

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

**Lunch Working Session (Day 2)  
Summary Notes**

**Concurrent Session Reports**

Integrated care team roles:

- Emphasis on team process and roles
- The care manager's personality is more important than their credentials

Eliminating the early mortality gap:

- The life span of people with severe mental illnesses is shorter on average, but the causes of death are the same
- Consumer centered, consumer directed initiatives are key to promoting wellness

Paying for Integrated Care

- Why should improved care have to cost less?
- Patient tracking tools

Organizational change:

- Leadership is critical across organization
- Tools are available to support change

Bridging the cultures of behavioral health and primary care

- Significant differences between the cultures of behavioral health and primary care
- Staff on both sides need to take time to learn (and appreciate) the other
- Integration calls for a new culture

Health Information

- Information sharing technology is the backbone of integrated health care
- Health passports have been developed for children in foster care to promote continuity of care across placements
- Key issues for effective information systems
  - Communication between providers and IT staff
  - Data capturing
  - System interoperability
  - Meaningful reporting

Workforce issues

- Telephone follow-ups are effective way to use staff time
- Texas workforce data make it clear that we have massive shortages in primary care and behavioral health
- Cross-silo training is essential

- Need to start measuring effectiveness, not numbers of patients seen

## **Opportunities for Moving Integration Forward in Texas**

### **I. Luanne Southern, Texas Department of State Health Services**

A. DSHS is changing the way we work together, not easy but communities have embraced the idea

1. Breaking Barriers
2. Common Language
3. Shared Vision

B. DSHS is finalizing comprehensive integration plan

1. Poised to move forward

C. Barriers:

1. Mobilize Assets
2. Overcome Challenges
3. Exchanging Ideas
4. State Level Leadership

### **II. Joe Lovelace, Texas Council of Community Mental Health and Mental Retardation Centers**

A. Struck by 1 statistic: people with mental illness are dying on average 25 years earlier

1. Public mental health (MH) system chronically underfunded

B. Integration community by community

1. Promising models
2. Different approaches, no one way to do it
3. 15 federally qualified health centers (FQHCs) have partnered with MHMR

C. Bridge to healthcare

1. Designate as a priority population the seriously mentally ill
2. Local MH authority needs to do needs assessment for physical health
3. Financing for service for mental health

### **III. José Camacho, Texas Association of Community Health Centers**

A. Reasons it takes so long

1. System Redesign - what has to be done at the federal/state/local levels
  - a. Bottom-up approach is key
  - b. Centers/practitioners
  - c. Redesigning the ways things are done
2. Change - Need urgency in order to change
  - a. When we talk about integration not being for everyone, we're talking about providers
  - b. Refocus on patient
3. Sustainability
4. Measurement and Training
  - a. Reports are important - tell the story of the kind of work that can be achieved
  - b. Not good at using data to reform and change

c. Agenda that includes change, have to train for that