

Lancaster County
Mental Health Well Being Collaborative – Let’s Talk Lancaster
Provider Action Team Meeting
10/28/2015

Suburban Outpatient Pavilion

Wellness Center – Conference Room #1

Attendees: Dale Brickley, Brenda Buescher, Kate Downes, Kate Gallagher, Ross K,
James Marland, Bob Musser, Lisa Riffanacht, Rhonda Slinghoff, Hannah Stoltzfus

Meeting Opened by Dale Brickley at 11:13am

Review of the Minutes; Minutes Approved.

1. Materials for PCP’s- Ross

- a. Has talking points that are easy to read
- b. Handout designed to help improve stigma on mental health
- c. Spoke with Kate Downes about hand-outs
 - i. Decided to add ‘Let’s Talk Lancaster’ logo

Actions to be Taken:

- Ross will put ‘Let’s Talk Lancaster’ logo on the brochures and send them out via email
- Everyone may begin using brochures as soon as they are received

2. Provider Survey – Dale Brickley

- a. Julie is working on the survey
 - i. Survey will be sent to group when additions are complete

3. Update on Physician Committee- Dale Brickley

- a. Currently working on screening map to use PHQ-9
 - i. Still has changes to be made by Brenda

1. Current Changes Made

- a. Combined three rectangles at the top because the steps happen simultaneously
- b. Add box for ‘evaluation of patients current services’
- c. At the diamond change to “Does patient need and support”
 - i. Add clarification to “no”
 - 1. “No, Patient is receiving adequate support”

2. Discussion of Changes to be Made:

- a. Add “Patient Refused”
 - i. “Yes, patient willing to engage” branches into original three branches
 - ii. “No, patient isn’t willing to engage” branches into crisis evaluation needed and possibly to 302.
 - b. Add Crisis intervention branch
 - ii. Physicians would like help with what to do if patient is not willing to engage.
 - 1. If the patient cannot be placed on a 302, crisis cannot do anything
 - 2. Providers would like there to be someone to talk to patient either way.
 - 3. If crisis cannot get ahold of patient for a “check-up”, what would the provider want next?
 - 4. What is the PCP’s role if the patient isn’t willing to engage?
 - iii. Physicians planning on finalizing at their next meeting
 - iv. Training Committee putting together materials for “Impact Project”
 - 1. Taking current 64 page document and turning it into 2 page document
 - 2. Adding additional page of how to contact behavioral health provider
 - a. 211
 - b. Other resources
 - 3. Train physicians in three ways:
 - a. CEU Training
 - i. 1-2 days
 - ii. Anybody in county is welcome
 - b. Provider Meeting for PCP
 - i. Take 20 minutes of meeting for brief overview
 - c. Other meetings
 - i. Take 20 minutes of meeting for brief overview
 - d. Dr. Campanella will take lead on trainings with help of Jenn Haley (integrated health psychologist)
 - 4. Jubilee Group will use PHQ-9 in offices and domestic abuse shelters
- b. PCP not wanting to have to investigate insurance coverage
 - i. 211 and PALCO will monitor how many unfunded patients each provider is willing to take
- c. PCP wants to know diagnosis, medications, and treatment plan
 - i. Treatment plan should be 1-3 sentences and state what the goals of treatment are and if the patient is following the plan.

- d. PCP would like updates
 - i. How do we standardize the frequency of updates?
 - 1. Patient must be seen once every 120 days
 - 2. Sending an update every treatment plan update is too much for the therapist
 - 3. Medicaid requires one at intake and discharge
 - a. PCP can assume that patient is attending if they do not receive discharge notes
 - 4. When it's PCP to other healthcare provider (ie cardiologist, etc) they get "action oriented" notes
 - a. Providers want to know why behavioral health is different with sending updates.
 - i. HIPAA confidentiality is becoming stricter
 - ii. Communication is also different from PCP to behavioral health provider.
 - 5. What methods are other healthcare providers using to communicate to PCP?
 - a. Are PCP's looking up record in EHR system?
 - b. Responsibility is placed on patient to relay information to the provider.
 - c. Encourage patient to communicate to PCP how they are feeling.
 - 6. Should guidelines be made up for communication?

Actions to be taken:

- Brenda: Look into how Physical Therapists communicate information back and forth with PCP.

4. PALCO Update – Lisa and Ross

- a. Started with Catholic Charities
 - i. Received about 30 applications so far
 - 1. A lot of patients are already seeing therapists
 - 2. Found patient who has Medicare but Catholic Charities does not take Medicare.
 - a. It was decided that these patients will remain with Catholic Charities to maintain relationship
 - i. Should patients be moved to provider that can take particular insurance in order to open up spot for people who are uninsured?
 - ii. Find out why patient is going to specific location
- b. Working with Pressley Ridge to begin taking PALCO referrals
 - i. Working out billing issues
- c. PALCO Work Flow
 - i. Changes:
 - 1. Patients no longer required to attend Tabor Financial Class

- d. Does PALCO check to see if patients are already receiving additional supports?
 - i. Additions to PALCO application:
 - 1. Are you open with Lancaster County BHDS?
 - 2. Do you currently receive Case Management?

Actions to be Taken:

- Lisa will add additional questions to PALCO application
- At Advocacy Meeting push federal government to change law so that LPC's can take Medicare due to the increased amount of LPC positions being taken

5. **Asset Mapping Update**

- a. Anna went to Trauma Informed Care meeting with state
 - i. TIC not standardized anywhere yet
 - 1. Unsure of what to call it
 - 2. Cheryl Sharp offered to assist
 - 3. State won't put TIC into 211 until it is standardized
 - ii. Children's Alliance needs proof of certification
 - 1. Current certification says "aspect of trauma informed care"
 - 2. Needs to be all inclusive trauma informed care.
 - iii. Anna would like to have a meeting about preferred provider status

6. **Logic Model**

- a. James is tracking number of trainings
 - i. Julie will send James the CSG updates
 - ii. Amy will send the School District of Lancaster updates
 - iii. Need to have 1,200 people attend trainings by 2018
- b. How do we get resource brochures to people with no internet or can't read?
 - i. Put information brochures in public libraries
 - ii. Have information available at free meals
 - iii. Does information come in different languages?
 - 1. Brochures come in Spanish. Currently waiting for English to Spanish translations to be reviewed.
 - iv. Reduce Stigma
 - 1. Received stories from patients
 - 2. Creating Media Campaign
 - a. Get the word out about 211 in marking campaign
 - i. Use Radio, Television PSA's to direct people to website or the library

Actions to be taken:

- Lisa and Ross will distribute brochures

Meeting closed at 12:40pm
 Next Meeting December 9th

