



Fostering Effective Mental Health Services in Community Health Centers

Part 1

April 30, 2024

Agenda

Today's objective:

Illustrate workflow and intervention considerations for health centers to best adapt to the population(s) they serve, geographic locations and other elements to evaluate how to integrate and expand behavioral health services.

Sue Dolence, LCSW

Director of Integrated Behavioral Health Programs

Brittany Pace, MD

Psychiatry Residency Program Director

EL RIO
HEALTH

 **UNION**
COMMUNITY CARE

James Reichenbach, MS

Chief Community Impact Officer

Behavioral Health in Community Health Centers

2.7 Million

Community Health Center Patients Received Mental Health Services in 2022

16,374

Full-Time Equivalent Behavioral Health Professionals Employed Within Community Health Centers (2022)

200% Growth

In the Number of Health Center Patients Receiving Behavioral Health Services (2015-2021)

299,000

Community Health Center Patients Received Substance Use Disorder Treatment in 2022

194,000

Patients Received Medication-Assisted Treatment in 2022



1.5 Million

Patients Received Evidence-Based Screening, and Referral Intervention for Mental Health Treatment

Understanding Integrating Behavioral Health & Primary Care

1 CCBHCs

2 Substance Use Disorders

3 Adolescent and Senior Mental Health

4 Mental Health Parity

5 Maternal Mental Health

6 Incarceration and Return to Community

7 Social Determinants of Health

8 Workforce

HRSA Announces \$240 Million To Expand Mental Health and Substance Use Disorder Services at Health Centers

APPLICATION DEADLINE DATES

Phase 1 Due – Wednesday, **May 22** in [Grants.gov](https://www.grants.gov).

Phase 2 – Friday, **June 21** in [HRSA's Electronic Handbooks](#)

Visit [The Behavioral Health Services Expansion Webpage](#) for more information

Must achieve 2 objectives

Increase # of patients receiving MH services

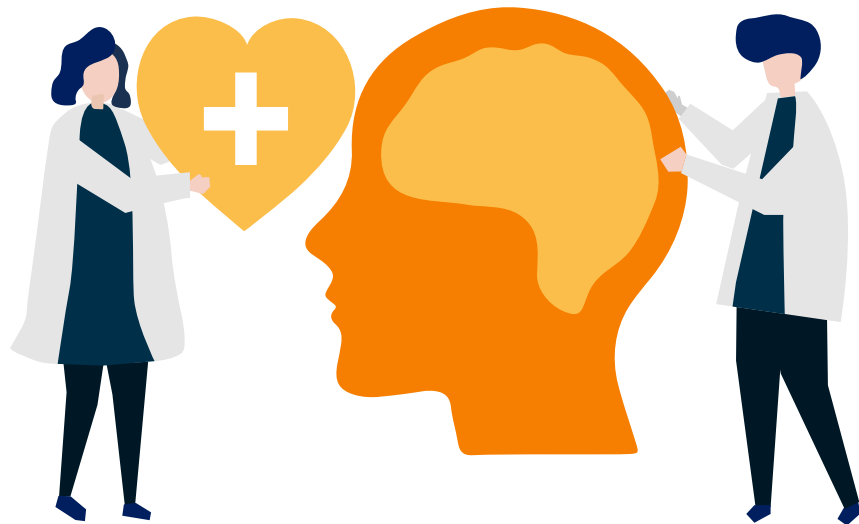
AND

Increase # of patients receiving SUD services including MOUD

2025 UDS data will be used to demonstrate increases in the # of visits



Mark your Calendars:
An Applicant webinar for applicants will be held on **Wednesday, May 1st at 2:00 PM ET.**



Projects should consider:

- How underserved groups experience higher rates of MH conditions and the unique barriers to treatment access
- Impact of stigma and discrimination
- Comprehensive approach to MH services
- Increasing PC role in medication treatment
- Social Drivers of Health
- Coordination with CCBHCs and OTPs



**We
Stand
for You.**



A photograph of a healthcare professional with long blonde hair, wearing a white lab coat, using a stethoscope to examine a patient. The patient is a woman with dark hair, wearing glasses and a white surgical mask, and a patterned hospital gown. The scene is set in a clinical environment with a light blue background. The entire image has a teal color overlay.

Our Purpose

At Union Community Care, our purpose is to spark equity through patient-led healthcare that welcomes and strengthens our communities by integrating body, mind, and heart.



Our Vision

Vibrant and healthy communities supported by inclusive healthcare that embraces each member's unique culture, needs, and values, and emboldens them to make healthful choices that fuel their well-being and the well-being of others.

Our Model of Care

We believe in *whole health*. This means we address and heal disease but equally important, we work at the causes of the causes, the social ills that must be addressed to achieve true equity.

Our Board of Directors

As a Federally Qualified Health Center, 51% of our volunteer Board of Directors are patients of Union Community Care. The result is a combination of community leaders who understand and embrace complex lives and unique strengths and work hard to break down all barriers to care.

Integrated Behavioral Health Model

Closing the Patient Care Loop

What Is Integrated Behavioral Health?

- IBH is designed to connect medical and behavioral health providers together in an effort to collaboratively address medical concerns AND related behavioral health factors that affect the whole health of a patient.
- Underlying premise is that physical, behavioral, and social health are inextricably linked.

What Does IBH Look Like In Practice?

- Medical provider interaction with patient.
- “Warm Handoff”.
- BHC provider interaction with patient.
- Psychiatrist/Psych NP provider interaction with patient.
- Documentation of care integration (closing the loop).

Benefits Of Integrated Behavioral Health

- Increased access to care
 - Requires less visits for patients.
 - Reduces timeframe for follow up appointments.
- Improved quality of care
 - Integrated communication leads to better healthcare outcomes.
- Lower health care costs
 - Better healthcare outcomes lead to fewer emergency department visits.

Possible Challenges With IBH Model

- Medical Record compatibility
 - When systems cant talk.
- Patient privacy
 - What information does patient want each provider to see?
- Staffing concerns
 - Particularly in the area of Behavioral Health.

The Future: IBH Going Forward

- Increase in the use of tele-health as a care delivery system
 - “Warm Handoffs” across screens.
- Diversifying Behavioral Health workforce
 - Modernizing licensure requirements
- Adding additional pillars to integration loop
 - Education, Employment etc.

Thank You For Listening 😊

- Please feel free to connect with any comments or questions you may have.
- Jimmy Reichenbach
 - Union Community Care - Chief Community Impact Officer
 - James.Reichenbach@unioncomcare.org

EL RIO



HEALTH

Tucson, Arizona



History of El Rio Health

Sue Dolence, LCSW, Director of Integrated Behavioral Health Programs

Background, Late 1960's

- Local advocates served as champions for basic services in the underserved south and westside Tucson neighborhoods, where many residents were minorities living at or below federal poverty level
- The most pressing need was accessible and affordable healthcare
- Advocates partnered with The University of Arizona to apply for a federal neighborhood health center grant

1970

- The grant was awarded and a building was donated by Pima County
- El Rio's first health center opened with primary care and dental care
- The University of Arizona College of Medicine, established a residency program at the clinic for medical students



2024

- 14 El Rio health centers
- 1900 staff
- 12%, or 128,000 of Pima County's 1.1M residents are El Rio patients
- 14th largest FQHC in the nation

EL RIO
HEALTH

Primary Care & Mental Health Integrated Services

Primary Care Behavioral Health – Fully Implemented in 2009

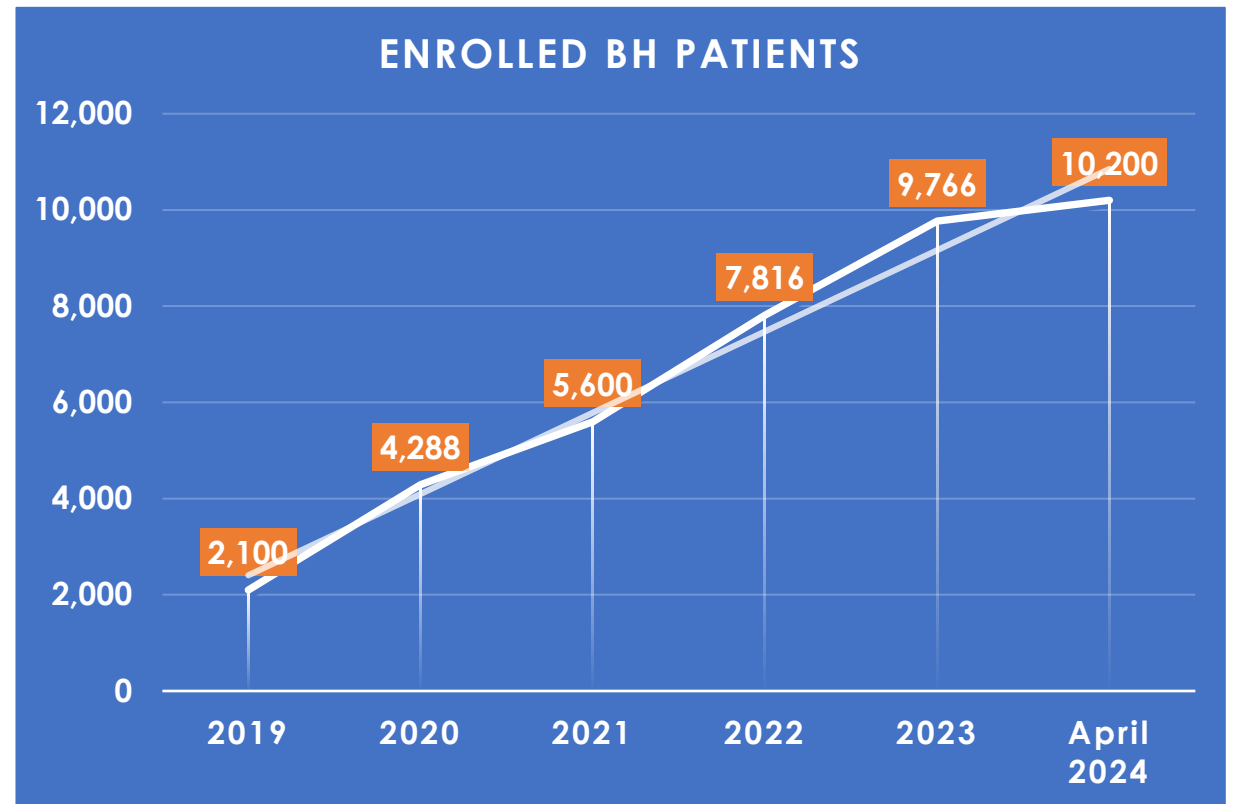
- Based on Kirk Strosahl, PhD, Integrated Model
- Primary Care Behavioral Health Consultants & Crisis Triage Clinicians
 - Embedded in clinics
 - Short term assessment, consultation and referral

Specialty Behavioral Health – Fully Implemented in 2015

- Behavioral Health Providers and Staff
 - Psychiatrists, nurse practitioners, clinical therapists, nursing staff, case managers, peers, front-line receptionists
 - Currently located at seven health centers & growing
 - Longer term behavioral health treatment
 - Psychiatric assessment, medication management, counseling, case management and peer recovery support services
 - MOUD services
 - Esketamine intranasal services
 - Intensive Outpatient Treatment Program (IOP)

Primary Care & Mental Health Referrals and Patients

- **Exponential Growth Since March 2020/Pandemic**
- **Current Behavioral Health Enrollment**
 - 10,200 behavioral health patients
 - 79% increase from 2020
 - Projected enrollment for 2024 year-end is 11,360
 - Averaging 100+ new weekly referrals
 - 90% internal Primary Care referrals, 10% external referrals
- **Seven Specialty Behavioral Health Locations**
- **140 Staff**



Primary Care & Mental Health



Joint Commission Behavioral Health Care and Human Services Accreditation Program

El Rio has been Joint Commission accredited since 2010. El Rio received the Joint Commission Behavioral Health and Human Services accreditation in November 2022.



NCQA Distinction in Behavioral Health Integration

El Rio has had NCQA Primary Care Behavioral Health distinction since 2009.

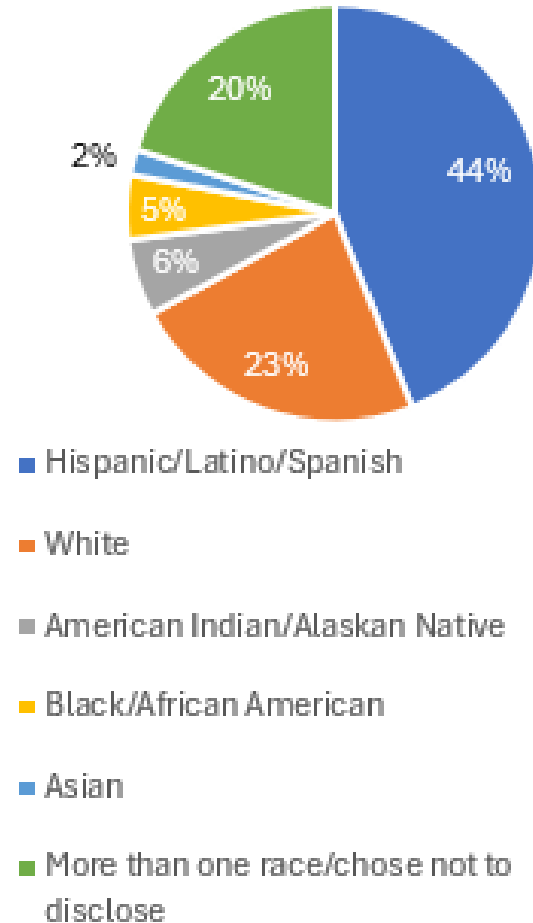
El Rio received NCQA Behavioral Health distinction in March 2023.

Primary Care & Mental Health Patient Demographics

- **Patient Demographics**

- 57% of El Rio patients live at or below federal poverty level
- 50% Medicaid enrolled, 26% commercial, 13% Medicare enrolled, and 10% uninsured
- 28% children, 58% adults, 14% age 65+
- 55% female, 38% male, 1% transgender, 6% chose not to disclose/other
- 44% Hispanic/Latino/Spanish origin, 23% White, 6% American Indian/Alaska Native, 5% Black/African American, 2% Asian, 20% more than one race/chose not to disclose
- 24% are best served in a language other than English

Patient Ethnicity



Buena Vida Integrated Pain Clinic (BVIPC) Model



BVIPC Model



Trauma-Informed Care:

Buena Vida recognizes that a main factor driving the pain experience of many patients with chronic pain is a history of childhood and/or adult trauma. Buena Vida is built on the principles of trauma-informed care.

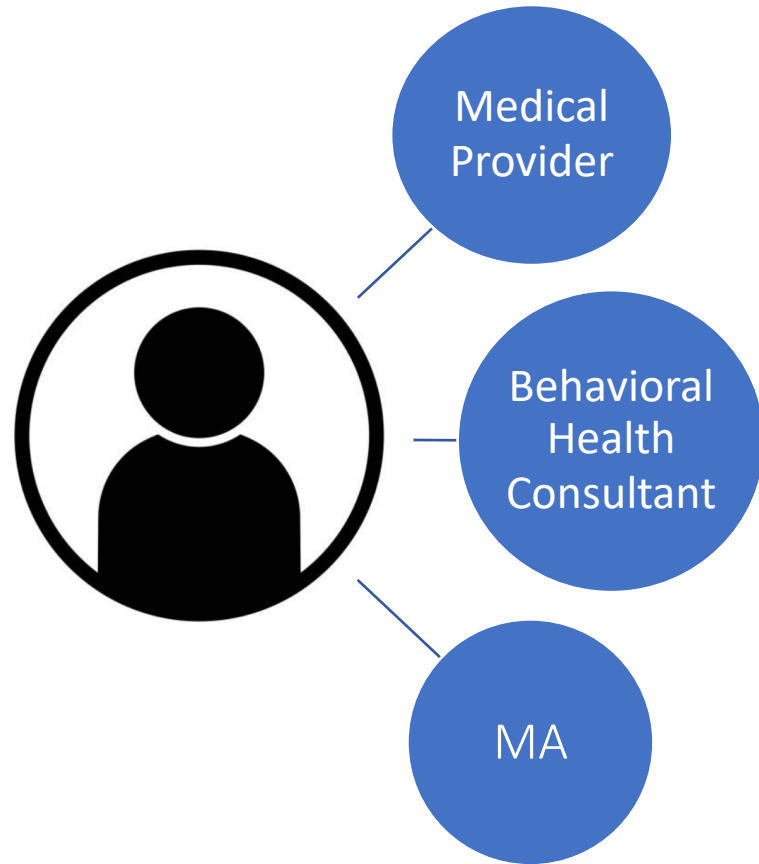
- Safety
- Trust and Transparency
- Collaboration
- Empowerment and Choice

Program Goals

- **Positive Patient Outcomes**
 - BVIPC helps patients learn skills to manage their pain and have a higher quality of life.
- **Positive Provider Outcomes**
 - BVIPC supports medical providers manage the care of patients living with chronic pain.

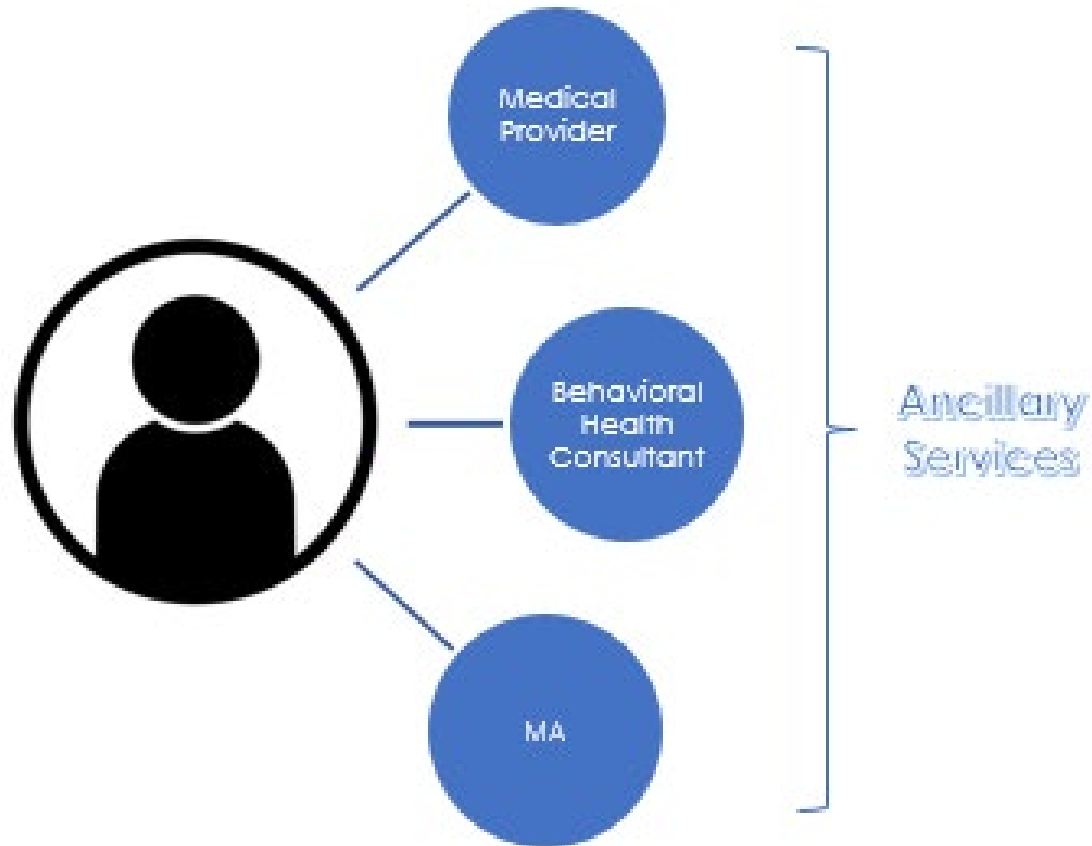


The Core Team



- The Patient Sees All Three Of These Disciplines At Every Appointment
- Patients Are Evaluated During The First Appointment To Learn How Their Pain Is Limiting Their Functioning, Mood, Quality Of Life And Activity Participation.
- A Treatment Plan Is Co-created
- Patients See The Core Team One Time/Month For Six Months+
- Patients Are Then Transferred Back To Their PCP For Ongoing Pain Care

The Whole Team



- Primary Care
- Sports Medicine
- Medical Acupuncture
- Psychiatry
- Behavioral Health Counseling
- Osteopathic Manipulation
- Physical Therapy
- Nutrition Counseling
- Addiction Medicine
- Exercise Classes
- Pool Therapy

BVIPC Case Presentation

- 65-year-old Female Who Started Services With BVIPC In October 2023
- Former RN- Pain Made It Too Difficult For Her To Work So She Had To Leave Her Job
- Spine Pain, Degenerative Disc Disorder, Right Knee Degenerative Joint Disorder; Generalized Anxiety Disorder, Mild Depressive Disorder, Binge Eating Disorder
- Spent Most Of Her Day In Bed With Pain
- She Identified Struggling With Depression And Anxiety Symptoms, Poor Sleep, Recent Significant Losses In Her Life, And Childhood Trauma
- Unable To Walk Long Distances Without A Wheelchair Or A Walker
- Morbid Obesity
- Initial Assessment Scores:
 - PHQ9- 8
 - GAD7- 7
 - Promis Pain Intensity- 8
 - Promis Pain Interference- 40
 - ACE Questionnaire- 5

BVIPC Case Presentation- Integrative Treatment Plan



BVIP Case Presentation

- Ended Care January 2024
- Final Assessment Scores:
 - PHQ9- 2
 - GAD7- 6
 - Promis Pain Intensity- 6
 - Promis Pain Interference- 10
- Lost 120 Lbs
- Pain Is Mild And Manageable
- Mood Is Much Improved
- Recently Went On A Cruise And A Week-long RV Trip Across The Country. Was Fully Able To Sightsee And Participate In Excursions. No Longer Using Wheelchair Or Walker.



Work Force Shortage

Brittany Pace, MD, Psychiatry Residency Program Director

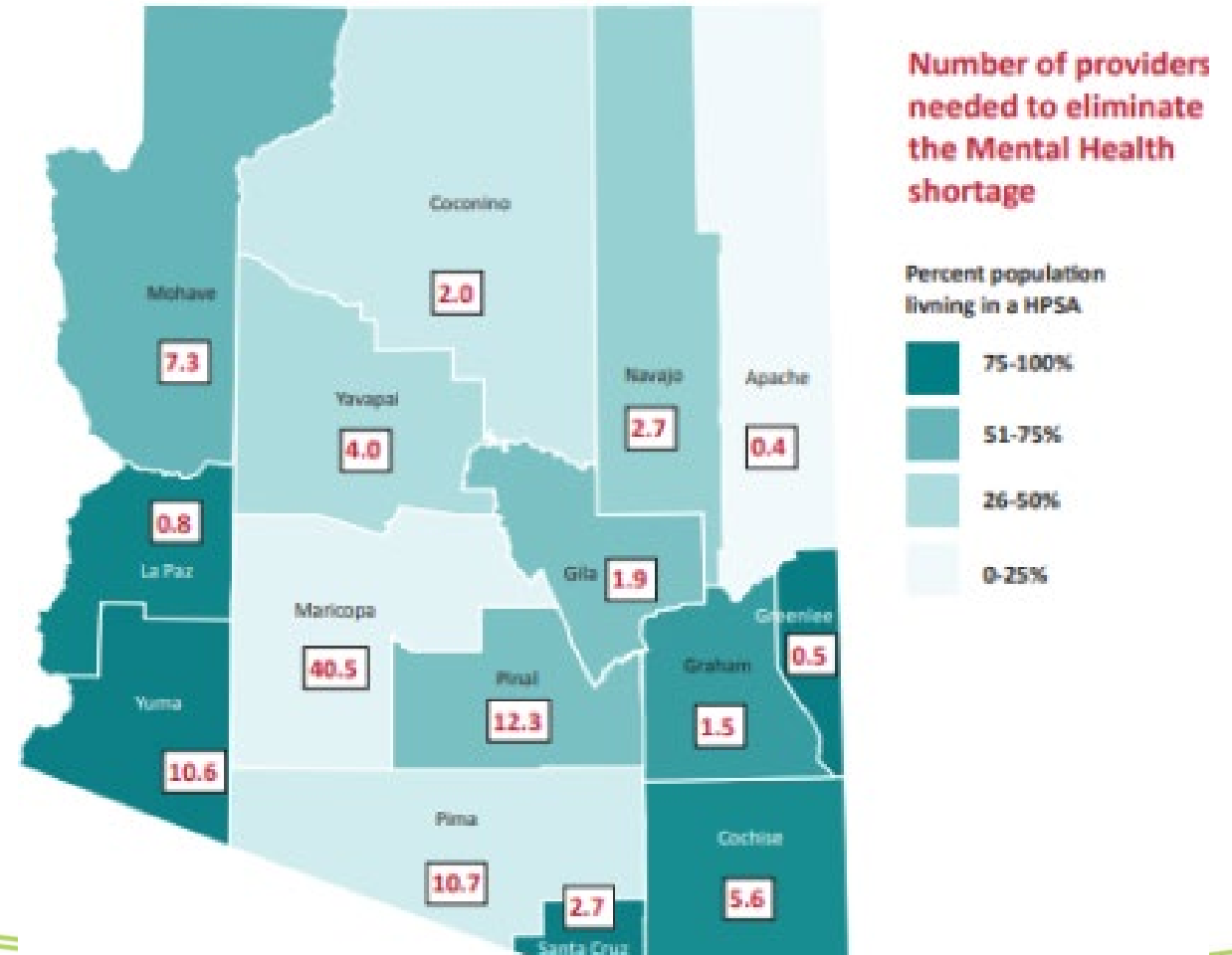
- More Than 150 Million People Live In Federally Designated Mental Health Professional Shortage Area
- Shortage Due To Expanding Need And Contracting Work Force
- Increasing Psychiatry Residency Slots Can Help Shrink This Shortage
- Shortage In Subspecialities Is Severe



Arizona

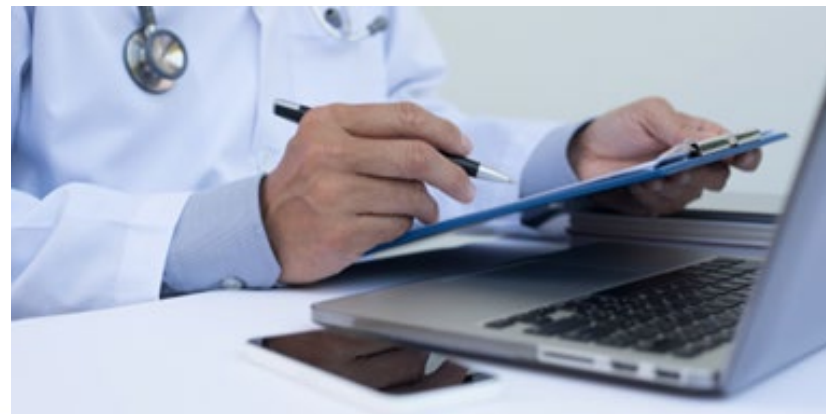
- Arizona Needs Between 142-223 Full Time Psychiatrist To Eliminate Current Mental Health Shortage
- Per SAMSHA, Approx. 21.8% Of Adults Experienced Mental Illness In The Prior Year
- Arizona Rates 35th In Psychiatrist Per Population In The Us

Percent Living in Primary Care Shortage Areas (HPSAs) and Number of Mental Health Providers Needed to Eliminate Shortage (2023)



El Rio Psychiatry Residency

- Residents Tend To Stay Where They Train
- Multiple Options For Funding
- New Residency Slots Are An Investment In The Future Of The Organization And The Community
- **Mission Statement:** *Our program's mission aligns with the larger mission of El Rio Health, which is to improve the health and well-being of our community through access to affordable, comprehensive, and quality healthcare. The psychiatry residency program hopes to train physicians who will promote the advancement of high-value care through scholarly work and lifelong learning and serve as future leaders in the field of psychiatric medicine.*



El Rio Psychiatry Residency

- Rotations At Multiple Community Sites
- Community-focused Projects
- Educational Excursions
- Time For Outreach
- Teaching
- Celebrating The Culture Of Southern Arizona





NATIONAL ASSOCIATION OF
Community Health Centers®

Thank You to All Community Health Centers

#ThankYouCHCs

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,625,000 with 0 percent financed with non-governmental resources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Thank You for Joining Us!

Let's stay connected!

- Erin Prendergast, eprendergast@nachc.org

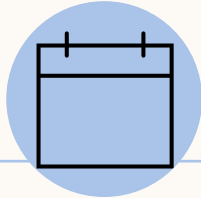
Union Community Care

- Jimmy Reichenbach, James.Reichenbach@unioncomcare.org

El Rio Health, Psychiatry Residency Program

- Sue Dolence, susansd@elrio.org
- Brittany Pace, brittany.pace@elrio.org

ADDITIONAL RESOURCES



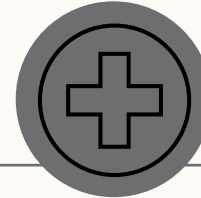
MAY 22 AT 3:00 PM ET

Part two of this series will provide health center models of services implemented to provide substance use disorder and Medications for Opioid Use Disorder (SUD-MOUD) services.



INCREASING HEALTH EQUITY IN PAIN MANAGEMENT, SUBSTANCE USE DISORDER TREATMENT AND LINKAGES TO CARE

A Resource Guide for Health Centers



ADULT BEHAVIORAL HEALTH IN PRIMARY CARE (ABHPC)

The ABHPC program, hosted by The REACH Institute, empowers primary care providers with the skills and confidence needed to deliver effective, evidence-based mental health care.

Questions for our Panelists

