

## **Three Focal Areas:**

- Information Sharing
  - Data Collection – This is so important. Thorough collection of information is needed so that we have detailed and correct information to share.
  - Data Evaluation – It is sometimes hard to know if we are doing the right thing when sharing information. There are many levels of what to share when it comes to evaluation. (For instance, there are much stricter limitations on substance abuse sharing)
  - Establish Metrics – Need to start with a baseline for measuring.
  - Sharing Information is one consideration, while evaluation of that information is a separate important consideration
  
- Access
  - Number of BH providers
  - Telehealth
  - Colocation (related issue: warm handoff)
  - Non-English speaking individuals
  - Department of Corrections has need for plans of care (similar to discharge planning) as inmates are released into the community
  - Spartanburg BH Coalition could be used as a model
  - Workforce development perspective: community needs to be the beginning and is the foundation. How can we foster this at the community level?
  
- Coverage/Alternate Funding Platforms/In-Kind Resources
  - SOAR Program – Doing assessment work and follow through to get someone through the process for people who are disabled.
    - The possibility of the group focusing on getting a payment program to assist was suggested.
    - Care coordination would help with this as well.
  - In-Kind Resources: Care Coordination (MCOs and HHS)
    - An MCO representative noted that MCOs have “Care Coordinators” that can help.
    - Engagement Specialists
      - Community Health Worker has made a huge difference
      - Reminder calls (non-reimbursable)
      - Will call list (non-reimbursable)
      - Change reimbursement laws
      - Need work on social determinants
    - Need to work with DMH Coordinators
  
  - Workforce is a common theme
    - Work force shortages
    - Work force task force needed:
      - In early 2018, committees will be formed through IMPH to develop sound recommendations.



South Carolina Behavioral Health Coalition

## Behavioral Health/Primary Care Outpatient Alignment

Meeting Date : September 14, 2017

Chair: Peter Liggett, PhD, DHHS

Co-Chair: Bob Bank, MD, DMH

Scribe: Sharon Mancuso/Amber Sulser

- How do we collaborate with other groups of the BH Coalition?
  - IMPH is a resource for workforce
  - We have shortages across clinical fields. How can we get young people and students interested and support them?
  - Need proper training, support and access for the workforce
  - Academic detailing
    - Make sure Providers become skilled
    - Focused on Allied Professional
    - Also people with “lived experience”
  - Need to reimagine workforce:
    - Team Based Care
    - Primary Care
    - Long Term Care
- Agenda Items for the next meeting in relation to these topics.
  - Identity outcomes
  - Identify community settings
    - Issues unique to each
  - Are there people missing from the conversation?
    - Identify local community coalitions to invite
    - Webinars to increase local provider participation