

Howard County's Behavioral Health Task Force: Super Users Work Group

December 19, 2014

Administration Conference Room, Howard County General Hospital

Attending: Andy Angelino, Jesse Guercio, Karen Booth, Sue Song, Tammy Spengler, Helen Lann, Becky Bell on the phone, Ayesha Holmes, Connie Angiuli

The following are notes from the conversations in the meeting. They represent emerging themes – ideas for enhancing the behavioral health system.

Youth (children and adolescents): Red Zone of Cynthia's presentation (not connected individuals)

***Age issue; come through mental health, DJS – dispelled or suspended students data (why are they out of school? Behavior; addictions; language – Sue – can we ask Cynthia AT)

HCPSS Mental Health Task Force reports (AT forward)

Andy – ER study...Jordan

Sue: two schools have mental health

Connie: Need more supports than the current system provides (specialized treatment like alternative trauma therapy, psychosis, etc., and coordination among providers to meet client needs – reimbursement is challenging) Issue of capacity – reputation to take certain type of patient

Multi-disciplinary mental health/behavioral health evaluation team (Sue)

Profile: Define Super User Child: Mental health, substance, DJS, parents who have issues, cultural/language issues. Define intensity of abuse/level of need

Tammy shared ACE data http://acestudy.org/yahoo_site_admin/assets/docs/ACEsFlyer.127152239.pdf link

Becky – how are we helping the people find resources that meet the needs for services on their schedule?

Entry Points: Schools, Hospital, Foster Care, Police or DJS or MCT , Insurance

How can we identify at risk individuals. Define what red zone (*ask Connie for her notes*) and what services they need. (expel, suspend, truancy – HCPSS; data from hospital(s) – DJS, Child Protective Services, Insurers – all, individual/small group practices

As a beginning step, each of the points of entry comes up with them to identify what a super user is and what is offered and (MCT type of) Central repository of data – (individuals)

Adults

Geriatric

Concern: those who do need to super use but are not – how do we get them into the systems they need. Failure to engage in community treatment so use the ER, etc. What other issues are at play – housing, personal care. How can we clarify – define what makes a super user and how to measure?

(NOTE: Facilitator had to leave before meeting concluded – more notes may be added here!)

Next meeting: January 7 – 8:00-9:30 am