Bridging a Gap in Care: An Integrated Public Health and Certified Community Behavioral Health Clinic (CCBHC) Approach to Increase Access

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2025

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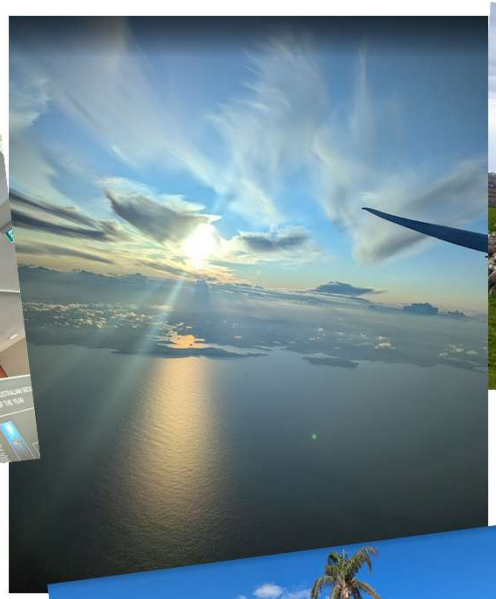
“Ready to Serve: Building a ‘Day-1-Ready’ Public Health Workforce for Kansas and Beyond”, T52HP46763-01-00, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,486,217.00, with 0% financed with non-governmental sources. 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.

About Me



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Outline

- Project Site and Preceptor Overview
- Literature Review
- Project Description, Outcomes, and Products
- Results, Discussion, and Future Directions
- Competencies
- Acknowledgements
- References
- Questions

Project Site and Preceptor Overview

- Location: Lawrence-Douglas County Public Health (LDCPH), located in Lawrence, Kansas

- Preceptor: Jonathan Smith, MPH – Executive Director

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Project Purpose

To design and implement an integrated health care model between Lawrence-Douglas County Public Health and Bert Nash Community Mental Health Center to increase access to coordinated physical and behavioral health services for the community.

https://healthteamworks.org/news/behavioral-health-integration-primary-care/

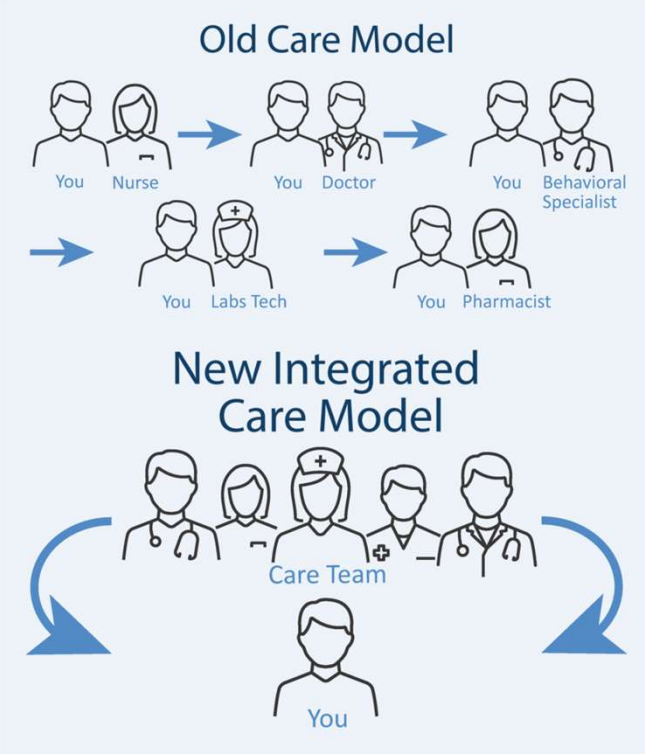
9 – Design a population-based policy, program, project, or intervention

Why This Work Matters

https://ldchealth.org/chip

Literature Review – Introduction

- Defining integrated care
- Common entry points
- Care integration has accelerated over the past 20 years



https://www.oyatehealth.com/oyate-health-center-introduces-integrative-care/

Literature Review – Frameworks

- Comprehensive Health Integration (CHI) Framework overview
- Whole person care focus
- Actionable for real-world programs
- Supports public health partnerships

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS STRONG COMMUNITIES

Literature Review – Integration Strategies

Physical proximity/ co-location

Clearly define roles

Shared documentation and data systems

Workforce development

Financial structures

Literature Review – Outcomes

- Improved behavioral health outcomes
- Better chronic disease control
- Clinically meaningful weight and metabolic improvements
- Reduced utilization and costs over time
- Enhanced patient experience

Literature Review – Equity Considerations

- Expands access in rural and underserved areas
- Reduces cardiometabolic disparities
- Addresses social drivers of health
- Centers culturally responsive care

Literature Review – Gaps in the Literature

Limited data on sustained integration of dietitians and structured lifestyle programs

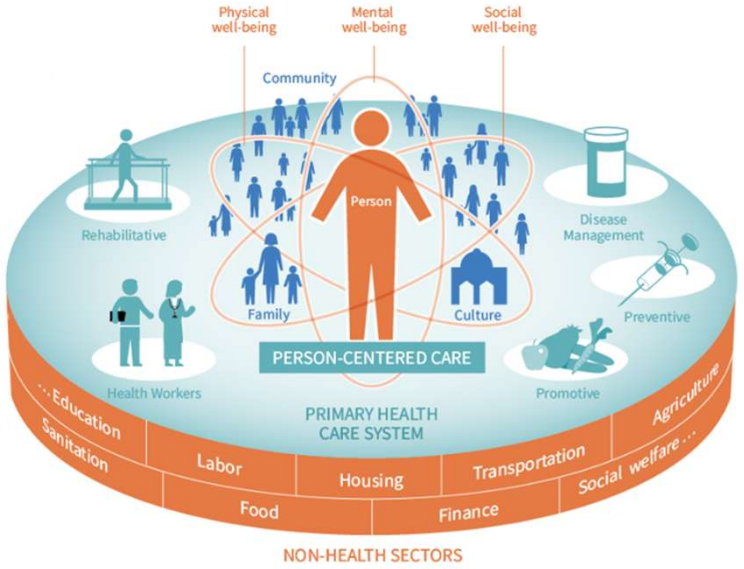
Few studies track outcomes beyond 24 months

Need for scalable models

Longitudinal studies are needed to evaluate major health outcomes and disparities

Literature Review – Conclusion

- Integrated care improves outcomes
- Whole-person care is most effective
- Equity depends on addressing access and social needs
- Sustainability requires a supportive infrastructure



https://www.thenationalcouncil.org/

Project Description

Lawrence-Douglas County Public Health (LDCPH)

Bert Nash Community Mental Health Center

Learning Objectives

- Engage with the Comprehensive Health Integration (CHI) Framework
- Apply the CHI framework in practice
- Explore structural pathways to implementation
- Advance integrated physical and mental health care

Activities Performed and Products

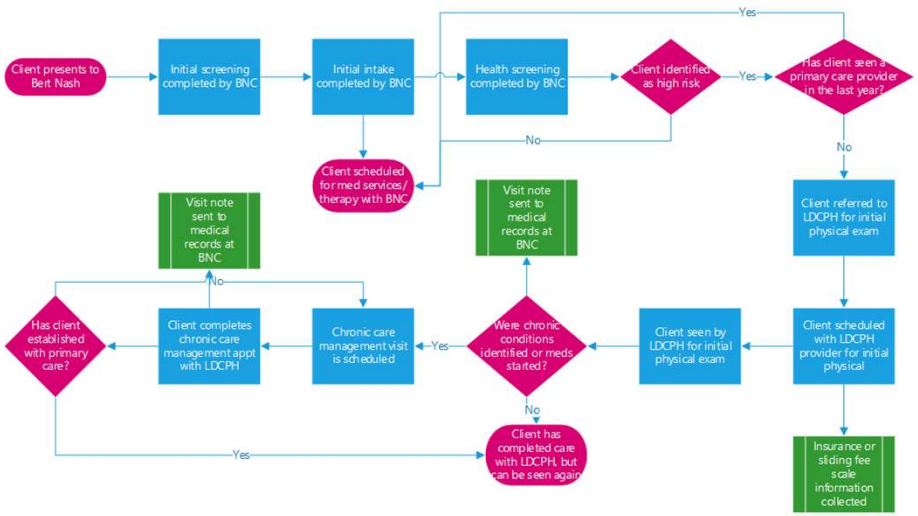
Activities:

- Participation in governance and oversight
- Development of standard operating procedures (SOPs)

Products:

- SOPs
- Referral checklist
- Process map

Products



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BERT NASH INITIAL PHYSICAL EXAM PROTOCOL

PURPOSE: To provide comprehensive, integrated physical examinations for clients referred by Bert Nash or presenting to LDCPH through walk-in from Bert Nash, ensuring both physical and behavioral health needs are identified and addressed.

SCOPE: Applies to all clinic staff conducting or supporting initial physicals for new or existing clients engaged in integrated care services.

PROCEDURE:

Scheduling and Intake:

1. Bert Nash staff (including nurses, case managers, care coordinators, etc.) will make a referral or walk client over.
2. LDCPH staff will schedule initial physicals in Athena using appointment type: Bert Nash Initial Physical (duration: 60 minutes). If known, enter the Bert Nash patient identification number (PID)
3. LDCPH staff will confirm insurance coverage, complete presumptive eligibility checklist, or provide sliding fee scale discount information

Pre-visit Preparation:

1. LDCPH provider will review patient's electronic health record (EHR) in SmartCare. Identify care gaps (immunizations, screenings, labs, chronic condition follow-up).

Client Check-in:

1. Verify demographics, scan ID and insurance (if applicable), review consent forms

Clinical Examination:

1. Perform a full physical exam per clinic protocol (vitals, height/weight, systems review).
2. Address preventive health (immunizations, cancer screenings, reproductive health, nutrition counseling).
3. Review and reconcile medications, including behavioral health prescriptions.
4. Identify any physical conditions that may impact behavioral health (e.g., diabetes, thyroid issues, cardiovascular risk).
5. Warm hand-off to behavioral health staff (if on site) or schedule follow-up at Bert Nash.
6. Initiate referrals for labs, specialty care, or community resources as needed.

Documentation and Follow-up:

1. Document findings in EHR.
2. Provide After Visit Summary to Bert Nash.
3. Schedule follow-up for chronic care management (see Chronic Care Management SOP)

BN Initial Physical	Review Cycle – 12 months Reviewed By : Director of Clinic Services, APRN	
Origin Date	2025	
Revision Date(s)		
Review Date(s)		Page 1

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Results - Overview

https://mtss4success.org/implementation

5 – Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings

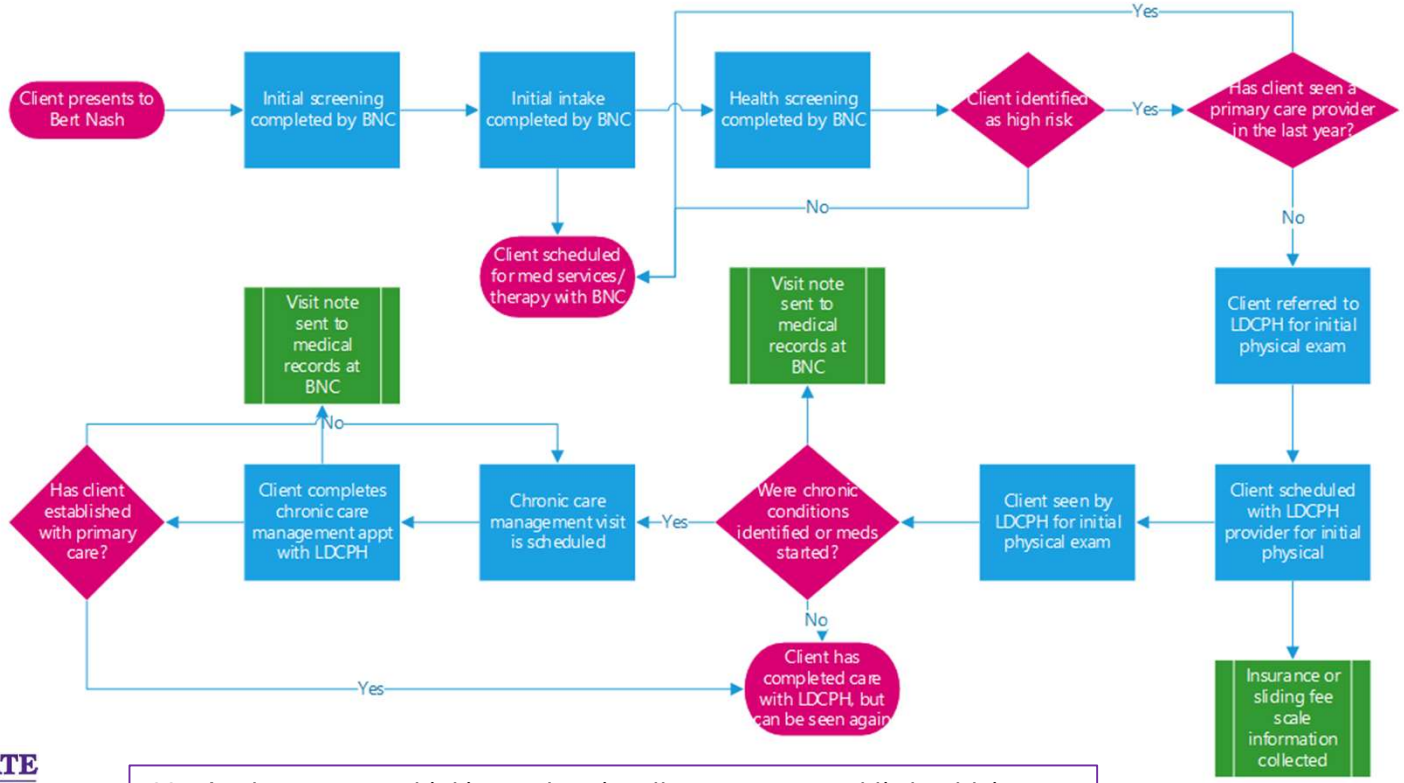
1 – Information literacy of public health nutrition

Results - 2024

- Leadership meetings
- Co-location
- Workflow design

(from left to right: Patrick Schmitz, Bert Nash CEO, Nicole Parker, LDCPH APRN, Brittnay Schuetz, LDCPH APRN/Nurse Supervisor, Dr. Nana Dadson, Bert Nash CMO, Marsha Page-White Bert Nash Senior Directo of Community Based Services, Christine Ebert, LDCPH Director of Clinic Services, Jonathan Smith, LDCPH Executive Director)

Results – Process Map



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22 – Apply a systems thinking tool to visually represent a public health issue

Results – Legal Agreements

- Agreement development/execution
  - Designated Collaborating Organization (DCO)
  - Organized Health Care Arrangement (OHCA)

Exhibit A

Scope of Services

LDCPH will administer the DCO Services through LDCPH Providers on behalf of Bert Nash. The DCO Services include all services included in the below CPT codes.

- ***Codes 99211 – 99215:*** Evaluation and Management (Level 1 through 5)
- ***Code 96161***: Maternal Depression Screening
- ***Code 96160***: Health Risk Assessment
- ***Code 96160***: Health and Behavioral Assessment
- ***Code 99490***: Chronic Care Management

For those services or procedures administered during a visit that are not DCO Services, LDCHD shall retain independent responsibility and bill for such services. In addition, LDCPH, as a DCO to Bert Nash, agrees to administer DCO Services in compliance with the below.

1. Outpatient Primary Care Screening and Monitoring:
   a. Access to Care: LDCPH will accept Patients referred by Bert Nash that are identified as needing a physical health assessment after a primary health screening is completed. LDCPH will schedule a follow up appointment with the Patient and will see the Patient within ten (10) business days of the referral from Bert Nash.
   b. Physical Health Assessment: During the appointment, LDCPH Providers will complete a physical health assessment of the Patient. LDCPH will provide a report and recommendations for follow-up care for the Patient to Bert Nash.

2. Mental Health Screenings: LDCPH Providers will assess patients and their need for mental health services using a reliable depression screening tool. Specifically, LDCPH Providers will complete a PHQ-9 (Patient Depression Questionnaire) screening for LDCPH Patients and identify any Patient in need of mental health care. For Patients that screen positive, or if the Patient otherwise indicates a need for mental health services, LDCPH will gather the Patients demographic information, and health assessment if available, to facilitate referring the Patient to Bert Nash for services. LDCPH will also coordinate with the Bert Nash Care Navigation Team to begin the admissions process and to schedule an intake appointment for the identified patients.

3. Interpretation/Translation Services: This Service provides appropriate and timely language services to patients with limited English proficiency ("LEP"). Such Services may include but are not limited to contracting with bilingual providers, onsite interpreters, and a language telephone line. LDCPH shall ensure that auxiliary aids and services are readily available, Americans with Disabilities Act ("ADA") compliant and are responsive to the needs of patients with disabilities.

16 – Apply leadership and/or management principles to address a relevant issue

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Results - 2025

- Services launch
- Workgroups established
  - Electronic health record (EHR) access granted
- Clinical collaboration

SmartCare

athenahealth

13 – Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

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Results – SOPs

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BERT NASH INITIAL PHYSICAL EXAM PROTOCOL

PURPOSE: To provide comprehensive, integrated physical examinations for clients referred by Bert Nash or presenting to LDCPH through walk-in from Bert Nash, ensuring both physical and behavioral health needs are identified and addressed.

SCOPE: Applies to all clinic staff conducting or supporting initial physicals for new or existing clients engaged in integrated care services.

PROCEDURE:

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REGISTERED DIETITIAN REFERRAL PROTOCOL

PURPOSE: Ensure timely, evidence-based referral to a Registered Dietitian Nutritionist (RDN) for Medical Nutrition Therapy (MNT) when nutrition care can improve outcomes, reduce risk, or is the standard of care (USPSTF, 2021; ADA, 2025).

SCOPE: Applies to all primary care, chronic care, and behavioral health providers within LDCPH.

PROCEDURE:

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BERT NASH CHRONIC CARE MANAGEMENT PROTOCOL

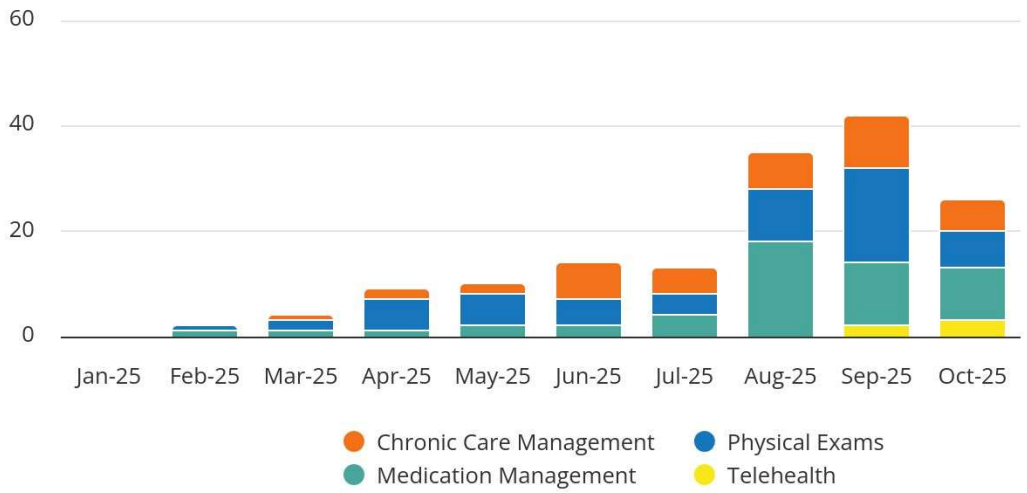
PURPOSE: To deliver coordinated, person-centered management of chronic physical health conditions (e.g., diabetes, hypertension, asthma, etc.) for clients engaged with the Bert Nash Integrated Care Clinic.

SCOPE: Applies to all staff managing chronic conditions in integrated care clients, with emphasis on care continuity between physical and behavioral health providers.

PROCEDURE:

Results - 2025

- Services are being delivered
- Client successes



Discussion – Key Insights

Legal agreements

Tools are needed

Collaboration

Financial models

Discussion – Ongoing Challenges

- Separate EHRs
- Workforce capacity
- Shared language is important
- Governance structures

Future Directions

NUTRITION INTEGRATION

REFERRAL TIMELINES

DASHBOARDS/ PATIENT REGISTRY

BILLING WORKFLOWS

TRAINING

FURTHER INTEGRATION

PUBLIC ENTITY LOOK-ALIKE STATUS

Foundational Competencies

Number	Competency
5	Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
9	Design a population-based policy, program, project or intervention
13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
16	Apply leadership and/or management principles to address a relevant issue
22	Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative

Emphasis Area Competencies

Number	Competency
1	Information literacy of public health nutrition
2	Compare and relate research into practice
3	Population-based health administration
4	Analysis of human nutrition principles
5	Analysis of nutrition epidemiology

Acknowledgements

Committee Members:

- Dr. Brenes
- Dr. Mulcahy
- Dr. Collie-Akers

Public Health Librarian: Cindy Logan

LDCPH:

- Jonathan Smith (Preceptor)
- LDCPH Team

Bert Nash:

- Marsha Page-White
- Dr. Dadson

- Dr. Ken Minkoff (National Council for Mental Wellbeing)

References

Allen, L. N., Rechel, B., Alton, D., Pettigrew, L. M., McKee, M., Pinto, A. D., Exley, J., Turner-Moss, E., Thomas, K., Mallender, J., Rajan, D., Dedeu, T., Bailey, S., & Goodwin, N. (2024). Integrating public health and primary care: a framework for seamless collaboration. BJGP Open, 8(4), BJGPO.2024.0096. https://doi.org/10.3399/BJGPO.2024.0096

Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews, 2012(10), CD006525. https://doi.org/10.1002/14651858.CD006525.pub2

Bao, Y., Druss, B. G., Jung, H.-Y., Chan, Y.-F., & Unützer, J. (2015). Unpacking collaborative depression care: examining two essential tasks for implementation. Implementation Science : IS, 10(Suppl 1), Article A33. https://doi.org/10.1186/1748-5908-10-S1-A33

Batsis, J. A., McClure, A. C., Weintraub, A. B., Sette, D., Rotenberg, S., Stevens, C. J., Gilbert-Diamond, D., Kotz, D. F., Bartels, S. J., Cook, S. B., & Rothstein, R. I. (2020). Barriers and facilitators in implementing a pilot, pragmatic, telemedicine-delivered healthy lifestyle program for obesity management in a rural, academic obesity clinic. Implementation Science Communications, 1(1), Article 83. https://doi.org/10.1186/s43058-020-00075-9

Berkowitz, S. A., Delahanty, L. M., Terranova, J., Steiner, B., Ruazol, M. P., Singh, R., Shahid, N. N., & Wexler, D. J. (2019). Medically Tailored Meal Delivery for Diabetes Patients with Food Insecurity: a Randomized Cross-over Trial. Journal of general internal medicine, 34(3), 396–404. https://doi.org/10.1007/s11606-018-4716-z

Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural Healthy People 2020: New Decade, Same Challenges. The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association, 31(3), 326–333. https://doi.org/10.1111/jrh.12116

Breslau, J., Leckman-Westin, E., Yu, H., Han, B., Riti Pritam, Guarasi, D., Horvitz-Lennon, M., Scharf, D. M., Pincus, H. A., & Finnerty, M. T. (2018). Impact of a Mental Health Based Primary Care Program on Quality of Physical Health Care. Administration and Policy in Mental Health and Mental Health Services Research, 45(2), 276–285. https://doi.org/10.1007/s10488-017-0822-1

Brown, J. D., Stewart, K. A., Miller, R. L., Dehus, E., Rose, T., DeWitt, K., Chapman, R., Wishon, A., Breslau, J., Dey, J., & Jacobus-Kantor, L. (2023). Impacts of the Certified Community Behavioral Health Clinic Demonstration on Emergency Department Visits and Hospitalizations. Psychiatric services (Washington, D.C.), 74(9), 911–920. https://doi.org/10.1176/appi.ps.20220410

Buchanan, G. J. R., Berge, J. M., & F. Piehler, T. (2024). Integrated behavioral health implementation and chronic disease management inequities: an exploratory study of statewide data. BMC Family Practice, 25(1), Article 302. https://doi.org/10.1186/s12875-024-02483-5

Chin, M. H., Clarke, A. R., Nocon, R. S., Casey, A. A., Goddu, A. P., Keesecker, N. M., & Cook, S. C. (2012). A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. Journal of general internal medicine, 27(8), 992–1000. https://doi.org/10.1007/s11606-012-2082-9

Croft, B., & Parish, S. L. (2013). Care Integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. Administration and Policy in Mental Health and Mental Health Services Research, 40(4), 258–263. https://doi.org/10.1007/s10488-012-0405-0

Daumit, G. L., Dickerson, F. B., Wang, N.-Y., Dalcin, A., Jerome, G. J., Anderson, C. A. M., Young, D. R., Frick, K. D., Yu, A., Gennusa, J. V., Oefinger, M., Crum, R. M., Charleston, J., Casagrande, S. S., Guallar, E., Goldberg, R. W., Campbell, L. M., & Appel, L. J. (2013). A Behavioral Weight-Loss Intervention in Persons with Serious Mental Illness. The New England Journal of Medicine, 368(17), 1594–1602. https://doi.org/10.1056/NEJMoa1214530

Douglas County Community Health Improvement Plan 2024-2029. Lawrence-Douglas County Public Health. (2024). https://ldchealth.org/DocumentCenter/View/5641/LDCPH-CHIP_Plan-2025-11x85-v21

Druss, B. G., von Esenwein, S. A., Compton, M. T., Rask, K. J., Zhao, L., & Parker, R. M. (2010). A Randomized Trial of Medical Care Management for Community Mental Health Settings: The Primary Care Access, Referral, and Evaluation (PCARE) Study. The American Journal of Psychiatry, 167(2), 151–159. https://doi.org/10.1176/appi.ajp.2009.09050691

Fortuna, K. L., DiMilia, P. R., Lohman, M. C., Cotton, B. P., Cummings, J. R., Bartels, S. J., Batsis, J. A., & Pratt, S. I. (2020). Systematic Review of the Impact of Behavioral Health Homes on Cardiometabolic Risk Factors for Adults With Serious Mental Illness. Psychiatric services (Washington, D.C.), 71(1), 57–74.

Goodwin, N. (2016). Understanding Integrated Care. International Journal of Integrated Care, 16(4), 6. https://doi.org/10.5334/ijic.2530

References

Green, C. A., Yarborough, B. J. H., Leo, M. C., Yarborough, M. T., Stumbo, S. P., Janoff, S. L., Perrin, N. A., Nichols, G. A., & Stevens, V. J. (2015). The STRIDE Weight Loss and Lifestyle Intervention for Individuals Taking Antipsychotic Medications: A Randomized Trial. The American Journal of Psychiatry, 172(1), 71–81. https://doi.org/10.1176/appi.ajp.2014.14020173

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: a 2013 review. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 19(6), 444–454. https://doi.org/10.1089/tmj.2013.0075

Kangovi, S., Mitra, N., Norton, L., Harte, R., Zhao, X., Carter, T., Grande, D., & Long, J. A. (2018). Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities: A Randomized Clinical Trial. JAMA internal medicine, 178(12), 1635–1643. https://doi.org/10.1001/jamainternmed.2018.4630

Kathol, R. G., Butler, M., McAlpine, D. D., & Kane, R. L. (2010). Barriers to physical and mental condition integrated service delivery. Psychosomatic medicine, 72(6), 511–518. https://doi.org/10.1097/PSY.0b013e3181e2c4a0

Katon, W. J., Lin, E. H. B., Von Korff, M., Ciechanowski, P., Ludman, E. J., Young, B., Peterson, D., Rutter, C. M., McGregor, M., & McCulloch, D. (2010). Collaborative Care for Patients with Depression and Chronic Illnesses. The New England Journal of Medicine, 363(27), 2611–2620. https://doi.org/10.1056/NEJMoa1003955

McGinty, E. E., & Daumit, G. L. (2020). Integrating Mental Health and Addiction Treatment Into General Medical Care: The Role of Policy. Psychiatric services (Washington, D.C.), 71(11), 1163–1169. https://doi.org/10.1176/appi.ps.202000183

National Council for Mental Wellbeing. (2021). Comprehensive Health Integration Framework. (Grey literature report).

O'Donnell, H. C., Patel, V., Kern, L. M., Barrón, Y., Teixeira, P., Dhopeshwarkar, R., & Kaushal, R. (2011). Healthcare Consumers' Attitudes Towards Physician and Personal Use of Health Information Exchange. Journal of General Internal Medicine : JGIM, 26(9), 1019–1026. https://doi.org/10.1007/s11606-011-1733-6

Possemato, K., Johnson, E. M., Beehler, G. P., Shepardson, R. L., King, P., Vair, C. L., Funderburk, J. S., Maisto, S. A., & Wray, L. O. (2018). Patient outcomes associated with primary care behavioral health services: A systematic review. General Hospital Psychiatry, 53, 1–11. https://doi.org/10.1016/j.genhosppsych.2018.04.002

Rocks, S., Berntson, D., Gil-Salmerón, A., Kadu, M., Ehrenberg, N., Stein, V., & Tsiachristas, A. (2020). Cost and effects of integrated care: a systematic literature review and meta-analysis. The European Journal of Health Economics, 21(8), 1211–1221. https://doi.org/10.1007/s10198-020-01217-5

Staab, E. M., Wan, W., Li, M., Quinn, M. T., Campbell, A., Gedeon, S., Schaefer, C. T., & Laiteerapong, N. (2022). Integration of Primary Care and Behavioral Health Services in Midwestern Community Health Centers: A Mixed Methods Study. Families Systems & Health, 40(2), 182–209. https://doi.org/10.1037/fsh0000660

Valentijn, P. P. (2016). Rainbow of Chaos: A study into the Theory and Practice of Integrated Primary Care. International Journal of Integrated Care, 16(2), 3. https://doi.org/10.5334/ijic.2465

Valentijn, P. P., Boesveld, I. C., Van der Klauw, D. M., Ruwaard, D., Struijs, J. N., Molema, J. J. W., Bruijnzeels, M. A., & Vrijhoef, H. J. (2015). Towards a taxonomy for integrated care: a mixed-methods study. International Journal of Integrated Care, 15(1), Article 003. https://doi.org/10.5334/ijic.1513

Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. International Journal of Integrated Care, 13(1), e010. https://doi.org/10.5334/ijic.886

Wishon, A. A., & Brown, J. D. (2023). Differences in Services Offered by Certified Community Behavioral Health Clinics and Community Mental Health Centers. Psychiatric services (Washington, D.C.), 74(4), 411–414. https://doi.org/10.1176/appi.ps.20220211

Woltmann, E., Grogan-Kaylor, A., Perron, B., Georges, H., Kilbourne, A. M., & Bauer, M. S. (2012). Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions Across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-Analysis. The American Journal of Psychiatry, 169(8), 790–804. https://doi.org/10.1176/appi.ajp.2012.11111616

Thank you!

Questions?