

Howard County Behavioral Health Task Force: Super Users Work Group

Notes from Meeting on December 9, 2014

Members: Andrew Angelino, Andrea Ingram (expressed interest and will attend in future), Rebecca Bell, Jordan Kurtzman, Ayesha Holmes, Sue Song, Connie Angiuli. Task Force Co-Chair Nikki Highsmith Verneck participated.

The discussion revolved around the helping residents avoid using emergency room care/police involvement. Andrew stated that there are patients that come to the ER with a psychiatric problem when they don't need to be going to the ER.

One member stated that those clients might be comfortable going to the ER because that is what they know. The rep from Humanim stated that they have some things in place to help clients avoid the ER (like tracking clients' movements? – via GPS). A member stated that is still reactive.

Super users were defined as being in the red zone (3 or more ER visits per year, requiring a nursing home, 1-2 stays in Shepherd Pratt, or jail/legal involvement).

A member shared that most professionals know what is required (additional services, transportation supports, specialized treatment etc.) but the financial infrastructure is not in place to support these (yellow zone -- at risk) populations. As a result a red zone support (the ER is utilized). Andrew agreed and mentioned that the hospital was not getting paid to attend this task force for example.

I gave an example with school age children and therapists attending IEP meetings and there is not the payment structure to pay for that.

A member gave the example of insurance companies primarily offering only 50 minute sessions. Based on the presentation by Cindy (HCPS) Connie shared that services 80% of the population we serve (green zone) but the other 20 % don't neatly fit into that model and those tend to be the highest risk clients.

It was suggested that we bring someone from value options to be part of the task force and Andrew agreed to call "Helen" from values options.

The member who is a service utilizer mentioned that she is paying 1000 per month out of pocket because she could not find an in network provider that met her needs. She wanted us to discuss private insurance as well.

We are meeting again on **December 19th** to discuss recommended changes in policy.

The plan is to discuss different at risk populations and my understanding of what supports could be put in place to keep them out of the ER/jail:

- Homeless people
- People with certain diagnoses (to be defined further – PER DSM)
- Foster care/group home residents
- Dementia clients
- Child sexual abuse victims
- People with anger management issues

Notes prepared by Connie Angiuli

Sue Song contributed to the note taking with the following.

Topic	Discussion	Recommendation
Definition of Super Users	<p>Super Users gave an impression that they are failure. In fact, when the consumer uses mental health system frequently as prescribed by the mental health providers, they are the winners.</p> <p>Perhaps, super users mean that they are using a lot of Medicaid fund.</p>	<p>May need to come up with a different term of definition. We are referring to the individuals who are not comply with the treatment recommendation from mental health providers and are using crisis services/management.</p>
Coordinated services in the community for the better continuum of services	<p>There are times that community mental health service providers can't share the patient information due to HIPPA</p>	<p>As long as a community provider has a same patient, a community provider has a right to share the medical information</p>
Payment for the case conference	<p>In order to provide a continuum of services in the community, mental health providers should be able to have a case conference for the treatment plan and the progress of the treatment.</p> <p>However, none of community health care provider has a time to do it because of the lack of the payment for the service.</p> <p>Case management conference should be paid by Value Option.</p>	<p>Andy will invite the individual from Value Option for the next meeting for the committee members to discuss about it.</p>
Non compliant drug seekers	<p>It is difficult to provide a continuum of service for the individuals who are drug seekers and are using only emergency services voluntarily.</p>	<p>We may need to think about captivated services for those consumers</p>
Geriatric population	<p>It is so difficult to provide a continuum of mental health services for the elders.</p> <p>They need to have a good evaluation to determine they have a mental health issue</p>	<p>Any facilities who are dealing with geriatric population such as assisted living, nursing home should have a mental health provider who will provide a service with consistency and provide a</p>

	not only senility.	case management when their mental status changes.
--	--------------------	---