

PREAMBLE

HOLISTIC NEEDS DRIVEN SYSTEM

“Changing the Paradigm: Collaborative Network for Total Well Being”

Aspiration Statement:

We are committed to everyone experiencing the highest form of well being in all aspects of their lives. We recognize that health is more than the absence of disease. We collaborate with all other services to address the unique holistic needs of each individual we serve.

Action Steps:

1. List of stakeholders (they must agree with our definition of what holistic is)
2. Training in Holistic way of thinking
3. Establish web site 6 month objective
 - Holistic help list serve
 - Distribution list
 - Utilize list provided at this initiative
 - Brochure and e-brochure
4. Assess needed training and prioritize
5. Design training
6. Implement training
7. Reassess and redesign
8. Continue training to change paradigm

Help Needed From:

1. Current training programs using holistic approach
2. Web based graphic designers (to build website and e brochure)
3. All stakeholders to include funders and consumers.

Indicators of Success:

1. Reduction in SVC gaps based on survey
2. Pre and post test and follow ups to gather data

Statement of Impact:

This will move us forward, toward a world class behavioral health care system that is integrated, accessible, and consumer focused.

Liaisons:

Cara Myles, Cheyenne Center
Shari Koziol, Crisis Intervention of Houston, Inc.

Group Members:

Barbara Abramowitz, The Center for Creative Resources
Sharon Black, Harris County Hospital District
Linda Christians, St. Luke's United Methodist Church
John Cleveland, SEARCH, Inc.
Sabrina Dean, VOA
Regina Hasan, Unlimited Visions Aftercare, Inc.
Theodora Y. Randle, MA, OTR, Harris County Hospital District
Maddie Shepard, Cheyenne Center
Deborah Sorensen, Mental Health Association of Greater Houston

GROUP 1: POOLED INTEGRATED FUNDS & OUTCOME-BASED SYSTEM

A. POOLED INTEGRATED FUNDS: IDENTIFICATION AND CREATION

Aspiration Statement:

We have created a pool of coordinated and/or integrated funds that provide fair and equitable distribution of health, mental health, and substance abuse services for greater Houston. Sources include: public, private, business, industry, faith-based, and others. This pool is effective because it's been based on a complete and on-going inventory of needs and resources, which include funding in-kind resources.

Action Steps:

1. Identify resources to carry out task.
2. Approach Behavioral Health Sub-Committee of Public Health Policy Council to endorse group's task, leading to the full council, then to Judge Eckles.
3. Inventory of all resources, rules, and research models.
4. Conduct actuarial analysis of data to determine scope and viability of a pooled purchasing model.
5. Drs. Schnee, Jhin and Robison to coordinate with Judge Eckles and Behavioral Health Sub-Committee of Public Health Policy council (July-August 2005)
6. Ask Judge Eckles to provide survey on behavioral health funding and expenditures by November 15, 2005.
7. MHA staff to research models in New Mexico, Denver, Arizona and others. Identify failed models of pooled funding.
8. Convene committee by approximately December 1, 2005 to review survey of funding sources and expenditures, and review models. Make recommendations based on data and models.

Indicators of Success:

1. Buy in from council and Judge
2. Funds for behavioral health care will have been identified
3. Analysis completed and model identified for implementation
4. Identified approach for evaluating the effectiveness of model

Summary of Impact:

This will move because it is efficient, adequately funded, and has uniform outcome measures.

B. OUTCOME BASED SERVICES

“Outcomes Unlimited”

Aspiration Statement:

Outcome measures address consumer's wants, as long as no harm is done. Such outcomes relate to program development and continuous quality improvement and reflect current, evidence-based practice. Programs have measurable volume, utilization, and clinical outcome measures, which are *severity* and *risk* adjusted.

Outcomes are measured by consumers, families, providers, and external reviewers. Inter-rater reliability is excellent. Access to provider services is assessed as well as linkages, utilization, and connection to other providers. Long term outcomes are collected and captured across multiple systems of care. Outcomes improve as a result of RFP usage and subsequent competition.

Action Steps:

1. Get program and staff buy-in and understanding of program outcomes.
2. Identify measurable targets for each program within the agency.
3. Educate and train staff on how to participate in program outcomes.

Targets:

6-12 months: identify and engage community participants toward program outcomes

1. Statement of declaration from each organization to commit to program

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June 16-17, 2005**

2. Identify individual from each organization to represent and participate in *Outcomes Unlimited*
 - a. Individual inventory of each agency of program outcomes
 - b. Identify local and national expert consultants that have participated in successful implementation of program outcomes
 - c. Identify resources in the community to assist in the development of outcome measures (i.e., individual university research programs)

Summary of Impact:

This will move us forward because it provides timely, accurate, and user friendly information critical for the delivery of quality services.

MHA Staff Assignments: Betsy Schwartz, Leslie Gerber

Liaisons (Group A):

Steven Schnee, Ph.D., MHMRA of Harris County
Michael Jhin, St. Luke's Episcopal Health System
Ann J. Robison, Ph.D., Montrose Counseling Center

Group Members (A):

Domingo Barrios, Houston Endowment Inc.
Susan Green, LPC, Family Services of Greater Houston
Jan Krockner, 184th District Court
Linda K. May, The Simmons Foundation
Rhonda Patrick, All About Recovery
Betsy Schwartz, Mental Health Association of Greater Houston
Dave Wanser, Texas Department of State Health Services

Liaisons (Group B):

Scott Hickey, MHMRA
Helen Jackson, Harris County DA

Group Members (B):

Miguel Anglada, MHMRA
Avrim Fishkind, M.D., Neuro Psychiatric Center
Mimi Minkoff, Swalm Foundation
Paula Paust, The Women's Home
Belinda Price, Commissioner Radack's Office-Precinct 3
Diana Quintana, Harris County Juvenile Probation Department
Mende Snodgrass, LCSW, MHMRA of Harris County

GROUP 2: TIMELY, SEAMLESS, INTEGRATED SYSTEMS & ELIGIBILITY FOR SERVICES & UNIVERSAL MEDICAL RECORD/INTERNET DATABASE

***A. TIMELY, SEAMLESS, INTEGRATED SYSTEMS AND ELIGIBILITY FOR SERVICES
"Open Door Network"***

Aspiration Statement:

Our behavioral health system is one that is seamless, integrated, culturally competent, and responds in a timely manner, which addresses all consumer (adults *and* children) holistically (physically, emotionally, spiritually, and socially). This system results in easy access, reduces duplication, and expedites intervention for the benefit of the consumer. This is a collaborative system, based upon integrated funding which includes all providers, ensuring that all are responsive, accountable, and accessible. This model results in consumer dignity, satisfaction, engagement, and positive outcomes.

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Action Steps:

1. Develop a collaborative network:
 - a. Identify and categorize membership
 - b. Establish representative advisory council (RAC)
 - c. Organizational structure
 - d. Information sharing
 - e. Local oversight and input
 - f. Develop universal eligibility and intake process
2. Develop the navigator role and process
 - a. Who
 - b. What
 - c. When
 - d. Where
 - e. How
 - f. Funding
3. Brainstorm membership and categories (2 weeks from summit)
4. Develop criteria (8 weeks from summit)
5. Network notices and invitations to open forums (3 months from summit)
6. Open forums to finalize criteria (4-5 months from summit)
7. Send letters of intent (6 months from summit)

Targets:

6 months:

1. Identify and categorize potential network members
2. Establish membership criteria
3. Get commitment from potential members

12 months:

1. Establish the RAC (Representative Action Council) with sub committees of navigators, eligibility, and intake
2. Connect with universal medical records group
3. Develop org structure with process for oversight and management
4. Determine resource needs

We Need Help From:

Medical records group
Funding group at summit
Education group at summit
BH provider networks

Coalition for BHs
CRC agencies
MHA

2. Education of resources availability
3. Consumer friendly access
4. Reduces drop out improves engagement and consumer satisfaction
5. Earlier and more comprehensive intervention with improved functioning

Indicators of Success:

1. A representative sample of providers have joined network
2. 6 month and 1 year targets are met on time

Summary of Impact:

1. Improve access to services in a timely manner

B. UNIVERSAL MEDICAL RECORDS & INTERNET DATABASE

Behavioral Health Summit
June 16-17, 2005

Aspiration Statement:

We have a comprehensive, holistic, free, and simple to utilize public health database of medical records and resources serving the great state of Texas from birth to death.

Action Steps:

1. Establish rules of participation
2. Pool resources onto Internet
3. Coordinate a council (seed money)
8. Technical
9. Financial
10. Legal
11. Marketing
12. Political advocacy
13. Test market for consumers and providers
14. Technological linkages
15. Grant writing (RFP) at the federal, local, and state levels
16. This group will meet monthly for 1 year to 6 and 12 months targets.

Targets:

6 months:

1. Identify key stakeholders
2. Identify current state of affairs
3. Identify governance structure

12 months:

1. Identify performance standards for council divisions

Indicators of Success:

1. Pilot project identified
2. Representation form local, state, and fed levels
3. Identify current states by Dec 2006
4. Identify best practices

Summary of impact:

1. Safe efficient effective referral and patient care
2. The info you need to treat and or refer at your finger tips
3. All the info consumers need to make educated choices about their own care

MHA Staff Assignments:

Leslie Gerber
Rebecca Da Camera
David Brehan

Liaisons Group A:

Barbara Sewell, Houston Federation of Families for Children's Mental Health
Nicole Lievsay, Office of Harris County Judge Robert Eckels
Jennifer DeCubellis, MHMRA of Harris County
Rose Childs, MHMRA of Harris County

Group Members (A):

Jack Callahan, Advocacy Inc.
Deborah Colby, Triad
J.R. Knecht, Healthcare for the Homeless
Kim Kornmayer, MHMRA
Laura Laviage, MHMRA-Bristow/PATH

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Barbara T. Lewis, University of Houston
Rebecca C. Reyna, COH Council Member
Adrian Garcia
Umair A. Shah, M.D., M.P.H., Harris County Public Health & Environmental Services
Patricia Sibley, MHMRA
Patricia Weger, Houston Independent School District

Liaisons (Group B):

Fred Ramirez, Memorial Hermann Behavioral Health
Susan Willmann, CHRISTUS St. Joseph Hospital

Group Members (B):

Marni Axelrad, Ph.D., Texas Children's Hospital Learning Support Center for Neurobehavioral Psychology
Ron Barboza, Ben A. Reid
Ricardo Barnes, Spring Branch Family Dev. Center
R. Terry Bell, Rockwell Fund, Inc.
Dr. Catherine Delaney, Houston-Clear Lake Counseling Center
Brent Freeman, Harris County
Mattie Gooden, AFH
Paul Hoisington, HCHD Mental Health Service
Kirk McMillan, Star of Hope Men's Development Center
Tuan D. Nguyen, Ph. D., MHMRA of Harris County
Dawn Taylor, Jensen Plaza SRO-Sparrow Assisted Living

GROUP 3: PUBLIC POLICY

**Insurance parity, ROI, Reimbursement Mechanisms
"Behavioral Health Advocacy Voice *BHAV*"**

Aspiration Statement:

Health (mental health and substance abuse) has a human impact worthy of world attention. An organized, on-going public policy initiative is in place that addresses local, state and federal issues; includes all stakeholders; is united in effectively influencing public policy laws and funding; demands the full continuum of holistic behavioral health services; ensures parity with physical health; guarantees service is available and affordable to all; and ensures behavioral health services are fully collated with all healthy and human services.

Action Steps:

1. We envision a behavioral health campaign which is a coalition of coalitions such as:

MHA	Care for elders
BHPN	Mental health needs council
Client Groups	Coalition for behavioral health services (has money through Sept. 2005)
Professional Groups	Gateway to care
Private citizens/Groups	
Coalition of the homeless	

This campaign will launch a public education initiative and create a public policy agenda and use all legal efforts to make it happen and move similar efforts to other communities

2. Research/ ROI

Establish a Houston health services research collaborative

Impact Statement:

We know our work is moving forward when laws and community opinion has changed.

Targets:

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6-12 months:

1. Communication to members
2. Follow up meeting by Sept. 2005
3. BHPN staff by MHA sends first letter
4. Meet at United Way Center
5. Discuss vision, mission, members' goals, next steps, and issue to focus on first
6. Future paid PSA or pro bono legislative agenda by January 2006

MHA Staff Assignments:

Leslie Gerber
Michelle Kelley

Liaisons:

John Burruss, M.D., Harris County Hospital District/Baylor College of Medicine
Leslie Gerber, Mental Health Association of Houston
Mel Taylor, Council on Alcohol & Drugs - Houston

Group Members:

Charles Begley, UT School of Public Health
Peggy Boice, United Way of the Texas Gulf Coast
Michelle Byron, MHMRA
Leslie Gerber, Mental Health Association of Greater Houston
Andrew Harper, M.D., UT Harris County Psychiatric Center
Letisia MacDonald, Santa Maria Hostel, Inc.
Curtis Mooney, Ph.D., DePelchin Children's Center
Sylvia Muzquiz, M.D., MHMRA
Phyllis Qualls, IntraCare Hospitals
Nancy Speck, University of Texas Medical Branch Stephen F. Austin State University
Ellen S. Tarver, Anadarko Petroleum Corporation
Dan Thomas, West Oaks Hospital

**GROUP 4: NEIGHBORHOOD-BASED SERVICE DELIVERY & CO-LOCATED
BEHAVIORAL AND PHYSICAL HEALTH CARE**

A. NEIGHBORHOOD BASED SERVICE DELIVERY

Aspiration Statement:

More people are accessing and benefiting from services that are readily available in their homes, schools, and faith based organizations and neighborhood centers. Communities have input into services provided to residents through direct participation in the direction, oversight, and as appropriate, staffing or programs. Increased networking and integration insure that those in need of services are quickly and easily connected to available resources, and that services are appropriate but not duplicated, making room for all in need. Helpers are well trained and provide services that are individualized, culturally competent and respectful. Service providers are accountable, ethical and monitored for quality, compliance and outcomes.

Action Steps:

1. We will identify services currently available.
2. Hold focus groups to identify service gaps in different quadrants of the city.
3. Look for similar models that work at the national level
4. Focus group of stakeholders and professionals in the fields
5. Community leaders to identify next steps to be taken
6. Identify neighborhood
7. Neighborhood delivery:
 - Accessibility of bus routes
 - Recidivism

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Community based is the answer
Neighborhood initiative pushes change
Frustration and Metro (transportation delays)
Bring service services to consumer rather than vice versa
People like to be treated in the community
Prior neighborhood centers worked

8. Even neighborhoods are too large
9. FQHC includes MH component
10. Community based staff / board
11. Lack of awareness / slow client flow
12. Ideas to expand and help
13. Create new partnerships
14. Mobil units to schools
15. Service delivery challenge- neighborhood locations
16. Greater awareness of community resources
17. Holistic services

Targets:

6 months:

1. Gather tools resources and data.
2. Initiate focus group
3. Identify model neighborhood
4. Develop the model
5. Meet again in 6 months

12 months:

1. Continued perfection and begin replicating model

B. CO-LOCATION FOR BEHAVIORAL & PHYSICAL HEALTH

Aspiration Statement:

We are a fully integrated medical and behavioral healthcare model that is a series of sites where prevention, assessment, treatment, medication, and referrals are available within 30 minutes of travel. It is safe and attractive with IT systems that allows for information and referral. It is culturally sensitive and sensitive to special needs populations. It is a full range of services that are integrated between the public and private sector. The community based model also features multiple shared training opportunities and optimizes the use of all educational and training resources.

Action Steps:

1. Review the data from Harris County Public Health Council and SLEH charities database with a focus to evaluate coordination, co-location, and integration issues.
2. Commit to volunteer to be a part of the Ambulatory Committee of the Behavioral Health Committee of the Public Health Council of Harris County (Dr. Mike McKinney)
3. Organizing our next meeting is David Lewellyn, Dr. Sargeant, Francis Isabel, Pat Pullian, and Grace Jennings

Targets:

6 months:

1. Review the data from Harris County Public Health Council and SLEH charities database
2. Evaluate coordination, co-location, and integration issues from the Council and database.
3. Group members serve as volunteers on the Ambulatory Committee of the Behavioral Health Committee of the Public Health Council of Harris County (i.e., Dr. Mike McKinney)

6-12 months:

1. Pilot a program of primary care and psychiatric care, clinical service exchange.
2. Establish a method for effective communication, innovation, and opportunities for collaboration with a focus on behavioral and physical health services.

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3. Challenge the larger summit group to establish an effective, ongoing communication strategy.

We Need Help With:

1. Outcome measures
2. Technology IT

We Need Help From:

1. Neighborhood education summit group
2. Funding sources
3. Other agencies and collaboratives
4. Gateway, MHMRA, HCHD, and others

Indicators of Success:

1. Operation of several integrated, collocated health care centers
2. On going participation of our group members with other collaborative groups
3. Reduce ER visits for psychiatric patients with resultant reduced costs
4. Increased reports of client satisfaction and wellness

Statement of Impact::

As a result of the implementation of our aspiration statement, citizens of Harris county will receive convenient, accessible, holistic and integrated physical and behavioral health care that will optimize their healthy and full participation in our community as they face the challenge the 21st Century.

MHA Staff Assignments:

Eduardo Olmedo
Karen George
Gina Sullivan

Liaisons (Group A):

Terry Scovill, LMSW-ACP, IntraCare Medical Center Hospital
Arlene Fischer, DePelchin Children's Center

Group Members (A):

Donna K. Amtsberg, LMSW, Northwest Assistance Ministries
Shubhra Endly, Communities in Schools-Houston
Jerry Hall, Cenikor Foundation, Inc.
Harvey Hetzel, Harris County Juvenile Probation Department
Brent Lawless, LPC, MHMRA of Harris County
Euretta Lee, Northeast Community Health Clinic
Jana Mullins, Rockwell Fund, Inc.
Michael Roberson, Neighborhood Centers, Inc./Healthy Start
Jill Strong, Southeast Area Ministries
Sara Kay Thompson, Magnificat Houses, Inc.
Ramona Tennyson Toliver, Northeast Community Health Clinic
Joel Zamarripa, Harris County Community Supervision & Corrections Department

Liaisons (Group B):

John Sargent, M.D., Baylor College of Medicine
José Bayona, M.D., M.P.H., UT-Houston School of Medicine
David M. Lewallen, Coalition of Behavioral Services

Group Members (B):

Dr. Jamey Cheek, Alief Independent School Districts

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Jeffery P. Christie, LMSW, Halliburton Company
Lynne Cleveland, MHMRA of Harris County
Ronald Cookston, Ed.D., Gateway to Care
Erlinda L. Demeterio, Ph.D., Gateway to Care
Frances Isbell, ED, Healthcare the Homeless-Houston
Grace Jennings, HISD West District Youth & Family Center
Jane Leonard, HEART of Montgomery County
James D. Lyle, LCSW, ACSW, SAP, A Center for Counseling and Personal Development
Patricia Pullins, Council on Alcohol and Drugs
Raymond J. St. Germain, Cypress Creek Hospital
Dawn Thompson, DePelchin Children's Center
Ken Voges, New Vision Detox - Doctors Hospital Parkway
Cookie the Dog

GROUP 5: PREVENTION & EARLY INTERVENTION AND COMMUNITY EDUCATION

A. PREVENTION AND EARLY INTERVENTION

Aspiration Statement:

Our community values and cultivates “healthy” human development. We have a prevention-based delivery system. By education and supporting community, individuals, families, and caregivers, we put children first. Behavioral health is integrated into primary care with universal access. Prevention and appropriate intervention occurs at all stages of human development.

Action Steps:

1. Design a fully integrated prevention and intervention model that is accepted by the community.
2. Develop strategy for community buy-in
3. Select pilot project
4. Hold regular meetings
5. Educate ourselves on model programs, assets and AI process
6. Establish specific measures of success
7. Coordinate with other AI summit work groups
8. Contact with existing groups and networks related to stages and ages of development

Targets:

6 months:

1. Build model
2. Build buy in process

12 months:

1. Create pilot project

24 months:

1. Dissertation
2. Process

Indicators of success:

1. People are engaged in process

Statement of Impact:

Our project is world class because it shifts behavioral health care from being crisis-focused to prevention-focused.

B. COMMUNITY EDUCATION IN 2008

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“Behavioral Health Education and Communication Task Force”

Aspiration Statement:

Residents of all ages in the greater Houston and surrounding areas fully understand that mental illness and substance abuse are treatable and provide family and community support. Culturally appropriate, equitable resources are readily available. Consumers and the community are empowered and aware of how to access those services without stigma. Early intervention is embraced as a critical prevention strategy.

Action Steps:

Creation of a mental health education and communication task force that has strong and consistent civic, business and provider leadership mandated to design and implement effective strategies to create awareness, educating and understanding in all community members about behavioral health (all aspects) and treatment.

Potential sub-groups include:

1. Professional MH training for non-MH professional
2. Development of uniform and consistent messages about behavioral health
3. Data collection specific to local behavioral health prevalence needs and gaps
4. Advocacy
5. Outreach
6. Obtain appropriate leadership, membership, funding
7. Investigate partnership opportunities with mental health subcommittee of city, county, public health task force
8. Research and data collection to drive work of subgroups (best practices of other cities)
9. Initial development of messages about mental health

We Need Help From:

1. Stakeholders and potential contributors (i.e., MHA, MHMRA, HCD, GHP, ISD, media outlets)
2. Policy and prevention AI summit work groups

Task Force will focus on best practices for research and communication as well as racial equity in outreach, treatment, and diagnosis.

Targets:

6 months:

1. Identify core group and sub groups, solidify commitment
2. Measure community knowledge and awareness (existing data / resources)

12 months:

1. Have operational sub groups
2. Meet action items
3. Meeting goals

Indicators of Success:

1. Consistent / committed participation with high representation of stakeholders and committee members
2. Meet goals
3. Increased awareness- eradicating stigma is a life long process that will continue to evolve

Statement of Impact:

Our work has moved forward when it involves organized and structured examination and implementation of communication strategies built on proven best practices customized to our community.

MHA Staff Assignments

Deborah Sorensen

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Susan Fordice
Karen George
Michelle Kelley

Liaisons (Group A)

Stephen Williams, City of Houston-Department of Health & Human Services

Group Members (A):

Daniel Garces, MS, LPC, LMFT, Bering Support Network
Henry Groppe, Groppe, Long & Littell
Evelyn Henry, HISD-Health and Medical Services Department
Theresa Kopnick, Mental Health Association of Ft. Bend County
Dorothy Matthews, Ph.D., Childbuilders
Sherea A. McKenzie, Joint City/County Commission on Children
Dr. Lois Moore, UT Harris County Psychiatric Center
Gul Nowshad, UT School of Public Health
Eduardo Olmedo, Mental Health Association of Greater Houston
Nathalia Paravicini, Community DOULA Program
Ethel Perry, MHMRA of Harris County
Lea Ramsour, MSW, LMSW, ECT Keep Pace - HCDE
Caron Sauls, Mental Health Association of Greater Houston
Sara Selber, The Philanthropic Management Team
Janina Sodus, Tx Department on Aging and Disability Services
Jackie St. Germain, Cypress Creek Hospital/West Oaks Hospital
Gina Sullivan, Mental Health Association of Greater Houston
Anne Swinburn, Healthy Family Initiatives
Alberta Torres, The Children's Assessment Center

Liaisons (Group B):

Aabha Davé, Children at Risk

Group Members (B):

Constance Clancy, Family Services of Greater Houston
Cynthia Folcarelli, National Mental Health Association
Alfred Forsten, MHMRA
Adriana Franco, Adult Protective Services
Karen George, Mental Health Association of Greater Houston
Shaunda Grant, HCHD
Sandra Grisales, LMSW, El Centro de Corazón
Carolyn Hamilton, NAMI
Monalisa Jiles, LPC, MHMRA of Harris County
Bernadette W. Johnson, Ben Taub Mental Health Services
Mary Kuskowski, The Center for Creative Resources
Kristen McGray, Houston Police Department
Jon Moore, Harris County Constable Precinct 3
Ronnie Morris, The Gathering Place
Irving Najman, Houston Compass, Inc.
Shane Raffle, Mental Health Association of Greater Houston