



Primary Care Work Group

August 1, 2023
9:00 am - 10:00 am

Paso del Norte Health Foundation
Meeting Room B
221 N. Kansas, 19th Floor

Attendees:

Sharon Butterworth
Sandra Day
Josue Lachica
Enrique Mata
Elena Vaudreuil
Hector Aguirre
Miriam Hernandez
Ricki Estrada
Juan Nanez
Isidro Torres
Sarah martin

Representing:

Paso del Norte Center at Meadows Institute
Paso del Norte Health Foundation
Paso del Norte Center at Meadows Institute
Paso del Norte Center at Meadows Institute
Paso del Norte Center at Meadows Institute
Aliviane Inc.
Aliviane Inc.
Aliviane Inc.
PHIX
NAMI El Paso
Texas Tech

Welcome and Introductions

Enrique Mata and Josue Lachica convened the work group meeting at 9:05 a.m. and called for introductions.

Review Work Group Opportunities & Strategies

Enrique Mata and Josue Lachica provided an overview of the process leading to the work group's development and the related Opportunity for Change and strategies that the group will be addressing. They reinforced that the name of the Work Group, and the related strategies are all works in progress and can be amended with the approval of the work group and the FLC partners.

Open Discussion

The work group continued the meeting with an open discussion. Highlights from the conversation are as follows:

Opportunity For Change: Expand and Enhance Integrated and Collaborative Care models for mental health and related support access in the pediatric and primary care settings.

In healthcare emergency room settings, calls for consult go to both EHN and Private practice for evaluations.

UMC and EHN have a partnership with providers (QMHPs) in the outpatient clinics see patients as needed.

There is a challenge with the number of patients physician practices see per day. Anecdotal responses from healthcare providers show them seeing a target of 40-60 patients per day. This leaves little time for consult on mental health or substance use conditions.

- Aliviane
 - Currently referring children under 12 years of age to El Paso Child Guidance Center for services.
 - It is optimal for pediatrician practices to coordinate care to ensure the child's care is covered by insurance, etc.
 - Aliviane has a substance use program for intensive outpatient afterschool care.
 - Transportation is provided by Aliviane.
 - There are service options during the day as well.
 - Many of the individuals accessing these services are court mandated.
 - Aliviane staff continue to look for substance use treatment approaches for the region.
 - We do not currently have a youth residential treatment center (RTC) for mental health or substance use in the region.
 - Service connections in the Juvenile Justice Center:
 - Texas Tech and EHN are available to see youth in detention.
 - The big gap in services are those needed **before** justice involvement.
 - Challenge, families who have resources don't want their kids in programs with kids who are justice involved.
 - Children in justice programs have more complicated family situations.
 - The group discussed behavioral health care manager Collaborative Care models. It is difficult to start and set up a process that will eventually make up the salary for the position. This model **needs to be clearly self-supporting with third party reimbursement.**
 - An area of need is the continued enforcement of mental health parity. (**Policy need**).
 - We also need to develop a policy and practice approach to increase collaborative care champions in the community.
 - Corporations (large employers) can demand coverage for mental health and substance use.
 - Medicaid managed care payors have case managers that might be able to help.
 - Could EHN build an enhanced assessment and navigation model? This group needs a representative from EHN at the table.
 - The group also needs a primary care representative.

Strategy I - Clearly identify mental health and substance use care and support that can efficiently and effectively be coordinated or directly provided within the primary care setting.

The group discussed examples such as pediatricians and staff trained for assessment and care planning to address early child anxiety symptoms then providing care and support or coordinating with counseling and specialty care as needed (e.g., CPAN, Collaborative Care Managers).

- The CPAN program is working. The Team has seen a marked increase in provider calls.

- **Which practices are champion practices?** A caseworker (Behavioral Health Care Manager) would be helpful in practices that are actively using CPAN, the role this person would play is different from what a provider in training would do.
- School districts in the rural areas make alliances with primary care service entities (e.g., rural settings primarily using FQHCs for care).
 - FQHC's have more co-location opportunities (e.g, Project Vida)
- Diabetes care clinic navigators. (groups like Pediatric partners, Dr. Salloum, and others are great CPAN partners)
- Help Me Grow is seeking pediatric practice champions for early intervention.

Additional work group participants to invite for future meetings: primary care providers, Ft. Bliss, UMC, independent practitioners, Medical Directors, Administrators, FQHC presence, Medicaid Care Manager, Texas Tech provider, school Crisis Intervention Team member (EHN),

- What transformation can happen at the front desk, intake, discharge staff – training, reference materials, etc.
- New Mexico Family Services- Collaborative Care champion?
- Carroll Thornburg and EHN Westside center?

Integration Leadership Council efforts should be cross cutting and lessons learned from this work group should be shared.

Strategies to include primary care:

- Change the meeting time?
- Focus on administrators, folks early in their career,
- Engage the Medical society when they convene - Both El Paso Pediatric Society and El Paso Medical Society – Would be good to have a pediatrician on board.
- Training on ways to refer out and what resources are available.
- Partner with diabetes care coordination.

Value proposition - Improving capacity to provide mental health service and support access through the pediatrician and primary care setting decreases stigma and negative bias to seeking appropriate care, increases timely, accurate and effective treatment of mental health condition symptoms.

Work Group Leads

The group agreed that Dr. Sarah Martin will Chair this work group with a Primary Care person to co-lead it was premature to identify the co-lead at this meeting. This will be an agenda item for the next meeting targeted for the first Tuesday in October.

Adjourn: The meeting adjourned at 10:10 am.