



**Project Title:** Psychiatry Services Expansion for Cochise County

**Application Organization Name:** Chiricahua Community Health Centers, Inc. (CCHCI)

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### Organization Background and Service Area

Since 1996, Chiricahua Community Health Centers, Inc. (CCHCI) has provided primary care to the diverse communities and special populations of Cochise County as the region's only Federally Qualified Health Center (FQHC).

Cochise County is a mountainous, sparsely populated high desert landscape interrupted by historic mining towns and dilapidated border communities, agricultural homesteads, and military/government installations. Within our surprisingly diverse communities and clinics, immigrant Hispanic farm workers intermix with federal Border Patrol agents, copper miners with artists, and soldiers with working cowboys. CCHCI serves approximately 25% of the population of Cochise County (~125,000 persons) via operation of nine "fixed site" health centers and a fleet of mobile medical (6) and mobile dental (2) clinics in communities remarkably distinct to one another. Our fixed sites are located in Benson, Sierra Vista, Bisbee, Elfrida and Douglas and we are in the planning stages of adding a fixed site in Willcox. In 2020, CCHCI attended to over 30,000 unique patients (50% of them children), many of whom have complex health needs. Of CCHCI's patients, 62% identify as a racial and/or ethnic minority, and 55% as "Hispanic/Latino". 16% of CCHCI patients prefer to be served in a language other than English (primarily Spanish). 83% of CCHCI patients are at or below 200% of FPL, and 55% are at or below 100% FPL. 55% of CCHCI patients have Medicaid and 6.5% with Medicare. 17% of CCHCI patients are uninsured (over 5,000 patients). 6% of CCHCI patients identify as migrant farm workers, 5.5% as homeless and 4.6% as veterans.

CCHCI is the region's only FQHC, of which it has three of the four Health Center Program funding streams: 1) Primary Care, 2) Public Housing, and 3) Migrant/Seasonal Farm Worker. Our entire service area is designated as a Health Professional Shortage Area. In addition, CCHCI strategically serves high schools, homeless shelters, and other special populations as needed, particularly via our mobile health, Community Health Worker, pharmacy delivery and home visitation services. CCHCI proudly serves all persons regardless of ability to pay or insurance status.

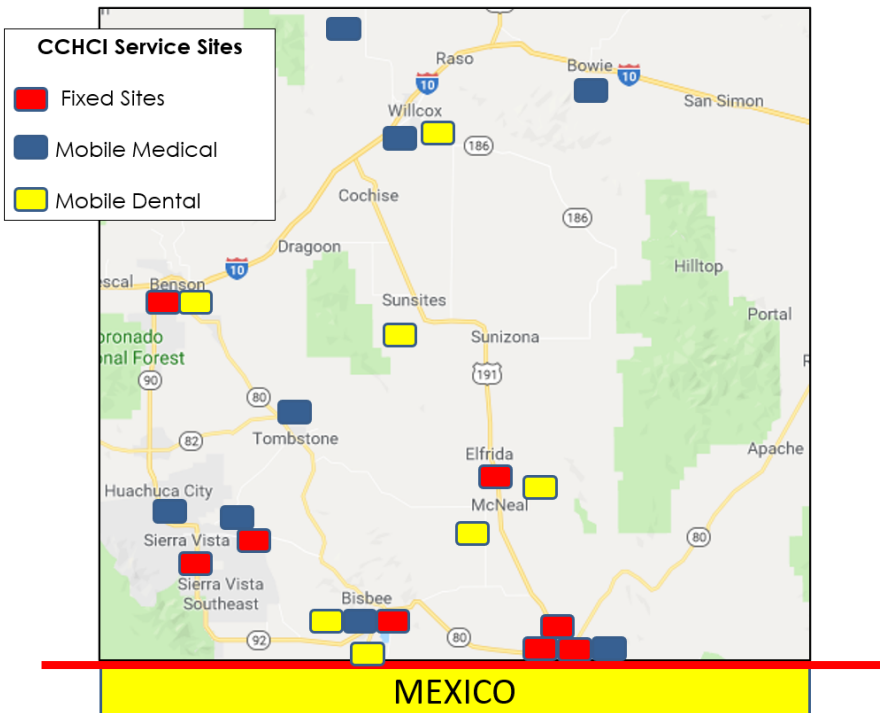


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## Needs Assessment

Our medical providers (40+) provide general primary care for both pediatric and adult patients. In 2016, we began offering integrated behavioral health consulting with licensed clinical social workers and clinical psychologists who co-locate with our medical teams in the clinics. These professionals help patients manage chronic conditions and can assist with adjusting to major life changes such as having a newborn or the loss of a spouse. Although crucial members of the medical team, they do not provide direct counseling and do not prescribe medication.

When a patient is identified as needing counseling, we can order an internal referral to one of our two counselors located in Sierra Vista. Again, a very vital service however with a limited scope when it comes to prescribing or managing mental health conditions that require medications.

Finally, our team is now staffed with three full time mental health substance abuse case managers, one of whom leads our Medication Assisted Treatment (MAT) program. These professionals assist with coordinating care for patients who require services outside our health center and ensure that patients attend visits with our counselors or medical providers who prescribe suboxone. Currently CCHCI has four medical providers with the MAT waiver who are able to prescribe suboxone.



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In spite of all this support, we know that medical providers still need to refer our patients to an outside psychiatrist for diagnosis and treatment of certain mental health conditions. At this time, there are only two psychiatrists in Cochise County. The pandemic has only exacerbated the need for mental health services given school closures and increased isolation. Although patients with Medicaid can be seen by a local regional behavioral health agency, about 45% of our patients do not qualify for Medicaid and have either commercial insurance or are uninsured. These patients must go to Tucson or go without services all together. With the increase in COVID related deaths and losses our teens have also needed more assistance with medication management and with such limited support of psychiatrist in this area the families have had to find innovative ways to get care. We have seen a significant increase in the request for psychiatry along with an increase in request for counseling services. Our medical providers made 472 referrals to psychiatry in 2019 and this increased to 561 in 2020.

The other challenge that has been exacerbated by COVID are substance abuse disorders. Many people have gone without care during the time of COVID and adding this program to our team will help re-engage those who are needing this level of care. A psychiatric nurse practitioner can also treat comorbid mental health conditions along with suboxone if needed. These professionals can also assist with our goal of seeing patients within seven days of being discharged from a mental health hospital for the required medication reconciliation and evaluation.

According to the County Health Ratings and Roadmaps the integration of behavioral health into the primary care setting is rated as a “scientifically supported” strategy, meaning it is the “most likely to make a difference.” <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/behavioral-health-primary-care-integration>

More specifically, the strategy of coordinating care between primary care providers, case managers and psychiatrists has been shown to benefit patients in the following areas:

1. Improved mental health
2. Increased adherence to treatment
3. Improved quality of life
4. Increased patient engagement
5. Increased patient satisfaction

## The Proposal

CCHCI would like to add psychiatric care to our scope of services and build a psychiatry department who would diagnose and treat our patients with mental health and/or substance abuse issues. We would like to hire a psychiatric nurse practitioner who will build and lead this new department. This person would need time to build a team to include a substance abuse/mental health case manager, a medical assistant, a counselor, and a psychiatrist who would perform the oversight and supervision. He/she would also need time to develop and roll out internal policies and procedures and standards of practice



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that are in compliance with state and federal laws. We anticipate this taking approximately 6 – 12 months. During this time, the provider would not be able to see patients or bill for services.

The goal of this new department and line of service would be to provide care for any patient who needs this care regardless of ability to pay. Referrals can be made from other healthcare institutions. We would add additional providers as the demand increases.

We are requesting support for the salaries of the personnel needed to build this program until it can sustain itself through billing. **Appendix A** lists anticipated expenses over the three-year period for this request.

### Goals/Outcomes/Reports

The **goals** over three years for this program will be to expand the following:

1. Psychiatric services to:
  - 800 unique patients
  - 5500 appointment slots per year
2. MAT services to:
  - 50 MAT patients served

We plan to measure and report on the following expected beneficial **outcomes**:

1. Improved mental health
  - % of patients 12 years and older who are screened for depression at least once every 12 months using the PHQ-2/9
  - % of patients with a positive depression screen that receive treatment (referral to counseling or medication treatment)
  - % of patients receiving treatment with improvement in depression scores over 12 months (improvement in mental health)
2. Increased adherence to treatment
  - Tracking of pick-up/refill rates
  - Completion of counseling visits (if referred to counseling)
3. Improved quality of life
  - Survey to be used will be identified in year 1
4. Increased patient engagement
  - Patient engagement to be measured with Patient Activation Measure (PAM)
5. Increased patient satisfaction
  - Measured through the CAHPS (Consumer Assessment of Healthcare Processes and Services) survey



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In addition, CCHCI will provide the following quarterly **reports**:

1. Status updates of program development per the proposed timeline.
2. Encounter data on the total number of patients served.
3. Encounter data on the total number of patients in our MAT program.

## Summary

In summary, we feel that CCHCI is in perfect position to provide solutions for the professional services that are needed in our community in the way listed above. It with great pleasure that we look forward to being able to partner with you to make a difference in the Cochise County Community and assist with fulfilling an urgent need with a comprehensive psychiatric program. We thank you for your commitment to our community.