

**Robert Lee Sutherland Seminar XV
Hogg Foundation for Mental Health**

**Concurrent Session I: Organizational Change
in Behavioral Health and Primary Care Organizations**
Summary Notes

Charlie Boone & Camis Milam
Center for Health Care Services, San Antonio
(See PowerPoint slides)

City of Austin MERGE Program
Lisa Glenn & Andres Guariguata

Health Disparities Collaborative

- Self management goals with patients

Critical areas of evolution that led to success

- Leadership/management: critical buy-in from the CEOs and lead physicians kept everyone focused on the effort. There was a lot of push-back from the clinic docs and the MHMR psychiatrists because of the change in roles.
- Open/inclusive style of decision making and management.
- Flexibility in therapeutic encounters (30 minute consultation vs. 50 minute hour)
- Electronic medical record built in the PHQ-9, CAGE (substance abuse screener), bipolar screen, anxiety screen. Providers can check patient status.
- Cost savings on meds offered by the primary care clinics
- Open a more reflexive pathway for patients in the MHMR system to primary care.

Project Vida Health Center, El Paso MHMR, Family Services of El Paso
Bill Schlesinger, Gary Larcenaire, Richard Salcido
(See PowerPoint slides)

Gary Larcenaire

- Previously had co-location model – we were in the same building, but not integrated – silos.
- Integration of medicine is the integration of intelligence.

Bill Schlesinger

- The only that we have in common is that we all care about our patients.

Richard Salcido

- Relationship started in the schools as co-location.
- Hogg Foundation offered a model and we jumped on it.
- Huge shortage of psychiatrists in El Paso, so consultation is a huge improvement.

Gary Larcenaire

- I have been married for 15 years and this is like a marriage – the key is to talk and remember what brought us together in the first place.
- Integration is going to drive this industry in the next 15 years.
- The turf is a challenge.

Question & Answer Period

Lisa Glenn

- We had challenges around roles – define who does what, which patients belong to whom, legislative mandate

Camis Milam

- Moving patients back to the care of the PCP after they are stable – distrust, fear of “dumping”. Need processes in place so providers are not fearful.

Charlie Boone

- Electronic medical records have been a big challenge – trying to create one system that would meet the needs of 15,000 people. We have a pilot in place that our privacy officer has halted.

Kathleen Reynolds

- We learned the most from our first clinic that failed. We learn more when things don't work than when they do.
- Conflict resolution process listened to why we're no use to them.
- Create a compelling vision.
- With our EMR we saved 4.4 million, that the state then took away from us to bail out another CMHC.
- Our community partnerships helped us out in the lean years.

Gary Larcenaire

- Your board needs to be tolerant of failures.
- When you embark on these partnerships – there will be failures.

Question:

The role of consumers, in the context of mental health transformation, I haven't heard about the roles of the consumers in the design of integrated approaches. We have some prosumers who are previous users that have developed a curriculum around navigating the system. We then contract with those prosumers to help consumers when they are ready to leave the system.

Camis Milam

A: Start talking about it from the begin with consumers.

Gary Larcenaire

We used our Consumer Advisory Committee from the beginning – they are mandated entity for every community.