

Minutes : Adolescent workgroup meeting

November 1, 2018 3pm

GCHD

In attendance:

Shelley Argabrite

John Corbin

Sandy Hill, RN, MPH

Heather Cooper, RN

Robert Phares, MD

Rick DeWitt

Karl Schwalm, MD

Laura Schroyer, RN

Jenny Corder, MD

These minutes are pending approval at the time of writing, Nov 2, 2018

Introductions were made.

Everyone received a copy of the 2016 YRBS survey results for future reference.

Sandy Hill inquired about the current services offered through GCHD to the adolescent population. The clinical services include family planning, STI services, dental, behavioral health including tele-psychiatry. Non-clinical programs speaking to adolescents include efforts at preventive messaging through Health Education and Outreach, including the Play Hard, Live Clean promotion. In the past we have also promoted healthy competition between Northern and Southern school districts for influenza vaccination. John Corbin also spoke about how there is some surveying done of adolescents through the Play Hard Live Clean initiative, and that the schools are helping distribute these materials.

Sandy Hill has extensive experience as a school nurse internationally and in Montgomery County, Maryland. In Montgomery Co, she explained how they offered “expanded sports physicals” to student athletes. This physical went beyond the conventional sports physical and enabled many youth to be connected to needed services

Heather Cooper called attention to some degree of uncertainty about what exactly is allowed to be taught within Garrett County public schools. What about birth control education? STI prevention? Can adolescents received referrals from school staff for needed services like these? What are the current rules? A suggestion was noted to attend a Board of Ed meeting to discuss the 2016 YRBS results.

Dr. Karl Schwalm shared that we was able to get 11 additional provider surveys completed by providers in the community. He and Dr. Corder created a survey measuring knowledge, attitudes and practice patterns of clinicians in Garrett County, as they relate to adolescent health issues. Five surveys were returned electronically for a total at this time of 16 received. Results of this survey will be used to target appropriate strategies for improvement. Results will be shared at the next meeting.

Rick DeWitt, Director of Garrett County Department of Social Services, identifies the need to cross refer between agencies and services in the county, so that the services adolescents receive will be better integrated. The identified needs of his clientele largely center around the parents’ use of drugs, especially methamphetamine. He states that there is an increasing number of youth being placed into foster care. Youth are also ‘being indoctrinated’ into the culture of drug use at a young age, by virtue of the mentoring of their parents. He stated that the intake process at DSS has not conventionally included screening questions that might identify other urgent needs of the youth, but that he is implementing a “Common Customer Intake” that should help this. He stated there is a current problem with crisis referrals, which needs to be further examined. Fred Polce, and the Local Management Board will be made aware. Rick also mentioned that every child going into foster care received a well check from a community provider. Dr. Schwalm added that the degree of comprehensiveness of each of these physicals would vary from provider to provider.

Shelley Argabrite reminded us that our major and universal underlying social problem is poverty. In her experience, youth of the county have responded enthusiastically to the opportunity for financial aid and scholarships.

Rick DeWitt shared his belief that a pre-apprenticeship program in needed in Garrett County to address the employment needs of youth not planning to attend college. Ideally it would be a certificate program, and lead to an apprenticeship within a

business locally. He mentioned other agencies that should/would be involved like Community Action, DSS, GCHD and LMB.

Dr. Phares made the suggestion that the Adolescent workgroup needs a representative of the Board of Education as part of membership

Dr. Corder suggested Garrett College might also be represented.

Shelley Argabrite reminded us about the importance of data collection. She suggested we take a look at what strategies have worked elsewhere to see what we might be able to do here.

Dr. Phares and Sandy Hill shared that funding sources include public and private grant funds.

Rick DeWitt is able to share some data with our group and will supply this measure:

adolescents 12-21 years of age in foster care/ month

He will get retroactive data to be placed in mygarrettcountry.com, and will supply ongoing data to continue to monitor these trends.

Sandy Hill wonders from where our mental health providers get their referrals. This requires follow-up.

Summary thoughts as we plan forward momentum:

Major stakeholder groups include:

1. Clinical providers
2. Adolescents (strategies possibly divided between the most vulnerable/highest apparent need, and the more typical adolescent, who also has great need, though different)
3. Parents
4. Board of Education

Other stakeholders identified:

1. The home schooled and their parents

2. Faith based community/ especially youth pastors
3. School groups like SADD
4. Local Management Board
5. WIC
6. School therapists and counselors

Action plans made:

1. The next Health Planning Council Meeting is Thursday Nov 15, and this meeting is slated to be the School Health meeting. Our group will need to have a report ready to present. Dr. Corder will work on this report, with the help of this workgroup.
2. Check if there is a MOU between GCHD and the public schools addressing school health, data sharing, referral initiation (Dr Corder will ask Becky Aiken about this).
3. Transcribe paper clinician survey results to electronic, and analyze the data (Dr. Corder).
4. Expanded sports physicals- what is included in this? (Sandy Hill).
5. Talk to the Board of Education (Dr. Phil Lauver) about this workgroup and invite them to participate (Dr. Schwalm).
6. Talk to Dr. Mark Domenic about faith based community involvement in this workgroup (Dr. Schwalm).