

RMC Health Care Committee
January 5, 2016
Via conference call
Meeting Minutes

Participants:

Tom McLoughlin, Justine Springer (on behalf of David Sharpe), Lara Wilson, Roxanne Hale, Karen Kverno, Holly Ireland, Michael Franklin, Dr. Diana Abney, Charlotte Davis

1. Convene Meeting

The meeting convened at approximately 1:10 pm.

2.Action on Minutes

The minutes from the November 3 and 30, 2016 meetings were previously distributed to all Committee members. The Chair asked if there were any questions on the content, comments, or corrections. There being none and upon motion properly made and seconded, it was voted to accept the minutes as submitted.

3.Short Term Goals

Committee members continued the discussion from the previous meeting to identify a major barrier to each of the three short-term goals as well as potential strategies to overcome each one.

I Encouraging primary care physicians to include screening for depression or mood disorder

There was discussion regarding the role of the primary care in assuming responsibility for mental health care, a medical discipline for which they are not adequately trained and without sufficient specialists to whom referrals can be made. Some possibilities mentioned were referral to programs such as Behavioral Health Integrated in Pediatric Primary Care (BHIPP) that enables telehealth consultation for pediatricians to support interventions in the primary care setting. Also mentioned was the expansion of the Mental Health Urgent Care Center concept that could involve social workers from the Maryland School of Social Work with primary care providers as part of the crisis response team.

There was extended discussion on the absence of standardized screening practices, despite current Medicaid guidelines requiring the inclusion of depression screening and substance abuse disorder at age 11. In view of the recent implementation of these requirements, it was suggested that the Committee consider a communication to all physicians specifying the regulation and identifying some referral programs. Since access to specialty care is an issue, especially in rural communities, the Committee agreed to review that proposed communication after further information was made available regarding the guidelines and recommendations as well as a list of possible resources. A report will be developed for review at the next meeting.

II. Review and revision of the role of the School Nurse and Counsellor .

During the discussion it was reported that there are approximately 70-72 school based health centers for 1500 schools throughout the Maryland school system. Since each county, as an autonomous entity, can make its own determination, there are a variety of administrative approaches to mental health issues. Responsibility may be assumed by the local board of education, the local county health center covers, or an independent contractor providing the service. These different approaches would suggest a

lack of effective communication and/or coordination thereby impeding a unified approach to addressing the issue.

After further comments on the topic, it was suggested that an invitation be extended to a representative from the Maryland State Department of Education (MSDE) to discuss school based health centers in general and mental health issues in particular.

III. Develop certification programs in mental health.

There were three barriers identified and discussed. viz., geographic, faculty shortage workforce shortages. The growth of on-line courses allowing students to remain within their communities without leaving their families and practices has effectively minimized the concern related to access to university based programs. There were also concerns expressed regarding the Faculty shortage and its impact on limiting student enrollment as well as the economic disparities between mental health workers in the private and public sectors. Additionally, the topic of scope of practice particularly as it related to the Advance Degreed Providers was a subject discussed at length. After further deliberation, the topic remained open for future development and recommendations.

4. Other Business

The Committee briefly discussed the 2016 Issues papers, published by the Department of Legislative Services and referred to a link which was previously sent to Committee members. The Chair called attention to two summaries, both of which were the topics of conversation at previous meetings, "Medicaid Population and Expenditure Trends" and "Implementation of an All-payer Model Contract". As the Maryland General Assembly convenes for the annual Legislative Session, these documents are helpful discussion points.

The meeting adjourned at approximately 2:40 pm.

5. Next Meeting

February 2, 2016.

6. Adjournment

There being no further business to be brought to the Committee, the meeting was adjourned at approximately 2:40 PM.