



South Carolina Behavioral Health Coalition

*SC Behavioral Health Coalition
Core Leadership Team Meeting Minutes*

Tuesday, February 27, 2018
12:40pm – 1:40pm

Attendance:

Amy McCulloch	Kester Freeman
Andrew Fogner	Margie Heggie
Aunyika Moonan	Mark Binkley
Bill Lindsey	Pete Liggett
Bob Bank, MD	Rick Foster, MD
Frank O'Neel	Sarah Goldsby
George McConnell	Terre Marshall (Bryan Stirling)
Gerald Wilson, MD	Thornton Kirby
Gloria Prevost	Virgie Chambers (Molly Spearman)
Graham Adams	Guests: Mark Weist
Jack Emmel, MD	Staff: Elizabeth Harmon, Monty Robertson, Leslie Pfeiffer

Opening and Updates

The December 7, 2017 meeting minutes were approved.

Request for Support – Gun Violence Prevention

Mark Weist, PhD, Director Clinical Community Programming, USC Department of Psychology, was introduced and spoke to the CLT about the Call for Action to prevent gun violence in the US and the opportunity to support the effort by signing onto the campaign. It was then decided to look over the document for the duration of the meeting and re-examine at the end.

Does the Coalition endorse it? A discussion was launched surrounding whether or not this is the right document for the CLT to endorse. There is also a sense of urgency and not wanting to wait until March 29 to re-examine. After a robust discussion it was determined that a small committee be formed to see what other calls for action are out there, and in the case of not finding one that aligns with the CLT’s mission and values, a new document will be created. This committee will report back by March 10. There will be an electronic voting opportunity to ensure the CLT is in support of the new Action.

Breakout Session Briefing and Discussion

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

Crisis Stabilization/Acute Care Management: Bill Lindsey and Mark Binkley, JD (on behalf of Deborah Blalock)

Many new people joined the workgroup. Subgroups met as one large group and began to look at models for potential duplication including crisis stabilization in Charleston and a program in Georgetown that imbeds mental health in hospitals.

DMH is launching a Community Crisis Response and Intervention program to divert people from the emergency department and jails on weekends and after hours. (The regional manager will be Amanda Gilchrist, also the workgroup scribe.) There is continued need to inform the public about services already available and where to look when assistance is needed.

Commentary: There was discussion surrounding the training level of law enforcement for crisis intervention. It was noted that it comes down to funding. Terre Marshall mentioned there has been less training for correction officers (particularly in Greenville) due to current vacancy rate of positions.

Behavioral Health/Primary Care Outpatient Alignment: Dr. Bob Bank and Dr. Pete Liggett, PhD

- The workgroup did not break out into subgroups and instead heard from Christian Barnes-Young who expanded on his presentation given to Coalition earlier. The workgroup as a whole wants to hear from already implemented models to see their challenges and successes. This meeting focused on rural models, the next will focus on urban models. They will then work to identify common elements in both.
- There was talk surrounding the development of new CPT-04 Codes (four of them) and looking at Medicaid and private insurers to turn the codes on and see the impact that makes.
- DDSN needs to be included in discussions due to the challenges of helping that population. There needs to be a focus on development/implementation of an integrated care model.
- The business case subgroup, through SCHA, would like to have costs from the number of behavioral health patients entering EDs.

Commentary: Dr. Foster mentions that the biggest problem at FQHCs is chasing payment, even with codes potentially available. There is a need to work with SCHIEx for data sharing. Mark Binkley suggested the possibility of combining databases into one.

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

- Information is forthcoming regarding SCMA's stances and recommendations on opioids. SCDHHS is also coming out with guidelines for safe prescribing.
- They are looking into education for adolescence about opioids, in particular a model in Chapin.
- Looking at an OD map with real time updates, law enforcement can use it. It is a free and voluntary tool and the workgroup plans to look at the map next meeting.
- Discussed social norms with patients surrounding pain management.
- They also noted the spikes in methamphetamine use and want to make sure, while the current focus is on opioids, there is an effort to address and look at substance use disorder in a broad view.

Commentary: George McConnell mentioned that in the last three months Morris Village has seen opioid abuse surpass alcohol. In most cases the opioid abuse individuals started as pain management cases. Jack Emmel noted this could be a result from the increase in patients seeking treatment and there being a slight increase in the acceptability of talking

about it. Sara Goldsby mentioned a Vermont study that showed a span of 8 years, on average, from start of an issue until rock bottom for an individual to seek treatment.

Data Analytics and Informatics Update: Andrew Fogner and Aunyika Moonan

- Two infographics were shared for feedback
 - The infographics were revised based on a seminar recently attended. The intended audience is the general public and legislators' awareness about the impacts of behavioral health on SC and where to get more information.
- Working to develop a dashboard

Asset Mapping. Dr. Foster met with Family Connections to discuss their database which has the capability to sort for what the user is looking. He will also meet with the SC Research Authority to compare databases. It's important to test the system with one provider for usability before expanding further.

Website/Logo. Both are currently being developed and should be finalized in the next two months.

SCBHC Collaboration and Accomplishments Update. This document was presented to the CLT so all members are up to date of what the SCBHC has been involved in recently. *Please refer to document distributed at the meeting for detailed accomplishments.*

The meeting was adjourned.