

LHIC Behavioral Health Work Group Meeting
7.23.15 – 9:30 a.m.
Minutes

Members present:

Elena Acs, Grassroots
Stu Kohn, HC Citizens Association
Ronna Gotthainer, HC Health Dept.
Roe Rodgers-Bonaccorsy, HC Health Dept.
Deb Piez, HC Mental Health Authority
Maura Rossman, HC Health Dept.
Andy Angelino, HC General Hospital
Antigone Vickery, HC Health Dept.
Donna Wells, HC Mental Health Authority
Kathy Brooks Jones, Columbia Association
Kam Chan, Alfa Specialty Pharmacy
Max Pettis, Alfa Specialty Pharmacy

Also present:

Kate Harton, Healthy Howard
Priyanka Shah, DHMH
Jeananne Sciabarra, LHIC Program Director

Welcome and Introductions:

- Roe, work group co-chair, welcomed members and opened the meeting at 9:45 a.m. Members introduced themselves.

Approval of minutes from previous meeting:

- Minutes from the June 8 meeting were approved.

Revisions to 2015-2017 Behavioral Health Action Plan:

- Roe went over the revisions that were made to the Action Plan after the June 8 meeting. More targets were added under “Timeline” and the first strategy, “Create and maintain a listing of behavioral health providers in Howard County” was removed, as it duplicated the strategy around improving the capabilities of the Mental Health Authority’s on-line directory.

Data Discussion:

- The group reviewed the data that had been collected and formatted since the last meeting.
- Medication drop boxes: The group discussed whether the permanent drop boxes were being advertised so that residents know about them. Information is being provided through various health-related boards, providers linked to the Mental Health Authority, etc. One member suggested that there be some advertising through pharmacies and that the information include what can and cannot be placed in the boxes.
- Donna asked for feedback on the search features for the on-line directory of behavioral health providers. Suggestions included gender of the provider and insurance plans accepted. Andy suggested that it have a “percent match” feature so that, if a person enters criteria that would return no providers, there would be a way to identify providers that match some of the criteria.

Goal 1 Discussion: Expand Access to Behavioral Health Resources:

- Kate Harton, CCT Program Manager, presented on the plan to incorporate a behavioral health specialist into the CCT, as recommended by the Behavioral Health Task Force. Maura discussed an alternate plan to have the behavioral health specialist hired by the hospital to facilitate the process of referrals. Andy presented some data around inpatient admissions for behavioral health at HCGH: 900-1000 admissions/year for about 700-800 individuals. Approximately 100-300 per year are readmissions. There is a 15% 30-day readmission rate to any Maryland facility. The group discussed both ideas. Maura said she would follow up with Elizabeth Kromm at HCGH and convene another meeting.
- Andy talked about the behavioral health urgent care pilot that is supposed to begin at the end of August. The plan is to be able to get an appointment with a prescriber at Way Station within 1 to 2 business days. Patients who have Medicaid or are uninsured would be connected to Way Station's Outpatient Clinic for follow up. Patients with other insurance would be connected to a provider in their insurance network.
- Donna mentioned that someone from St. Agnes is on the MHA board and would like to discuss having the CCT work with St. Agnes patients.

Action Items

- Maura will follow up with Elizabeth Kromm regarding the best use of the funding for a behavioral health specialist.
- Stu will generate a draft plan for a community forum and attempt to engage the county administration.

Next Meeting

- The next meeting will be on Monday, August 10, at 2:00 p.m.

Respectfully Submitted,
Jeananne Sciabarra
LHIC Program Director