Mental Health
The Advocate

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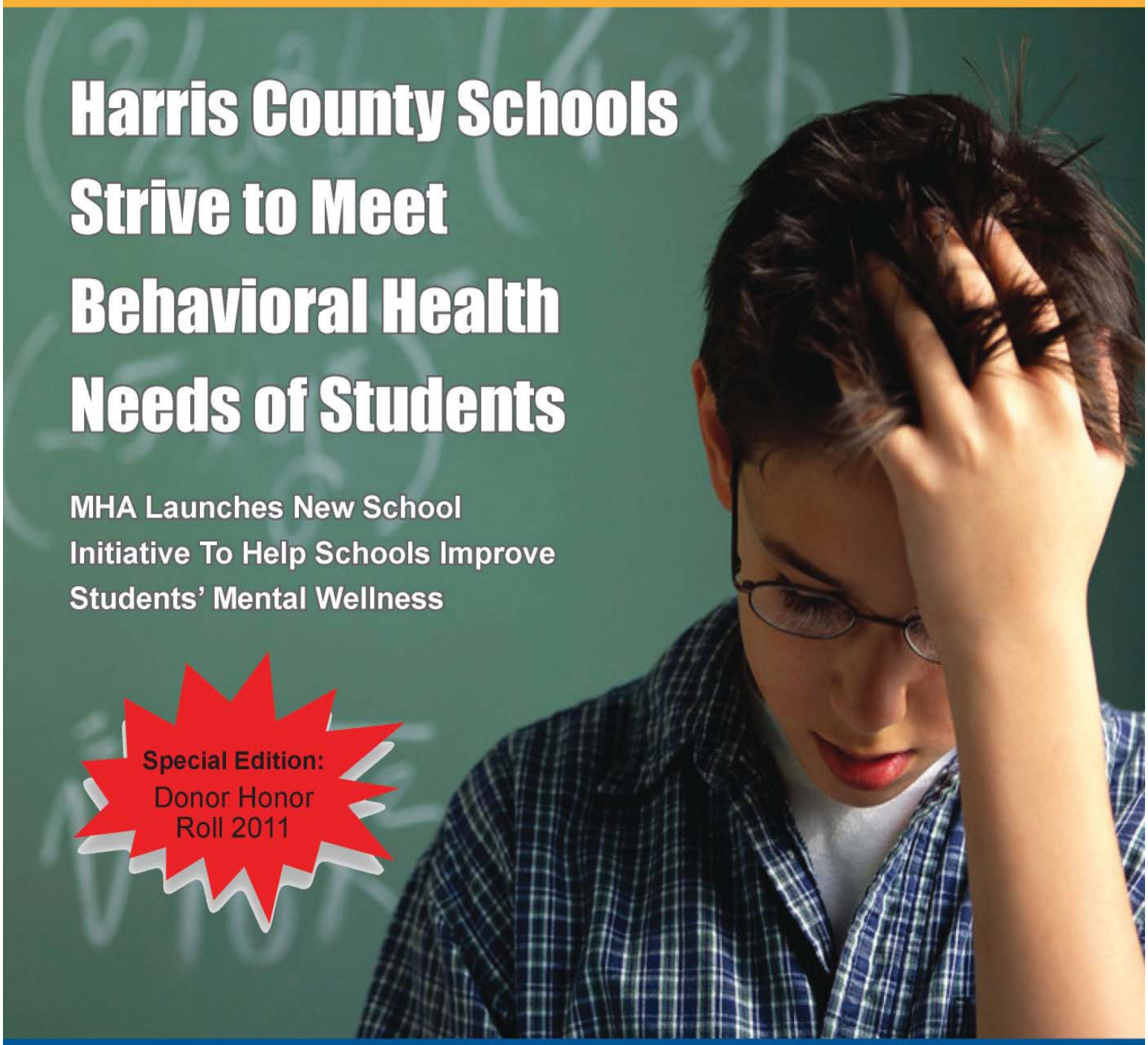

Harris County Schools Strive to Meet Behavioral Health Needs of Students

MHA Launches New School Initiative To Help Schools Improve Students' Mental Wellness

Special Edition: Donor Honor Roll 2011

Message From the President & CEO

Mental Health America of Greater Houston continues to identify ways to make the greatest impact on the mental health of people of every age in Houston and its surrounding communities. In this issue of the Advocate, we are pleased to highlight our Texas Learning Community on Integrated Health Care and our School Behavioral Health Initiative.

Recently, MHA completed a two-year, statewide program that convened teams of health and mental health providers for the Texas Learning Community on Integrated Health Care. These teams shared their own experiences and focused on finding solutions to barriers that in some cases hindered the progression of integrated health care in their communities. They also worked collectively to share strategies and provide examples of successful practices within a variety of integrated care models. This program, funded by the Hogg Foundation for Mental Health and The Meadows Foundation, has built a wealth of knowledge in this area for the people of Texas and others interested in integrated health care. We look forward to continuing to support the expansion of integrated care in Harris County and throughout the state.

Through our work with this partnership, we are recognized as information leaders in this growing health arena. As a result, the Texas Learning Community will present at the Collaborative Family Healthcare Association's conference, *The Future of Integrated Healthcare: Activating Clinicians, Consumers, Researchers, and Policy Makers*, in Austin on October 4 – 6, 2012.

We are also excited about another program to benefit children and families. MHA launched the School Behavioral Health Initiative, a systems change initiative that will support schools in addressing the behavioral health needs of their students. Through a consensus building process that we have used in critical issue areas for more than a decade, we will work with 10 independent school districts, representing a majority of students in public schools in Harris County, and other stakeholders to generate consensus on how to best serve the needs of children with behavioral health issues. The workgroup is enhanced by the participation of families who need our support as they share the personal experiences they have experienced with their own children. Taking the long view, we believe more children will graduate, fewer will become enmeshed in the juvenile justice system, and the trajectory of their lives will be much closer to the promise of new life that every family feels when their children enter the world.

MHA will host our Annual Meeting on June 21, 2012 at 4:30 pm at MHA. We invite you to join us to learn more about these and other community programs and initiatives. Additionally, Judge Jan Krocker will share brief remarks on the new Mental Health Court and we will recognize the MHA Pro Bono Counseling Program volunteers. We will recognize retiring Board Chair, William "Bill" McClain, who has been an exceptional leader as well as other retiring board members. We will also appoint and welcome a new Chair and new board of directors members into service.

Mental Health America of Greater Houston is your mental health advocacy and education organization. We welcome your comments and suggestions and hope to hear from you.

Sincerely,

Susan Fordice
President & CEO

Teachers & Counselors Needed To Help Develop Middle School Suicide Prevention Curriculum

Following the success of the "At-Risk for High School Educators" online training course, the Texas Department of State Health Services and Mental Health America of Texas are collaborating with Kognito Interactive to create an online training course to assist middle school educators. Through virtual conversation simulations with student avatars, teachers will focus on identifying, talking to, and referring students who are experiencing mental distress (e.g., anxiety, depression, substance abuse, and/or thoughts of suicide). To ensure the training is effective, we need advice from experienced teachers and counselors. If you join the focus group, you will receive up to five emails over the course of 3 months, requesting brief feedback on course characters and story lines (scripts). In total, these reviews will amount to roughly two to three hours. Information is confidential and will not be shared with any third parties. **To sign up for the focus group: http://www.surveymonkey.com/s/CVZM5V8. For help or more information, contact Traci Patterson, Director of Communications at tpatterson@mhahouston.org**

A Counseling Professional Motivated to Volunteer for Mental Health Pro Bono Program

by Kathleen Gallentine, MD
Psychiatrist and Volunteer with the MHA Pro Bono Counseling Program

When I received a request for volunteers from the MHA Pro Bono Counseling Program, I was at a point in my career where I had been doing the same kind of outpatient work for many years and was looking for some sort of change to refresh myself. I felt that Houston had been good to me and I wanted to give something meaningful back. I decided to give back by accepting patients referred through the MHA Pro Bono Counseling Program since that would immediately help Houstonians.

I have felt so rewarded working in this effort. I have met interesting people who have clear needs and who really appreciate the care I can offer. I have felt renewed in my enthusiasm for psychiatry and the difference each person can make in another person's life when we just look around us for the work that needs doing.

I feel it is important that others join me in volunteering some time to the MHA Pro Bono Counseling Program because if we each do a little part of the work the load will be lighter for each of us and we can make such a difference in people's lives. It doesn't take as much time as you may think and it will reward you in more ways than one.

Previously, I saw a young woman who lost her job in the economic downturn. She was coming to the end of her rope and had all the classic symptoms of a severe depression. Without economic resources she was about to give up and was considering suicide. While online, she noticed an advertisement for free psychiatric evaluation and treatment and was referred to me through the Pro Bono Counseling Program. That first day we met she reported feeling hopeless, but after a discussion she reported feeling a little more hope--she believed she could feel good again. By the end of that initial session she decided to see me again and to give medication a try.

Over the next few weeks she gradually felt better and began to recover. I am glad I could be there for her at that crucial moment. Both of us became convinced that she was alive and doing better because of the availability of the Pro Bono Counseling Program, the care I could offer her and her willingness to reach out to a stranger for hope.

About the MHA Pro Bono Counseling Program

The need for affordable counseling service is high and in great demand. The MHA Pro Bono Counseling Program is one of only a few programs that uniquely offers no cost, short-term counseling and therapy as a community service in Houston/Harris County. Facilitated by Mental Health America of Greater Houston, the MHA Pro Bono Counseling Program initially addressed the mental health needs of those displaced in Houston as a result of the trauma and devastation caused by Hurricanes Katrina and Rita.

Recognizing the critical need to care for people in our area, the program has sustained and continues to improve the wellness of individuals and families in need regardless of their ability to pay.

The success of the MHA Pro Bono Counseling Program is largely due to a corps of dedicated volunteer professional counselors from the Greater Houston area who share the responsibility of offering short-term counseling and therapy services to a segment of the city's citizens who lack health insurance or the ability to pay and would not otherwise have access to resources or to quality, short-term care.

Through contributions of time and expertise from our licensed clinicians and generous support from private foundations and donors, men, women and families in Houston have received thousands of hours in counseling and therapy services through the MHA Pro Bono Counseling Program since the program's inception in 2005.

PRO BONO Counseling Program
Mental Health America of Greater Houston

713-522-5161

The MHA Pro Bono Counseling Program offers services to individuals who call us directly and also to those referred by a health/mental health professional, organization or agency.

For more information on volunteering, becoming a referring source or to determine eligibility for services through this program, **contact us at 713-522-5161.**

MHA and Harris County Schools Making a Move for Better Behavioral Health

National prevalence estimates indicate that 20%, or about 102,915, of Harris County children between the ages of 9-17 have a mental illness that causes at least some level of functional impairment. At least 5%, or 25,729, have a serious emotional disturbance (SED) that results in significant functional impairments that can affect both home and school activities.

Youths with behavioral health issues may experience many struggles during childhood and adolescence, including underachievement in education, criminal justice involvement and even suicide. Early intervention is critical to addressing these issues, as it can "prevent mental health problems from compounding and poor life outcomes from accumulating." Because children and adolescents spend the majority of their waking hours at school, schools are the ideal setting to recognize and initiate services to address these behavioral health issues.

However, many schools struggle to meet the behavioral health needs of their students for a variety of reasons. A survey of seven school-based mental health care sites in Texas found that counselors face difficulties in providing appropriate levels of mental health services to students; teachers lack experience in recognizing early signs of mental health issues and oftentimes cannot identify available services in the community; and financial restraints keep many schools from adequately meeting the needs of students with mental health problems who are not eligible for services under federal law. A report by the Illinois Children's Mental Health Partnership noted that schools also face "immense pressure to focus on external accountability and test scores."

Funding decisions made by the 82nd Legislature will further strain school districts' ability to effectively address the mental health needs of their students. According to the Texas Association of School Boards, the Legislature "underfunded public education by $4 billion…as compared to the prior biennium." Funding for child service coordinating efforts, such as the Texas Integrated Funding Initiative and Community Resource Coordinating Groups, were completely eliminated. While budget cuts and other issues present significant challenges to school districts in addressing the behavioral health needs of their students, they also present an opportunity for the community to work with school districts to meet shared goals.

As part of this effort, MHA has launched a new school behavioral health initiative that convenes school district personnel, behavioral health providers and advocates, education-related and child-serving agencies, parents and other stakeholders to develop recommendations to improve the prevention, identification and treatment of behavioral health issues among students.

The kickoff meeting, held on April 18, at United Way of Greater Houston, brought together nearly 50 stakeholders, including representatives of ten Harris County school districts, representing over 570,000 or a majority of the students in public education in Harris County.

State Representatives Garnet Coleman and Armando Walle made remarks addressing the importance of the workgroup's efforts and shared personal experiences. In addition, facilitator Susan Stone, J.D., M.D. gave an overview of the process that will be used to develop recommendations.

The process will entail:

- Researching state and federal laws that govern the identification and treatment of students with behavioral health issues, including the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, as well as relevant state regulations. Through analyses of these laws and regulations, the workgroup will determine how to maximize their use in order to ensure the successful identification, referral and treatment of students with behavioral health issues.

- Creating systems maps of the current school district policies that are used to ensure that students are appropriately identified, referred and treated. A systems map will be created for selected school districts that participate in the workgroup. The maps will track the processes school districts utilize to initially recognize signs of behavioral health problems in students; screen them and determine their diagnosis; refer them to appropriate services, either on- or off-campus; and monitor them for academic and behavioral improvement. The systems maps will provide the workgroup with a fuller picture of the current status of school district behavioral health polices and provide the basis for determining areas of improvement.

Dr. Susan Stone

- Examining national best-practices related to school behavioral health interventions. There is extensive national research regarding promising and evidence-based school mental health interventions that improve academic outcomes, reduce behavior problems and disciplinary referrals, and have positive overall affects on students both with and without mental health problems. The workgroup will compile a list of these practices, including Positive Behavior Supports and Social and Emotional Learning, and their scientifically-based outcomes.

- Conducting individual interviews. These confidential, in-depth, one-on-one interviews will be conducted with members of the workgroup and other key individuals (e.g. school district superintendents, agency heads) who may not be participating in the workgroup. They will give stakeholders the opportunity to candidly share their views of how school behavioral health processes currently are working and ways in which they can be improved.

- Making site visits to locations that have been nationally recognized for providing innovative and evidence-based school behavioral health initiatives. These trips will allow members of the workgroup to witness evidence-based models in action. The site visit teams will tour the sites, meet with and interview personnel who were involved in implementing the models, and learn about resources and collaborations that made the models successful, as well as challenges they faced with implementation. The information gathered will be compiled and used to further inform workgroup efforts.

When all of these strategies have been completed, the workgroup will come to consensus on 1) the best school behavioral health model(s) and accompanying policy and procedure changes that should be implemented in local school districts; 2) policy changes that can be made at the TEA or other state agencies that would facilitate adoption of these models; and 3) legislation that can be passed at the state or federal levels to promote these practices. The recommendations are expected to be completed in early 2013.

Rep. Armando Walle

Rep. Garnet Coleman

MHA and its partners are very excited to embark upon this new initiative. The policy changes made as a result of this project have the potential for improved learning for students, increased ability for parents to effectively advocate for their children, and more manageable classrooms for teachers. It also could have a positive impact on local systems, such as the juvenile justice and child welfare systems, by reducing behavior problems and increasing access to early intervention services.

Ultimately, the school behavioral health initiative will generate the consensus necessary to implement long-term, systemic change within the school system. The result will be a more inclusive and effective structure to identify and deliver services to children with behavioral health issues.

For more information, contact Andrea Usanga at ausanga@mhahouston.org.

Has Treating the Mind and Body of Patients Gained Momentum in Texas?

Texas Learning Community on Integrated Health Care

(Year Two Evaluation Report)

Health care. What is it? Traditionally health care is approached as the maintenance and improvement of our physical bodies. Rarely does our health care system also address our mental wellness. Indeed, more often than not, when behavioral health care issues arise, patients are referred to a different system of 'behavioral health' care. This division between physical and behavioral health ignores what we know about the strong connection between the mind and body. Worse, when we ignore this connection, patients with physical and mental health care needs have poorer treatment outcomes.

An increasing number of studies are demonstrating the strong correlation between physical and mental health-related problems. A 2007 report found that "as many as 70% of primary care visits stem from psychosocial issues." In these cases, patients come to their primary care provider to receive care for a physical health complaint, but it is a mental health issue that is driving the physical symptoms. Because most physicians lack either the time or expertise to address the underlying causes, the majority of people who present with physical and mental health care needs are not getting appropriate care.

Recognizing this flaw in our system, over the past two decades physical and behavioral health care providers have been working to improve the coordination of care. Emerging from their efforts is a model of integrated health care that connects and coordinates behavioral and physical health care. This new model offers a more effective, and potentially more efficient, way of ensuring that people have access to both physical and mental health services. Integrated health care also has the potential to minimize the stigma associated with mental health care.

In order to advance the adoption of integrated health care practices in Texas, the Hogg Foundation for Mental Health funded Mental Health America of Greater Houston in late 2009 to form and facilitate the Texas Learning Community on Integrated Health Care (TLC). Over 2010 and 2011, with continued support from the Hogg and Meadows Foundations, the TLC brought together teams of primary and mental health care providers from throughout the state to share their approaches and learn more about strategies to implement integrated care in their communities; during 2011, eighteen such teams participated in the TLC. This report serves as an update on these efforts and an analysis of the factors that advanced or served as barriers to implementing integrated health care over the past two years.

Texas Learning Community on Integrated Health Care

Integrated health care is often understood as a model of health care delivery that provides behavioral and physical health care services in a primary care setting. However, as the movement toward integrated care has grown, other implementation approaches to integrated care are emerging. While all approaches achieve some level of connection between behavioral and physical health care, they vary in the level of coordination of care provided to the patient.

This diversity in approaches to implementing integrated care is evident among the providers participating in the Texas Learning Community (TLC). While some TLC participants continue to strive for deeper levels of coordinated care to the patient, all can be found providing some level of connected physical and mental health services to clients along the continuum between referrals and full integration. Specifically, participant efforts fell into one of the following levels:

Referrals: Referrals are the stage at which many providers started their work on integrated care. At this stage, a physical health care provider and behavioral health care provider recognize that a patient needs additional care and refer the patient to the other provider to get the physical/ mental health care he/she needs. This is the weakest form of integrated care as each provider is a separate system with a separate facility, and communication between providers is rare.

Service at Two Sites: Several TLC participants are teams who are collaborating to provide integrated care by providing their respective services to patients at separate sites. This is something like a 'warm referral,' where one provider makes arrangements to be sure that the other provider serves the identified patient. At this stage, each provider is a separate system in a separate facility; however, providers are using screens that make them aware of a medical or mental health issue that needs to be addressed, and there is some level of communication or shared information about the patient. There is minimal coordination of care among the providers.

Service at Same Site: This stage is similar to Service at Two Sites, except that the separate services are being provided at the same location. Main methods used in this form of integration include locating staff from one agency at the facilities of the other agency and telepsychiatry. In this level of care, each provider remains a separate system, but there is a greater level of communication and shared information about patients. At this level of service, there can be a greater appreciation for the contribution each kind of care makes to the overall health of the patient.

Integration to Full Integration: This stage of integration has its own continuum, where participants vary in the extent to which the work of medical and behavioral providers as a team is systematized and the care to the patient is fully coordinated. For providers who fall into this range, the work is focused on creating systems – including use of shared health records and mechanisms for ongoing consultation and involvement in services between medical and behavioral providers – that ensure fully integrated care to the patient. TLC participants who fall into the 'low' end of integration have achieved access to integrated care at one site but do not yet have a full system for the coordination of care. TLC participants who fall into the 'full integration' category have a system for ensuring that patients who need integrated care have seamless access to both kinds of providers, have fully integrated health records to which all providers have access (on a need to know basis), and there is one treatment plan for patients with on-going consultation between providers.

While every effort is unique, reflecting the assets and challenges of TLC participants, some common themes were found among the drivers that facilitated participant efforts and challenges that inhibited progress.

Martin Ornelas, Community Action Corporation of South Texas

Facilitators to Integration

- **Leadership**
  Leadership was both a critical driver and a central challenge for various TLC participants. As a driver, leadership that is committed to integrated care and willing to devote resources, including staff and funding, to its implementation was a vital force for every effort. At the same time, the loss of leadership was a central challenge for some TLC collaborations.

- **Resources**
  Financial and staffing resources were central supports for several efforts. In particular, the collaborations between Lubbock & Texas Tech and El Centro & Harris County MHMRA had capital funds devoted to establishing a facility with integrated care in mind, which moved these efforts quickly to integrated care. Also, some TLC participants received SAMHSA integration grant funds or committed their own resources that allowed staff to be shared or for sites to have access to psychiatrists through telepsychiatry.

Betty Reynolds, Spindletop Center

- **Site Visits**
  As one of the benefits of participating in the TLC initiative, participants were presented with the opportunity to make site visits to agencies that are farther along in providing integrated care. Every TLC participant that attended emphasized how important the site visits were to their efforts. Several TLC participants noted that the site visits were critical to their understanding of how integrated care could be implemented, and expanded their vision and goals for integrated care at their sites.

- **Organizational Culture**
  Physicians are important partners in integration, yet their focus is traditionally not on mental health care and their time constraints can be a challenge to full participation in coordinated care. In the case of El Buen Samaritano and the Lubbock & Texas Tech collaboration, working with nurse practitioners – whose holistic approach to care is open to and compatible with, integrated care – as the health care provider offered an organizational culture that was particularly conducive to implementing integrated care.

- **Planning**
  Several TLC participants, including Lone Star Circle of Care and the Coastal Plains & Community Action Corporation collaboration, underwent an extensive planning process for how they would implement integrated care. Both felt that the planning process provided an opportunity to set goals and kept them on track with their integration efforts.

The following is a brief description of a few of the Texas Learning Community efforts in 2011.

Lone Star Circle of Care – Georgetown, TX
Stand Alone Initiative

Lone Star Circle of Care has been working to implement integrated care internally since 2006, when they decided to add behavioral health services to complement their already extensive health care services. Their initial goal was to offer behavioral health care to patients who used Lone Star Circle of Care as their medical home.

However, as the scarcity of behavioral health care in the community became clear to them, Lone Star eventually expanded access to behavioral health care to the whole community. Today, although their efforts in integrated care continue to evolve, Lone Star Circle of Care is fully integrated with a strong mix of 34 behavioral health providers, including psychiatrists on staff. Screens are used and scanned into patients' medical records, which are electronic and fully shared among all medical and behavioral health providers. Medical and behavioral health care providers meet periodically to discuss patient needs and care, ensuring fully coordinated care to patients.

Overseeing and guiding the efforts in integrated care is a Behavioral Health Integration Council, which serves as a governance mechanism to ensure fully integrated care.

Drivers:

Leadership
Commitment to providing behavioral health combined with strong and capable leadership has resulted in Lone Star Circle of Care being a model of integrated care in Texas.

Planning
Once a commitment to provide behavioral health care was made in 2006, Lone Star developed a plan for bringing behavioral health into its

LaVerne Rodriguez, El Buen Samaritano Episcopal Mission; Chalonnes Hoover, Spindletop Center; Rodolfo Orna, El Centro de Corazón; and Marcie Mir, El Centro de Corazón

service line. This plan has guided their efforts over the years, allowing for thoughtful and steady growth.

Challenges:

Like others, Lone Star struggles to identify a funding mix or mechanism that will sustain their integrated care efforts.

Lubbock Regional MHMR Center and Texas Tech University Health Sciences Center School of Nursing – Lubbock, TX

This collaboration has moved quickly this year toward its goal of bringing medical health care into a mental health care setting with the support of state and SAMHSA funds to build a new 'whole health' clinic. The clinic, operated by the School of Nursing at an MHMR site, has four medical staff members − a nurse practitioner, registered nurse, LVN, and physician's assistant – and two psychiatrists. Staff note that because both partners share the same philosophy of 'whole health care,' patient care is well-coordinated and free of 'turf issues.'

Although the MHMR Center and the School of Nursing use different health record systems, records in both systems are available to be used by all staff as part of providing care. MHMR plans to move to a new electronic health record system that can be used by all staff at the clinic.

Drivers:

Funding
These partners worked together for a year to identify funding that would allow them to offer integrated services in one setting. Establishing a new clinic with the integration model in mind has allowed for enough space for both services and better patient intake and flow through the services.

Organizational Culture
Staff note that partnering with nurse practitioners who share the same philosophy of care has made it easy to coordinate care.

Challenges:

While the partnership has proven to be a good one, administration of the clinic is sometimes challenging due to the different demands of the two systems (MHMR and Health Sciences Center).

El Centro de Corazón and MHMRA of Harris County – Houston, TX

This collaboration builds on a strong relationship between these two providers, aiming to bring medical care into an MHMR setting. The two agencies shared in the cost of building-out a primary care facility to create a community mental health center designed to provide MHMR patients with integrated care. El Centro provides two full-time medical providers three days a week at the center, and MHMR provides the behavioral health care. Currently each agency uses a different health record system, so data on clients is shared either in person or through email. They plan to move to the same electronic health record system sometime in the future. Mental Health First Aid training has been provided to all staff to enhance the coordination of care for patients.

Drivers:

Leadership
Leadership of both organizations has been strongly supportive, and both agencies have years of experience working with each other, which paved the way for smooth collaboration on this effort.

Physician Interest
Physicians at El Centro have a particular interest in, and the ability to serve, the unique needs of the mentally ill population treated at the center, which is critical to this collaboration.

Funding
Each agency had funding for their share of the build out, without which this effort would have been much more difficult.

Katherine Sanchez, PhD, Texas Learning Community Consultant

Challenges:

The collaboration has experienced no significant challenges in providing care.

El Buen Samaritano Episcopal Mission – Austin, TX
Stand Alone Initiative

El Buen Samaritano is a comprehensive social ministry that provides food assistance, education, and comprehensive health care as part of its mission to help Latino families lead healthy and productive lives. El Buen already takes a comprehensive approach to addressing the needs of their patients. Their goal for integrated care is to improve the integration of primary and behavioral health care services internally, such that physical and mental health care providers engage in a fully collaborative working relationship in regard to patient needs.

In addition to medical staff, El Buen has a behavioral health specialist and a consulting psychiatrist who provide mental health care. Plans are underway to bring on a second licensed clinical social worker (LCSW) to serve more patients.

El Buen has implemented a number of systems that promote integration, including use of screens, sharing patient records, and engaging in active care management.

However, they believe more can be done to improve the level of collaborative care. Their next step will

be to establish a steering committee to guide the collaboration between medical and behavioral health care providers.

Drivers:

Organizational Culture
The medical staff is primarily nurse practitioners, whose holistic and individualized approach to care is open to, and compatible with, integrated care. Referring to the behavioral health specialist as a 'provider' creates a culture where the treatment of behavioral health is viewed on par with medical care.

Members of the Texas Learning Community met in Austin, Texas in the Fall of 2011 to network and to share challenges and achievements of their programs.

Teamwork
The lead behavioral health specialist at El Buen has a unique background that includes extensive training in medical and behavioral health. This, together with the consulting psychiatrist who helps medical practitioners to know when and how to address behavioral issues with clients, helps in bridging the gap between physical and mental health care provision.

Challenges:

Beyond funding challenges faced by all TLC participants, El Buen has encountered no significant challenges in achieving its goals.

Nuestra Clinica del Valle and Tropical Texas Behavioral Health – Rio Grande Valley, TX

This collaborative began in early 2011 with a goal to increase access to integrated health care by cross-training and co-locating staff between these agencies.

Nuestra Clinica has several years of work invested in developing integrated care capacity in-house, making extensive use of screens, referring patients with behavioral health needs to in-house behavioral health staff (including one licensed professional counselor [LPC], two licensed clinical social workers [LCSWs] and one psychologist), and using telemedicine.

Both agencies have referred patients to each other for years, but with the FQHC (Nuestra Clinica) seeing large numbers of clients with mental health needs and constrained by staff and transportation issues, the agencies sought to collaborate on integrated care.

This year the agencies have worked to set the foundation for the collaboration, getting to know each other better, increasing communication, hosting a retreat and training for staff, and doing data-matching on clients. They now have a framework for how to move forward.

Drivers:

Demand
Despite having behavioral health capacity in-house, the FQHC lacked the staffing and transportation necessary to meet the need.

Leadership
Leadership of both organizations have been strongly supportive, committing staff and resources to the collaboration.

Site Visits
Staff of both agencies note that participation in the TLC, and particularly the site visits, gave them new ideas to consider as they developed their framework, and created structure and incentive to keep moving forward with the collaboration.

Challenges:

Beyond funding challenges faced by all agencies, this team has not encountered any significant challenges to achieving their goals.

Central Texas MHMR Center dba Center for Life Resources and Cross Timbers Health Clinics, Inc. – Brownwood and DeLeon, TX

This collaborative effort began in early 2011 and is working to integrate by having shared staff working in both facilities. Moving from 'parallel care' in which each agency served many of the same people but without coordination, this year the Center for Life Resources has placed a Licensed Professional Counselor (LPC) into Cross Timbers one day per week to serve patients.

At the same time, Cross Timbers has increased its integration capacity internally by hiring some behavioral health staff, contracting a psychiatrist, implementing the use of screens, and verbally sharing patient data between medical and behavioral health care providers.

Both agencies plan to continue to improve their integration efforts by formalizing their collaboration with a Memorandum of Understanding, improving their record-keeping and mechanisms for sharing data, and coordinating processes to collaborate on care to patients.

Drivers:

Leadership
Leadership of both organizations has been strongly supportive of the collaboration, committing staff and resources to integrated care.

Site Visits
Staff at both agencies noted how critical the TLC site visits (to Lone Star Circle of Care and El Centro/ Harris County MHMRA) were to shaping their own vision for integrated care. Seeing what full integration looked like at these

agencies helped them to think more expansively about what integrated care could look like at their agencies and how they could combine services to reach higher levels of coordinated care for patients.

Teamwork

Dedicated staff at both agencies and their willingness to work together have been critical to their success.

Challenges:

Time is a challenge, both at the level of providers as well as at the agency level, as the integrated care effort is one among many enhancements being made to improve care to patients.

Impact of the Texas Learning Community on Integrated Care Efforts

On a scale of 1 to 5 (where 1 is very unhelpful and 5 is extremely helpful), TLC participants assigned a rank of 4 to the Texas Learning Community initiative.

Overall TLC participants felt the TLC initiative did a good job of introducing them to others trying to do this work, offering opportunities to learn more about how to implement integrated care, keeping them focused on their work to integrate, and holding them accountable for their commitments.

Over the year, the TLC initiative offered learning opportunities to TLC participants including: webinars on integrated care; access to integration expert Dr. Katherine Sanchez; site visits to Lone Star and El Centro/ Harris Co. MHMRA (with an additional presentation from the Coastal Plains/ Community Action Corporation team); and a conference on integration efforts.

Texas Learning Community Meeting (Austin, Texas) - (l to r) Tim Strudell-Deberry, Center for Health Care Services; Chalonnes Hoover, Spindletop Center; Greg Jensen, Lone Star Circle of Care; Marcie Mir, El Centro de Corazón; Rodolfo Orna, El Centro de Corazón

Without exception, every TLC participant pointed out the critical influence that meeting and talking with others doing this work had on their effort.

Accordingly, in ranking the relative value of each service, the site visits and the conference highlighting integrated care efforts emerged as strong highlights of the TLC this year. In the words of one provider,

> *"It was good to see and not just hear about what people were doing. The visit really opened our eyes to issues that we hadn't considered. What they are doing is just so impressive, and seeing it in action expanded our vision for what integrated care can be and made us more excited about our work."*

TLC participants had few recommendations for how the initiative could be improved. Nearly all participants wanted more opportunities to meet and visit others doing this work.

Some felt that specific information – about how to integrate patient records, how to address operational issues, and how to ensure sustainable funding – would be helpful going forward. And, finally, all called for more participation on the part of medical providers, so that their perspective is represented and understood.

For the full year two report or for more information, contact Alejandra Posada, Director of Education and Training at aposada@mhahouston.org.

Juily Liang, Center for Health Care Services

Coming Soon!

Later this year, Mental Health America of Greater Houston will release a compilation of successful practices in integrated health care as implemented by Texas Learning Community (TLC) sites. Aspects of integrated health care addressed in the piece will include forming and utilizing partnerships, providing behavioral health services in an integrated setting, communication and care coordination among providers, financing integrated health care, and patient engagement. It will also include practical descriptions, case studies, and examples of tools and materials used by various TLC sites. It will be distributed locally and statewide to assist sites in planning, implementing, and expanding their work in integrated care.

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2011 Treasures of Texas Gala - A Salute to the Military at River Oaks Country Club

The Mental Health America of Greater Houston Honor Roll is a special salute to all our donors. We appreciate your commitment to our organization, our programs and to the wellness of all people in Greater Houston and Harris County. Your generosity supports community programming such as training healthcare professionals to identify and screen for postpartum depression; educating the public on combat stress and the effect it has on veterans and families; training mental health professionals to address war-related trauma and stress; promoting mental wellness and preventing obesity in youth; providing access to information and pro bono care to those who are uninsured, underinsured, unemployed or unable to afford services; teaching older and aging adults and their caregivers about depression prevention and wellness; and advancing systems change for integrated healthcare in Houston and in Texas. Most significantly, your gift helps Mental Health America of Greater Houston perpetuate its mission to enhance the mental health of all Houstonians and improve the lives of those with mental illness through collaborative education, outreach and advocacy. Thank you for your continued commitment to Mental Health America of Greater Houston.

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Audited Combined Financial Statements

Mental Health America of Greater Houston, Inc. and MHA of Greater Houston Foundation, Inc.

Year Ended December 31, 2011

Total Revenues……$1,268,889
Program Services……..…$1,339,947
Support Services……..$ 294,827
Payments to State Organization……....$ 20,000
Total Expenditures……...$1,654,774

Former Board Chair, Judson Robinson III and Board Member, Rob Wilson III

Supplementary Information

	MHA Houston	MHA Houston Foundation	Eliminations	Total
Total Revenues	$1,265,348	$121,541	($118,000)	$1,268,889
Program Services	$1,339,947	$118,000	($118,000)	$1,339,947
Support Services	$ 289,582	$ 5,245	-	$ 294,827
Payments to State Organization	$ 20,000	-	-	$ 20,000
Total Expenditures	$1,649,529	$123,245	($118,000)	$1,654,774

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Mental Health America of Greater Houston

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2012 Annual Meeting & Recognition Program

June 21, 2012 * 4:30 pm * For more info or to RSVP 713-523-8963 x 246

Save The Date

Treasures of Texas - Trailblazers Luncheon
River Oaks Country Club
Friday, October 12, 2012

Mental Health America of Greater Houston will honor Marjorie and Raleigh Johnson, Nancy and Clive Runnells, and Henry Groppe Jr. and Bob Dickson of the Southwest Health Technology Foundation, as Trailblazers in mental health—individuals who have changed attitudes, created a more caring community, and inspired others to follow in their footsteps. The event is co-chaired by Bess and Rob Wilson III and Anne and David Frischkorn.

For more information on the Trailblazers Luncheon contact Mary Catherine Sears, Director of Development at 713-520-3478 or treasures@mhahouston.org.