



Access to Care Forum
College of Southern Maryland, B1 Building, Center for Business and
Industry,
La Plata, MD
Friday, July 11, 2014 - 8:00 a.m. - 1:00 p.m.

Final Report
Submitted by Maryland Women's Coalition for Health Care Reform
August 18, 2014

Executive Summary

On July 11, 2014, the Charles County Department of Health hosted the "Charles County Access to Care Forum." The purpose was to bring together those within the County who work with, or serve, the Behavioral Health population to develop, as part of a larger strategic planning initiative, an initial action plan to support access to care for those with mental health and/or substance use disorder (SUD) issues. The action plan (see attached) was submitted to the Department prior to the preparation of this report.

The Maryland Women's Coalition for Health Care Reform (Coalition), working under a grant with DHMH/Health Systems and Infrastructure Administration (HSIA), coordinated and facilitated the forum. (It followed similar forums in Allegany and Dorchester Counties in the fall of 2013.) The Coalition worked closely with the Charles County Health Officer, Dianna E. Abney, MD and others in the Department of Health, to design a County-specific format and agenda with relevant supporting materials. Based upon the evaluations (see attached) the forum was deemed a success by those who participated.

This report lays out the background for the forum and its agenda and content, which included discussion groups focused on five areas identified by the planning team. In their discussions, each group identified both short- and long-term steps/actions. These have been incorporated into the action plan. The Charles County leadership, with their partners and HSIA staff will further develop these and Coalition looks forward to continued collaboration and support of these efforts. All of the forum's presentations and materials are on the Coalition's [website](#).



Project Background

Goals

The *Planning for Access Project* was developed by the Department of Health and Mental Hygiene's Health Systems and Infrastructure Administration (HSIA), in collaboration with the Maryland Women's Coalition for Health Care Reform (Coalition}. The purpose was to assist counties as they plan for an anticipated increase in demand for health care services with the expansion of access to health insurance through the implementation of the Affordable Care Act (ACA). Prior to the October 1, 2013 first open enrollment period, approximately 800,000 Marylanders were uninsured. By July 1, 2014 333,504 individuals were enrolled in Medicaid and an additional 78,930 enrolled Qualified Health Plans. It is anticipated that, by 2020, a significant number of individuals will still remain uninsured - either by choice or because they do not qualify for coverage, such as the undocumented. Many of these will continue to rely upon safety net providers, including hospital emergency rooms, local health departments, and FQHCs.

The overarching goal of HSIA's *Planning for Access Project* is to **achieve improvements in health status and outcomes that will ultimately reduce costs**. To do this, the *Project* is designed to offer technical assistance to counties aimed at ensuring 1) enrollment in a Qualified Health plan (QHP) or public plan (Medicaid or the Maryland Children's Health Insurance Program – MCHP) by all those eligible; 2) sufficient health care system capacity to meet the demand for services; 3) ancillary supports and referral services needed for people to take optimal advantage of access to care; and 4) safety net services for the uninsured.

Strategy

To accomplish this goal, the *Planning for Access Project* endeavored to **bring together policy makers and stakeholders in individual Counties** to identify strategies and collaborative opportunities to overcome challenges to expanding the capacity and efficacy of health care and related delivery systems. Each forum was to focus on a high-priority area identified in the county's strategic health improvement plan based upon county-specific criteria. A determination would be made by each county as to what the optimal next steps would be to implement the recommendations elicited during the forum. These could include a follow-up meeting (or meetings) to be organized as either in-person, or by webinar, or conference call.

As a first step, the *Project* solicited interest in organizing such a forum with specific counties. The **Charles County Health Officer and her team were eager to move forward with this initiative, and identified access to behavioral health services as their priority focus**. The agenda for the Charles County forum, as it was with the other two Counties, was designed to provide foundational information to underscore effective planning (ACA requirements, Maryland implementation, county



plans, supply and demand projections, available resources) and to use this as the basis for facilitated dialogue and strategy development among local partners.

Charles County Access to Care Forum

Organization and Structure

The Charles County Access to Care Forum was held at the **College of Southern Maryland** on July 11, 2014 from 8:00 a.m. to 1:00 p.m. The forum was organized and led by Dianna E. Abney, MD, Charles County Health Officer with Dr. James Bridgers, Bill Leeble and Amber Starn of her team. The planning team prepared a list of over 70 individuals who were invited to participate. Fifty individuals then registered for the meeting (see attached list). In advance of the meeting, participants were provided with resource materials to provide a context for the day's discussions, as well as planning strategies to date for behavioral health services in the County.

Agenda and Content

The day's agenda was divided into two primary parts. **Section one** included presentations that set the stage for the more in-depth workgroup discussions that comprised the second half of the forum. The following provides a brief description of the program.¹

- **Dianna E. Abney, MD**, Charles County Health Officer, opened the meeting by highlighting the objectives and explaining the agenda, including the rationale for workgroup assignments and expectations for actionable recommendations. She emphasized that access to a card is meaningless unless it translates into access to care. She also laid out the multiple challenges confronting Charles County in ensuring that care, as well as the imperative to start planning as soon as possible.
- **Leni Preston**, Chair of the Coalition, presented - ***Access to Care: The Promise of Health Care Reform***. This included an overview of the ACA and its implementation in Maryland, with special attention to the Exchange (Maryland Health Connection), Connector Program, QHPs and financial assistance for enrollees, Medicaid expansion, mental health parity, and the challenges and opportunities for expanding access to behavioral health care.
- Two perspectives were shared in the presentation - ***Leveraging the ACA to Transform Access to a Card into Care***. **Raquel Samson**, Director, HSIA Office of Primary Care Access, provided information on how we can translate getting an insurance card and into receiving care. She posed the questions to underscore her points - Based on the type of insurance that an individual receives



does that guarantee quality care? Is the card all that you need? And she underscored the challenge of explaining to the community, why healthcare reform is required. Ms Samson then explained the HSIA's vision for supporting effective access to care. **Rachael Faulkner**, Director of Government Affairs & Communications, Behavioral Health Administration at DHMH, discussed the integration of the ADAA (Alcohol and Drug Abuse Administration) and MHA (Mental Health Administration), which was effective as of July 1 2014. The new department is the Behavioral Health Administration. Ms Faulkner reviewed the newly formed department's mission and their approach to addressing their public health mission, including the correlation of data for substance use disorder and mental health. This will aim to target Overdose Prevention, Suicide Commission, Drug Monitoring, Smoking Reduction, Problem Gambling , Early Intervention , Primary Care Consultation.

- **Dianna E. Abney, MD** provided ***The Big Picture: Charles County's Insured, Newly Insured and Uninsured.*** She reviewed existing projections of increased demand in the County in terms of demographics, geographical location, types of services, and types of providers. Based on current data, Charles County had 72, 207 residents who have gained insurance to date under ACA implementation. Dr. Abney noted that one of the County's greatest strengths is that they are one of the few counties with an epidemiologist on staff. High priorities and challenges for the County include providing psychological and psychiatric services for children.
- **Amber Starn**, Charles County Department of Health Epidemiologist, discussed ***Data, Data, Data: What it Tells Us and What it Doesn't*** as it relates to current behavioral health statistics in Charles County.
- **Karyn Black**, Director of Core Service Agency at the Charles County Department of Health, addressed ***Access to Behavioral Health Care in Charles County: Current Challenges and Future Opportunities.*** She highlighted that, in the past 10 years, mental health incidences have grown to 43.8% . With the new Behavioral Health Administration, the County is working to reorganize its own services to reflect that integration. She noted that there are two most significant challenges are: (1) insufficient local psychiatric services including an adequate number of physicians authorized to prescribe Suboxone; and (2) the issue of "churn" which results in individual moving between public and private insurance and a resulting transfer to different providers.

Section two of the agenda provided a platform for **meaningful dialogue** on five areas seen as essential to addressing the goal of ensuring access to behavioral health care services.



1. **System Capacity- Workforce/Network Adequacy:** *Ensure a sufficient number of provider with the range of specializations needed.*
2. **System Capacity/Infrastructure:** *Ensure the infrastructure needed to meet demand for services.*
3. **Consumer Navigation of the Health Care Delivery System:** *Reduce ED use and promote prevention and earl intervention.*
4. **Community Support:** *Ensuring the necessary community support services are available to achieve recovery.*
5. **Health Insurance Enrollment and Plan Design:** *Maximize and maintain enrollment among the newly insured and vulnerable and hard to reach populations and ensure that plan benefits and services meet the needs of the behavioral health population².*

Each workgroup, led by a facilitator(s), was charged with discussing both opportunities and challenges within their topic area and then identifying specific steps to be taken within a 30-, 60- and 90-day timeframe, as well as longer-term actions. At the forum's conclusion each workgroup presented the highlights of their discussions and proposed action steps. The resulting "action plan," submitted for review on July 20, 2014, can be used as the basis for a more expanded planning process designed to meet the goal of ensuring access to behavioral health services for the residents of Charles County.

Conclusion

Based upon the evaluations, the attendees found the forum informative and useful with the presentations receiving ratings of 4 to 5. Among the comments that may be of particular use were:

- Several people said that more time was required given the breadth and depth of the information and the complexity of the issues.
- One person singled out the breakout sessions, describing them as "exceptional" with discussion that was "spirited and useful."
- One person asked - "Where will the County go from here?" Another person had a similar question and one answer might be the suggestion of another participant - "Involve community agencies in these efforts. Frontline workers need to be involved because they are the link to consumers."

In addition, several people requested additional information on policies related to Behavioral Health Integration and another cited state and federal policies and resources

² The Coalition has developed a number of resources that those working on outreach and enrollment may find useful. These include: (1) [resources for consumers](#) when selecting their plans, including one specific to SUD; (2) a [FAQ](#) on health care reform prepared by the University of Maryland Carey School of Law Drug Policy and Public Health Strategies Clinic; and (3) a [consumer assistance resource list](#) prepared for the recent [convening Look Back Move Forward](#).



specific to Behavioral Health. (see footnote (2) for information that may apply) One person also suggested meetings related to flu.

The Coalition was very pleased to have the opportunity to work with the staff of the Charles County Department of Health to facilitate the County's Access to Care Forum. We hope that the meeting and the resulting action plan with this report will be useful tools as the County continues to address the needs of those in the behavioral health community.

For questions or further information please contact Leni Preston, Chair - leni@mdchr.org/301.351.9381.

