and December 13th (do not have to be a "youth" to participate), and one adult session on November 8th. The trainings are all day and go from about 8:00 am to 5:00 pm. The trainings are open to everyone and registration can be accessed through the MISD website. New classes will be created as the current courses fill up and people will be contacted through the workgroup listserv. If a large number of people from one organization would like to attend a session, please send an email to Mirissa.

Awareness of Behavioral Health Services

A map of behavioral health resources and services was discussed. This map will be an enhanced version of the CMH directory and other mental health directories that are available in the county. The emphasis would be on making this map a visual representation of services so that people who access the map will be able to utilize it quickly and with minimal effort. It was discussed that the layers of the map will include levels of treatment, crisis centers, and urgent care clinics, among others. When choosing resources for the map, special attention will be paid to the quality of the provider listed. There was discussion about having a layer for places that accept Medicaid but sorting resources by insurance may prove to be too messy and confusing to sort out. Madeline shared copies of the Veteran's Health Services flow chart as an example of how to sort resources by insurance. The possibility of having a guide or tool to use that would help people figure out where they can go based on their insurance in addition to the map was discussed. Creating a guide that involved how to read the front and back of your insurance card was suggested.



It was then discussed how we would survey the population on their preferences for receiving information on resources. Easterseals does ask how people found out about them on their intake survey. CMH has recently handed out a survey to their clients which included questions that asked about how they were receiving information. The results from the CMH survey will be available in mid-November. To the knowledge of staff present, CARE does not currently ask questions about how people found out about them. The group decided to not do a survey with only current clients who are already accessing behavioral health resources, and instead try to survey as much of the general population as possible. It was then suggested that we look at primary care providers because 60% of the working-well receive their behavioral health services through their PCP. Em is going to be sending out packets to prescribers in the near future. It was decided to add a small five question survey to the packets that will assess how medical providers are offering behavioral healthcare and services to their patients. There will be a continued discussion of how to survey the rest of the population at the next meeting.

Tobacco Cessation

Research at the Health Department revealed that there are many counties in Michigan which have health departments promoting the use of the Quit Line while their respective mental health organizations are promoting the use of MyStrength for smoking cessation. Instead of choosing one program over the other, it was discussed of potentially adding the Quit Line to the MyStrength app, which has a substance use program. The only issue with combining the two resources is that MyStrength needs to focus on promoting Michigan, if not more specifically, Macomb County resources due to CMH grant guidelines. There was talk about eventually holding training sessions on how to use the MyStrength app. As of now, CMH is currently adding to the substance use portion of the app to make it more accessible for people to use. Anyone who is a part of Macomb County can use the app for free.

Conversation on Tobacco Cessation then led to the topic of vaping. It seems that the majority concern lies with preventing and stopping youth from using e-cigarettes. It is not currently known what is offered in schools regarding e-cigarette and vaping education. The Chippewa Valley Coalition has materials on vaping awareness. ACCESS based in Sterling Heights also has a vaping cessation education program. CARE is currently developing a resource to engage with students who have been referred to CARE for vaping and nicotine use. There was talk of how to ensure that schools do not just discipline a student with In-School Suspension, but actually have an educational element to go along with it.



Training

The group continued the conversation from the last session about other trainings which involved how to get EMS/First Responders engaged with mental health even though they cannot dedicate 8 hours to a training. They are able to however, do one to two hours of training so the Health Department is going to see what could be made available for them. There was talk of providing EMS staff with toolkit packets that were a combination of mental health awareness and substance abuse stigma reduction. MedStar has an online program as well. Approaching the topic of stigma reduction among medical professionals needs to be done in a supportive way rather than a retaliatory way. There was also emphasis on making sure that the classes would be attainable for EMS staff to take, i.e. not having to add more work to their schedules in order to be a part of a training. Agnes Ward CMH is a national trainer in MHFA and could potentially work at shortening the hours of the class to make it more accessible for EMS/First Responder staff.

4) Updates

Harbor Oaks is undergoing administrative change

CMH is changing their Urgent Behavioral Healthcare Intake process

Martha T. Berry is contracted with GeneSight to help patients find the medication that is right for them based on their genetics

Judson Center received a grant that will allow them to open a clinic on site

5) Next Meeting –January 2019