



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



National Hispanic and Latino

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**SAMHSA**

Substance Abuse and Mental Health  
Services Administration

# Integrating Psychologists into Primary Care to Address MH Disparities in Latinx: Rationale and Evidence of Success

Ana Bridges, PhD, University of Arkansas

Diane Arms, MA, National Hispanic and Latino MHTTC

Brandy Clarke, PhD, Mid-America MHTTC



**DREAM**

*Diversity Research and Enhanced  
Access for Minorities*



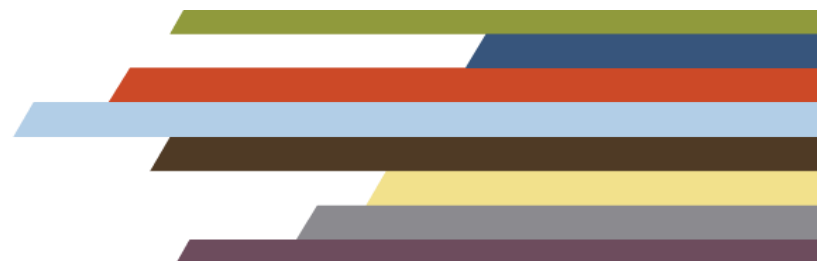
UNIVERSITY OF  
ARKANSAS



MUNROE-MEYER  
INSTITUTE

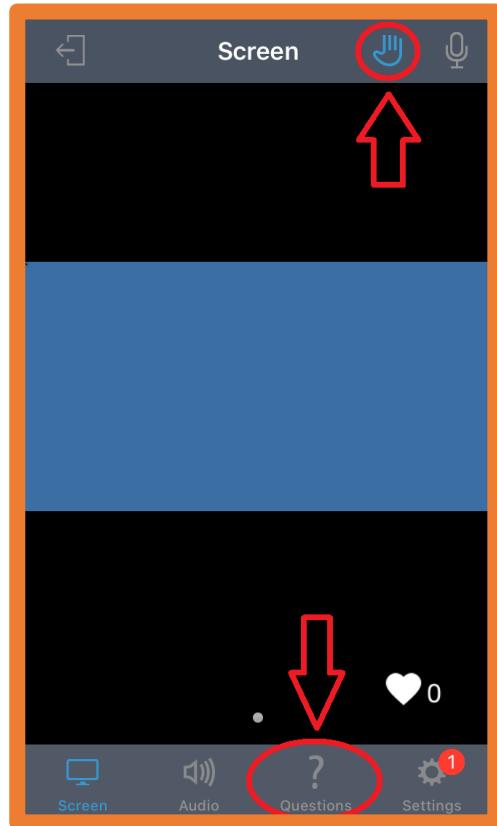
**BHECN**

BEHAVIORAL HEALTH  
EDUCATION CENTER  
OF NEBRASKA



# Asking Questions

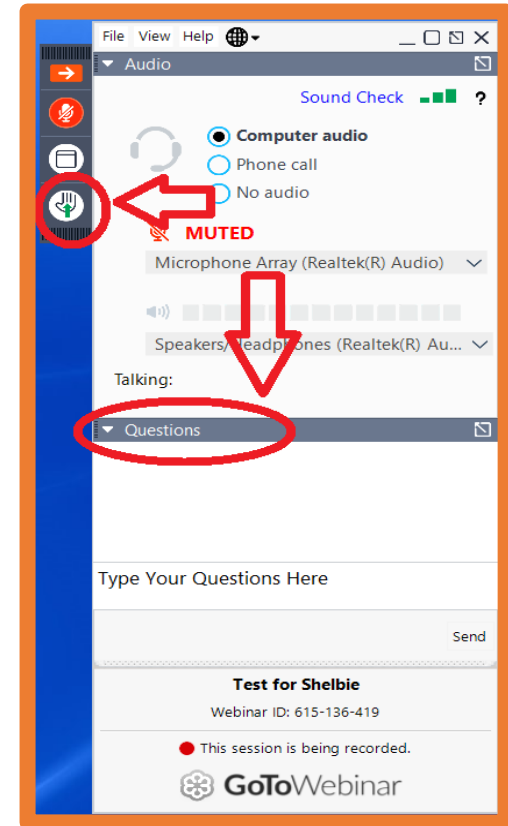
## Mobile



**Option 1:** Raise your hand to ask a question aloud.

**Option 2:** Type your question in to have it read for you.

## Web



We, Drs. Bridges, Arms, & Clarke, have no financial, personal, or professional conflicts of interest in this training titled “Integrating Psychologists into Primary Care to Address MH Disparities in Latinx: Rationale and Evidence of Success”.



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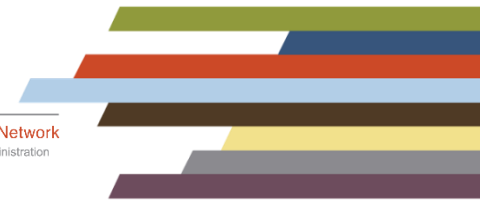
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# Evaluation & Follow-up

- At the end of this session, you will be asked to complete a brief evaluation sent via email.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% follow-up.
- We greatly value your feedback and participation in the survey!!



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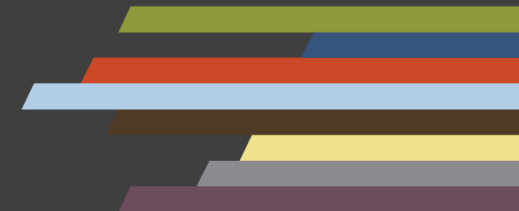
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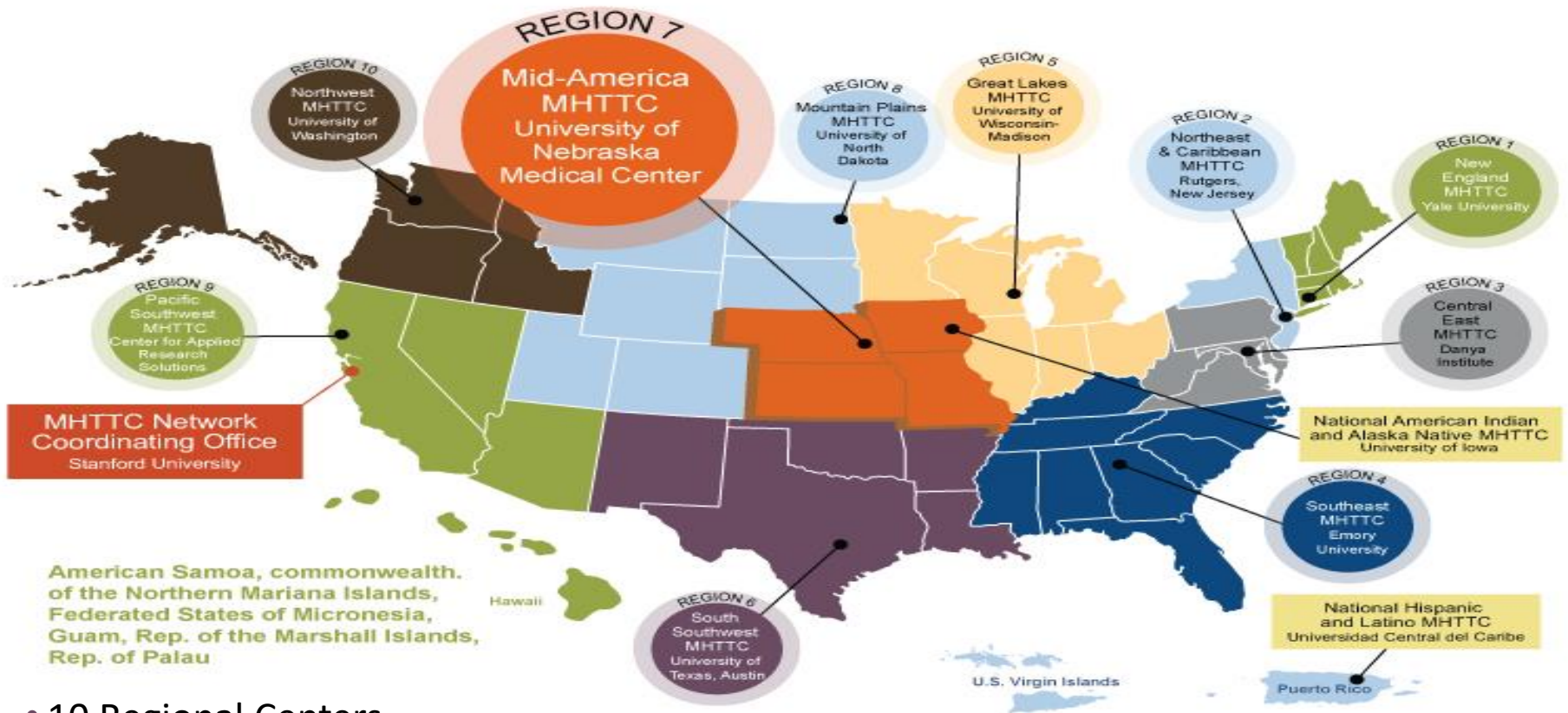
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# What is the Mid-America MHTTC?

- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant of \$5.2 million awarded to Dr. Joseph Evans at the University of Nebraska Medical Center.
- Aligns mental health systems and professional competencies with evidence based practices.
- Operates in Missouri, Iowa, Nebraska, and Kansas.
- Provides free/low-cost training and technical assistance on a variety of topics germane to effective mental health practice.





- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office

Visit the MHTTC website at <https://mhttcnetwork.org/>

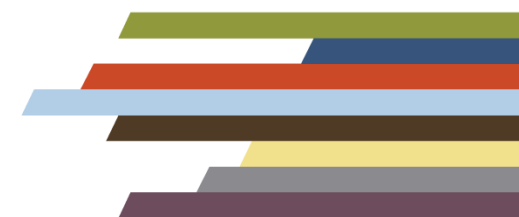


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# Role of the National Hispanic and Latino MHTTC

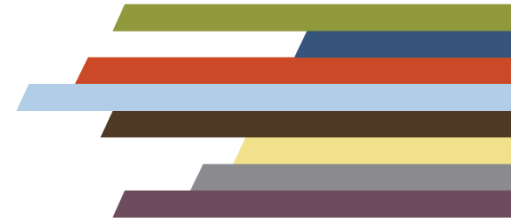
- Serve as a key subject matter expert and resource for mental health workforce across the U.S. and its territories to ensure:
  - High-quality services;
  - Effective mental health treatment;
  - Recovery support services; and
  - Implementation of evidence-based and promising practices



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# Educational Resources

## School as client: Mental Health Services for Diverse Population in the School Culture

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School-Based Mental Health Services for Hispanic and Latino Children and Youth

Training, technical assistance and capacity building assistance for school personnel on effective service provision

hispaniclatino@mhttcnetwork.org  
 https://mhttcnetwork.org/hispaniclatino  
 For more information contact us (877) 765-5220

**SAMHSA** **IRESA** **UCC**

### CHALLENGING FACTS

Children are more vulnerable to the effects of stress originated from multiple adverse childhood experiences, including the family and school environment. These factors are deepened for Hispanic and Latino youth who may also experience:

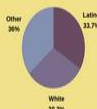
ISOLATION | DISCRIMINATION | ACCULTURATION STRESS

### EFFECTS OF HEALTH CARE DISPARITIES IN ACCESS TO CARE

**26%** of children currently in the US are Latino. Will grow to 33.3% by 2050.

**88%** Hispanic and Latino children's mental health needs, are not being met due to limited access to quality care.

**44%** Hispanic and Latino children are threatened by deportation policies.



Hispanic and Latinos reported feeling sad and hopeless in greater proportion than Whites



Hispanic and Latinos adolescents reported suicidal ideation and suicide attempt in greater proportion than Whites



Prevalence of depressive symptoms among Hispanic and Latinos adolescents is higher than for any minority group besides Native American youth

REASONS DOCUMENTED BY ADOLESCENT TO SEEK SCHOOL MENTAL HEALTH SERVICES INCLUDE: DEPRESSION, BEING BULLIED, SUICIDAL IDEATION OR ATTEMPT, FAMILY AND SCHOOL PROBLEMS, TRUST ISSUES, ANGER MANAGEMENT, AND ENGAGING IN RISKY BEHAVIOR.

## Complicated Grief: Cultural Considerations When Working with Loss in Hispanic and Latino Students and Their Families

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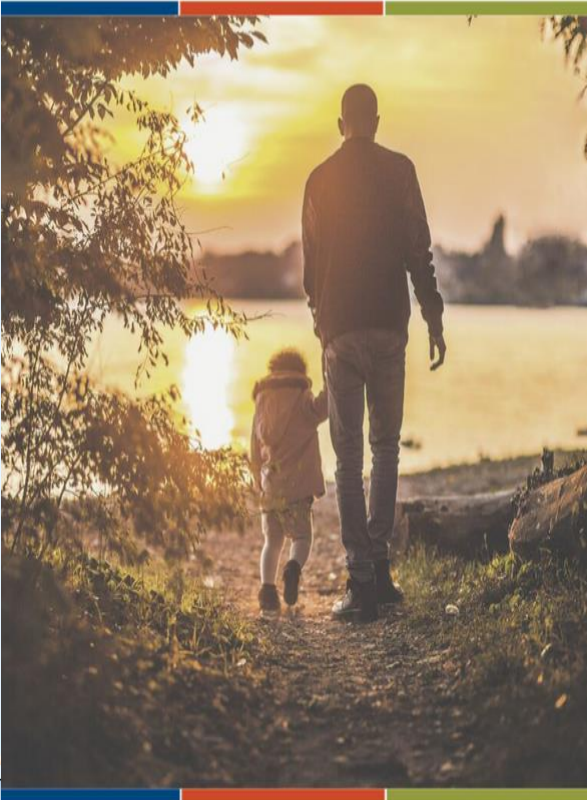
### STRESSORS IN THE HISPANIC AND LATINO COMMUNITY

**SAMHSA**

One of the main stress factors that affect the mental health of Hispanic and Latinos is the dimension of acculturation stress. This process includes:

- LACK OF HEALTH INSURANCE AND MEDICAL CONDITIONS**  
 About 19.5% of the Hispanic and Latino population was not covered by health insurance in 2015. Most of the leading causes of deaths among them are preventable.
- FINANCIAL STRUGGLES**  
 About 22.6% of Hispanic and Latinos were living below the poverty level. Most Hispanics struggle to pay monthly bills and to pay the mortgage or rent due to higher rates of unemployment, unsafe work conditions, and unfair treatment.
- DEPORTATION**  
 Hispanic and Latino immigrants fear to be deported can be a risk factor for stress and other mental health conditions. The rates of depression among children living in immigrant families ranges between 10% and 15% due to fear of parental deportation.<sup>1</sup>
- PERCEIVED DISCRIMINATION**  
 Hispanic and Latinos might have been the target of racial or ethnic discrimination that often leads to depressive symptoms.<sup>1</sup>

About a quarter of Latinos (24%) say someone has discriminated against them, 22% say someone has criticized them for speaking Spanish, 20% have been told to go back to their home country, and 16% have been called offensive names.<sup>1</sup>





# MHTTC Services

## Training Levels

- Universal: Conference presentations, newsletters, brief consultation.
- Targeted: Online courses, webinar series, focused knowledge-sharing, short-term training, replication guides.
- Intensive: Ongoing relationship between the TTC program and agency receiving services.

## Outcomes

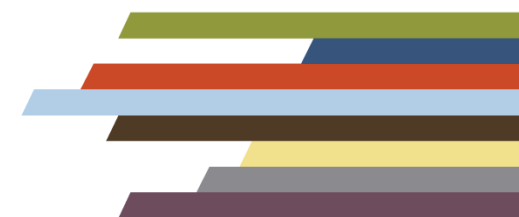
- Universal: Increased reach of information and tools about evidence based practices.
- Targeted: Increased motivation to use and apply specific interventions.
- Intensive: Policy and program changes with implementation of interventions by users.



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# Specialized Training Topics



**Integrated behavioral health in primary care.**



School mental health.



Serious mental illness.



Behavioral health workforce development.

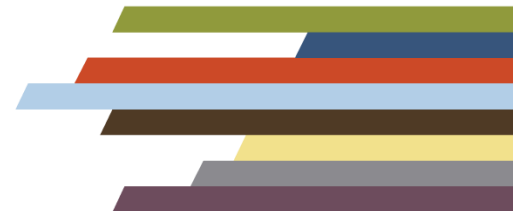


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# Our Team



**Brandy Clarke, PhD**  
Project Director



**Shelbie Johnson**  
Project Manager



**Lauren Robinson**  
Communications Specialist

## School Mental Health



**Erika Franta, PhD**  
School Mental Health  
Program Director



**Brenda Bassingthwaite, PhD**  
Faculty Trainer



**Mindy Chadwell, PhD**  
Faculty Trainer



**Brittany Liebsack, PhD**  
Faculty Trainer

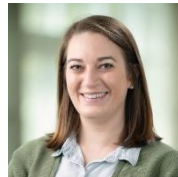
## Integrated Care



**Rachel Valleley, PhD**  
Integrated Care  
Program Director



**Holly Roberts, PhD**  
Faculty Trainer



**Christian Klepper, PsyD**  
IC Program Coordinator



**Eryn McMaster, PhD**  
Faculty Trainer

## Serious Mental Illness



**Mogens Bill Baerentzen, PhD**  
Project Coordinator /  
Serious Mental Illness  
Program Director

## Workforce Development



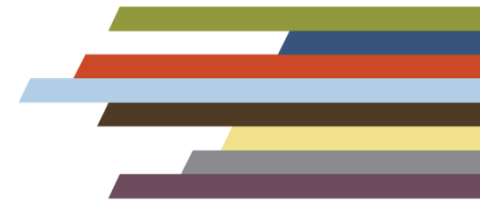
**Marley Doyle, MD**  
Workforce Program  
Director



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MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites.

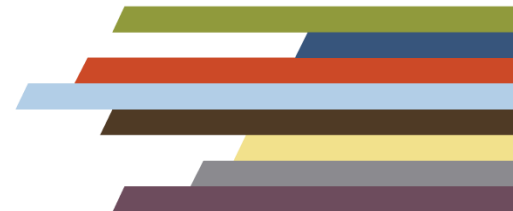


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# Training and TA in Integrated Care



QUALITY  
INDICATORS OF  
INTEGRATED  
BEHAVIORAL HEALTH  
IN PRIMARY CARE



EVIDENCE-BASED  
BEHAVIORAL HEALTH  
INTERVENTIONS FOR  
CHILDREN AND  
ADULTS APPLIED IN  
INTEGRATED CARE  
SETTINGS



TECHNICAL  
ASSISTANCE ON  
IMPLEMENTATION  
OF INTEGRATED  
CARE



ONLINE COURSES  
FOCUSED ON  
INTEGRATED CARE  
AND SPECIAL TOPICS  
IN PEDIATRIC AND  
ADULT SERVICES (IN  
DEVELOPMENT)

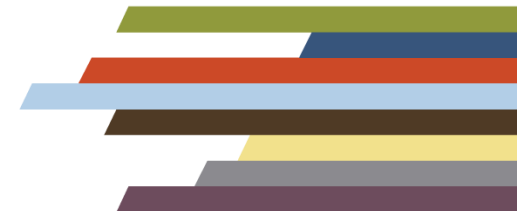


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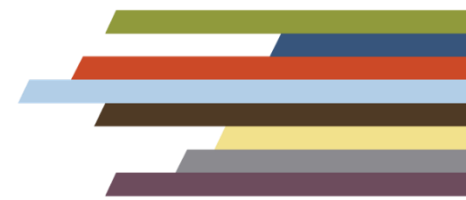
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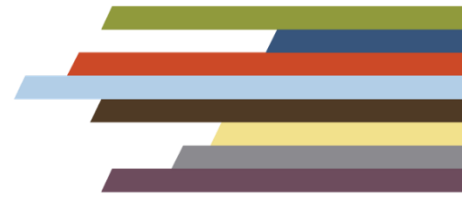
# Dr. Ana Bridges

**Ana Bridges, Ph.D.**, is a professor in the Department of Psychological Science at the University of Arkansas in Fayetteville. Dr. Bridges' research focuses primarily on examining the interplay between culture, mental health, and service utilization, especially among Latinx populations. She received her Ph.D. from the University of Rhode Island.



# Learning Objectives

- Describe the mental health disparities of underserved, diverse residents
- Articulate the rationale for addressing mental health disparities through integrated primary care behavioral health (PCBH)
- Illustrate the effectiveness of training and treatment within the PCBH model



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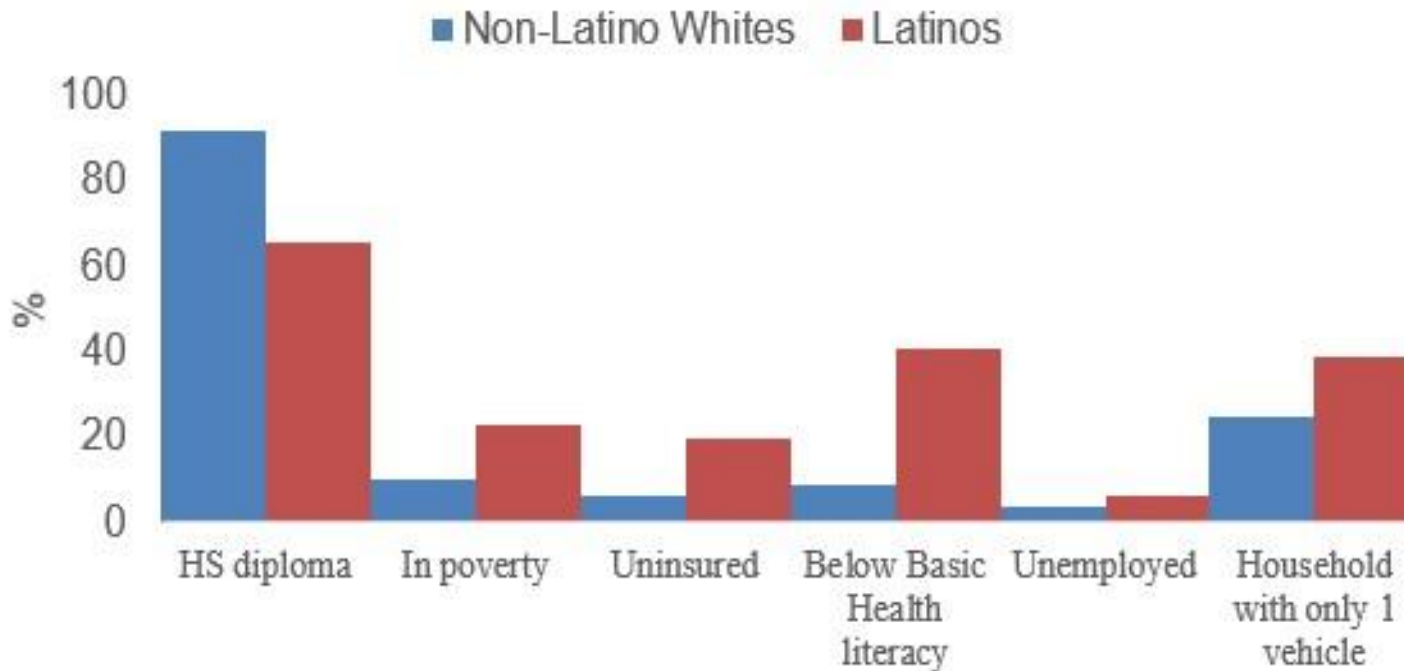
# Health Disparities

- Definition
  - *Significant differences in incidence, prevalence, mortality rates, and/or consequences of a disease in a subpopulation compared to the general population*
- AVOIDABLE
- Arise from inequities in social and economic conditions



# Health Disparities

## Social Determinants of Health Disparities



(US Census Bureau, 2015)



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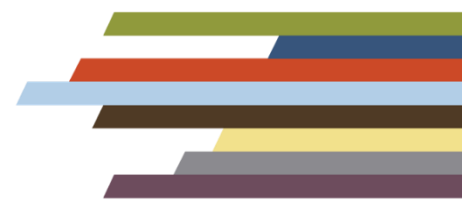
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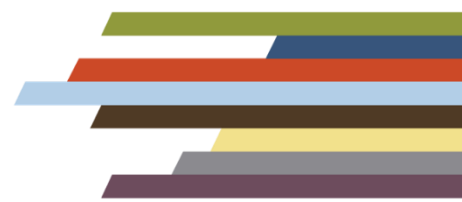
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# Health Disparities

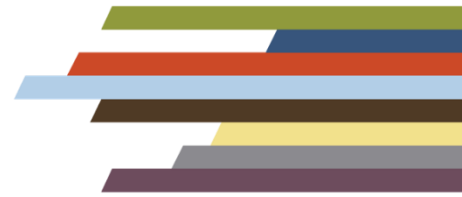
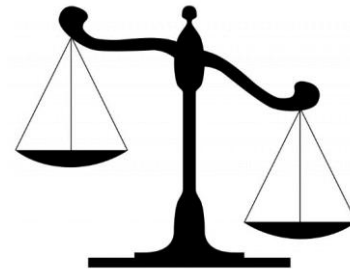
- Health disparities are not just a function of income
  - Although income certainly plays a critical role



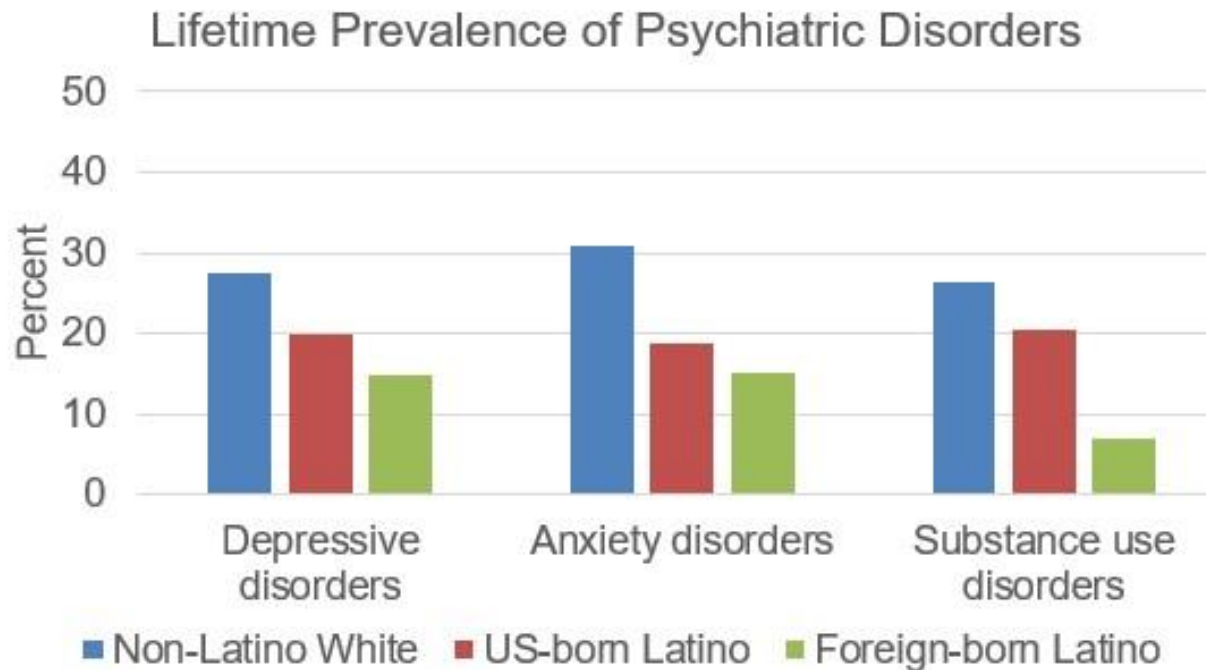
# Health Disparities

## Statistics in the Latinx population

- Disease prevalence
- Disease consequence or burden



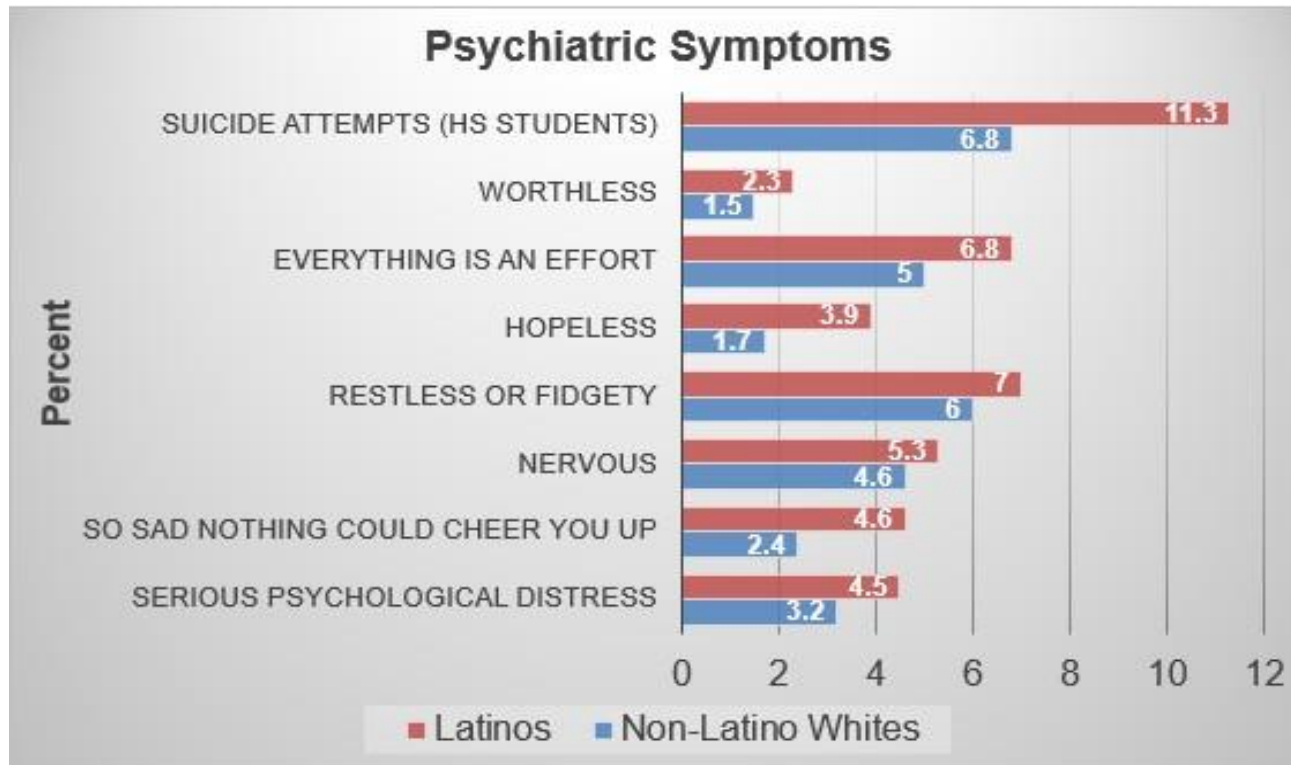
# Health Disparities: Disease Prevalence



(Alegria et al.,  
2009)



# Health Disparities: Disease Prevalence



(CDC, 2015)



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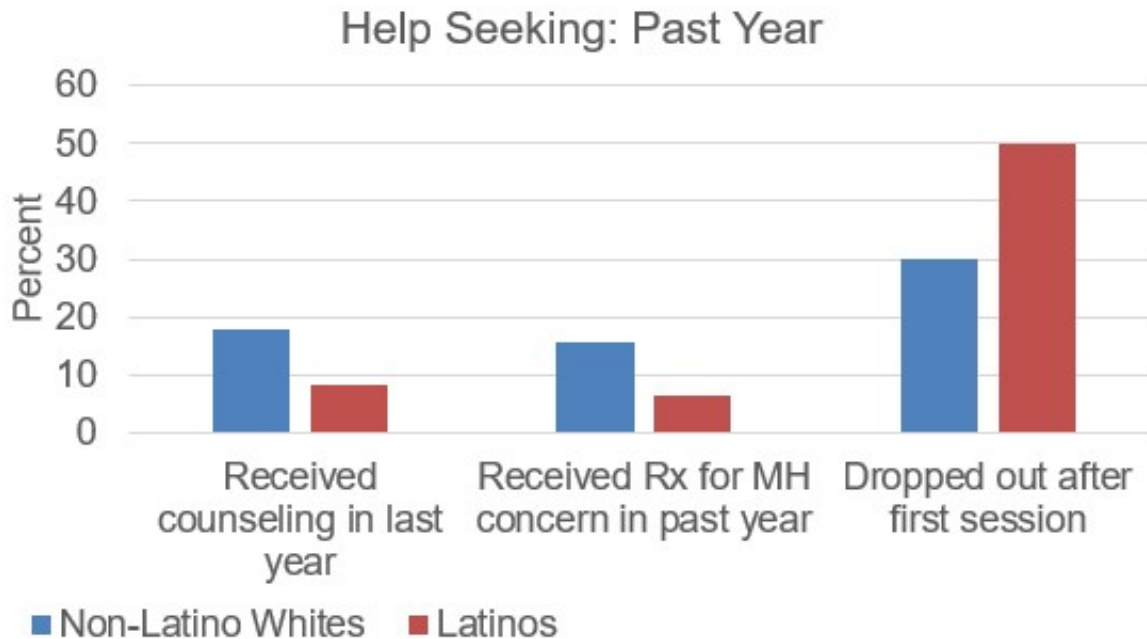
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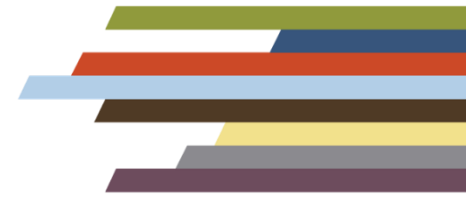
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# Health Disparities: Disease Consequence



(CDC, 2015)



# Health Disparities: Disease Consequence

A review of national epidemiological studies concluded that, compared to non-Latinx Whites with psychiatric disorders, Latinos with psychiatric disorders are...

...**less likely** to utilize specialty mental health services

...**more likely** to rely on the medical sector to obtain mental health care

...**more likely** to delay seeking services for disorders

...**less likely** to receive guideline-congruent care

...**less satisfied** with the care they do receive

(Cabassa et al., 2006)



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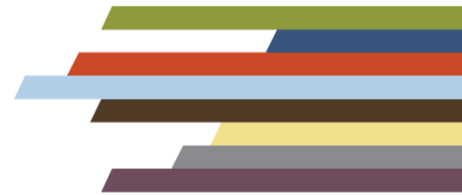




# Health Disparities: Disease Consequence

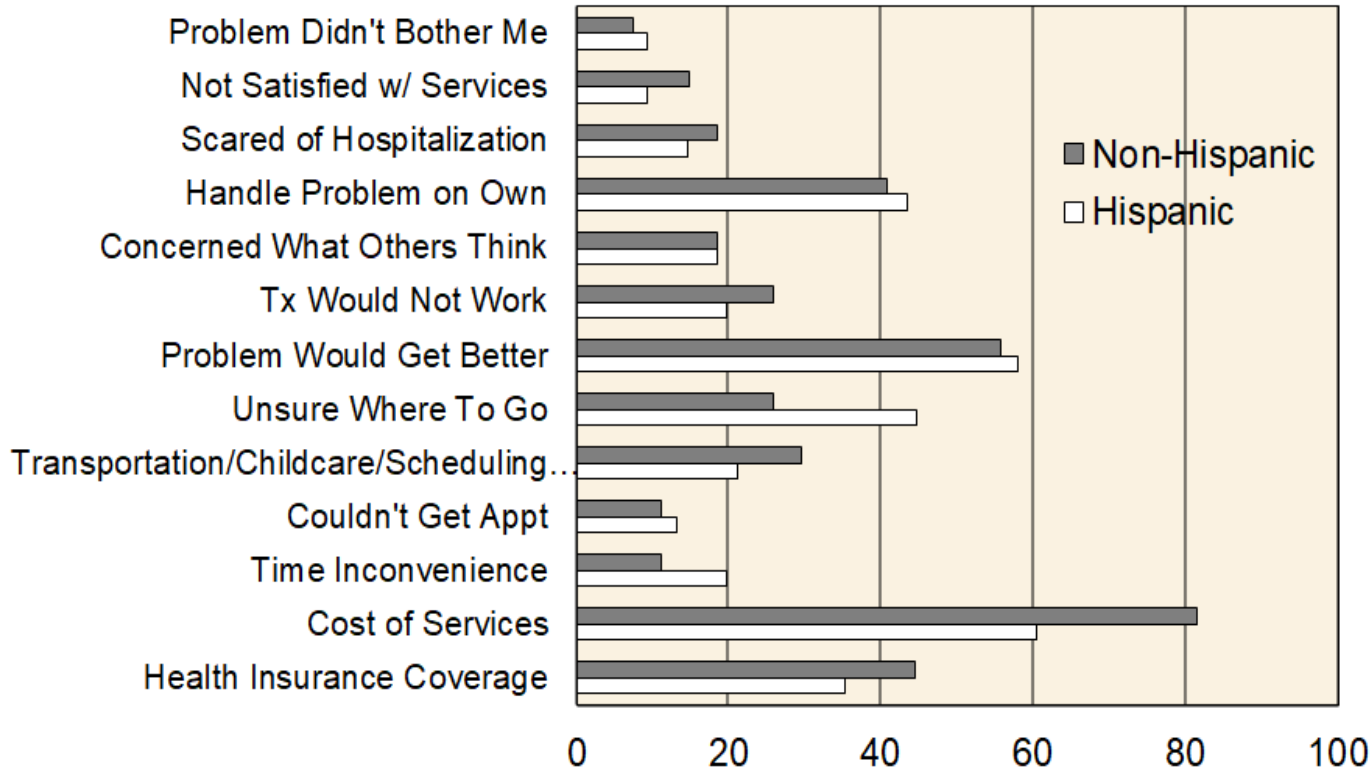
Disease consequence has been the primary target of my research

- *This is where mental health disparities are likely to arise for many underserved populations*



# Health Disparities: Help-Seeking

Reasons Why You Did Not Seek Help Even When You Needed It (%)



(CDC, 2015)



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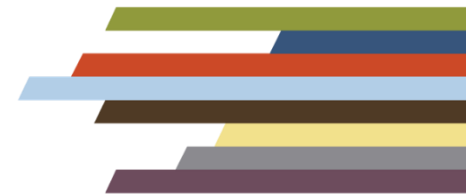
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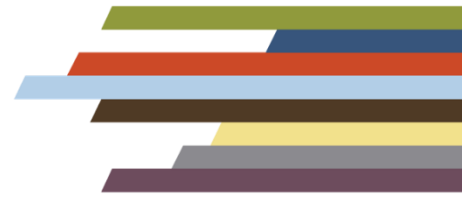
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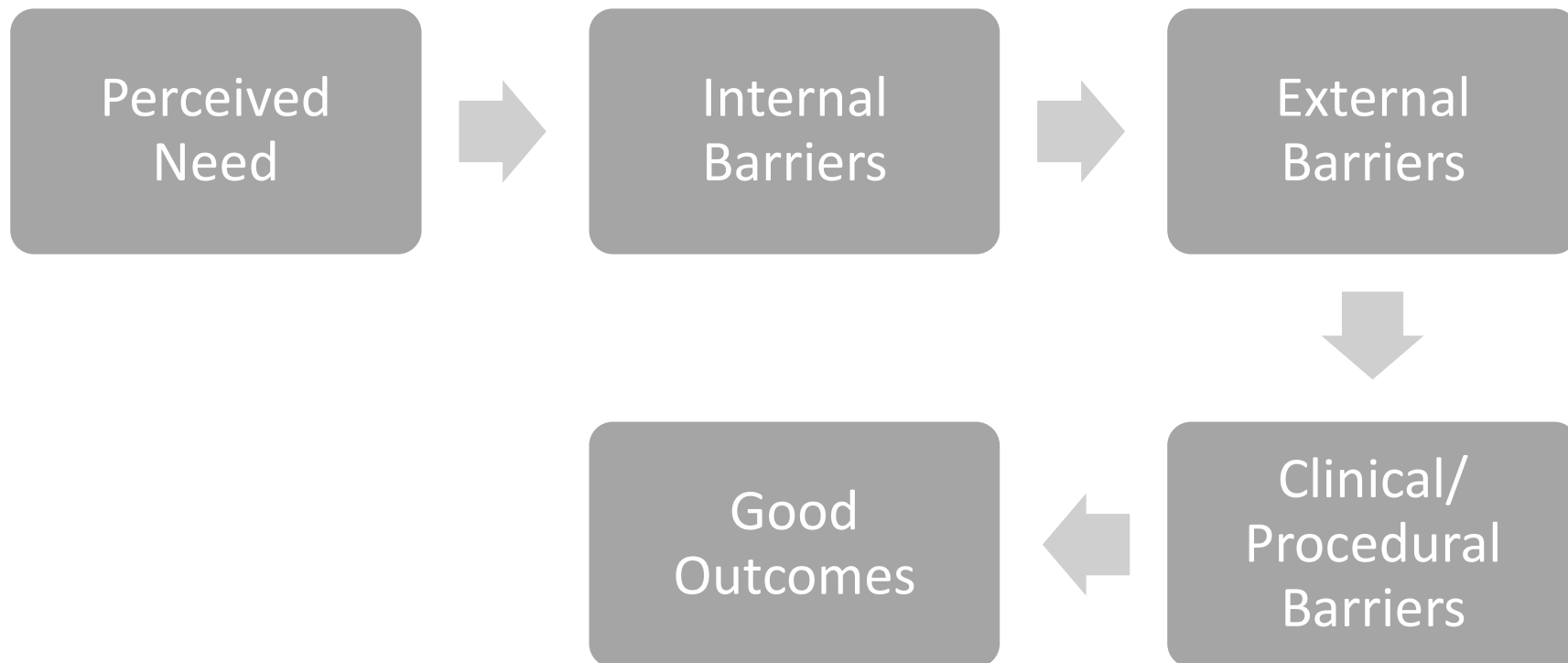


# Models of Help-Seeking

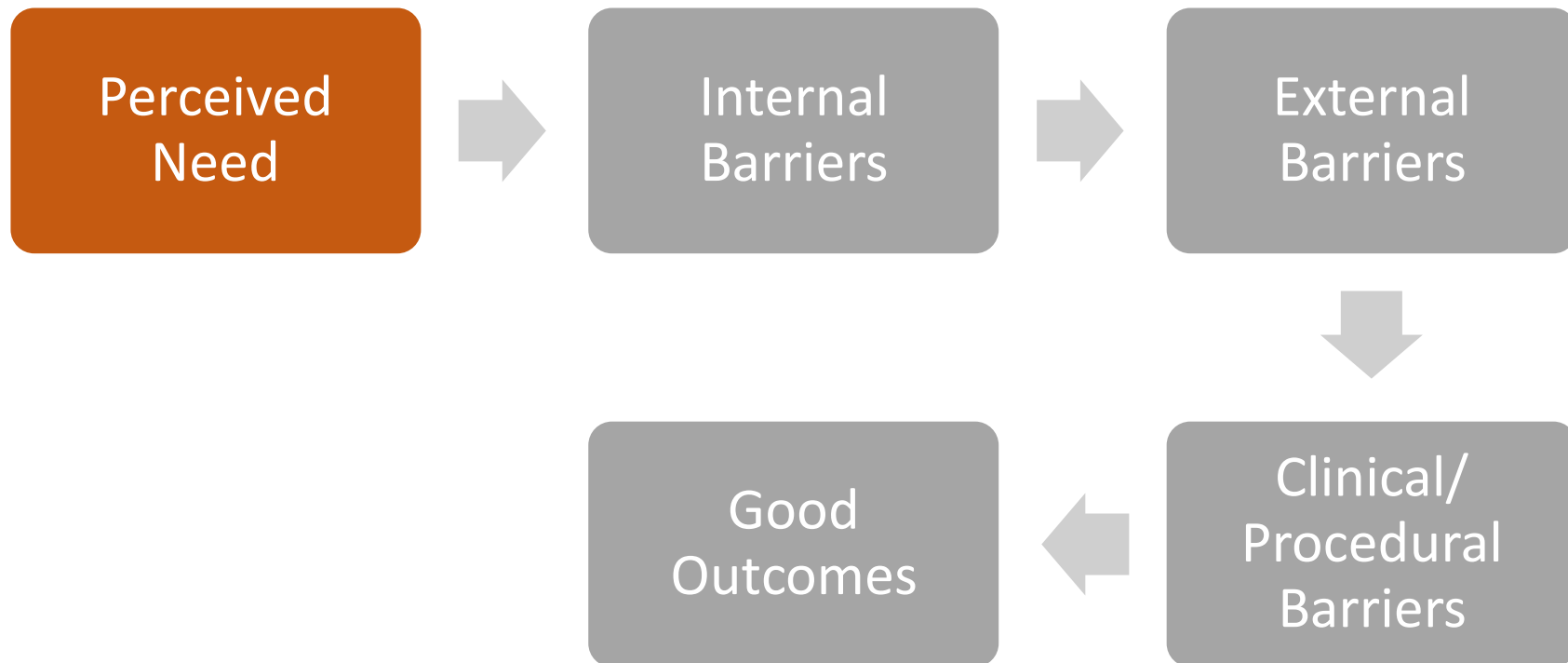
- Many models to explain help-seeking have been developed or adapted from other models of behavior
  - Theory of Planned Behavior (Ajzen, 1991)
  - Health Belief Model (Rosenstock, 1974)
  - Health Care Utilization Model (Andersen, 1995)
  - Cultural Determinants of Help Seeking Model (St Arnault, 2009)
- These models often lack an explicit focus on culture, or were developed within medicine to understand single-instance health behaviors (e.g., receiving a flu vaccination or breast cancer screening)



# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



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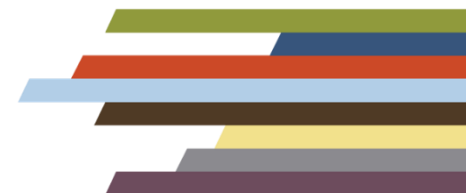
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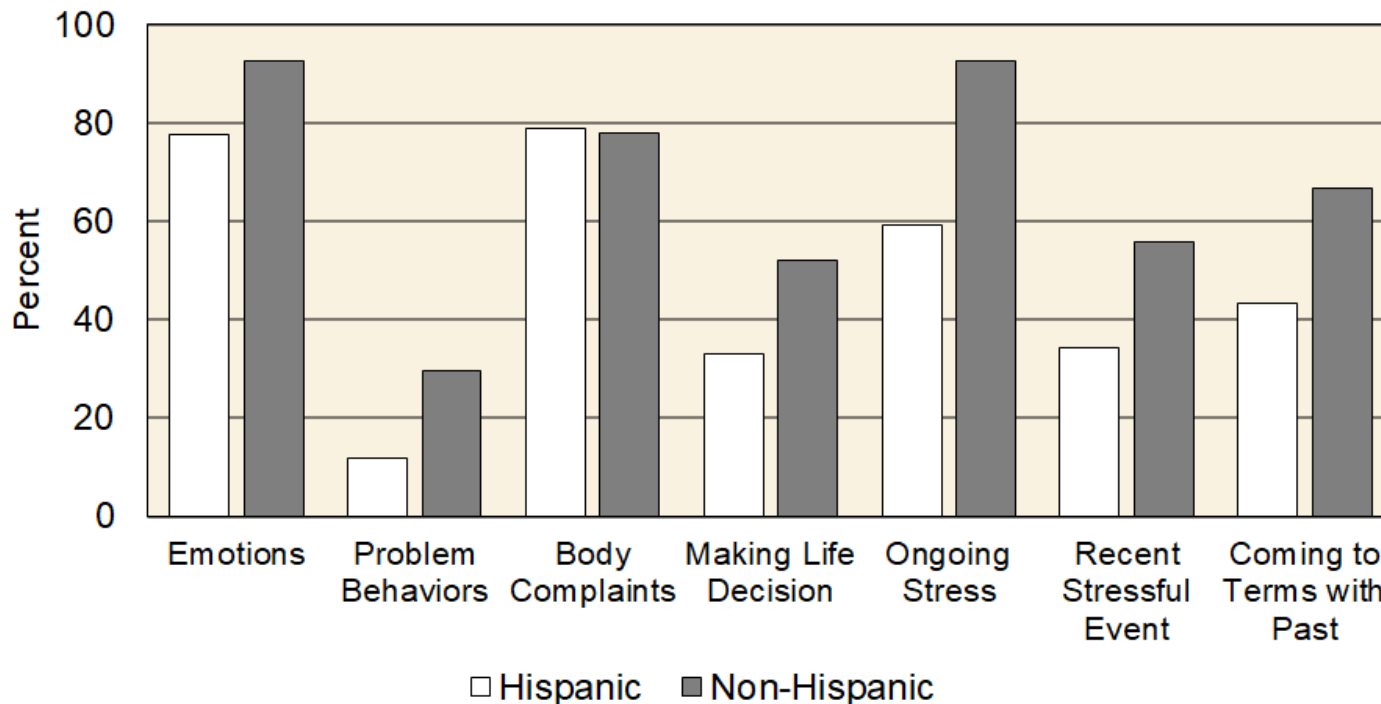
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# GATE: Perceived Need

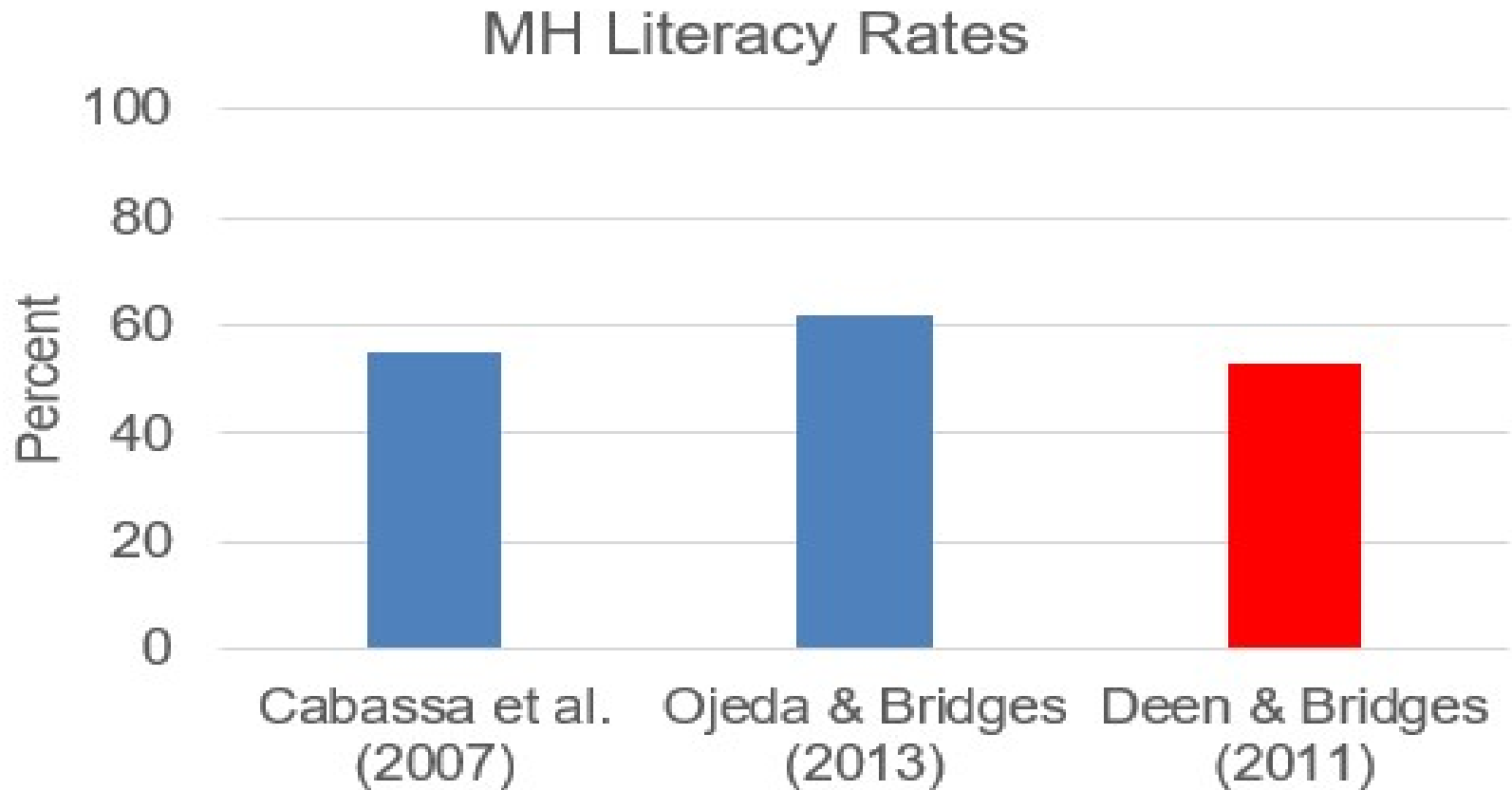
In the past 12 months, have you struggled with:



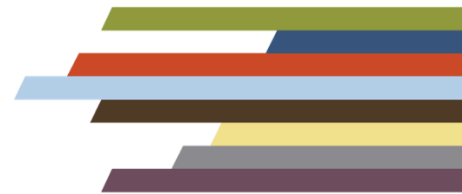
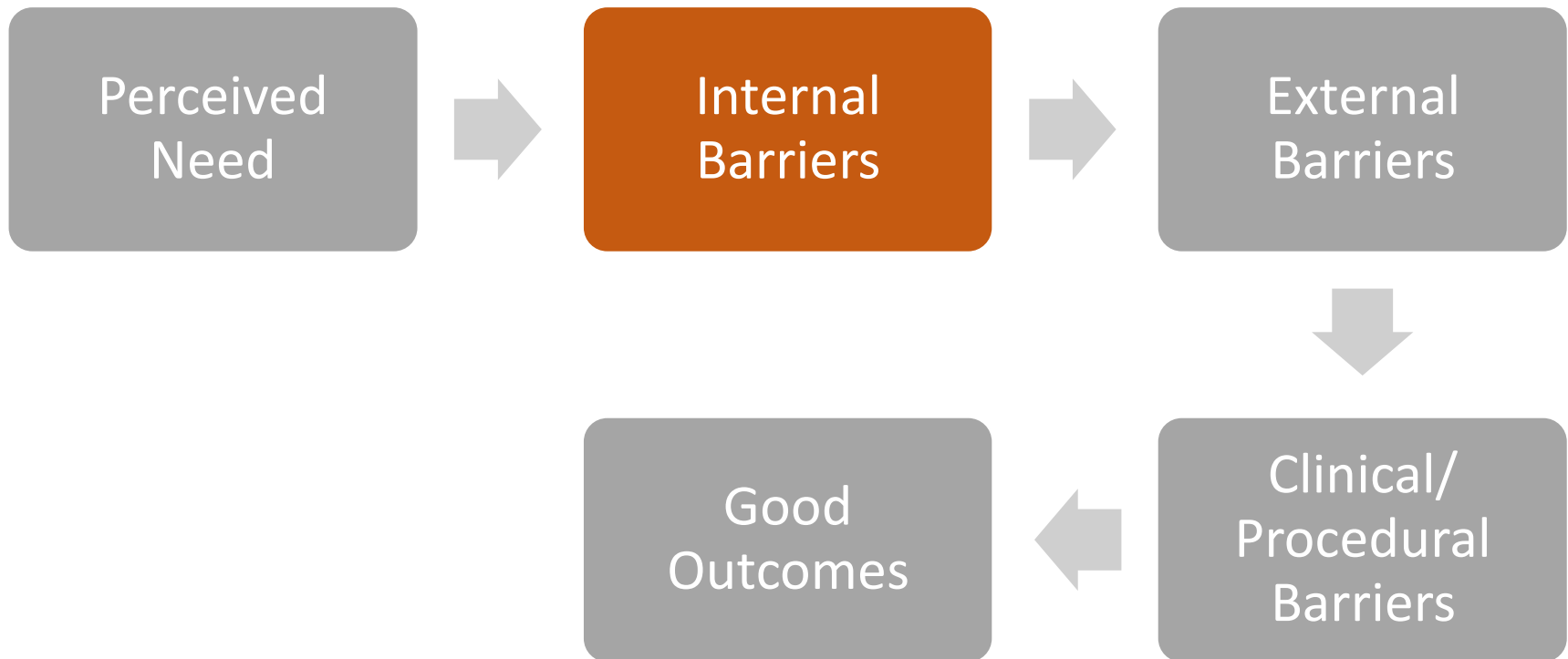
(Villalobos et al., 2015)



# GATE: Perceived Need



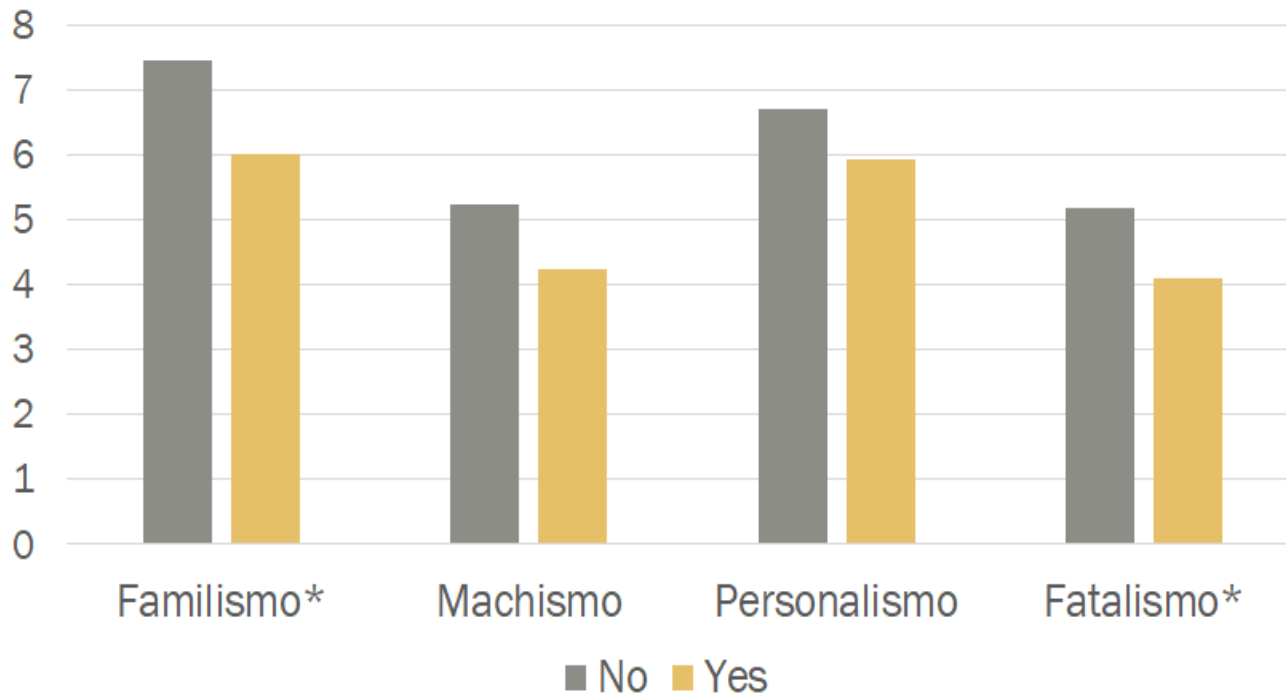
# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



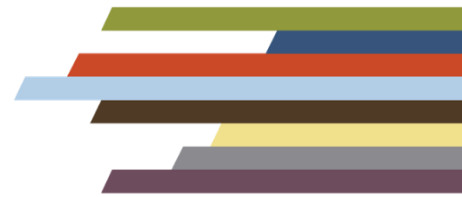


# GATE: Internal Barriers

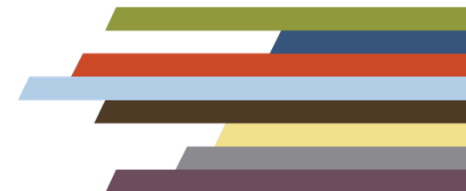
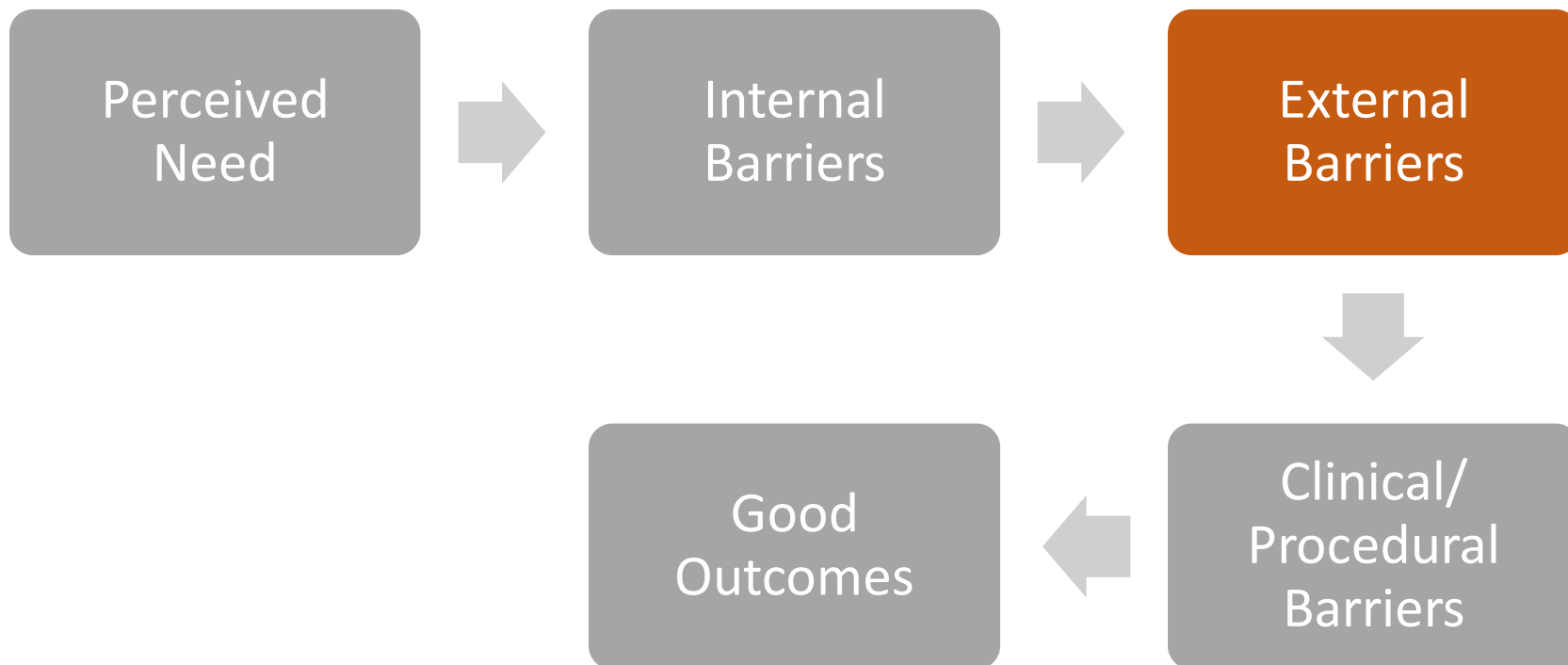
Have you ever consulted with a mental health professional?



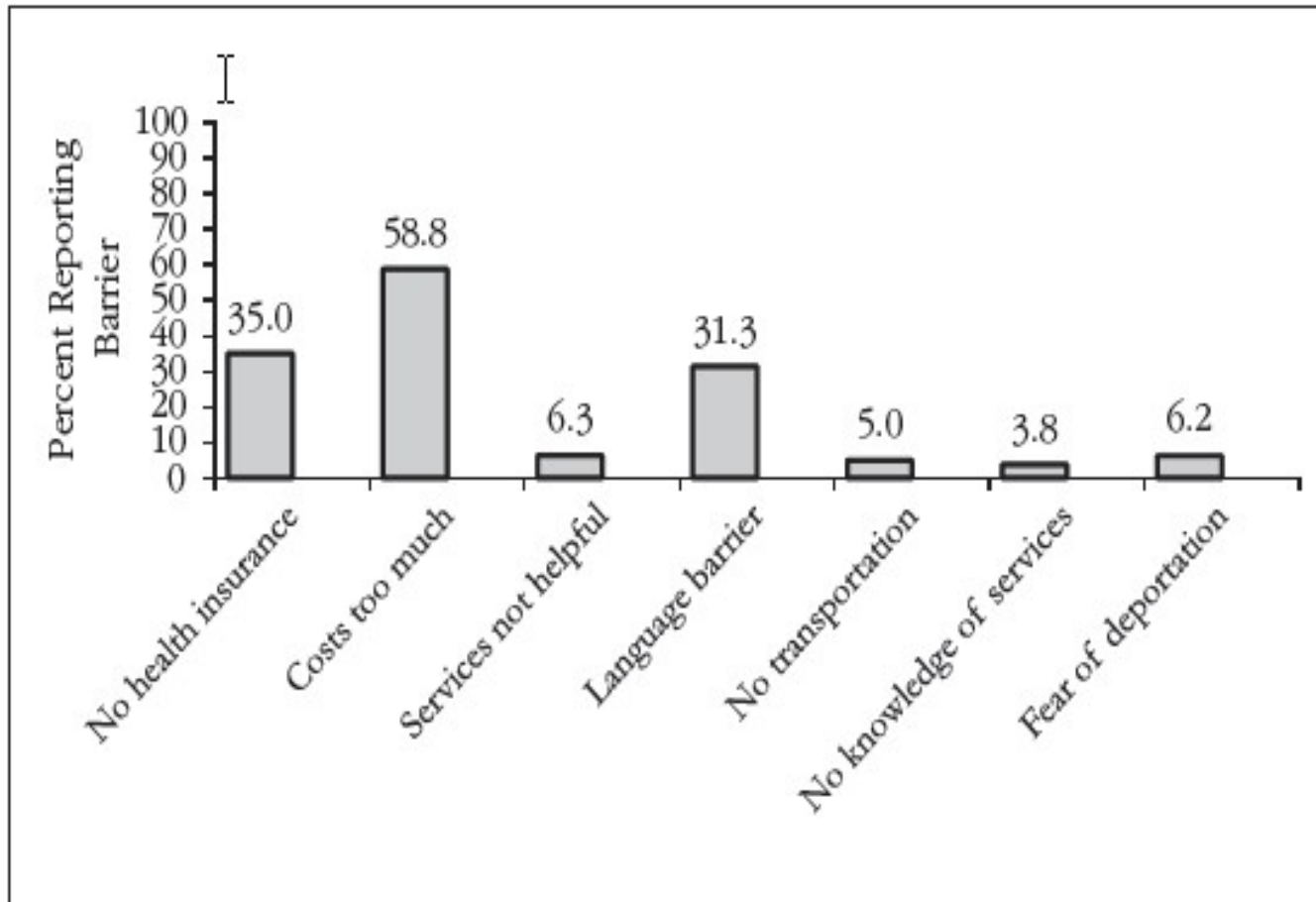
(Bridges, 2008)



# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



# GATE: External Barriers



(Bridges et al.,  
2012)



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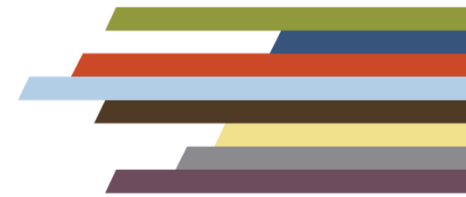
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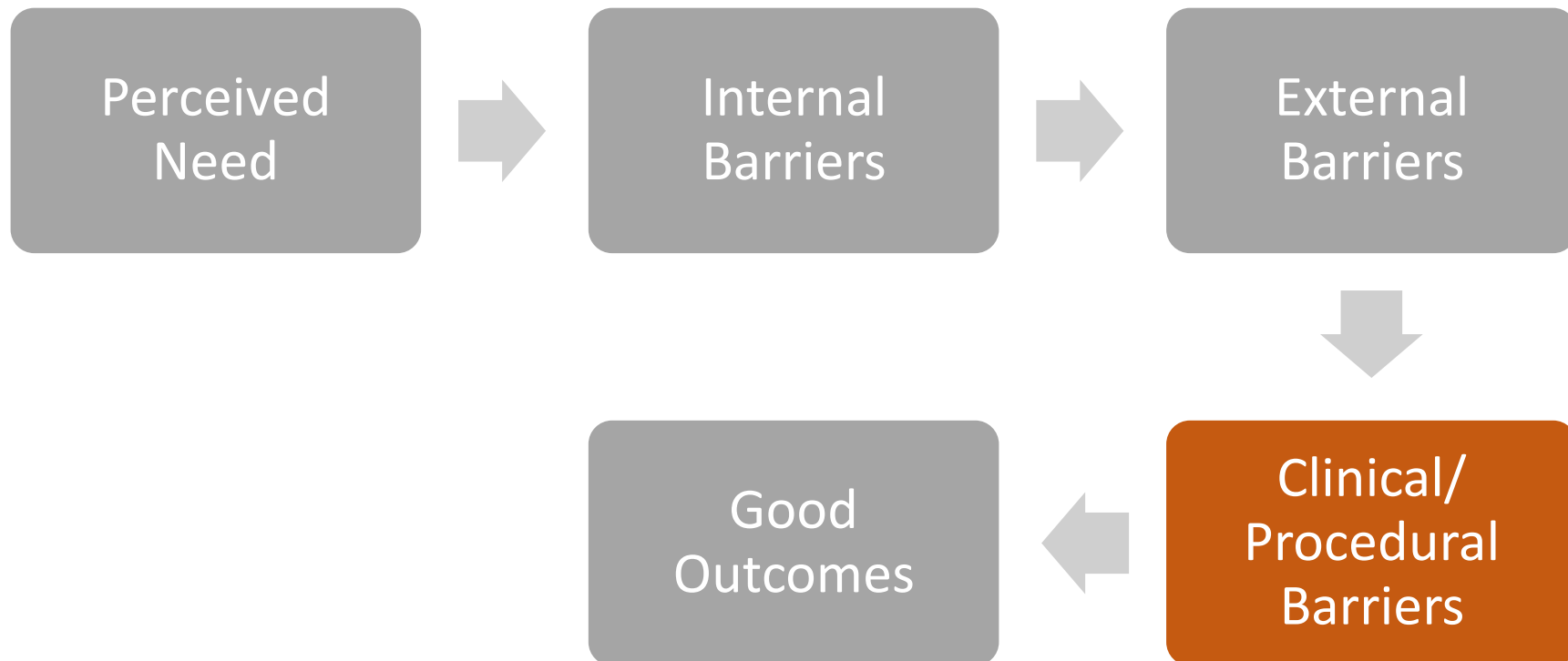
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# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



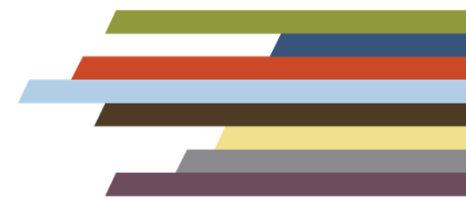
# GATE: Clinical/Procedural Barriers

## Therapist and Patient Language Congruence (Dueweke et al., 2016)

Therapist-Patient Dyad	<i>r</i>
Language congruent	.48***
Interpreter facilitated (overall)	.38***
High distress patients	.31***
Low distress patients	.09

## Adequacy of Assessment Instruments (Bridges et al., 2018)

Depression likelihood when PHQ-2 was positive:	Depression unlikely (False negative)	Depression likely (True positive)
Non-Latinxs	28.2%	71.8%
English-speaking Latinxs	26.4%	73.6%
Spanish-speaking Latinxs	<b>35.8%</b>	<b>64.2%</b>

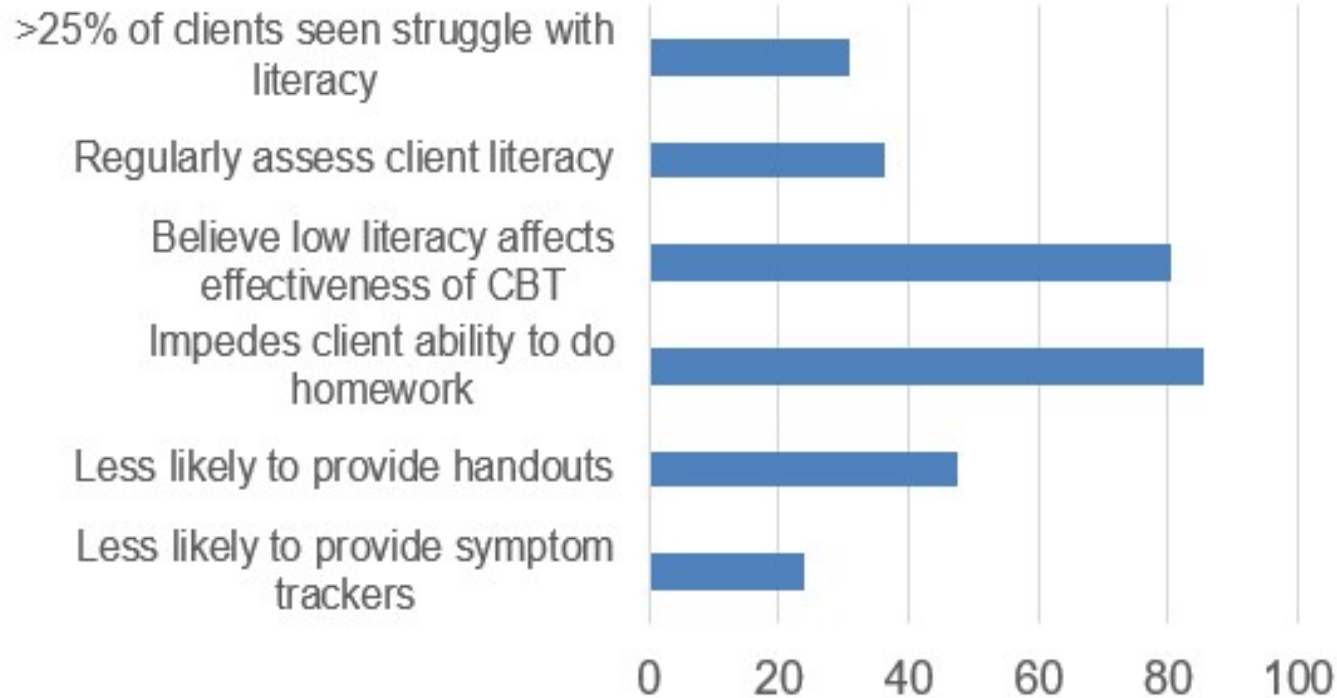


# GATE: Clinical/Procedural Barriers



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Percent of CBT Clinicians (N = 75)



(Patrana et al.,  
2017)



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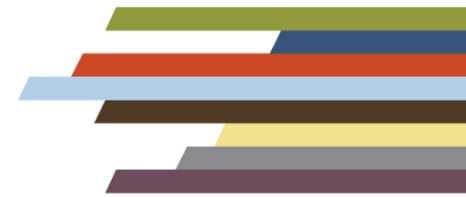
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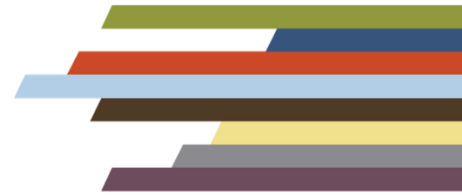
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# Learning Objectives

- Describe the mental health disparities of underserved, diverse residents
- Articulate the rationale for addressing mental health disparities through integrated primary care behavioral health (PCBH)
- Illustrate the effectiveness of training and treatment within the PCBH model



# Primary Care Behavioral Health (PCBH)



- Definition of PCBH (Reiter et al., 2018)
  - Part of a larger umbrella of integrated behavioral health care (O'Donohue et al., 2006)
- Psychologists should care about primary care
  - May be especially responsive to the needs of underserved populations (Benuto & O'Donohue, 2016)
- Now considered an important part of training
  - Special competencies required for practicing in integrated care settings (McDaniel et al., 2014)



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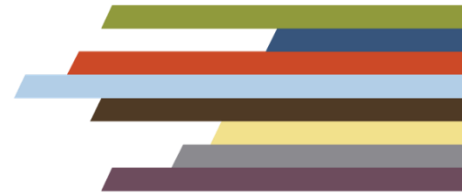
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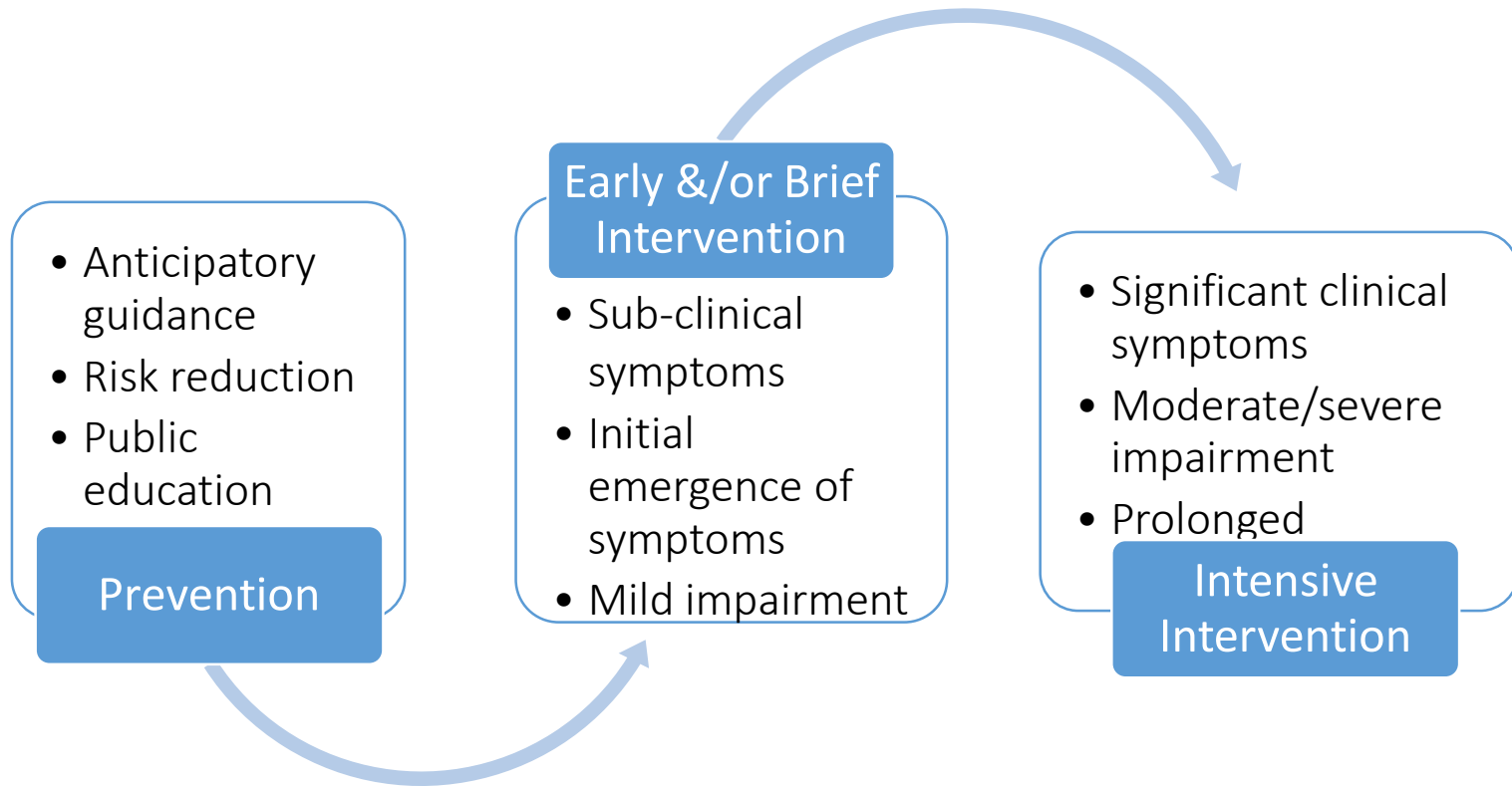
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# Role of PCBH in Psychological Service Delivery



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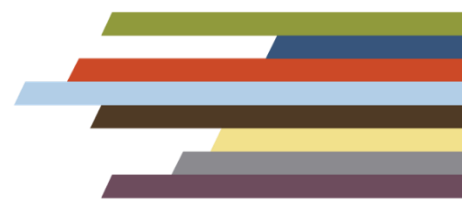
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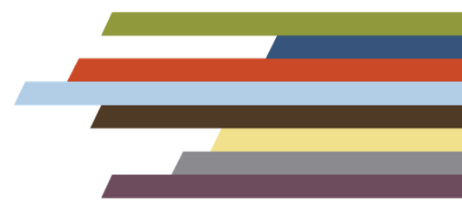
# Key Differences in PCBH versus Traditional Mental Health Care

## PCBH

- Services **on-site** in primary care
- Services often offered in **“real time”**
- Interdisciplinary team
- Opportunity for **prevention** and **early intervention**
- Brief problem-focused assessments and interventions
- Focus on health behaviors, mental health concerns, and substance misuse

## Traditional MH

- Services provided **outside** primary care
- Patient must find and then access services
- Siloed healthcare professionals
- Referral occurs after symptoms affect functioning
- Tendency toward comprehensive assessment and longer treatment
- Focus on mental health and substance abuse



# Key Similarities between PCBH and Traditional Mental Health Care



- Both fundamentally a human interaction
  - Rapport matters
- Both engage patients in a collaborative fashion
  - Do with, not to
- Both involve the use of scientific foundations of behavior change
  - Flexibility, creativity, adaptability required
- Both can help create lasting, clinically significant improvements in patients



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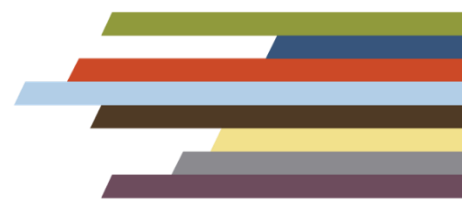
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# PCBH Views Psychological Care's Impact from a Public Health Perspective



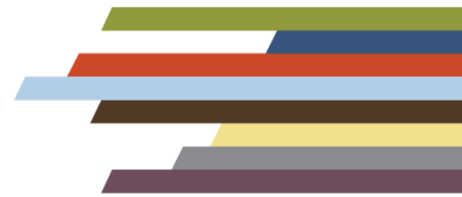
**Impact = Effectiveness x % Population Reached**

An intervention for depression that is 80% effective but only reaches 5% of the population will have less of an impact than an intervention that is 30% effective but reaches 40% of the population.

**Impact = .80 x .05 = .04**

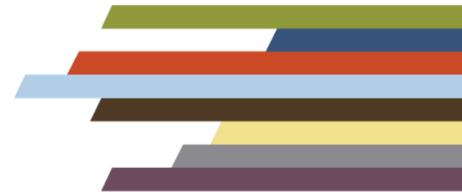
**Impact = .30 x .40 = .12**

***THREE times more impact with the less potent intervention***



# Learning Objectives

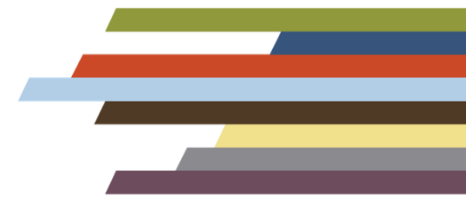
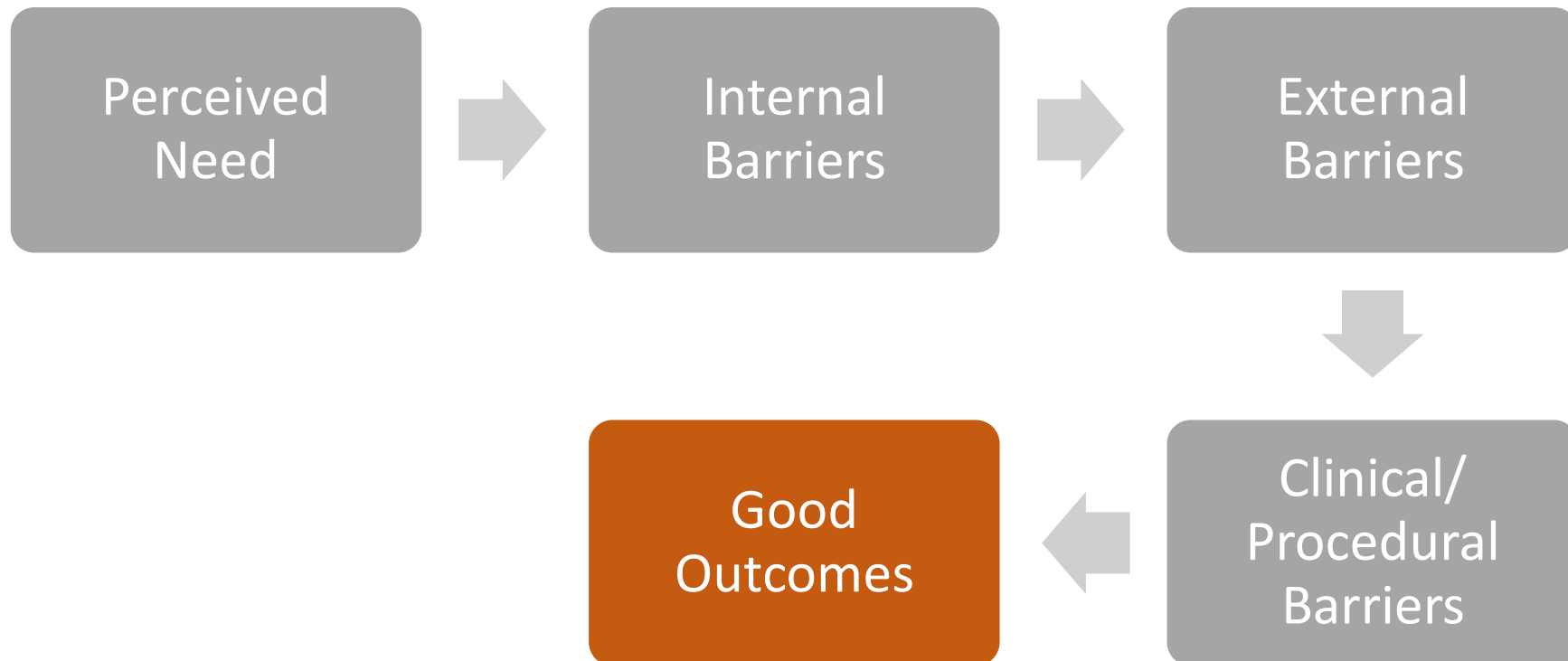
- Describe the mental health disparities of underserved, diverse residents
- Articulate the rationale for addressing mental health disparities through integrated primary care behavioral health (PCBH)
- Illustrate the effectiveness of training and treatment within the PCBH model



# How Might PCBH Reduce Mental Health Disparities?

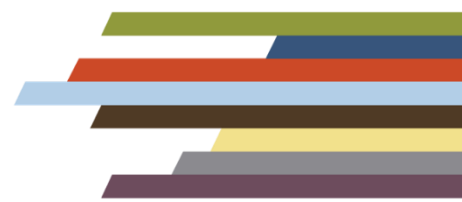


# Gaining Access and Treatment Equity (GATE) Model of Help-Seeking



# Evaluations of PCBH

- Premature termination/drop-out
- PCBH treatment outcomes & satisfaction with services
- Persistence of effects
- Economic sustainability



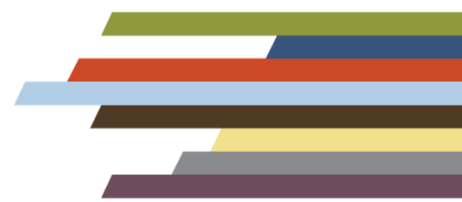


# Bridges et al. (2014) *Journal of Latina/o Psychology*

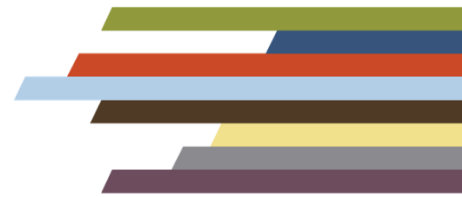
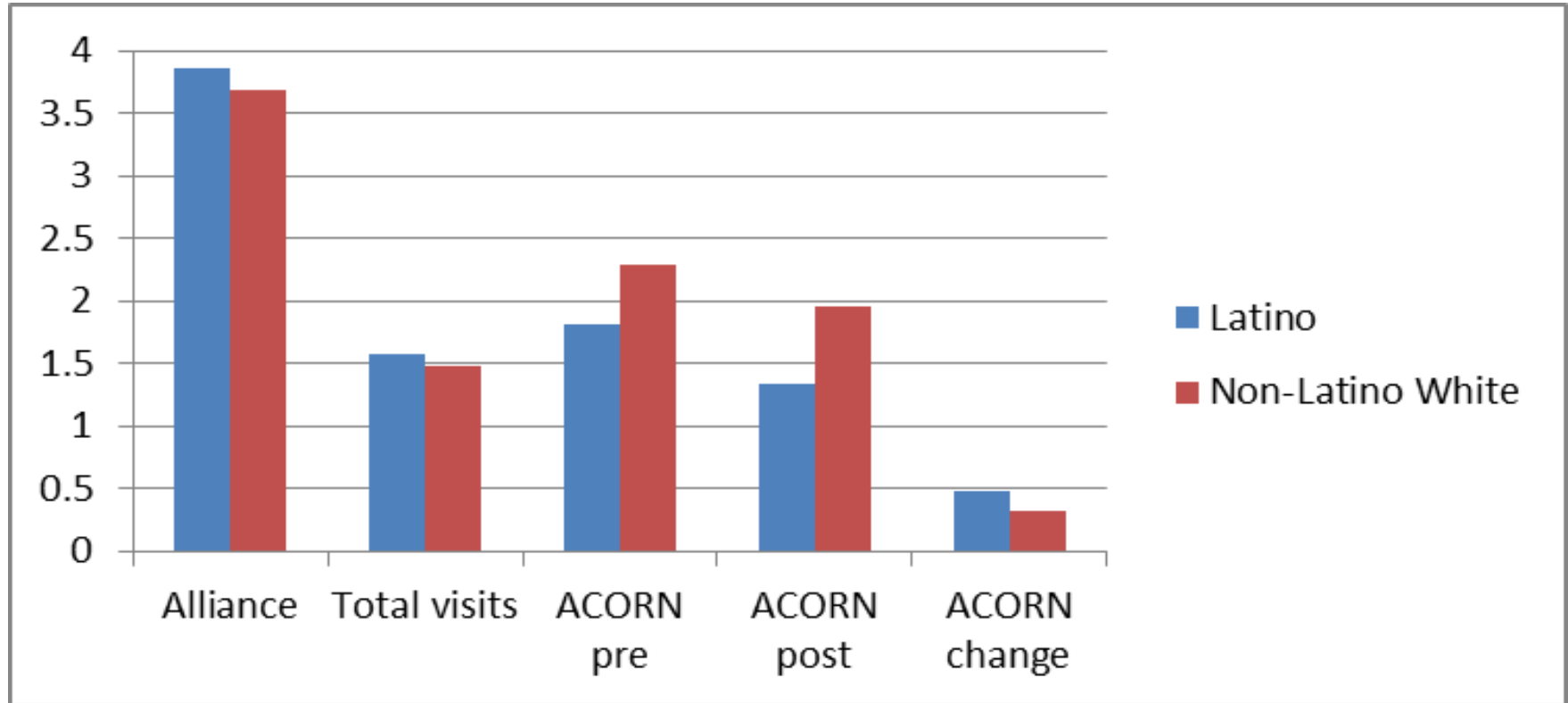


## Compared Latino and non-Latino White PCBH patients on treatment retention, satisfaction, and improvements in functioning

- N = 793 consecutive patients seen during a 10.5 month period by 2 BH student clerks
  - 64% Latino
  - *M* age = 29
  - 65% female
  - 54% uninsured)
- At every session, patients completed ACORN questionnaires (Brown, 2011) and BHCs assigned GAF scores (Jones et al., 1995) and tentative MH diagnoses



# Bridges et al. (2014) *Journal of Latina/o Psychology*

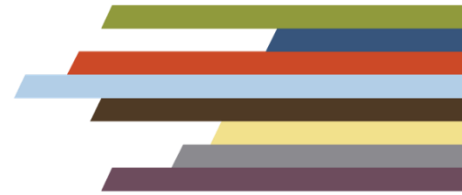


# Bridges et al. (2015) *Journal of Consulting & Clinical Psychology*



Examined demographic variables, diagnostic impressions, intervention strategies, and rates of functional improvement in PCBH patients

- N = 1,150 consecutive patients seen during a 34-month period
  - 60% Latino
  - *M* age = 30
  - 67% female
  - 48% uninsured
- At every session, patients completed ACORN questionnaires (Brown, 2011) and BHCs assigned GAF scores (Jones et al., 1995) and tentative MH diagnoses



# Bridges et al. (2015) *Journal of Consulting & Clinical Psychology*

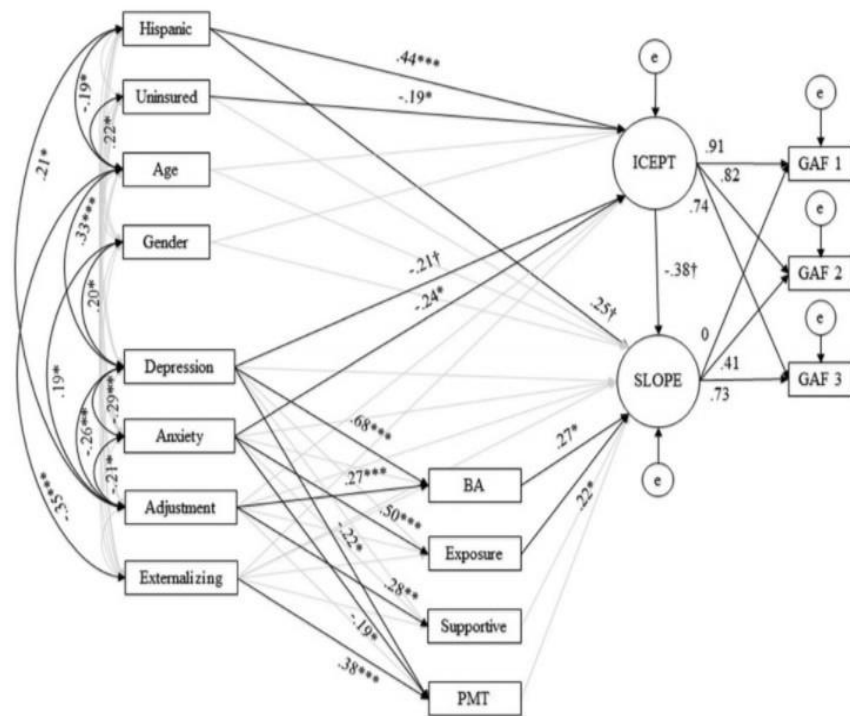
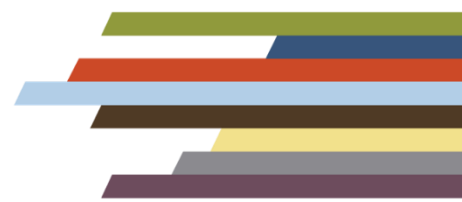


Figure 2. Model with significant standardized coefficients. CFI = .97; RMSEA = .06;  $\chi^2 = 52.03$ ;  $df = 38$ ;  $p = .06$ . BA = behavioral activation; PMT = parent management training; ICEPT = intercept; GAF = global assessment of functioning; CFI = Comparative Fit Index; RMSEA = root mean square error of approximation;  $df$  = degrees of freedom. Marginal paths are indicated by †. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

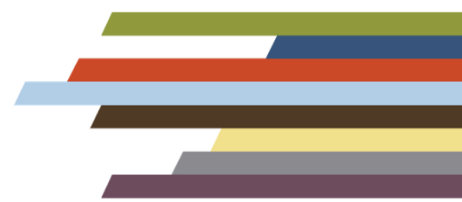
- Improvements (slope of change) marginally *better* in Latinx patients compared to non-Latinx patients
  - Other demographic variables not associated with rate of improvement in treatment
- Treatment interventions were significantly associated with diagnostic impressions
  - Guideline-congruent care
- Patients improved faster with behavioral activation and exposure than with supportive therapy
  - Not just benefitting from attention/support



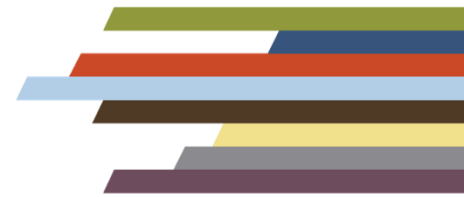
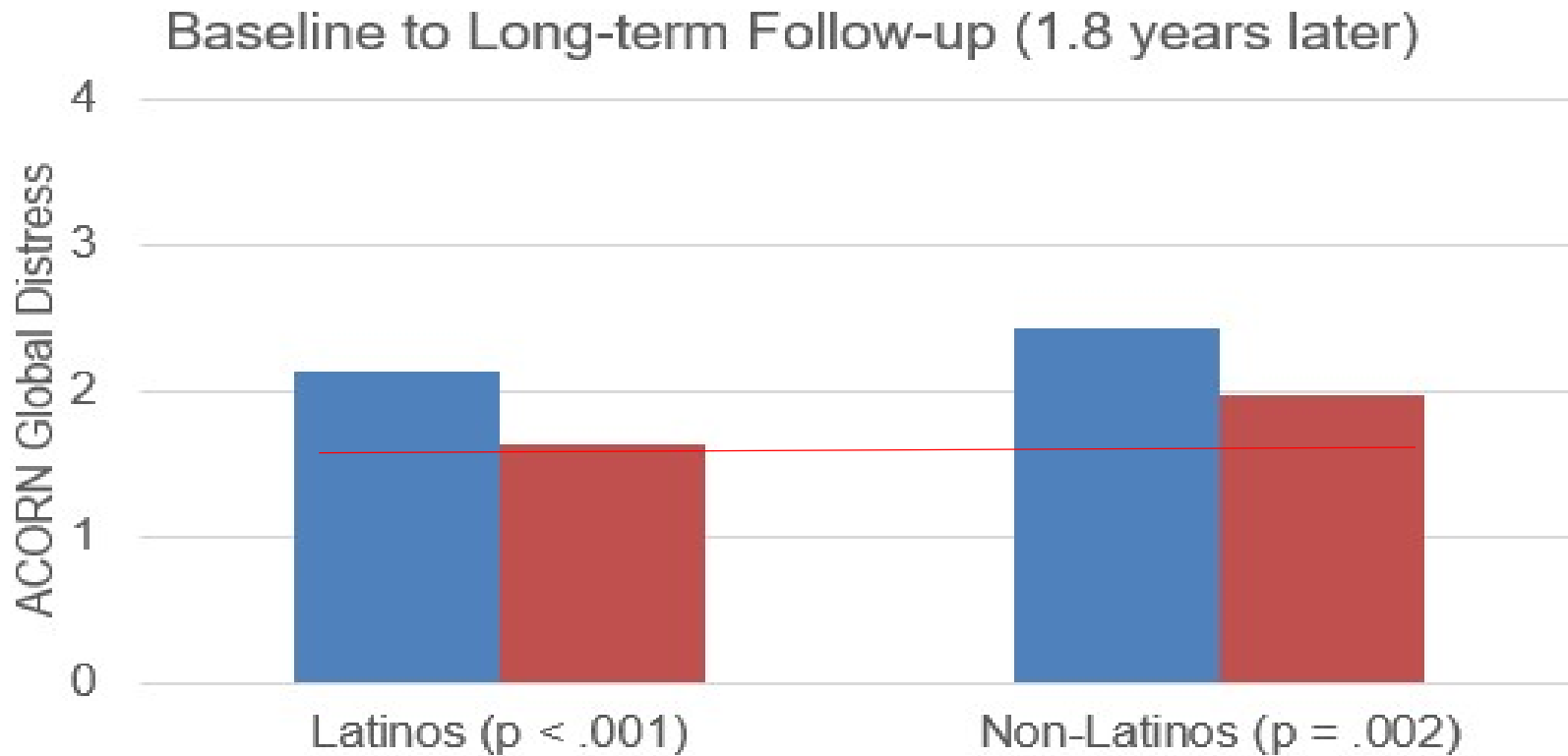
# Gomez (2017) Dissertation

## Examined the persistence of therapeutic gains over a 1-3 year post-tx f/u period

- N = 83 adults recruited from a pool of 454 consecutive PCBH patients seen between August 2014 – June 2016
  - 61% Latino
  - *M* age = 43
  - 80% female
  - 57% uninsured
- Data on BH patients' demographic characteristics were extracted from medical records and student clerk files; baseline ACORN scores extracted from student clerk files.
- Patients were called on the telephone by clinic volunteers assisting with the study. After obtaining verbal consent, patients responded to the ACORN questions administered orally.



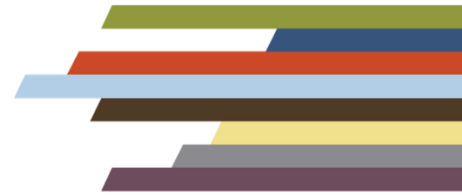
# Gomez (2017) Dissertation



# Dopp et al. (2018) *Clinical Practice in Pediatric Psychology*

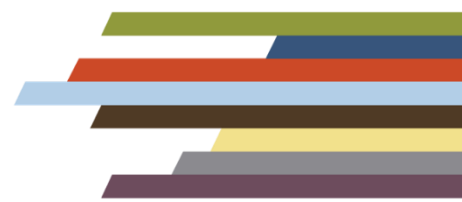


- Examined the economic savings of pediatric PCBH services
  - N = 248 consecutive pediatric patients who received PCBH during the 2015-16 academic training year.
    - Average episode of care = 1.8 visits
  - Examined charges that occurred in the 6 months prior to and following the BH episode of care
- Results:
  - Savings- Average monthly health care charges were significantly lower in the follow-up period (\$40/month) versus the pre- period (\$84/month)
  - Overall net savings- For every \$1 spent on PCBH, the clinic saved \$1.16



# Conclusions

- The structure of PCBH increases health equity for Latinos
- On the whole the same principles of behavior change apply to Latinos and other groups
  - Treatments may not need to be modified in **content**
  - However, changes to treatment **process** are very beneficial







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# Thank You!

- Community Clinic
- Pat Walker Health Center
- DREAM Lab members
- Funders: US DHHS, APA, SREB, ADHE



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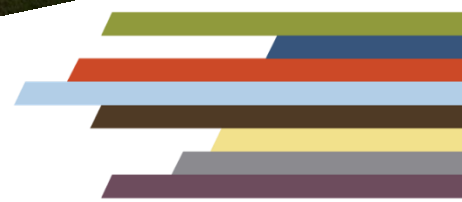
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# Discussion

**Diane Arms, M.A.**, of the National Hispanic and Latino MHTTC serves as behavioral health director for Avenue 360 Health and Wellness, a Federally Qualified Health Center (FQHC) in Houston, Texas. She has dedicated her career to serving the Latinx population in the health field, including mental health and substance use. She received both her BA and MA degrees in clinical psychology from the University of Texas at El Paso.



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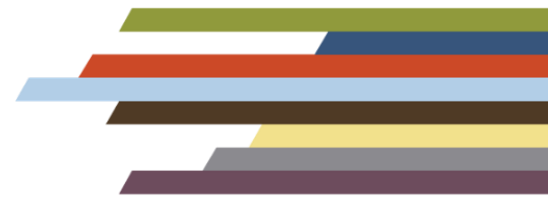
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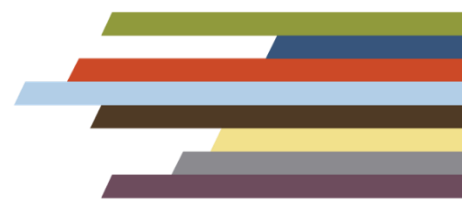
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# Mid-America MHTTC Training/TA

- **Clinical Topics Webinar Series**
  - Chronic Pain Management
  - Special Topics in Integrated Care
- **Conferences/Workshops**
  - Div. 54 Society of Pediatric Psychology Annual Conference, March 19-21, Dallas, TX
  - Nebraska Counseling Association Spring Conference, March 20, Omaha, NE
  - NatCon Annual Conference, April 5-7, Austin, TX
  - Nebraska Rural Health Association Conference, April 9, Kearney, NE
  - Mental Health and Developmental Disabilities Leadership Institute, May 10-16, Logan UT
  - Integrated Care Conference by the Collaborative Family Healthcare Association, Oct. 8-10, Philadelphia, PA
  - Iowa Primary Care Association Conference, Oct. 20-22, Des Moines, IA
- **TA to build/improve integrated care practices**
  - Assessment and technical assistance





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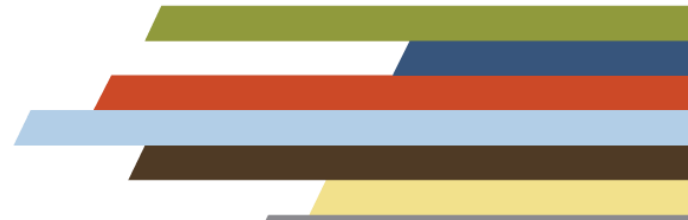
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# EVALUATIONS



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