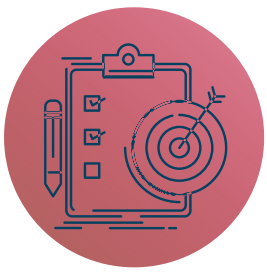
Introduction

New Mexico has been interested in integrating primary care and behavioral health for decades, however the journey hasn't been easy or straightforward. From October 2018 – September 2023, the state endeavored to learn more about how to increase integration via a federal Substance Abuse and Mental Health Administration (SAMHSA) funded project with the official name of "Promoting Integration of Primary and Behavioral Health Care" (PIPBHC). We named the project, "Bridges to Wellness (B2W).

During the first meeting of the integrated B2W Advisory Council in April 2019, a physician who was part of the NM Primary Care Association noted that he had been in discussions about integration for more than 30 years and "nothing had changed." It was a dismal, but important, reality-check for a grant that had only started a few months earlier.

Bridges to Wellness proposed to explore integration implementation in two distinctly different organizational structures and cultures: Guidance Center of Lea County (GCLC) is a community mental health clinic (CMHC) based in Hobbs, NM. It is a highly respected and active provider of a large array of behavioral health services. Hidalgo Medical Services (HMS) is both a Federally Qualified Health Center (FQHC) and a CMHC. The HMS grant locations were in Silver City and Lordsburg. Using different staffing models as the base for integrative activities, the grant offered the opportunity to see what it might take to integrate physical health into a behavioral health environment and behavioral health into a physical health environment.

This series of short information sheets is designed to share what was learned and offer tips from our experience. We also provide useful resources for NM agencies and providers, especially those in rural and frontier areas, that want to increase whole person care in our state.



New Mexico B2W Grant Goals

1. Increase collaboration between primary care and behavioral health providers to promote fully integrated care
2. Provide integrated care that addresses individuals with MI and/or SUDs and chronic illness by providing evidence-based screening, assessment and treatments that are culturally and linguistically responsive to improve functioning and quality of life.
3. Provide health prevention and promotion services that are often not provided or inaccessible to individuals with MI and/or SUDs.
4. Increase workforce capacity of peer support workers and community health workers to engage service recipients in health promotion activities and care coordination.
5. Work to build an improved and sustainable comprehensive system of integrated care in New Mexico.

Population Served

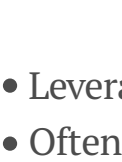
Our focus was on adults with behavioral and physical challenges who were not receiving Medicaid and who were uninsured or underinsured. Basically, the grant focused on adults who traditionally "fall through the cracks." Selecting such a narrow population proved to be problematic. As a result, our participants tended to be older and sicker. By the grant's end, B2W had served more than 645 individuals, some for a few months and some for almost the full 5 years. Note: Our grant did not work with any tribal communities; while many of the integration principles shared in these info sheets will apply, if your focus is with these communities, please be sure to consult with them and with policy experts to ensure the best fit for those locations.

What Is Integration?

When people speak about integration, they can mean many things. There are several practical and theoretical models. They can focus on integrating behavioral health with primary care and vice versa; primary care and dentistry; mental health and substance use treatment; and other combinations. Whatever type of integration agencies want to achieve, the goal is collaboration between different health specialties to provide complete care to individuals to improve their overall health and well-being. It's that simple…and that challenging. More recent integration efforts also emphasize addressing social needs and equity with additional focuses on transportation, housing, employment, education, environment, and more.

The addition of these social determinants of health is important: You can have a great set of services but

- If people can't get to your services due to transportation costs or lack of availability, that's a problem
- If people can't be reached because they don't have phone, email, or a mailing address, that's a problem
- f they can't read, they may not understand how to take medications and that's a problem.



You get the idea.

So far, the emphasis in integration has been on moving behavioral health into primary care. It's a logical approach because more people seek services in primary care than specialties. Funding opportunities also skew in this direction. However, some New Mexicans won't interact with the physical healthcare system other than for emergencies. Integrated services should be available to them too.

In the B2W grant, we focused on "bi-directional" integration. Put simply, we wanted to see what lessons could be learned by
· Integrating physical health care into behavioral health (Guidance Center of Lea County) Integrating mental health into physical health (Hidalgo Medical Services: Silver City and Lordsburg, NM)

Why does integration matter?

There is a body of research showing that an integrated approach to healthcare at any level

- Often has a profound and positive health impact on the people served
- Contributes to provider and staff engagement, satisfaction, and retention
- Can be cost-effective

  in the short term, costs can go up, because people who previously didn't receive complete services are now doing so; over time with prevention activities and other healthcare, your clients/patients will be healthier and will need less acute care

  We saw this with Medicare clients in our grant who had no idea they could receive many services because they hadn't yet been part of the public health system
- Leverages resources more effectively
- Often increases access and helps organizations fulfill their mission more effectively

Care Coordination and Integration

The way people speak about "care coordination" and "integration" tends to be inconsistent. For some organizations, care coordination is the be-all, end-all to their approach regarding integration. After all, coordination implies working across systems, coordinating various elements, and collaboration. It's easy to stop right there when you're talking about integration.

However, the agencies in our grant realized that, for them, coordination was only part of the integration picture. Both noted that care coordination activities often mainly occur at the start of the whole care process. Care coordinators look at a person's needs with a broader lens around:

- **Physical healthcare** – Do they need to connect with a provider? Do they need to make appointments? Do they have the correct paperwork?
- **Mental healthcare** – the same as above
- **Social determinants of Health:** Do they have adequate transportation to appointments? Do they have enough food? Do they have housing? And so forth.

If the answer is no, the care coordinator connects the individual with the appropriate resources. There is follow-up, but it is based mostly on these types of question.

Integration involves more activities and takes everything further. One way to think about this is to use a document such as the Comprehensive Health Integration (CHI) framework. The multi-disciplinary team that developed this bi-directional tool identifies eight main domains for integration:

- **Screening, Referral and Follow-up**
- **Prevention and Treatment of Common Conditions**
- **Continuing Care Management**
- **Self-management Support**
- **Multidisciplinary Teamwork**
- **Systematic Measurement and Quality Control**
- **Linkage with Community/Social Services for SDOH**
- **Financial Stability**

Each of these domains moves from a minimal level to a fully-integrated level. Of particular note, Continuing Care Management moves from fairly basic activities such as tracking and follow-up for referrals to behavioral and primary care appointments and some other services to much more detailed activities such as population management, use of consulting specialists, stratification of need, treatment responses and outcomes over time, etc.

Tip:

Use a tool such as the CHI to think about your possible integrative activities.

Care Coordination is an important part of the integrative puzzle, but there are many other pieces and approaches to bringing more whole care to your organization.

Getting Started
(Key ingredients for any effective integrative change)

We learned important lessons during the five years of our Bridges to Wellness grant (aka NM PIPBHC). One of the most valuable: One size or approach to integration definitely does not fit all. Different models are available, but may not be appropriate for your organization's structure or readiness.

Different frameworks are more flexible and may be better suited to your location. The Comprehensive Health Integration framework (CHI) from the National Center for Excellence in Integrated Health Solutions is an excellent resource and offers several options grounded in extensive research. Look at Appendix 3 to get an overview of your choices.

The good news is that even small steps can have big impacts. Any size or type of healthcare organization can implement integrative activities. To do so takes commitment, leadership, and planning.

Here are key elements for success that we identified from our grant in all three sites:

01

Make an overall plan

a. Discuss what integration in your clinic would look like overall and in specific areas; identify funding mechanisms from the get-go
b. Determine and assess your baselines to target specific practice improvement areas

02

Create plans that include specific and measurable goals from the get-go:

a. Focus on short-term, medium, and long-term: Without these, how will you know if you're making progress? Clients' and patients' stories have power, but we've found that boards, MCOs, and funders want numbers too

03

Integration takes time: Commit for the long-run

a. Integration takes time. Without perseverance and willingness to try new things, to analyze and address what works and what doesn't, integrative efforts won't last.
b. Ensure someone in your organization has carved out time to monitor and guide integrative practices; don't just add this to someone's already busy schedule. We found that meeting regularly also helped keep everyone accountable.

04

Leadership must buy in and commit

a. Without obvious, communicated and consistent commitment from the top, there will be no lasting change; champions also help

05

Procedures and policies need to be established and recorded

a. Staff come and go; institutional memory is often lost
b. Write, type, carve procedures/policies into stone; the method doesn't matter. What is important is that everyone, including new staff during orientation, knows what and how to do the integrative activities you've established

06

Starting small increases odds for success and prevents feeling overwhelmed or burned out

a. Identify one population to focus on
b. Develop a new protocol for that population with defined steps from start to finish
c. Assess your baseline and define metrics for continuous quality improvement
d. Create a pilot or mini program to test ideas and adjust before rolling out to larger efforts

Tip:

Co-location isn't necessary for integration to work
Just because you have an office or desk in a location doesn't mean teaming or real communication is going to happen.

Communication (and Culture)

Communication is at the heart of successful integration efforts. We learned in B2W that there are people who actively value it, who make time for huddles and face-to-face meetings. Others rely on cryptic notes in E.H.R.s to do the job. The cultures of behavioral and primary healthcare are also important, but there are too many factors influencing how professions work—or don't work—together, so it's difficult to pin down specifics.

In spite of these challenges, the reality is that integration must be collaborative and collaboration involves communication. These tips come from our five years of experience and can help you increase your success with integrative activities.

Tip:

If you have a communication challenge, stop, breathe, and consider that it might be a BH vs PC cultural issue

- Remember people have different communication styles, priorities, and pressures
- The meaning of words can vary greatly. For example: what does "trauma" mean to an ER doctor, a primary care physician, a psychiatrist, a counselor, or a CPSW?
- In general, behavioral health approaches "clients/consumers" in terms of emotions, stories, and context in environment; primary care providers may be looking more closely at their "patients"" physical outcome measures as drivers of their overall health (often due to fee-for-service payment demands)
- The number of people seen and the amount of time they're seen differ in BH vs PC

Tip:

Find and work with people who actively value communication

- Why beat your head against a wall? Recruit and prioritize work with the people who understand the need for interpersonal interaction to improve whole person care

Tip:

Front-load your communication efforts

- Aim to build trust and a solid relationship with the person you need to communicate with
- More time at the beginning will save time in the future
- Primarily reach out when you have useful information or need it. You'll be perceived as useful; when people see your name, they'll be more likely to respond

Tip:

Consider using similar jobs/positions to communicate across systems

- We feel more comfortable with things we know. In addition to the different BH and PC cultures, there are also physician cultures, nursing cultures, MA cultures, CPSW cultures, etc.
- Try to respect these differences in cultures and have similar professions reach out to each other when possible

Tip:

In most cases, E.H.R. isn't enough; if you depend on this, then allot real time to monitor

- Just because you share E.H.R. across a single organization or with external organizations doesn't mean anyone is looking at important information before working with a patient/client
- Without a real commitment to monitor this, establishing workflow expectations only go so far; actual processes, that are perceived as taking too much time, can easily fall by the wayside on busy days

Planning/Ongoing Management

When you're seeing patients back-to-back or putting out fires all day, there isn't much time to dedicate to big-picture thinking, planning or ongoing calm considered management. Integration, by its very nature, is a longer-term prospect since it focuses on systems working together. It can't happen in a vacuum and it takes time.

Tip:

Make sure to build in time for planning and project management. If you don't build it in, the day-to-day demands of busy agencies and clinics will make these activities difficult to sustain.

Tip:

From Day 1, be sure to include members from both worlds: Behavioral Health and Primary Care, to ensure that your plans reflect both cultures' needs and realities.

Our experience: Best approach to make it work: Think small

Identify doable changes in procedure or policy such as screening for a particular condition in an identified population. For example: B2W agencies now screen A1c and lipids for all people taking psychotropic drugs in their organizations

Before You Start the Change

- Identify your population for intervention
- Get commitment for project from leadership
- Select an evidence-based screening instrument
- Identify person(s) or position(s) to administer the change
  - o Create dedicated time for management
  - o Establish regular meetings to discuss with team implementing change (we found this essential for accountability)
  - o Identify billing codes
  - o Establish workflow and expectations

Make it happen

- Assemble team; hold initial meeting to ensure everyone is on the "same page"
- Establish a baseline in order to assess change and periodic markers to gauge progress
- Include a specific time period for start and finish
- Make incremental necessary adjustments in real time
- Periodically communicate progress to leadership
- Make final recommendations for uptake or go back to the drawing board

Tip:

Write new policies/procedures down:

Our grant saw tremendous staff and leadership changes throughout its 5-year run. As a result, we're big fans of writing things down. That way no progress is lost because of loss of institutional memory. This is especially true when thinking about workflow, follow-through, and onboarding new staff. We know it's difficult to spend valuable time thinking through processes and writing them down, but once you've done it, that'll save much more time in the future.

Tip:

The Comprehensive Health Integration Framework from the Center of Excellence for Integrated Health Solutions is a great place to start if you're thinking about integration. In Appendix 3 of the document (linked here), different integrative activities and levels are described in enough detail to customize to your agency's goals. It's important that this is a framework; it allows for flexibility and customization. Think of it as a menu of options to move your agency/clinic forward.

Planning and Using Evaluation for Quality Improvement

Effective evaluation efforts involve helping organizations reach their goals. They show what is working and what may need to be adjusted. They also can provide organizations with great information for funding future programs, policies, staffing, and promoting or justifying important priorities. Connecting with your agency's quality improvement team, can be very productive too.

The following tips stem from our experience working with organizations that were highly devoted to healthcare service. The tips are not all-inclusive, but we hope they will help. We do have more information in the resource tip sheet, if you want to pursue this task.

Tip:

Devote enough time up front to plan your evaluation efforts

· The process can take months; it's worth the time to ensure you get the information you need; be sure to include quality improvement team members for the planning

Tip:

Think through the questions you really want to answer

· Articulate and agree on this; get everyone on the same page
· Be as specific as possible:
  o Vague: Is integration working?
  o Still vague: Are our patient/client outcomes improving?
  o Useful: Have A1c numbers improved for our clients on anti-psychotic medications since
    § we started regularly screening for them?
    § started regularly connecting them with Certified Peer Support Workers?
    § Begin providing healthy food boxes for them?

Tip:

As part of planning define

· The population – or process -- you want to learn about
· What instruments you'll use; how, and how often, information will be gathered
· Who will analyze the results; how and with whom the information will be shared

ONCE A PLAN HAS BEEN CREATED

Tip:

Demystify evaluation for your larger integration team

· Explain why you're gathering information/data in the first place; if people understand the why, they're more likely to embrace the process

Tip:

Build in feedback mechanisms

· Develop accessible and timely dashboards or other ways to clearly show the data collected/tracked
· If possible, meet with staff to discuss the data to ensure it's understood and effectively answers the questions your team wants to address
  o This also helps make quick adjustments when necessary

Tip:

Start with baseline information

· Without it, you won't know if, or how much, you've achieved your goals for the project

At its best, evaluation is an ongoing process for the life of a project. It offers insights, helps you make informed decisions and quick adjustments, to increase the success of your integration efforts.

Special Staffing for Integration

The following tips come from our 5 years of experience. They can be applied to both the behavioral and primary care environments, although the actual staffing mix and your ability to bill and pay may look different. The two positions we describe were critical to our patient outcomes and integrative successes.

Tip:

Use certified peer support workers and community health workers for successful client engagement and integration.

Certified Peer Support Workers (CPSWs) are individuals who, according to their credentialing board, "are successfully engaged in long-term recovery with mental health and/or substance use conditions and maintaining their mental wellness to help others in their recovery process. Because of their own recovery experiences, CPSWS are uniquely qualified to enhance services delivered by provider agencies and other organizations."

Community Health Workers (CHWs): The American Public Health Association definition of CHW is widely used: "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served" (APHA 2021). The defining feature of CHWs is their connection to their community and clients based on their shared socioeconomic and cultural background, often serving the communities in which they reside."

CPSWs and CHWs substantially helped bring clients/patients' mental and physical health goals into reality. Our service agencies depended on these workers to be easily accessible. As a result, clients/patients felt they could reach out and get the help they needed. CPSWs and CHWs also provided client/patient information that was of tremendous value to the entire care team.

Tip:

Clearly delineate staff scopes of work

We saw blurring of job responsibilities and expectations at both service organizations. This was especially true because neither organization had extensive experience working with CPSWs. In addition, CHWs were new to our Community Mental Health Center. This is one reason we've suggested elsewhere that if you're interested in implementing integrative activities, you should plan for frequent meetings/check-ins with your team. That way you can quickly address this challenge and ensure that everyone is working to the highest level of their scope of work.

Tip:

Don't wait for a pandemic to cross train your employees when and where possible

This might seem contradictory in view of the tip above, but we saw the benefits of cross training throughout the years of the grant. For example, it helped with clarity because people better understood each other's roles. It also helped during the pandemic when agencies were dealing with tremendous workforce shortages due to illness and needed people who could step in.

Tip:

Make sure your teams, and team meetings, include CPSWs, CHWs, and others who are credentialled or certified.

Healthcare can be very silo'ed and hierarchical. Fight against these tendencies if you really want to embrace and encourage integration in your organization. CPSWs, CHWs (and MAs, and Community Support Workers and others) can bring so much useful information to the table, if you're willing to listen and encourage them to share their valuable expertise and perspectives.

Training for Integration

Training and ongoing education are essential activities in any area of healthcare delivery. Our grant funded training as part of infrastructure costs.

As a result, our agency-level directors suggested certain factors that were or would be particularly useful for others hoping to increase integrating in their organizations.

Tip:

Include both behavioral and physical healthcare providers/staff are in the same room

- Integration is all about collaboration and teamwork, so it's important to ensure you model this at every opportunity
- Different disciplines have different perspectives and ways of communicating those perspectives; everyone can learn from a diverse audience's questions and comments

Tip:

Use trainings to get everyone "on the same page" and build trust Possible topics could include

- What is integration?
- What our agency means by integration, whole person care
- Providers/staff roles and responsibilities and how these fit in the bigger integration picture
- Workflow for successful integration
- How to write effective, clear notes in E.H.Rs
- Communication styles and how to make them work
  - o How to communicate in an integration-focused environment (eg. How to manage a huddle, how to refer to different services)
- Barriers to teamwork across BH and PC and how to address and surmount them

Tip:

Train both BH and PC about each other's workday realities

- Expectations of different kinds of providers and staff in BH and PC environments
  - o How many clients/patients are they expected to see?
    - § Pace of appointments
  - o How long do they spend with the individuals they serve?
  - o What extenuating requirements such as reporting or productivity levels do they face?
  - o How does billing affect what they can and can't do?

Tip:

Tip: Train BH and PC in topics specific to working together in an integration-focused organization

- Social Determinants of Health
- Health equity and how to improve it in your organization
- Implicit and explicit bias in healthcare and why they matter
- Trauma-informed care
- Motivational interviewing
  - o Can help all health providers to assess where people are related to willingness to change behaviors
- How to use simple screening tools correctly
  - o Specific steps to take in your organization if someone screens at risk
- How certain physical health conditions can affect behavioral health; how certain behavioral health conditions can affect physical health conditions

Money/Funding

Funding integrative activities can be confusing. The reality is that public and private insurance sources haven't caught up with the variety of models and activities that clinics and agencies find best fit their needs. Billing rules differ depending on the structure and type of your business. How you bill differs too: fee-for-service, bundled payments, prospective payments. Insurance differs on what professions can and can't bill for. It can feel like an endless maze.

In spite of these challenges, our B2W agencies ended the grant committed to finding ways to fund more integration. Both the FQHC and CMHC were considering becoming Certified Community Behavioral Health Clinics (CCBHC) in order take advantage of the prospective payment possibility.

Examples of integrative activities that have sustainable funding mechanisms include:

- Teaming across disciplines/or within care teams
- With clients present or without (this is more difficult to bill)
- Care coordination and care management
- Consultation
- The Collaborative Care Model is a good example, however, as of this writing NM has not "turned on" these codes in Medicaid
- Medicare has a mechanism for charging for behavioral health in a primary care setting
- Screening, referral, and follow-up
- Often the easiest to bill

Infrastructure: Our B2W grant was federal, administered at the state level, and had strict budget percentages related to infrastructure. There are a few ways to fund these activities including special state, county or city funding and grants (federal, county, city, or foundation). One recent state example is the new NM Rural Health Care[PLN1] Delivery Fund (2023).

Infrastructure can include:

· Developing E.HR. and capacity to share information and data across systems
· Innovative hiring or facility enhancement
· Creating registries for population management and data analysis capacity
· Hiring and training staff for integrative practices

If you're wondering how to think about financing integration, a good place to start is the Center for Excellence for Integrated Health Solutions. This organization has developed webinars and a decision support tool [PLN2] to help clinics and agencies tackle sustaining four integrative activities.

There are also state-level initiatives to ensure more funding for integration. For example, the New Mexico Primary[PLN3] Care Council has developed a three-tier payment model that ranges from fee-for-service all the way up to value-based purchasing and shared risk. Videos on its website explain the model.

A word about grants:

Grant funding can help organizations pilot models and find sustainable funding mechanisms. Our B2W grant helped our service agencies learn about staffing models and roles. This substantially prepared them to more effectively operationalize integration. While a worthwhile avenue for funding, grants are not sustainable in themselves and usually require a lot of additional work such as collecting data, reporting, meeting with grant managers and so forth. Our grant was valuable for the agencies and the state; just be aware that grants aren't "easy money."

Annotated Resources

This list contains information that may be particularly useful in advancing integration of behavioral health (BH) and primary care (PC) in your organization. It is not comprehensive, but offers vetted sources that will give you a good place to start.

Overall Integration (Behavioral Health and Primary Care)

- **Center of Excellence for Integrated Health Solutions**
  This Substance and Mental Health Services Administration (SAMHSA)-funded website is based in the National Council for Mental Wellbeing. It is an excellent go-to for the latest toolkits and other resources for integration; the Center also offers technical assistance
- **Comprehensive Health Integration white paper (CHI)** (download the paper for full information and the MDI CHI Eight Frameworks for specifics) The framework offers a roadmap for integration and tangible steps to increase it no matter what level or type of organization.
- **Open Minds** Information about latest trends in health and human service fields serving people with chronic conditions and complex support needs

Behavioral Health into Primary Care

- **The Agency for Healthcare Research and Quality: The Academy—Integrating Behavioral Health & Primary Care** has numerous resources including how-tos, courses, screening protocols and more
- **Centers for Medicare and Medicaid Medicare-focused Behavioral Health Integration Booklet (5/2023)** has descriptions of approaches, CoCM cpt codes (not yet available in NM), care team roles
- **Collaborative Care Model (CoCM) The AIMS Center at the University of Washington** is the premier source for all things CoCM. This website includes resources, trainings, an implementation guide, team structure, financing strategies and more.
- **Primary care Behavioral Health (PCBH) model This American Psychological Association Fact Sheet** gives good and quick details about this approach

Primary Care into Behavioral Health (sometimes called "Reverse Integration")

As discussed in the **Introduction** tip sheet, emphasis in integration has focused on bringing BH into PC. However, you can read the **CHI white paper** listed above or these articles for more information:

- **Reverse Integration Initiatives for Individuals With Serious Mental Illness** (2017)
- **Integrating Primary Care Into Community Mental Health Centers: Impact on Utilization and Costs of Health Care** (2016)

Evaluation

- The CHI white paper includes discussion on this topic.
- **Plan for Program Evaluation from the State**

This article from the National Institute of Justice website offers great information on how to plan for and think about evaluation

New Mexico Resources

Center for Health Innovation
Based in New Mexico, this Center is a great and inclusive resource for growing the BH and PC certified workforce. Look at its internships and programs pages in particular.

New Mexico Credentialing Board: Behavioral Health Professions
Certified Peer Support Worker (CPSW) requirements and qualifications

New Mexico Office of Peer Recovery and Engagement (OPRE)
Based in the NM Behavioral Health Services Division

NM Department of Health Office of Community Health Workers
This website has everything you need to know about how to qualify to become a CHW

UNM Community Health Worker Initiatives
For ideas on ways organizations can use Community Health Workers (CHWs)

NM Organizations with which we worked or that served on our grant Advisory Council

These organizations are also actively working to improve integrated healthcare in our state

CareLink NM Health Homes
This effort toward integration was funded through Centennial Care; it is possible this link may break as new proposals are submitted to the Centers for Medicare and Medicaid.

New Mexico Behavioral Health Providers Association
Among other important activities, the Executive Director sits on the NM Primary Care Council and is actively ensuring that BH is represented in discussions about integration in the state

New Mexico Primary Care Association
Represents New Mexico's Federally Qualified Health Centers and other health centers in the state. Many of these include behavioral health services and some integration initiatives

New Mexico Primary Care Council
A newer organization in New Mexico, the NMPCC is actively pursuing workforce issues, disparities, and new payment models, some of which include integration as a priority

New Mexico Hospital Association
This organization is actively interested in integration and also has a behavioral health task force

Final Words

It can be overwhelming to think about integration. There is so much information, so many resources and opinions. That's one reason we created these short tip sheets for you. They're based in our experience right here in New Mexico. While the integration landscape is changing rapidly on a national level, we believe that the information in these sheets will be useful for quite some time.

One of the best organizations out there for free practical instruction on integration is the federally-funded Center of Excellence for Integrated Health Solutions. It delves into bi-directional integration and focuses beyond theory to practice steps. In particular, the "office hours" they provide are grounded in real-life situations that organizations face as they try to provide more whole person care to the individuals they serve. The website also has good information on health equity and health disparities, both of which are of tremendous import in our state.

The NM PIPBHC Grant (also known as "Bridges to Wellness" and "B2W") was funded for five years. The team that worked on the grant came from the New Mexico Health Services Department, Behavioral Health Services Division, Guidance Center of Lea County (Hobbs, NM), Hidalgo Medical Services (Lordsburg and Silver City, NM) and the University of New Mexico Department of Psychiatry and Behavioral Sciences, Community Behavioral Health Division. All worked to make the grant a success.

During its run, the grant served 658 adults with both a behavioral and physical health condition. Our participant enrollment rate for the life of the grant was 87 percent. We are proud of that number given that the pandemic affected our service agencies for well more than half of that time. In addition, our cumulative reassessment rate was at 91 percent. This exceeded the goal of 80 percent for all grantees nationally.

By the time the grant ended, both service agencies were well poised and committed to continuing their integration efforts. They learned first-hand about effective staffing and workforce development, billing challenges and solutions, communication strategies, training and more. Both were considering becoming Certified Community Behavioral Health Clinics to further this work.

If we have one major tidbit to remember, it's this: Even small steps can improve whole person care.
We hope these tip sheets are useful for your organization's efforts to better serve the people of New Mexico.

Thank you,
The NM PIPBHC team