**Meeting Notes**

**Behavioral Health Workgroup**

**September 24, 2013**

**9:30-11:30 AM**

**Historic Colored High School**

**Attendees:** Rod Bourn, Shawn Dundon, Renee Duzan, Stacy Fair, Debbie Gebhardt, Terry Farrell, Alison Imhoff, Beth Jones, Robin Keener, Susan Kelly, Bari Klein, Steve Lentowski, Sharon Lipford, Gabrielle Manske, Mallory McCloskey, Russell Moy, Paula Nash, Joe Ryan, Posie Thompson, Laura McIntosh, Brendan Welsh

1. Overview of the State Health Improvement Plan – The three aspects of the Local Health Improvement Plan were described: Obesity, Tobacco Use Prevention and Behavioral Health. Susan Kelly described the work that has been done on the Obesity Task Force and the Tobacco Use Prevention Workgroup to date. The Local Health Improvement Coalition meeting will be held on Tuesday October 8, 2013 from 11:30 to 3 at Harford Community College. Mrs. Kelly also mentioned that she is waiting for the rescheduling of the State leadership meeting for the Health Improvement Process, possibly in November.
2. Sharon Lipford reviewed the Behavioral Health Local Health Action Plan to provide an update of work done over the past year and to obtain feedback from the group on future direction and opportunities. Also reviewed were the baseline indicators that the BH Workgroup is attempting to address through goals. These indicators include reducing use of the hospital emergency department for behavioral health reasons, reducing the rate of drug-induced deaths and reducing the rate of suicides.
3. Embracing Change Conference Review – Laura McIntosh shared about the conference whose goal was to address behavioral health integration. She shared the SWOT data from the discussion at the conference. Some strengths with regard to behavioral health integration were seen as competent staff and an availability of services, while some weaknesses identified were limited services and lack of coordinated care. Three opportunities identified by attendees were comprehensive health care, the possibility of “one stop shopping” for behavioral health care and managing funding losses. Threats seen included changes in regulations and possible job loss. The conference succeeded in recruiting new members to the Behavioral Health Workgroup, and those new attendees were thanked for their participation.
4. Prescription Drug Take Backs and Permanent Site – Joe Ryan reported that the next Drug Take Back Day is scheduled for October 26, 2013 at three locations. Literature for advertising the day was distributed. Approximately 10,000 pounds of prescription and over-the-counter medication has been collected. Drug Take Backs are aimed to decrease the amount of opioid-related deaths, increase awareness and decrease the amount of medications in residences (which could decrease drug-related/drug-seeking criminal activity). A permanent drug take back box will be installed at the State Police Barracks at Benson. Additionally there will be several community policing events in October, especially with the libraries, and medication collections will be available there as well.
5. Prescription Drug Monitoring Program – The program was to be rolled-out in August, then September, and now it looks like it will launch in October. This program will involve monitoring patients and medication dispensing so that drug-seeking individuals cannot “shop around” at several doctors or pharmacies. The actual tracking of the data is mandatory for pharmacies but is currently optional for physicians. This program will only address Maryland providers, not those in other neighboring states. Mr. Ryan described that with the decrease of opioids available, heroin use is spiking.
6. Emergency Department Collaboration – There is a large upswing in ED use for behavioral health issues. Some patients require detox and some have significant mental illness. Follow up can be slow and difficult to access or not followed through by patients. Terry Farrell discussed the process for patients of transitioning back into services when not admitted into the Behavioral Health Unit, such as mental health treatment and housing. He mentioned the good work of the Mobile Crisis Team and the Sheriff’s CIT, and that additional funding to these programs is in the works although slow. The issue of transportation and follow up with regard to patients leaving the ED was discussed. Mobile Crisis Team volumes are increasing but the clientele remains similar. Much volume comes from the Schools’ accessing MCT. Additionally MCT is trying to be vigilant in identifying drug seekers – they continue to promote on-going treatment services for clients.
7. Primary Care Physician Outreach – Paula Nash reported that the subgroup will present a seminar to inform primary care doctors and offices how to better identify and respond to suicidal patients in their care. The seminar should be scheduled in early 2014 and local community behavioral health providers will be invited so they can network with the primary care physicians to improve follow up and care coordination.
8. State Behavioral Health Integration – Terry Farrell and Sharon Lipford reviewed the new organizational chart for the combined MHA and ADAA organizations. The effort will continue over the next year, and many details are still unknown. The timeline for full implementation is January 2015. Susan Kelly and Terry Farrell described how the majority of Core Services Agencies in Maryland are part of the local health departments. Another 6 or so are private non-profit organizations. Mrs. Kelly and Mr. Farrell are discussing future models for the Harford County Office on Mental Health/Core Services Agency; this will set the stage for behavioral health integration for providers in Harford County.
9. Next steps & additional priorities/goals – The group discussed the Behavioral Health Sub-Committee goals and strategies for the first strategy regarding integration. Many goals are progressing and additional collaboration with Upper Chesapeake was recommended. Other issues such as stigma and health care reform were also discussed. The strategy regarding improving service delivery with regard to behavioral health treatment will be discussed at the next Sub-Committee meeting on December 16, 2013, from 8-9:30 at the Historic Colored High School.
10. Dr. Moy provided an overview of Health Care Reform and two grants the Health Department recently received which will provide additional staffing to help people access safety net services and learn about insurance options. With changes in Health Care Reform, approximately 20,000 Harford County residents will become newly insured. The question was raised as to whether the county has enough providers to serve this growing demand. To help answer people’s questions about the new Health Care Exchange there will be a presentation on October 8th at the HEAT Center at 8:30am. In addition there will be a table at Healthy Harford Day on September 28th in the morning at the Bel Air Farmer’s Market.

The meeting adjourned at 11:05. The next meeting will be December 16, 2013 at 8:00am.