

Provider Action Team
August 26, 2015

Meeting opened by Dale Brickley at 11:08am.

Attendees: Kate Downes, Julie Weaver, Lisa Riffanacht, Ross Kaiser, Gerald Ressler, Kate Gallagher, Glenn McCarthy, James Marland, Dale Brickley, Hannah Stoltzfus, Bob Musser, Leslie Naylor, Anna Kennedy, Jennifer Lyristis, Alice Yoder, Steve Denlinger, Rhonda Slinghoff, Becky Mohr

Review of the minutes, minutes approved.

Asset Mapping Next steps : Anna and Kate

- Call with Brenda
 - Identified 60 agencies that provide substance abuse and mental health services.
 - 211 lists 106 services to help
 - Calls with everyone in collaborative
 - Calls took couple of hours and multiple calls
 - Trish restructured and added new services in the database
 - 27 agency updates
 - Many criteria update
 - 6 month cycle updates instead of 12 month updates
 - Nobody declined to participate, but some not interested
 - Didn't want to handle people with no insurance
 - LOHF provide funding support to maintain and update data (in works)
 - Anna send gift card to Trish for all of her work.
- Trauma informed Care on 211
 - What agencies come up in search and are they correct?
 - Updated the records in 211 of what providers do trauma informed care
 - No Taxonomy code for Trauma Informed Care
 - Willing to take it to a board, if she gains a better understanding, to get approval
 - Know what agencies require trauma informed care therapists
 - Not currently required that everyone is certified in trauma informed care
 - Current taxonomy is self-reported
 - Want to standardize it by getting certification
 - Cheryl Sharp, national connection that runs learning community, get a letter supporting getting a taxonomy code.
 - Dale will discuss with her
 - ASIS (?) too high, ASIS connection: good resource for trauma informed care

- Any groups that think they meet the trauma informed care qualifications, inform Anna and Kate within the next week in order to be on list
 - Send list to Dale within next week.
- Kate wanted to note the need for Spanish speaking trauma informed care certified therapists.
 - Send Spanish speaking therapists to training
 - 211: is there a way to look at trauma informed care and bilingual therapists?
- Upcoming training for trauma informed care
 - LOHF has funds available to help cover the “losses” of staff attending training
- Goal to have at least one TIC therapist with every provider
- Take Away: Everyone in 211 that is trauma informed should be listed, is there a gap as far as location or Spanish speaking (possible someone on Kate’s team to look in to) (GIS mapping). Identify and circulate trainings available (Steve will send out information: September 16 and 17 at the Eden)(Alice will send information to Hannah), as well as figure out the funding provided
- PALCO update
 - Kate, Steve, Alice and Lisa got together
 - Envisioning 1 page application for people that need help with copays
 - Income below 2% of Federal Poverty Guide
 - Group Decision: Should the funding be based off of the number of people allowed to participate or the number of appointments allowed per person?
 - Insured but can’t afford
 - Person responsible for \$10 of copay. Community funds will pay the rest
 - Not government funded
 - 1 year long program
 - Open based on need
 - Uninsured
 - Help apply for insurance
 - Required to accept insurance, if eligible
 - If consumer misses more than 2 appointments they can be terminated.
 - Must follow care plan
 - Providers put together
 - Providers call PALCO with uninsured people to evaluate if Medicaid eligible
 - Help get into service into they get into program
 - Group Decision: Will use the Medicaid rate to pay providers until client is insured

- Should a provider be required to take specific price or can the provider charge above the rate based on a sliding scale.
 - How to determine how many sessions
 - Use PHQ-9?
 - 5 10 15 20 25 cutoffs
 - Some places require improvements
 - Some places say to look for sustained patients that are being prevented from IP
 - Follow Treatment Plan
 - Average 6-8 appointments
 - At 8th it's decided they need more
 - Should they be referred out?
 - If they are working on the treatment plan, is that a good qualifier to maintain assistance?
 - Eligible for Premium Assistance to help keep them insured
 - Insurance Training
 - Budgeting Training
- Proof of income
- Educate on open enrollment
- 1,500 appointments on average would be covered if community fund is covering \$40 dollars of the \$50 copay
- Accept medicaid rate: The group is a collaborative so it's not binding, provider can opt out if they prefer something other than the medicaid rate.
 - Medicaid Rate vote
 - Put in agreement about opting provider being able to opt out
- United Way logo on documents
 - Lisa will look into this
- Whether to use PHQ-9 or something else as measurement tool
 - Provider held to standard for discharge
 - Program needs to know what is going to be used to determine success rate
 - Use treatment plans and provider makes decision and that's what is used
- People who got treatment used the ER less
- Signed agreement to talk to PCP needs to happen with this program as well.
 - Agreement says how many people can be taken by provider
 - Group Decision: What information goes from behavioral health provider to medical provider
 - HIPAA releases on both ends
 - If they don't sign it then the funding can't be done

- HIPAA law states that continuity of care allows for information to be shared without signature
 - Smaller group meetings between larger meetings in order to get things started by October 1st
 - Start with Catholic Charities and Presley ridge for pilot
 - Others can Join
- Julie put together quick survey to increase trainings
 - Send to everyone, Julie gives leadership, send to providers who gave trainings based off of 14-15 year.
 - In order to set goal for 15-16 year
 - Open to all providers
 - Will use “Lets Talk” Logo
 - Question 2 on survey: (include internal and external)
 - Surveys will be to get baseline
 - Providers give James data once a quarter about trainings done and how many people attended
 - Give ranges to choose from
 - Difference between Q2 and Q3
 - 3: I did mental health train for police, or TIC, not general training. Formal is CEU
 - Does county matter? Yes
 - Count people in Lancaster receiving the training
 - Julie will update survey and send out to group.
 - Second meeting will be set up before Steering Committee to discuss further
- One PHQ-9 model
 - What physicians are looking at at the moment
 - Will be given to patients
 - Debating ages
 - Leaning towards adults
 - Outcome to get to children in about a year
 - Want to know if PHQ-9 is right for everyone or should PHQ-A be used for children
 - Agreeing to use PHQ-9 given to every patient even if 12 years old.
 - Filled out in waiting room.
 - Physician takes few seconds to give results and then recommendation based on cutoff scores
 - <5 given education information
 - 5-14 referred to BH provider
 - Use 211 if no integrated provider within facility
 - 15-19: Intervention now.
 - Warm hand-off
 - Integrated provider would do brief intervention
 - Not integrated, hand off to Crisis or to someone available immediately in area

- Score of 20
 - Goes straight to Crisis intervention for assessment of IP, Partial, etc.
- MD's would like to spend small amount of time reviewing PHQ-9 and then have someone else who will take the next steps
 - Need to know if the resources are there before they can build the process
- Need action team to be ready to step up to the plate or the program will fall apart. Meeting tomorrow, want to know:
 - if agencies are willing to integrate with them,
 - co locate (behavioral health provider is close to medical provider),
 - people who want to be referral sources to take patients quickly
 - Due to people who would like to be part of it but don't have the space for new clients
 - Organization can do all three, or only just one.
 - Possible survey to see what providers want to do what
 - Not agreeing today just getting a general idea of who would be willing to do what.
 - To be a referral source criteria:
 - Want team to suggest it
 - What do physician groups do now
 - Not standardized or organized
 - Anyone not willing to have the conversations about being sources.
 - In email by tomorrow
 - Respond if they do not want to integrate
 - If you know you want to be a referral source, respond back
- Looking to have a 3 hour meeting to get everything out of the way right away
 - Show rate would be lower due to schedules and meetings
 - Do a morning appointment and anybody who doesn't show can review the meeting minutes draft and discuss.
- Anna wondering why a second assessment tool would be created when they already have a similar one that facilitates data sharing quickly

Closing by Dale at 12:43pm.