A MODEL FOR COMMUNITY-BASED INTEGRATED BEHAVIORAL HEALTH TRAINING

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Community Driven Strategies To Assure Health And Workforce Development

Background:
- Health Extension Rural Office (HEROs) and AHECS
- Health Extension Hubs—able to build community capacity by offering access to HSC programs
- Pipeline and workforce development, telehealth for training, service, and communication
- Community based health professions education, clinical service improvement, and program evaluation
- Technical Assistance

Expansion of HEROs to Academic Hubs
Integrating Primary Care And Behavioral Health

- History and development of rural psychiatry track
- Clear need for support in primary care settings
- Broaden concept of behavioral health workforce to include primary care providers and peer specialists
- Breaking down silos between behavioral health providers of different disciplines
Integrating Primary Care And Behavioral Health (Continued 1)

• First model: small interdisciplinary clinic at the university hospital
• From psychiatry residents in rural track training in Federally Qualified Health Centers at the request of Primary Care Providers.
• To All PGY2’s gaining experience in primary care sites
Integrating Primary Care And Behavioral Health (Continued 2)

Program expansion:

• Co-training psychiatry residents with family medicine residents and primary care students

• Co-training psychiatry residents with psychology interns and other residents in primary care clinics

• HRSA expansion grant for integrated training for psychology interns in rural primary care

• Response to community requests

• Office for Community Faculty as coordinator of undergraduate and graduate interdisciplinary programs
Outcomes:

• Community involvement is best recruitment tool
• 37% of residents in rural psychiatry program were practicing in rural communities as opposed to 10% in traditional program
• 95% continue to work with individuals in rural and underserved communities
• 26% live in communities in which they practice
• 28% use or in process of setting up telehealth services, some to primary care sites
• Additional designated funding from state for rural residency training in primary care and in psychiatry
• Growing community endorsement and support for integrated training hubs
Thank you

Questions, Comments?