



South Carolina Behavioral Health Coalition

## *SC Behavioral Health Coalition Core Leadership Team Meeting Minutes*

Thursday, October 12, 2017  
12:40pm – 1:40pm  
SCHA Felts Board Room

### **Opening and Updates**

The September 14, 2017 meeting minutes were approved. Elizabeth Harmon brought up the topic of creating a communications team. There were clarification questions asked about the scope of the team, whether it would be for communications within the coalition or to provide public/community information. The issue was carried over. There was also a discussion on the meeting schedule for 2018. It was mentioned that meeting less frequently may cause loss of momentum. It was suggested the chairs and co-chairs initiate the conversation with their individual workgroups during the November meeting to gain their feedback. Following this conversation, members will then be surveyed in advance of the December meeting.

### **Breakout Session Briefing and Discussion**

The CLT heard reports from the priority area workgroup chairs and co-chairs.

### **Behavioral Health/Primary Care Outpatient Alignment: Dr. Bob Bank**

- Established three main areas of focus
  - Clinical Data Sharing (how EHRS talk to each other)
  - Access to Aligned care (resources, manpower sharing)
  - Support financial platforms for aligned care (not unpaid mandate/structured for reimbursement)
- A survey will be sent out to workgroup members to determine which subcommittee they would like to work on
- Need to identify medical practices willing to be more involved in the Coalition-to help pilot efforts
- Need better understanding changing the practitioners mind set.
- Patient centered medical homes (BCBS) MM and Michelle Stanick point persons to learn more
- Meera – warm handoff (health navigator or peer support)

Commentary: It was noted that to get a clearer picture, there may be some people missing from the discussion including members from hospitals and free clinics. Also, to survey successful existing programs whose outcomes we want to explore.

### **Crisis Stabilization/Acute Care Management: Geoff Mason and Bill Lindsay**

Broke into three subcommittees to focus on the following topic areas:

- Resource Mapping
- Crisis Stabilization Services (look at both regional and national models)
- Business (ROI)/Fiscal Approach

Commentary: If resource mapping is to be done, it must be done right by looking at the whole picture, both public and private providers, primary care, pediatrics - points of entry for anyone with behavioral health needs. It may be more helpful to have the coalition at large to help coordinate resource mapping. This is a community issue so everyone needs to be involved.

To make the case for a business model of care, there needs to be an upstream approach. What is the cost now? A variety of data mapping as wide as possible is needed, looking at indicators currently available; preventive strategies; school based efforts...

### **Substance Use Disorder Prevention and Treatment: Sara Goldsby and George McConnell**

- Workgroup has broken up into five subgroups
  - Access to treatment/recovery groups
    - What are the barriers?
    - Potential first step is to encourage cross-collaboration through formal agreements
    - *Discussed the action of writing a letter to the DEA about the necessity to have increased collection days*
  - Safe storage and elimination
  - Access to illicit substances
  - Naloxone group
    - Work with pharmacy association to map which pharmacies carry Naloxone
    - ask organizations to link their websites to LLR website, [www.scsaves](http://www.scsaves)
  - Safer prescribing and education
    - Proposed writing a letter to payers asking them to base their reimbursement policies off the recommended guidelines.
    - Proposed writing a letter to subspecialty groups and/or associations asking them to educate their members about SC guidelines.

Commentary: DHHS is working with all MCOs to come up with a payor policy by February to also include MAT. There was a request to have the data team perform an analysis on the effects of indicators because of changes. It was suggested that the proposed letter be also endorsed by the alliance to potentially create a larger and more meaningful impact. In regards, to the letter to the DEA it could be helpful to delegate that to the legal and regulatory committee.

### **Data Analytics and Informatics Update: Andrew Fogner**

- A data dictionary will be pulled/completed by the end of the month. We are looking at 2014 – 2016 calendar year number and rates for these high-level indicators. The next meeting is on November 2nd at SCHA. They will review the data and begin the discussion on a possible infographic. After the sub-committees set their priorities, the next steps will be helping select indicators to be tracked.