SCBHC
South Carolina Behavioral Health Coalition

SC Behavioral Health Coalition
Core Leadership Team Meeting Minutes

Thursday, November 9, 2017
12:40pm – 1:40pm
SCHA Felts Board Room

Bob Bank, MD
The Honorable Eric Bedingfield (phone)
Mark Binkley
Jack Emmel, MD
Alison Evans, PsyD (phone)
Andrew Fogner
Rick Foster
JC Nicholson (Margie Heggie)
Rich Jones
Thornton Kirby
Ann-Marie Dwyer (Pete Ligget)

Bill Lindsey
Geoff Mason
George McConnell
The Honorable Amy McCulloch
Auynika Moonan, PhD
April Richardson, MD (phone)
Molly Spearman
Bryan Stirling
Bob Toomey
Gerald Wilson, MD, Chair

Opening and Updates
The October 12, 2017 meeting minutes were approved. SC Superintendent of Education, Molly Spearman, has joined the Core Leadership Team. Letters in support of the new pain management guidelines have been drafted and the final language is being worked out. They will be sent to payers and physician specialty groups. Dr. Wilson asked CLT members to write down their top 3 areas of what would be important to have in asset mapping. Post-it notes were circulated and then collected at the end of the meeting. The responses, listed in priority order, are at the end of the minutes.

Breakout Sessions Briefing and Discussion
The CLT heard reports from the priority area workgroup chairs and co-chairs.

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

Subgroups began to make progress on their respective goals. Need to look at both regional and national models of crisis stabilization services.

- Networking in local communities to be sure ideas are shared; need involvement of local stakeholders
  - Achieving action in SC must be done through community based efforts
  - Beginning to look at comprehensive low and high cost solutions
  - Developing services based around schools could be one approach
- Business Model (ROI)/Fiscal Approach
  - The goal of this subgroup is to be able to present to community stakeholders what the cost benefit would be to have these services (show what's in their best interest)
  - These communities need to be at the table
- Resource Mapping
  - Currently it is the smallest subgroup

- It is going to be a daunting task to capture private side
- Private companies resource map but they are expensive

Commentary: Everyone's definition of resource mapping is different. Everyone was given the task to write down their ideas of what needs to be on an asset map. It was also pointed out that in our charter it essentially says we are going to asset map. It is also important to note that to improve the community, we need to know what is in the community. Resource mapping could help accomplish that. The leadership group will be determine the best approach.

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

- Subgroups began to further develop and elaborate on their goals.
  - Clinical Data Sharing (records need to be shared but can't)
    - Looking to find a way to increase communication between EHRs including SCHIEX and quick access to SCRIPTS
  - Access to Aligned care (resources, manpower sharing)
    - Look at expanding mental health courts
  - Support financial platforms for aligned care
    - What methods/funding platforms are there to bring mental health and substance use disorder care into the primary care setting
    - The potential for increased telehealth coverage
    - Looking at the possibility of insurers decreasing prior authorization requirements for pilot programs
    - Potential for Duke Endowment funding
    - Expansion of existing partnerships

Commentary: At the December 7th meeting the subgroups will narrow down a project list with goals for the next 12-18 months. There was discussion about the differences between mental health and drug courts and potential overlap. Outcomes of the mental health courts should be examined. It was also mentioned that it would be beneficial to make school based programs recognized as a provider.

Substance Use Disorder Prevention and Treatment: George McConnell

- The subgroups have started to hone in on goals and desired actions of their respective topics:
  - Access to treatment/recovery groups
    - Talked about the training of SUD counselors- looking for a trainer and implementing pre-and post-surveys
    - Resource mapping could help aid in the increase of referrals to treatment provider services
    - Provide engaging education services to providers to increase normalization and decrease stigma
  - Safe storage and elimination
    - Educating pediatricians on the practices of safe storage so they can convey that message to the parents
    - Increase drop boxes
    - Educate assisted living facilities on safe storage
  - Access to illicit substances
  - Naloxone group
    - Increase the uptake of naloxone
      - HHS- do analytics distribution and then develop a plan
    - Be able to get naloxone to inmates upon release from corrections who have history of an opioid use disorder

        - Have DHEC analyze locations of over doses to know where access is needed
    - Safer prescribing and education
        - Worked on letters to Specialty Provider Association and Payers to be sent out next week
        - Next action, is to develop quarterly letters to payers
        - Engage SCMA to learn about CME opportunities and propose a collaboration on Interactive Webinar Series for Chronic Pain Management

Commentary: Each subgroup engages in a high level of dialogue and is very action oriented. Need to be cognizant that even if naloxone is provided/paid for, uptake can be a challenge and there could be urban and rural benefit differences. Asset mapping could help.

J.C. Nicholson, general counsel for SCMA, presented a poster developed by the SCMA Alliance (spouses of members) to be displayed in physician practices and other healthcare settings as an educational tool for patients about prescription drug misuse, safe storage and disposal. SCMA asked for both SCHA and the Coalition's endorsement. The poster will be circulated for approval by the CLT at its next meeting.

Data Analytics and Informatics Update: Andrew Fogner

- Currently missing stakeholders from SLED, VA, criminal justice, BCBS, Department of Education
- Putting together a one pager to show trending from 2014-16 as well as a data dictionary
- If a subgroup needs data, reach out to the data team

Announcements

Dr. Wilson introduced the latest member of the CLT, State Superintendent of Education Molly Spearman. Ms. Spearman appreciates the opportunity and is glad to be at the table. After the last 2 months, the need for increased mental health services in schools is much more evident. They need help of the Coalition.

She is chairing a taskforce to report to the legislature in January on teacher recruitment and retention. In talking about the problem with both Akil Ross, nationally awarded Chapin High School Principal, and a turn-around principal, teachers are leaving because there are so many issues they have to deal with and they aren't prepared or equipped to handle them. There is a need for an increase in teachers to be prepared on how to handle behavioral health issues in the classroom. Taskforce recommendations to the legislature will include expanding the teacher loan program to include behavioral health training and education. Dr. Wilson concluded the conversation expressing the need for "looking at behavioral health from cradle to grave."

Rick Foster, MD recognized Jack Emmel FAVOR Greenville has been chosen as one of four model programs for recovery services in the nation.

The next meeting will be December 7. Meeting dates for January- March have already been planned. The coalition will be surveyed on their preferences for 2018 meeting frequency.

Adjourn

CLT responses to what is needed for Asset Mapping

At the November 9 meeting, Dr. Wilson asked CLT members to write down their top 3 areas of what would be important to have in asset mapping. Post-it notes were circulated and then collected at the end of the meeting. Below are the responses, listed in priority order, for example, answers 1A, 2A and 3A are from the same individual.

1. A. Deep dive to at least the county level
   B. Place where *hospitals* can go to find behavioral health services
   C. Example of successful resource mapping effort?
   D. What is out there? (stakeholders, providers, patients)
   E. Name/locations of MAT physicians, NPs, Pas including buprenorphine-waivered
   F. OUD services/providers connected
   G. Hospitals/treatment facilities – those with telepsychiatry services
   H. While people in the room know their assets, we may need to survey county by county for other services
   I. Big statewide systems and local large hospital systems are the low hanging fruit

2. A. Dedicated, paid staff, person(s) to create and maintain the work
   B. County and Regional resources/initiatives related to behavioral health (use standardized C. templates to collect info)
   C. How to organize/partition the resources – By provider? By diagnosis? By Cost?
   D. Does everyone know what is there?
   E. Name/location of substance use disorder counseling/rehab providers
   F. OUD services/providers connected
   G. Community Mental Health Advocacy groups
   H. Rural communities in survival mode may have become creative: cheap, immediate ideas need to be known
   I. Challenge will be identifying smaller providers community-by-community

3. A. Don't reinvent the wheel – align already existing maps
   B. ACO resource mapping and who provides BH services
   C. Designated for what type of user?
   D. How to resource/keep this list updated?
   E. Location/availability of 'peer support workers'
   F. County pilots/projects: best practices, models with success, a useful tool for local providers
   G. Law Enforcement/Judicial piece
   H. No service is too small but when you here Charleston's assets, you may be intimidated to speak on your small solution
   I. DMH would consider contributing some funding to such an effort

Sources for Mapping: DMH Services, Large Hospital Systems, Private Psychiatric Hospitals, DAODAS Locations