

Resolving Differences When Behavioral Health and Primary Care Cultures

OR Why can't we be friends?

Beth Wrobel, CEO, HealthLinc, Inc

Bob Franko, Vice President, Porter Starke Services

- There have been lots of great partners throughout history...



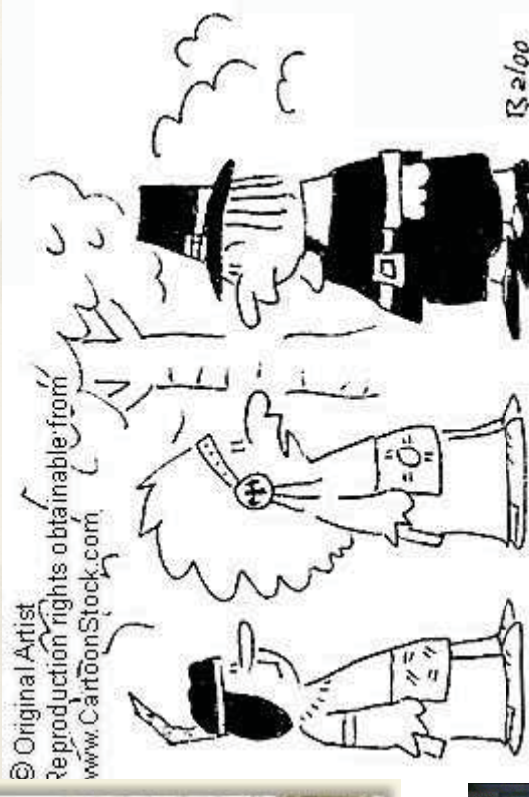
- And throughout history, there have been differences in cultures...



The settlement of the West...
...and the different cultures of the North and the South



The Crusades



"We hate to ask you guys to leave, but you're violating our local community standards."

...and the Pilgrims and Native Americans



Primary Care and Behavioral Health

It goes together like
Peanut Butter and
Jelly!

HealthLinc

★ **Michigan City**
HealthLinc Michigan City Clinic

★ **Valparaiso**
Porter-Starke Inpatient Unit
★ **Valparaiso**
HealthLinc Clinic

★ **Starke County**
HealthLinc Starke Office

Opened in 1996

FQHC 2006

LaPorte Co/ Starke Co 2007/2008

Porter-Starke Services

Opened in 1975

One of 33 CMHCs in Indiana

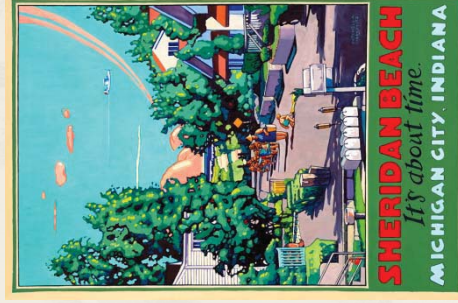
Inpatient Psych and Methadone in
2007/2008

Our four models of integration:



Valparaiso

HealthLinc Clinic
Psychiatry
BHC



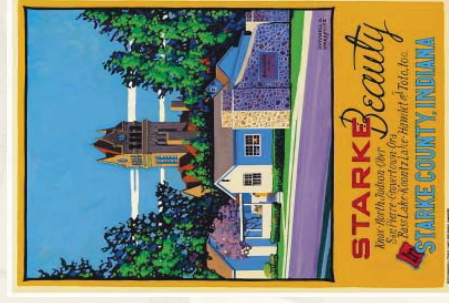
Michigan City

HealthLinc Clinic
Psychiatry/BHC
Another CMHC



Valparaiso

Porter-Starke
Inpatient Psych Unit
H&Ps on IPU
Methadone Clinic



Starke County

HealthLinc Clinic
Bought private MD
BHC/Adding Psych



Laying the groundwork for collaboration:

The Four Agreements

Be impeccable with
your word

Don't take anything
personally

Don't make
assumptions

Do your best

Be impeccable with your word

This was NEVER about the money

This was ALWAYS about what is best for our
clients/patients

We understood we were creating a process that
would require nurturing and constant
communication

Don't take anything personally

Disagreements WILL occur

Manage the process, not the personality

Recognize and understand your differences

Dr. Dennis Freeman (Cherokee Health Systems) identifies 13 key differences:

FQHC

National system
Safety net provider
Needs-based services
Population focused
Prevention oriented
Lifespan care
Coordination of care
Open access
Flexible scheduling
Treatment team
Symptom focused
Generalist
Governed by users

CMHC

State defined
Medicaid provider
Eligibility-based services
Case focused
Rehabilitation oriented
Episodic care
Specialty service
Restricted access
Rigid scheduling
Solo provider
Personality focused
Specialist
Governed by community board

It is important to recognize what you DON'T know

Learn the language (A UDS in FQHC is not the same as one in the CMHC)

Meet the people

Involve yourself in their world (state groups)

Acknowledge the differences in pace
(“Island Time” versus “New York Minute”)

Don't make assumptions

“It is a capital mistake to theorize before one has the data.” Arthur Conan Doyle

Involved both Boards immediately

Initiated weekly administrative meetings

Started regular clinical meetings

Creating specialized data collection position

Do your best

Invested the best clinicians

Consulted with Dr. Freeman and Cherokee staff

UMass certification with Dr. Sandy Blount

Involving state and local stakeholders

Involve partners

United Way of Porter County
National Council of Community Behavioral Health
Porter County Community Foundation
Golden Technologies
MDwise
Valparaiso University
Family and Social Services Administration
Anderson Foundation
Purdue University North Central

**That's about it,
But before we go:**

We recognize that we're a bit of an odd couple



And that sometimes we get along like cat and mouse



But we can still live together...



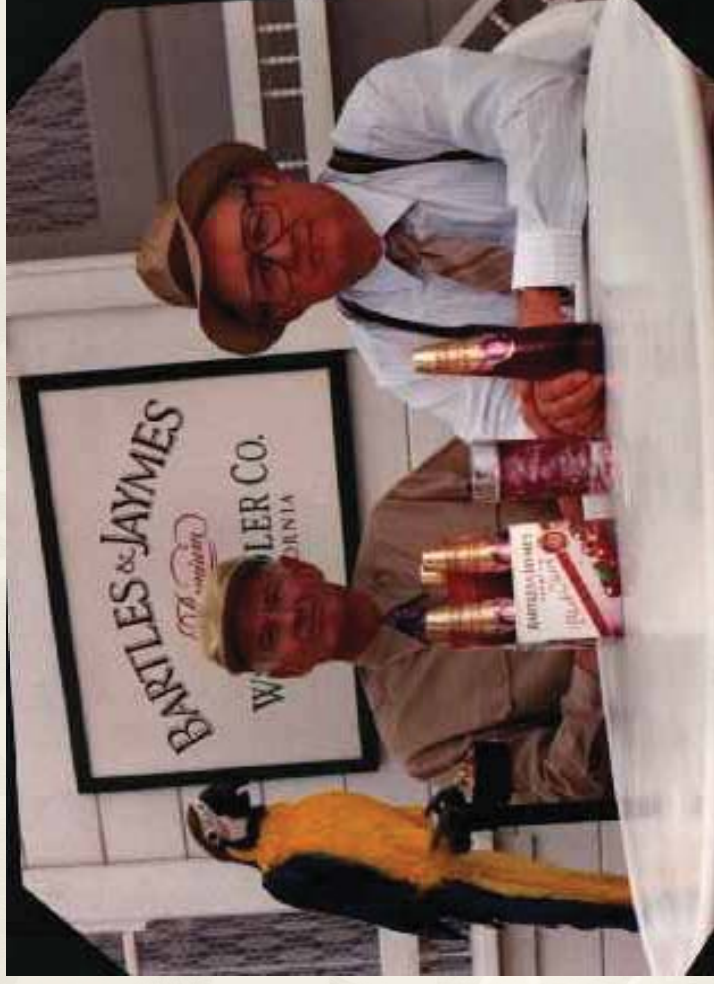
And expand to new horizons – and take our show on
the road... where we hope to find...



Greener pastures...so at the end of the day we
can...



Sit on the porch in quiet satisfaction and enjoy a cold one together!



Thank You!

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