



A MODEL FOR COMMUNITY-BASED INTEGRATED BEHAVIORAL HEALTH TRAINING

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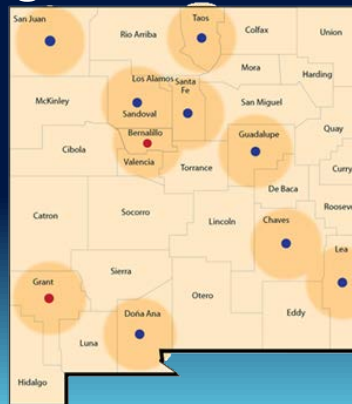
AHEC/HERO Collaboration

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




UNM AHEC and Three AHEC Centers



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
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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
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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
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Thank you



*Questions,
Comments ?*