

PINELLAS COUNTY COMMUNITY HEALTH ACTION TEAM

Thursday, January 21, 2016
2:00 - 3:30 p.m.

Florida Department of Health in Pinellas County
Mid-County Health Department
Environmental Health Conference Room
8751 Ulmerton Road, Largo, FL 33771

MINUTES

Welcome and Introductions

All

CHIP Update

Jocelyn Howard, DOH-Pinellas
Amanda Palumbo, American Heart Association

Jocelyn revisited two objectives that had been discussed at the previous CHAT meeting:

- **Objective AC 1.1.1** “Adults who report being unable to access care due to cost.” CHAT found this objective to be a poor measure of access, given that it is BRFSS data and only collected every three years. Jocelyn suggested changing the measure to Preventable Hospitalizations (an AHCA measure), and the group approved the change.
- **Objective BH 1.1.1** CHAT continued its discussion of the “Adults who receiving social and emotional support they need” measure, which is from BRFSS and wasn’t collected in 2013. The group agreed that there was currently no good alternative to this measure and suggested that it might be good to collect something similar on a countywide level during the next health assessment, possibly using a new sampling tool.

Jocelyn also shared an update on the St. Petersburg Police Community Resource Bus (**AC 1.1.1-2**): it received over 150 walk-ups during the first quarter. Volunteers and community partners who would like to spend time at the bus are welcome – please contact Jocelyn if interested.

Amanda Palumbo of the American Heart Association (AHA) discussed activity **HPDP 2.2.1-1** regarding AHA’s goal to train 7% of the population in the Tampa Bay area in CPR. AHA is working in the schools to train students in hands-only CPR. The model is based on the experience of Seattle, WA and other cities who have worked to improve the bystander CPR training rate. AHA’s goal is to train 150,000 people across Tampa Bay; Pinellas numbers are being tracked in the CHIP. AHA would like to partner with other agencies to do mass trainings – Amanda asked for CHAT members to spread the word, and to be in touch if they’re interested.

Jocelyn Howard, DOH-Pinellas

Jocelyn provided a brief update on the health department's involvement in behavioral health on behalf of director Dr. Choe, who could not attend the meeting.

- Pinellas is one of three counties involved in the governor's executive order to review funding and service delivery of behavioral healthcare (the other two are Alachua and Broward).
- The first goal of the EOG is to categorize funding from federal, state, and local sources as it pertains to behavioral health. This task should be completed for Pinellas in the next 1-2 months.
- Another goal is to look for best practices as well as collaborative efforts.
 - Pinellas is looking at:
 - High utilizers
 - Early intervention, i.e. mental health screening in school aged children
 - Next step is to participate on a sequential intercept mapping process to help provide a framework to organized target strategies for individuals with mental health and/ or substance abuse issues

Stephanie Reed, Pinellas County**High Utilizer Pilot Program**

- Stephanie presented a PowerPoint that outlined the County's High Utilizer pilot program. The pilot details a comprehensive intervention for the top 33 utilizers of the jail and behavioral health system in Pinellas. Together, the 33 high utilizers cost the county nearly \$2.5 million dollars annually. The project proposal will involve a cost of about \$960,000, and was already approved by the Board of County Commissioners (BOCC). About 73% of the high utilizers are homeless, 80% are male, and none are veterans. The next step is for the BOCC to approve a contract with a provider for the project.

Elizabeth Statzer, Director of Behavioral Health Outreach, HCA West Florida Division**Mental Health/Substance Abuse Coalition**

- Elizabeth gave some background on the Coalition, a longstanding group that is generally co-chaired by a representative from the behavioral health field as well as a law enforcement officer. The group is comprised of community providers, law enforcement, and agencies involved with substance use. The Coalition facilitates an Acute Care check-in during each meeting, which mostly deals with issues related to Baker Acts. During the Acute Care check-in, PEHMS reports utilization data. Elizabeth mentioned that the group can take on advocacy efforts during legislative sessions; because of the diversity of membership, they can have powerful influence on policy.
- Jocelyn now attends these meetings and gives a brief update on the CHIP so that CHAT and the Coalition stay connected. The group discussed that the Coalition might be a good forum to take on specific issues/objectives in the CHIP as needed.

**Gail Ryder, VP of Behavioral Health Services, BayCare
BayCare Behavioral Health**

Gail shared that BayCare has over 400 acute care beds in 3 counties, in addition to ambulatory services. The biggest challenge they're currently facing is recruiting providers, including MDs as well as ARNPs. These professionals are often attracted to hospitals where they don't have to be on call. There are also fewer providers being trained in behavioral health in general.

There were several questions about what's being done to address this issue. BayCare would like USF to revive their ambulatory care program, which was discontinued. In addition, there is federal legislation underway for expanding graduate medical training.

BayCare has been following the primary care integration model for three years, in which behavioral health providers are co-located at primary care clinics (Melissa Van Bruggen of the health department mentioned that while counselors are already in DOH medical homes, maybe Pinellas providers can consider putting primary care providers in mental health facilities).

Gail mentioned that the patient population is changing – BayCare sees far more comorbidity in general (chronic disease and opiate use, for which there are few effective treatments) as well as aging patients.

In terms of CHIP priorities within behavioral health, Gail recommended focusing on suicides, especially in the pediatric population. The First Aid tool is an effective training that's already being provided to some schools via the ProjectAWARE grant. Jocelyn mentioned that suicides are already in the CHIP as an objective; there is an existing activity regarding looking into existing data to find demographic trends, which is now more feasible because the Medical Examiner and the County have realigned their data. Jocelyn will follow up with Stephanie Reed on this. Suggestion was made to bring this issue to the MH/SA Coalition.

**Dora Komninos, Public Defender's Office
Domestic Violence Task Force (DVTF)**

Dora shared that the DVTF, like the MH/SA Coalition, is made up of a wide range of law enforcement, service providers, and victim advocates. They provide a panel called Being a Better Bystander, which any organization can host; the panel involves participants from several different sectors who speak about how to recognize domestic violence and what to do if you encounter it. The DVTF also is connected with the Batterer's Intervention Program and has a Fatality Review Committee, which produces a report each year. It was suggested that this could be a model for analyzing suicide data in Pinellas County.

CHAT Discussion/Wrap-Up

Jocelyn Howard

Jocelyn asked the group for recommendations for the April CHAT meeting theme. One suggestion: have Dr. Choe speak about his interests and priorities as the new director of the health department. Another possibility is to rotate through the CHIP priorities. Jocelyn will circulate a poll.

Next Meeting: April 21, 2016



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