

Lessons Learned

Mental Health, Public Health, and Primary Care Collaboration: Lessons Learned

This fact sheet explores the potential of partnerships between the public health, primary care, and mental health communities to provide for better treatment and prevention of mental illness.

INTRODUCTION

Mental health concerns impact a more significant proportion of the public than diabetes (6.6 %) or cancer (7%), and roughly the same amount as obesity, which effects 30% of adults over the age of 20.¹ Given that public health is characterized by a concern for the health of the entire population and by an awareness of the linkage between health and the physical and psychosocial environments, the public health community sees the importance of addressing not only the physical, but also the mental well-being of individuals and the population.²

The prevalence of mental health disorders is higher among primary care



patients (25%) than the general population (20%) and they often co-occur with other physical or somatic disorders.³ Data reveal that a majority of Americans receiving treatment for behavioral health conditions receive care from a primary care physician. Primary care has long been known as the de-facto setting to receive mental health treatment for many individuals,

Mental health concerns impact approximately 30% of adults over the age of 20.

particularly the under- and uninsured populations. Primary care offers the potential for early screening and identification and coordination of care. There is less stigma associated with visits to primary care providers than to mental health providers.⁴ Public health strategies can increase awareness of mental health issues and strengthen providers' capacity to care for their patients' emotional and psychological needs. With primary care providers and mental health experts working collaboratively through the principles of public health, both treatment and prevention of mental illness can be addressed.

THE LOCAL PICTURE

Local health departments (LHDs) across the nation are striving to address service integration within their communities by utilizing primary care and mental health providers while simultaneously applying the principles of public health to increase awareness and to decrease the stigma associated with seeking mental health services.

A National Association of County and City Health Officials (NACCHO) and National Mental Health Association (NMHA) consensus meeting in April 2004, supported by the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA), highlighted the need to incorporate public health practices into mental health and primary care services, but acknowledged that a number of challenges exist to achieving this collaboration. A May 2005 issue brief about this meeting, "Increasing Collaboration between Mental Health and Public Health," emphasized the role of NACCHO in assisting LHDs to respond to the growing needs in their communities by supporting partnerships between mental health and public health. To meet the needs of its members in this capacity, NACCHO began a demonstration project, supported by the Bureau of Primary Health Care (BPHC) at HRSA, focusing on the partnership and communication between federal, national, state, local, and community partners as the first step in enhancing collaboration between public health, mental health, and primary care. NACCHO awarded a

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Description of Demonstration Sites

WASHINGTON COUNTY (NY) PUBLIC HEALTH

The two entities, Washington County Public Health Nursing Service and Warren County Public Health Services, designed an integrated process to improve the development and delivery of mental health services, with a focus on improved access and coordination, system integration, and professional workforce preparedness.

BUNCOMBE COUNTY (NC) HEALTH CENTER

Buncombe County Health Center (BCHC) was in the process of transitioning from grant funding to a sustainable, established program in the health department. The NACCHO funding enabled BCHC to conduct a professional SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of existing programs and venues to finalize a sustainable program plan for the jail, school, and clinic behavioral health services.

LYON COUNTY (KS) HEALTH DEPARTMENT

Lyon County Health Department (LCHD)'s goal was to establish stronger ties between the primary care staff at LCHD, the community health center, and the community mental health center. In addition, LCHD strove to increase the willingness of racial and ethnic minorities to seek care and strengthen the ability of private sector primary care providers to screen for mental health issues and respond with appropriate treatment interventions.

total of \$27,000 to three LHDs to:

- 1) establish a strategic planning coalition to address mental health from a clinical and public health approach, and
- 2) share lessons learned about the coalition building and strategic planning with NACCHO and other LHDs. This document shares the demonstration sites' invaluable coalition building strategies and lessons learned throughout the strategic planning process.

THE CONTINUUM OF INTEGRATION

In order to be considered for funding, demonstration site applicants were required to show success working with a standing coalition to which the charge of mental health was added, or an existing collaboration with the mental health community. Coalition partners included local public health officials, community health center representatives, and mental health stakeholders. Although the purpose of the demonstration sites was to establish local coalitions to address mental health from a clinical and public health

approach, each of the three sites chosen was in a different stage of this process. The proposed activities of the sites varied from developing a strategic plan and assessing community needs, to educating primary care providers on integrating mental health, to addressing challenges encountered in a fully integrated primary care, public health, and mental health setting.

During monthly conference calls with NACCHO, the sites discussed the different levels of collaboration and the various goals and challenges of each site. The sites determined that they fell into different areas of the collaboration continuum. A Continuum Model, developed from three separate integration and collaboration models, eloquently describes the varying levels of collaboration, ranging from 1-5 (see "Tools and Resources" at the end of this document). Each step of the collaboration process is defined by unique obstacles that bring all partners closer to the ultimate goal of the continuum: level 5, "close collaboration in a fully integrated system."



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WASHINGTON COUNTY (NY) PUBLIC HEALTH

The Wisdom Coalition: A Systematic Community Approach to Mental Health Integration

The overall purpose of the Washington County Public Health project was to improve the development and delivery of mental health services for residents in Washington and Warren counties in northeastern New York State.

Washington County Public Health conducted a strategic planning process with the county coalition, titled the

“...strategic planning was the lengthiest part of the process and helped to build the understanding that collaboration is more than a purpose, thought or value; it is the necessary step in learning from each other and building lasting relationships that will sustain the momentum.”

— *Washington County (NY) Public Health*

Wisdom Coalition, which resulted in two major outcomes. First was identification of the need for an educational opportunity to enhance the competency of providers who deliver mental health services. Second was a need for an integrated service delivery model of mental health care based upon existing community services. In order to determine the current state of the mental health system, a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted.

Snapshot

WASHINGTON COUNTY PUBLIC HEALTH NURSING SERVICE:

“The strategic planning process was a first, and big, step toward creating an integrated mental health community—a community that puts individuals and their families who are living with mental illness or experiencing mental health issues in the center of care, advocacy, research, and education. Through strategic planning, we found that there are significant disconnects among agencies that need to be addressed formally to improve mental health services and supports. Creating an integrated mental health community depends on the continuing efforts of many individuals, consumer groups, community members, primary care, and other organizations with an interest and a role to play in improving mental health. Expanded partnerships must be formed to move the strategic direction forward and transition from planning to implementation.”

— *Pat Harrison and Vicky Wheaton, Washington County (NY) Public Health*

The analysis revealed that a variety of community partners comprised the de-facto mental health system of care: the traditional mental health partners, the primary care component, human services (Adult Protective Services), and voluntary agencies. Washington County Public Health utilized an outside facilitator to bring the various partners together to develop a vision, goals, and an action plan. Through this planning process, the team found significant disconnects between the agencies, which once addressed would enhance comprehensive mental health services and

supports and improve system capacity and service coordination.

In addition to the SWOT analysis, Washington County Public Health aimed to enhance the competency of public health, primary care, and mental health providers through educational

Goals Resulting from the SWOT Analysis

1. Increase the ability to provide mental health prevention and treatment services in the Washington/Warren County region to individuals with a broad range of mental health needs, not only those with a diagnosis of serious mental illness.
2. Increase communication and coordination between primary care and mental health and addiction services.

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opportunities. The LHD sent an interdisciplinary team to the National Council for Community Behavioral Health Conference, *Shaping the Future of Behavioral Health Care*, where coalition members gained a national perspective



and insight into potential community activities beyond strategic planning. In response to an identified need from the Wisdom Coalition, a training focused on geriatric mental health was conducted. Over 300 attendees, including public health staff, certified nursing assistants, home health agencies, licensed nurse practitioners, registered nurses, social workers, volunteers, private care givers, clergy, and others interested in geriatric mental health discussed medical mental health issues prevalent in geriatric populations. Another outcome of the Wisdom Coalition was a comprehensive report highlighting the need for mental health and treatment services, holding the Wisdom Coalition and the county responsible for building a coordinated, integrated system in the upcoming years.

Washington County faced a number of challenges as they moved forward in creating a vision and strategic plan to integrate mental health services within the community.

1. The lack of mental health reimbursement due to current policies resulted in Washington County advocating for more county funding for community based mental health services and treatment to be integrated with primary care.
2. Washington County found it challenging to uncover innovative ways to involve primary care in mental health. Their strategy to accomplish this was to increase the system-wide ability to identify and appropriately refer individuals in need of mental health evaluations and services, and to include both primary care and mental health entities in the process.
3. Washington County realized that change takes time. There is no simple method to translate goals into implementation, and it is crucial to spend time on building relationships and developing consensus within the community.

The county realized that the plan must be flexible and adaptable to accommodate future unknowns. For example, the Wisdom Coalition identified the need for a standardized screening tool to be used by all organizations making mental health referrals. Although the need for the tool is evident, the Office of Community Services will monitor the status of a state-wide effort to develop a primary care screening tool for depression and will present the tool to the coalition for discussion.

BUNCOMBE COUNTY (NC) HEALTH CENTER

Integrating Behavioral Health in a Public Health Primary Care Setting: Strategic/Business Planning, Model Development, and Community Collaborations

The BCHC operates a primary care clinic, which is the largest provider of indigent care for county residents. For

Snapshot

BUNCOMBE COUNTY HEALTH CENTER (BCHC)

"The BCHC Behavioral Health Program is more than a co-located program with primary care. The Behavioral Health Program involves mental health services in the jail system, the school system, and also within the health clinic. However, all these functions of the Behavioral Health Program are still not fully integrated into primary care. The challenge remains to take the final steps so that behavioral health is fully part of the primary care team, and functions as just another "physician extender."

— *Rich Munger, Buncombe County (NC) Health Center*

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the past five years, the county has attempted to develop integrated behavioral health care at this clinic. Using the NACCHO grant, Buncombe County institutionalized their current program and developed a sustainable and fully integrated model for provision of behavioral health care. The collaboration process enabled the county to draw support from the community to further develop this model. The goals of the site can be categorized under three separate focus areas: planning, model development, and collaboration.

In the case of Buncombe County, the collaboration process was vital to creating a more seamless behavioral health system for inmates released from jail. There were a number of issues that prevented newly released individuals from being connected to community services. Buncombe County conducted meetings and organized collaborative efforts, which soon led to a recognized need for a broad, community based approach. As a result, Buncombe County conducted a formal study of the jail's behavioral health needs. The resulting report provided the framework to implement communitywide strategies.

Buncombe County used the National Council of Community Behavioral Health Care's "Four Quadrant Clinical Integration Model," (see Tools and Resources at the end of this document) to clarify the responsibilities of various community entities. The model was crucial in guiding problem solving efforts between the community stakeholders. Several outcomes occurred

that were vital in bringing Buncombe County closer to the goal of the full integration model, where primary care, mental health, and public health all work together in a single setting. Buncombe County developed a set of key policies and procedures for health center staff in the areas of communication, medical records, coding, and referrals. The implementation of these policies resulted in a stronger program, providing clinical pathways for patient screening procedures and follow-up. Buncombe County determined that pathways for clinical care would take place on four levels: 1) a brief intervention for the primary care clinician, 2) assessment and intervention guidelines for the behavioral health clinician, 3) phone care protocols, and 4) user-friendly patient handouts. The health department also finalized a comprehensive screening process based on effective tools that Buncombe County has used over the years.

Limited physical space was a significant challenge for Buncombe County. The primary care clinic did not have sufficient space for the behavioral health staff. This problem was addressed by setting up a system where

Buncombe County Goals

PLANNING

- Strategic Planning
- Psychiatric Consultation
- Business Plan

MODEL DEVELOPMENT

- Key Set of Policies and Procedures
- Integration Model
- Screening Instruments
- Definition of Patient Outcomes
- Dissemination of Materials

COLLABORATIONS

- Collaborations with Mental Health Agencies
- Collaborations with Agencies Outside Mental Health

on-call behavioral health staff were notified of vacant space in the clinic on a day-by-day basis. This allowed behavioral health staff to have contact with the primary care physicians, not only over the phone, but also through shared work spaces.

Through work in these areas, Buncombe County produced three major deliverables:

Buncombe County Health Department Strategic Planning Partners

- Mission Hospitals Systems (regional hospital)
- Access II Care (Medicaid care management)
- Western Highlands Network (mental health management entity)
- New Vistas (largest safety-net mental health provider)
- Mountain Area Health Education Center (health care education organization)
- County Government (Assistant County Manager for Human Services)
- Local State Legislative Delegation

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1. A comprehensive set of screening tools for the primary care setting, in both English and Spanish. The tools cover a variety of mental health issues including anxiety/panic, alcohol and drug abuse, and children's behavior problems.
2. A PowerPoint slide show that details the integrated behavioral health program and is a helpful resource for other sites.
3. A strategic and business plan for the integrated mental health program.

LYON COUNTY (KS) HEALTH DEPARTMENT

Increasing Cultural Competency, Access to and Quality of Mental Health Services through Collaboration between Mental Health, Public Health, and Primary Care

The Lyon County Health Department (LCHD) and Flint Hills Community

Health Center (FHCHC), a Federally-Qualified Community Health Center (FQHC), have a history of collaboration— including successfully applying for and receiving a Bureau of Primary Health Care (BPHC) mental health expansion grant, and being part of a Health Disparities Collaborative on depression. LCHD and FHCHC also have a cooperative relationship with the Mental Health Center of East Central Kansas (MHCECK), which serves all of the counties in the FQHC's catchment's area. However, they realized a need for broadening the working relationship and developing stronger ties between the primary care staff at LCHD and FHCHC and clinicians at MHCECK. The NACCHO grant allowed LCHD and FHCHC to work on strengthening this relationship, as well as:

- Strengthening the ability of the LCHD/FHCHC to develop and deliver strong health education messages that promote the connection between physical and mental health.

- Increasing the understanding of mental illness, including the perception of and receptivity to mental health services by the Hispanic community.
- Increasing the willingness of racial and ethnic minorities to seek care.
- Strengthening the ability of private sector primary care providers to screen for mental health issues and respond with appropriate treatment interventions.

Lyon County educated their staff and providers on mental health and physical health connections through continuing educational opportunities. An in-house training for LCHD and FHCHC took place, hosted by Dr. Alex Reed, a behavioral science educator from Wesley Medical Center, on issues related to effective mental health/primary care integration. In addition to using grant monies to provide educational opportunities to staff pertaining to integration of physical and mental health, Lyon County provided numerous opportunities for

Snapshot

LYON COUNTY DEPARTMENT

"The previously existing collaborations and the strength of those enabled us to put together the demonstration site project proposal with very little negotiation, and the community team immediately embraced the project and agreed to assist with implementation even though the team itself had not been involved in developing the proposal. Although many collaborations come together around a specific need or project, existing collaborations allow a project to be implemented more quickly."

— *Lougene Marsh and Lanis Dieker,*
Lyon County (KS) Health Department



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staff to receive training on the delivery of mental health services to the Hispanic population and the identified barriers to accepting mental health services. One of the priority goals for the Lyon County site was to ensure that their mental health services were accessible and appropriate for the Hispanic population, which represents a large portion of the health center's patients. Attempts to increase accessibility started with focus groups involving Hispanic patients and ultimately resulted in a series of mental health messages presented through various media venues aimed at this population. These messages were designed to increase access and utilization of mental health services at the health department.

In anticipation of a surge of Hispanic patients coming into the clinic as a result of organized strategies to increase access, Lyon County administered an online survey/assessment entitled, "Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Care Health Services." The survey was administered to clinicians and staff (approximately 93 people) to raise awareness and identify organizational needs.

As part of the activities aimed toward the Hispanic Population, the National Depression Screening Day hosted by LCHD and FHCHC included an emphasis on attracting participation of Hispanic community members. Through these various initiatives, which addressed the Hispanic community's lack of understanding of

the mental health system and the reluctance to seek treatment, a strong relationship formed between LCHD, FHCHC, and Hispanic community leaders.

In addition to increasing the capacity of the center to serve the Hispanic community, a large portion of the grant



was directed toward primary care providers. Activities were aimed at increasing the ability of primary care providers to identify and treat mental health issues by introducing simple screening tools and emphasizing the integration of behavioral health services into the practice setting.

LESSONS LEARNED FROM THE THREE DEMONSTRATION SITES

Create a Diverse Strategic Coalition

Washington County learned that relationships are an integral part of the collaboration and service integration process. Washington County ensured that strong relationships would guarantee a long-term commitment to the project at hand. They served as the community connector, using knowledge of partners in all areas of the community to pull together a diverse team, involving partners outside the traditional and usual. The health department made sure that a mix of strengths—clinical, administrative, and community based—were included in the coalition, and that the dialogue was open and respectful.

Work with All Community Partners to Craft a Cohesive Vision

Washington County used an outside facilitator to create a strong vision. The facilitator led discussions that kept the coalition engaged and accountable to eventually develop a community-wide vision, community goals, and a community action plan. These conversations were conducted in a non-

Lessons Learned from the Demonstration Sites

1. Create a diverse strategic coalition.
2. Craft a cohesive vision that includes all community partners.
3. Communicate benefits of integration to local policymakers.
4. Educate primary care and mental health staff.
5. Contract out.
6. Integrate with defined policies and procedures in place.
7. Reach out to special populations.
8. Develop a relationship with private providers.

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confrontational way, welcoming dissimilar perspectives and complex discussions. The facilitator was also able to draw from the different areas of community expertise, and from these guided discussions was able to build a positive vision.

Communicate Benefits of Integration to Local Policymakers

A priority for Washington County during the demonstration project was to focus on mental health services for the elderly and the homebound. After the formation of the Wisdom Coalition and subsequent discussions, local government legislators realized that the county was contributing a minimal portion of the overall budget to mental health services. As a result of



discussions, funding for a community mental health nurse was granted in the county's 2005 budget. Through this process, Washington County realized the importance of documenting need as a vital part of pushing forward new policies. A nursing graduate student developed an evaluation tool to document the need for clinical social work service by tracking issues identified through community health nurse visits, as well as referral, evaluation, and follow-up visits. This

information will be useful in future advocacy efforts, to document the positive impact of this initiative and to demonstrate the cost-benefits of early intervention and prevention.

Educate Primary Care and Mental Health Staff

Buncombe County Health Center divides their primary care clinicians into three teams. Each team includes physicians, physician extenders, nurses, nurse screeners, and CNA's. Behavioral health staff have been included on these teams, which meet regularly to problem solve operational strategies for integration. Inclusion on these primary care teams is an important step in integration and prevention.

When BCHC analyzed the set-up of the current integration model, they realized that primary care clinicians often do not read the progress notes written by the behavioral health staff. It is a challenge to keep primary care clinicians informed of the pertinent behavioral health information about the patient. The long-term solution to the problem was to implement a shared comprehensive medical record which will make behavioral health staff notes easy to access and review. Secondly, BCHC established a norm whereby the behavioral health staff member is always present for a primary care visit, even if the patient is seen separately for counseling. This facilitates communication between the primary care clinician and behavioral health staff. In the meantime, staff are continually seeking ways to improve communication.

Contract Out

Buncombe County learned the value of outside services or contractors to provide expertise that is not housed within the health department. For example, a psychiatric consultant was hired to explore different models of providing psychiatric consultation before implementing a procedure within BCHC. In addition, the consultant helped identify issues that were potential roadblocks to full integration, and these issues were tackled with the consultant's assistance. Some of the identified issues included:

- How to effectively use psychiatric consultation.
- Staffing.
- Funding a sustainability plan.
- Relationship with specialty mental health/substance abuse services in the community.
- Policies and procedures for integration of behavioral health in the primary care clinic: referral, on-call, medical records, communication, reception, back-up.
- Development of best practice algorithms.

Buncombe County is now exploring the cost-effectiveness of contracting out some of its behavioral health services, especially the services provided in the school-based student health centers.

Ensure that Integration Occurs with Defined Policies and Procedures In Place

Buncombe County realized the need to develop clearly defined policies and procedures as a step towards full integration. Creating clear policies before the integration process occurred ensured that staff were aware of their

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roles and how the integration procedures were supposed to work. In Buncombe County, the behavioral health program transitioned from a grant based initiative to a county health department program with dedicated staffing. It was necessary to develop and implement a set of policies and procedures to jump-start the new program. The behavioral health program consisted of three separate components: jail services, school services, and clinical services. In order to smoothly implement these programs, the structure, functions, and supervision of each was defined before implementation.

Reach Out to Special Populations

Lyon County learned that reaching out to special populations is a continual and complex process. It involves research to understand the belief systems, attitudes, and barriers to accessing service of the population of interest. In the case of Lyon County, an integral part of the strategy to reach out to the Hispanic population was to



create an ethnically diverse team at the health department which identified potential barriers to receiving care. In order to earn *confianza* (trust) in the targeted community, influential and respected community leaders were

identified and personal contacts made (*personalismo*). Initiatives should include the community's needs and priorities. This involves ensuring that health outreach, promotion, and educational information are appropriate to the language, literacy level, and culture of the specific target group.

Focus groups were a large part of the initiative to learn more about the beliefs of the Hispanic population related to mental health and to delve into the attitudes, belief systems, and barriers to mental health care. In addition to discussions about barriers, the focus group reviewed culturally designed mental health brochures for insight into appropriate outreach strategies. On the whole, Lyon County felt that in their experience, the programs directed toward the Hispanic population were more effective if they emphasized the connection between the individual, family, and community.

Develop a Relationship with Private Providers

Many LHDs struggle with the location of primary care treatment for the high number of people in their communities experiencing depression and other mental health issues. LHDs are often ill-equipped to deal with the demands of this population. In Lyon County, there was a strained relationship between private providers and the Mental Health Center of East Central Kansas (MHCECK). Many times mental health issues would escalate due to inadequate screening methods and lack of early recognition of warning signs, and these patients would end up at MHCECK in a crisis situation. Together with

MHCECK, LCHD and FHCHC worked with private providers in the community to educate the private provider community on screening and early recognition methods reducing the burden on the community mental health center. In addition to building this community relationship, MHCECK and LCHD and FHCHC worked to strengthen their partnership and to develop connections between the public health and primary care staff at FHCHC and the clinicians at MHCECK. Both sets of staff received cross-training on services provided and eligibility criteria.

CONCLUSION

The three sites outlined in this paper share some of the important lessons learned throughout the mental health and primary care collaboration process. The most beneficial lesson is the importance of collaborating with diverse community partners. The need to integrate mental health, public health, and primary care through collaboration in communities is essential for prevention and treatment of mental illness. Primary care providers can play a particularly important role in the identification and treatment of depression; however, most are not equipped to provide these integrated services and about half of patients with mental disorders go undetected in primary care settings.³

Given this information and the proven need to integrate mental health and public health services, LHDs can become the community leaders, encouraging collaboration as a first step. The sites in this publication took it upon themselves to form a coalition

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looking at this issue, and from this coalition, implementation and action steps followed. The people of these communities have benefited and will continue to gain increased access to mental health services and treatment. As more integration occurs, outcomes will be carefully documented and shared with both local and state governments to encourage integration in counties and cities across the nation.

APPENDIX

Tools and Resources developed by, altered, or borrowed from other sources for use by each site are available online at www.naccho.org/topics/HPDP/mentalhealth/demosites2004.cfm.



TOOLS & RESOURCES

WASHINGTON COUNTY PUBLIC HEALTH

- Strategic Plan Framework
- Mental Health Services in Warren and Washington Counties Strategic Plan 2006-2008

BUNCOMBE COUNTY HEALTH CENTER

- Screening Tools for the Primary Care Setting in both English and Spanish
- PowerPoint Slide Show on Integrating Behavioral Health
- Four Quadrant Clinical Integration Model
- Models for Psychiatric Consultation
- Examples of Possible Clinical Pathways
- Mental Health Outcomes Measuring Tool

LYON COUNTY HEALTH DEPARTMENT

- Brochure on Mental Health and Aging: "Successful Aging"
- Manage your Stress (Controle su ester's) fact sheets
- Survey "Promoting Cultural and Linguistic Competency" Self-Assessment Checklist for Personnel Providing Primary Health Care Services
- Script/Demographic Form for Focus Group Participants (English/Spanish)
- Consent Form for Focus Group Participants (English/Spanish)
- Moderators Guide for Focus Group Discussion (English/Spanish)
- Focus Group Survey (English/Spanish)

FOR MORE INFORMATION

NACCHO is the national organization representing local health departments (including city, county, metro, district, and tribal agencies). NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, and supporting effective local public health practice and systems.

NACCHO staff who contributed to this report include: Julie Nelson Ingoglia, MPH, Cindy Phillips, MSW, MPH, and Shilpa Punja, MPH, CHES. The authors of this report also thank the Increasing Collaboration between Mental Health, Public Health, and Primary Care demonstration sites.

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ENDNOTES

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