

Lancaster County Mental Health Collaborative – Let's Talk Lancaster
Provider Action Tam Meeting
5/27/2015

Attendees: Dale Brickley ©, James Marland, Michelle Dermes, Gerald Ressler, Danny Gilmore,

TO DO:

- Respond to Kate Gallagher to set up your two hour call
- Dale will sketch out some of the steps and email it to the group.

Introductions

Review Minutes

Asset Mapping (Kate Gallagher)

- Where are the gaps?
- Learning to make the best system for the future – we hope we come out with a model, record the process, and repeat it. This is “very uncharted waters”
- This is what we will be doing for the next several month
- Work with 211 to update it and link those resources with this bigger project
- Phase 1 is the asset mapping piece
- This 211 effort is targeted to Lancaster county only

Advanced Metrics (Steve Herr)

- All of this data will be in a database.
- We want to build a polished interface that if you are looking for service this can pull recommendations for the symptoms presented
 - Needs to be quick
 - Easy to use
 - Useful based on inputs (symptoms, age, location)
- The hope is with a more polished and robust database people will be able to use it internally (at the office) and externally (from home)
- We have extended the data collected to narrow search results (such as do you need a female therapist?)
- We are aiming for a win win – the client gets the service on the first call and the provider get the correct referral. There is efficiency for everyone
- We are collecting information form the 124 mental health providers
- Round one is collecting info for 211 – we want to create something consensus is created around in the community
- Question – how do we present the information?
 - If there are bigger questions we could have Trish come to the meeting
 - We can also collect the questions and e-mail them out
 - If you send a question they will reply all to spread the knowledge to the rest of the group
- Is there a standard definition for services provided?
 - Trish can answer most of these questions
 - There are a lot of sub categories that can add clarity but also confusion
 - As we go further the differentiators might become more apparent

- How to keep info update
 - Willing to give log ins to the 24 at the table to edit their section
 - With more logins the problem would be to manage quality
 - There has to be a standard of information input (template that guides step by step)
- Information flow
 - There is an objective to create health information sharing
 - Are you shooting for EHR to talk to each other?
 - All EHRs are built with an HL7 standard

Logic Model

- #4 Increase access to timely mental health treatment
 - a. 4.1 - Kate is making phone calls to all providers
 - b. Have 2 hour meetings to give assets