



COMMUNITY ROUTES: ACCESS TO MENTAL HEALTHCARE

SIX MONTH FUNDING UPDATE

INTRODUCTION

Community Routes – Access to Mental Healthcare (Community Routes) is a multi-year initiative with Teva Pharmaceuticals, in collaboration with Direct Relief and the National Association of Free and Charitable Clinics, that provides funding to free & charitable clinics to promote equity for patients with depression and/or anxiety.

The purpose of Community Routes is to invest in programs that promote healthy communities through expanding access, removing barriers, and enhancing knowledge sharing around screening and treatment of mental and behavioral health for underserved populations suffering from depression and/or anxiety. Community Routes has the following objectives:

- Foster the creation or the expansion of innovative clinical and non-clinical programs that serve to improve mental and behavioral health access and treatment among at-risk populations.
- Enhance the capacity of safety-net providers to implement and expand high-quality mental and behavioral health care.
- Share information and strategies about the programs with other nonprofit clinics, healthcare facilities, and interested parties.

AWARDEES

In October 2022, 11 free and charitable clinics in California, Florida, and New Jersey were awarded **\$75,000** each (\$825,000 in total). These clinics were selected for their innovative and practical approaches to mental health care, which include efforts to expand healthcare access for underserved patients experiencing mental and behavioral health issues, with a focus on depression and anxiety. Together these programs have reached over **22,000 people** (direct and indirect) through their respective awarded initiatives.

- Bergen Volunteer Medical Initiative, Inc., Hackensack, NJ
- Cape Volunteers in Medicine, Cape May Court House, NJ
- Free Clinics of Redwood City and San Mateo (Good Samaritan), San Mateo, CA
- Grace Medical Home, Orlando, FL
- Lestonnac Free Clinic, Orange, CA
- Parker Family Health Center, Red Bank, NJ
- Savie Health, Lompoc, CA
- Symba Center, Apple Valley, CA
- Talbot House Ministries of Lakeland, Inc., Lakeland, FL
- University of Florida Mobile Outreach, Gainesville, FL
- Westminster Free Clinic, Thousand Oaks, CA

ACCOMPLISHMENTS AND OUTCOMES

AWARDEE PROGRAMS

The following pages will review the first six-month duration of the Community Routes program. Data and information were collected through a standard progress report form that award winners completed online. Program narratives, outcomes, financials, and challenges were shared with Direct Relief, as well as any relevant online media.

All programs addressed social determinants of health and focused on vulnerable populations. Each program aimed to overcome barriers in access to mental healthcare through hiring bilingual medical health professionals, staff and community training, implementation of health screening tools like the PHQ9 or GAD7, or the development and dissemination of educational materials.



Patient Reach

- Direct: 3,076
- Indirect: 19,054



Screenings

- Depression: 4,869
- Anxiety: 2,269
- Adverse Childhood Experiences (ACEs): 201



Trainings

- Staff/volunteers: 145
- Community members: 298



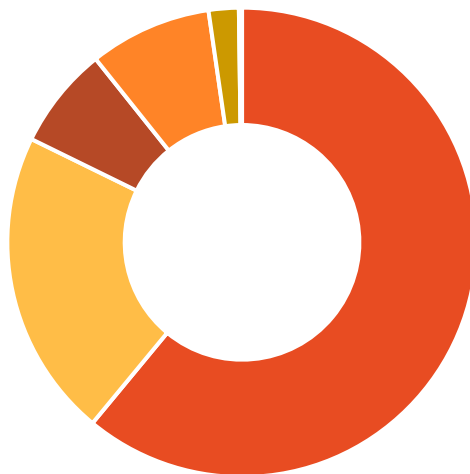
Population Focus

- Food insecure
- Not fluent in English
- Low literacy
- People experiencing homelessness
- Undocumented
- Very young/old
- People with disabilities
- LGBTQAI+



Community Events: 18

Demographics of Patients Served



- Latino/Hispanic/LatinX 61%
- Caucasian/Non-Hispanic White, 21%
- African American/Black, 7%
- Mixed race/other/unknown, 8%
- Asian/Pacific Islander, 2%
- Native, Indigenous, Alaska Native, <1%
- Native Hawaiian or other Pacific Islander, <1%

BERGEN VOLUNTEER MEDICAL INITIATIVE, INC., HACKENSACK, NJ

While BVMI reported challenges in hiring a bilingual mental health provider (Spanish-speaking), progress was made in terms of patient screenings. To expand patients’ access to mental health care, BVMI changed its protocol so that nurses administer PHQ9 tests during new patient intake and annual medical appointments in the presence of BVMI’s volunteer health practitioners. This enables practitioners to discuss test results with patients, help them understand the value of mental health care, and offer the timely accessibility of the bilingual mental health professional.

This protocol introduced the idea of a culturally sensitive professional providing aid in a therapeutic setting, realizing that over 80% of BVMI patients are from Hispanic backgrounds and face unique barriers to seeking



Amanda Missey, CEO and Dale DeAngelis Mottola, Administrative Director

treatment. Since the start of the grant in October 2022, BVMI has provided 147 new patients with these screenings as part of their new patient visits, something important given the increased national prevalence of mental health concerns.

Telehealth has been highly effective in providing mental health services, with 76.6% of the appointments in the last six months occurring over phone or video. BVMI’s telehealth program launched in April 2020 after the pandemic disrupted on-site service delivery and has become a BVMI mainstay. BVMI’s patients often rely on public transportation and work multiple jobs to afford housing, childcare, and more, leaving them with little discretionary time to devote to their health. Telehealth has mitigated these barriers for many who would otherwise be unable to access care, including mental health care.

BVMI has experienced significant challenges in hiring for the part-time, bilingual mental health practitioner position, despite the need for mental health support among BVMI patients. Although BVMI’s staff have taken extensive steps to find a qualified candidate, the position has yet to be fulfilled. At the time of report submission, BVMI is still active in the recruitment of a Spanish-speaking licensed mental health professional.

Despite the challenges with finding staff, BVMI considers the screening and telehealth visits a success thus far. Additionally, staff can still identify patients who may come in for other reasons but also need mental health support.

CAPE VOLUNTEERS IN MEDICINE, CAPE MAY COURT HOUSE, NJ

Upon receiving funding, Cape VIM quickly implemented screening protocols for depression using the PHQ9 and implemented scores within the clinics Electronic Health Records (EHR) which enabled instant access for providers. Patients in need of support or with a high PHQ9 score are referred for counseling with a

volunteer Licensed Clinical Social Worker (LCSW), a volunteer psychiatrist, or a partner behavioral health agency. Behavioral health services have mainly been utilized using telehealth as many providers still want to minimize long periods of face-to-face encounters due to Covid concerns. Telehealth has allowed for both providers and volunteers to continue to volunteer while wintering in Florida. As Covid transmission rates continue to drop, more one-on-one and group sessions will be offered in person.

In February 2023 Cape VIM worked with more than 25 community partners to offer a Free Day of Care. The event was promoted through local churches, social media, and in local papers. More than 200 people attended the event and people in need of follow-up care could schedule an appointment at Cape VIM. The Free Day of Care was the first in-person major social services event held in some time and not only re-established relationships with community partners but served as a catalyst to reconnect with the community and patients. Since the event, Cape May VIM has seen an uptick in new enrollment as well as inquiries from community agencies about referrals or collaborations.

Cape VIM is not limited by the ability to screen but rather the ability to accommodate a positive diagnosis with many more people in need of care than available treatment services. Depression screenings are prioritized and Cape VIM plans to implement anxiety screening using the GAD7 tool down the line. Screenings are periodically paused to allow providers schedules to open. The local Behavioral Health Agency has a six-month waitlist, so referring is always a concern. Ideally Cape VIM would have more access to behavioral health providers to meet the growing needs of the community.



Facebook Post, advertising the Free Day of Care event.

FREE CLINICS OF REDWOOD CITY AND SAN MATEO (GOOD SAMARITAN), REDWOOD CITY, CA

The Behavioral Health Care program at Good Samaritan has undergone significant growth, expanding from a bilingual team of two to a team of four and with plans to continue expansion throughout the grant period. The current team includes a full-time clinician/supervisor, a volunteer psychiatrist, a part-time clinician, and a student intern. Additionally, one group facilitator and two more interns will be joining to complete the team. This growth is in response to a 43% increase in mental health referrals compared to the same period in 2021-2022, highlighting the growing need for mental health services. In addition, the Behavioral Health Care program has successfully transitioned from paper charts to the advanced electronic health record system, which has helped to streamline the referral process.

Good Samaritan implemented a student training program to increase access to mental health services while supporting students in education programs who wish to work in community mental health and with low-income populations. This training program is an important step towards addressing the shortage and diversity of mental health professionals within the community.

To ensure that clinicians are well-equipped to provide the best possible care, Good Samaritan created internal manuals on documentation and best practices in treating depression, anxiety, and trauma, as well as working with geriatric and immigrant populations. Psychoeducational books in English

and Spanish on various mental health disorders and wellbeing are also available for patients to pick up at our clinics. By placing these booklets in the general waiting area, patients who may be interested in receiving mental health services, but who are not yet ready to seek care, can learn more about mental health on their own. The goal in implementing these tools is to decrease the negative impact of mental health stigma, promote awareness, and improve access. Staff noticed that Spanish booklets on depression and anxiety are taken often.



Jose Perez, LMFT, Behavioral Health Care Supervisor



Examples of the psychoeducational books in Spanish.

Heavy rains and flooding in the beginning of 2023 caused severe damage and the forced closure of One Life Counseling Center, the community nonprofit partner that offers individual and group therapy services in Spanish to patients diagnosed with a disorder outside the scope of care at Good Samaritan. The closure has impacted the clinic's behavioral health staff and referral abilities. The behavioral health team will assist where they are able but Good Samaritan hopes the partnership with One Life will resume once offices reopen.

GRACE MEDICAL HOME, ORLANDO, FL

The primary goal of the *Healing by Offering Possibilities and Encourage* (HOPE) is to expand adverse childhood experiences (ACEs) screening to include adult patients. HOPE fills an unmet need of identifying trauma by educating staff and volunteers on the impact of adverse childhood experiences on adults and trains staff and volunteers to become trauma informed. The first success of this project was the trauma-

informed care training for all staff and volunteers, led by social workers. As a medical home, Grace Medical aims to approach every patient with a trauma-informed perspective which helps to build stronger relationships with patients and help them overcome past trauma and seek out better ways of self-care.

The second component of HOPE is to expand screenings. Mental health screenings, including the PHQ9, GAD7, ACES screening, GAD2, and PHQ2 are available online in English, Spanish, and Portuguese through a HIPAA-compliant platform. These forms were previously completed on paper, leading to slower response time if a patient scored for anxiety, depression, or past trauma. The behavioral health team is immediately notified via email when a screening is completed and can act quickly to offer resources based on the patient’s responses in the screening.



Members of the Grace Medical Behavioral Health Team

While progress has been made on the pediatric side, the implementation of adult screenings has been more challenging. The project was first launched for pediatric patients and screenings were led by providers, not the behavioral health team. Upcoming patient visits are discussed during weekly team meetings, which also serve as a checkpoint for missing screenings, vaccines, and other clinical measures. The adult clinical team operates differently from the pediatric team as the patient volume is much

higher. Adult volunteer providers are also not as comfortable screening patients for ACEs so additional training is needed for these providers.

The behavioral health team has taken multiple steps to approach these challenges. A new workflow “rule” in the EMR was created to prompt providers when a patient hasn’t been screened for ACEs. Additionally, all staff and volunteer primary care providers will be re-trained on how to access the ACEs screening at the upcoming monthly provider meeting.

Additionally, Grace Medical leveraged funding from Community Routes while fundraising for the Grace Wellness Home, a new facility directly across the street from Grace’s current location. To date, Grace Medical has secured more than \$850,000 to renovate the home which will be used to expand mental health programming.

LESTONNAC FREE CLINIC, ORANGE, CA

Upon receiving funding, Lestonnac Free Clinic hired a former volunteer as a new Behavioral Health Program Manager (BHPM) who has been instrumental in the development of the *A Better Tomorrow* program. Since the BHPM was already familiar with the clinic she quickly started counseling services three days a week

which helped alleviate the backlog of patients on a waitlist. Reestablishing these services has been the biggest success to date as PHQ9 screenings indicated a need for behavioral health care.

The BHPM created a new discharge procedure which graduates patients when care is no longer needed. Prior to this model, patients would remain in therapy for longer than may have been necessary. This limited the number of new patients admitted to the program. With more providers, and a clear treatment/graduation plan, Lestonnac we will be able to further expand the number of appointments available and to reach more patients.

Another goal of *A Better Tomorrow* is to leverage support through behavioral health students and interns. The BHPM has built relationships with four nearby colleges and universities and has interviewed three potential interns. Unfortunately, all interviewed candidates have chosen sites that offer paid internships, but the outreach project is ongoing.



Jennifer Strehle, Brianna Porter, Jewel Loff, and Ed Gerber, members of the behavioral health and executive team

The biggest challenges are related to language and translation between the behavioral health team and patients. Neither the counselors or interns are fluent in Spanish and with a high Spanish speaking population, most sessions require a translator. Volunteer translators and bilingual staff quickly out from translating heavy subjects as well as taking on additional responsibility outside of their job. Lestonnac developing a training protocol specifically for behavioral health translators and creating resources to help support the mental health of the translation staff and volunteers.

PARKER FAMILY HEALTH CENTER, RED BANK, NJ

Funding from Community Routes enabled Parker Family Health Center to partner with Monmouth County Mental Health Association, a local behavioral health care provider. Services have expanded from five patients to thirty-eight. Due to space limitations, Parker partners with other community organizations to disseminate information at off-site events and through Zoom presentations. The purpose of these events is to destigmatize the myths surrounding mental health care and promote the mental health service available at the clinic.

Examples of these events include a local Fall Festival with over 20 county organizations sharing information and resources focused on mental health, addiction, and recovery services and a Mental Health Night, hosted by a community college, and attended by well over 500 parents, students, and school administrators. On a smaller scale, Parker recently attended a pre-K school event in a predominately Spanish and Portuguese community, sharing resources available to them at Parker. Parker makes every

effort to include at least one bilingual volunteer at all events since over 75% of Parker patients identify as Hispanic.



Outreach efforts include Zoom presentations and the distribution of resources throughout the community. More than 50 county schools were represented on a back-to-school Zoom call with the Monmouth County School Nurses Association and a “boots on the ground” outreach person distributes educational information in low-income neighborhoods, including to welfare motel residents and day laborers. The information is kept simple and always printed in both Spanish and English.

To accommodate transportation barriers and work schedules, Parker offers evening hours twice a week and Saturday morning. Additionally, many patients are without transportation, relying on trains and buses to travel to the clinic. When needed, Parker offers patients transportation through Uber Health service at no cost to the patient. To save on time and travel expenses, Parker also offers telehealth as an option for its counseling services.

Most notably, Parker’s mental health program shifted strategies by introducing a goal-oriented approach to therapy rather than the more traditional psychoanalysis style of treatment that can continue for years. With this new approach, patients working with the therapist set specific, concrete goals and “graduate” from the program once their goals are realized. Most significantly, Parker has seen a decrease in the no-show rate, as patients are seen to address a specific issue. If in the future, a “tune-up” is needed, patients know they can always return. With this change, Parker can treat more patients as well as provide patients with a sense of accomplishment.

Parker’s biggest challenge remains the lack of private space to meet with patients and larger spaces to accommodate family therapy. Currently, therapists meet individually with patients and families in the exam rooms. Parker is looking forward to the completion of its building campaign next spring when individual consultation rooms will be available as well as a private space large enough to accommodate whole families.

SAVIE HEALTH, LOMPOC, CA

Savie Health’s behavioral health program is filling a significant unmet need for residents in the greater Lompoc area who are uninsured, many of whom are monolingual Spanish speaking and undocumented.

There are few to no opportunities for primarily undocumented, monolingual Spanish speaking patients to obtain such care and Savie has worked to ensure all patients feel safe.

With funding through Community Routes, Savie Health created a new wellness program which has served 350 unique patients during the first half of the grant period, more than initially expected. Funding immediately supported the creation of a screening protocol for social determinants of health (SDOH), depression, and anxiety. Those with high scores or who have stated a desire to receive mental health care are connected to a bilingual, bicultural marriage and family therapist (MFT) intern who schedules patients for a visit with the Licensed Clinic Social Worker (LCSW). Physicians offer oversight and provide medication treatment when needed. Patients receive follow up health navigation/peer support calls by the Community Engagement Manager who connects them to other social service resources when needed. Finally, the Promotore (Spanish term for Community Health Worker) contacts patients regarding Medi-Cal eligibility and schedules enrollment appointments to those who are eligible and wish to be enrolled.

To better support Savie staff, a LCSWs provided mental health first aid training to the Promotores, Medical Assistant, and Executive Director. This helps to ensure those on the front lines are equipped with the tools and resources necessary to cope with patient trauma.

While Savie has seen great progress in screenings, challenges related to timing and patient hesitancy resulted in delays in patient care. The Clinic Manager was unable to begin Medi-Cal enrollments until she completed a refresher training, which did not occur until December 2022. Nearly all eligible patients have declined Medi-Cal enrollment due to concerns about immigration, despite reassurance that Medi-Cal enrollment will not affect status. The Clinic Manager believes these patients feel safe and comfortable receiving care at the clinic, but immigration status is the barrier.



A Facebook post, advertising the services at Savie Health

Family Services Agency was not able to secure a behavioral health intern, due to staffing shortages, for the first few months of the grant period and in February, the bilingual LCSW took a leave due to personal issues. The Lompoc Public Health Department offered an LCSW who will begin seeing patients at the clinic, however she is not bilingual. Savie is hopeful that the bilingual LCSW will resume seeing patients soon – if not, the search for another bilingual LCSW will begin.

Despite these challenges, Savie continues to provide quality care to its patients. Staff have delivered presentations to many community groups about the available mental health services and the clinic leveraged the award and received additional funding to promote services on social media and both Spanish language and TV. Flyers and other resource materials distributed throughout the community, and highlight mental health resources, as does the website, which now is available in both English and Spanish.

SYMBA CENTER, APPLE VALLEY, CA

The success of Symba Center’s program is the implementation of mental health services in a homeless shelter which has been a difficult process in the past because services need to integrate into the current shelter workflow. Symba began providing mental health screenings via the PHQ9 and GAD7 to all patients seen at the clinic, who are uninsured, community dwelling, High Desert residents and with these funds, expanded services to two homeless shelters. Patients screened positive for moderate-severe anxiety and/or depression are referred to a mental health team and scheduled for weekly therapy sessions until less intensive therapy sessions are recommended by the clinician. The patient is also followed up by their primary care provider to discuss medication options for treating anxiety and/or depression.

Through a new partnership with Desert Rose Trauma Recovery, therapists in training, under the guidance of professionals, assess the patient’s depression and anxiety status via the PHQ9 and GAD7 and provide frequent follow up with clients on their path to recovery as they search for jobs and stable housing. They provide individual counseling, family counseling, parenting and co-parenting counseling, child and relationship counseling, psychoeducation workshops and psychoeducation group counseling. The Desert Rose team is co-



Shawn Smith, PharmD, CEO and members of the Desert Rose Trauma Recovery team

located in the shelter with a physical presence during business hours. This allows clients to become more comfortable with the behavioral health team. Some clients are open to receiving support but with others it takes time to build trust. With a constant presence of behavioral health providers, clients get to know the team and connect in a non-clinical setting like on a walk or when folding laundry.

The program also provides trauma informed education to the staff so that they are equipped to manage multiple clients living with mental illness in one facility. This is a crucial aspect of the program because of the mental health stigma amongst the local community. Shelter staff are often volunteers with limited education and health literacy.

The greatest challenge in this program was finding mental health clinicians who were willing to work part time. To solve this challenge, Symba partnered with Desert Rose to assign a licensed therapist and multiple associate therapists. This allowed them to leverage the supervising hours of a licensed therapist to increase the contact hours with the patient through the associates. This partnership expanded the program beyond what was originally planned. Another challenge has been tele-psychiatry service, which requires a minimum number of hours at high rates to enter a contract. These parameters have prevented telehealth services.

Symba continued to provide medication prescribing and management with a nurse practitioner and pharmacist. For the low-income homeless patients with insurance, providers collaborated with the local managed care organization that opened a walk-in psychiatry clinic.

TALBOT HOUSE MINISTRIES OF LAKELAND, LAKELAND, FL

The *Expanded Access to Mental Health Care for Homeless* program at Talbot House Ministries is designed to bolster mental health services by increasing funding for staff and psychiatric support.

All residents of Talbot House Ministries (a segment of clinic patients defined as those staying on campus temporarily) are monitored for their mental health and may attend free events/classes which focus on developing the language and skills they need to improve their mental health. These classes discuss topics such as grief, gratitude, substance abuse and addiction, self-care, isolation and preventing loneliness, stress reduction, and more. Classes are offered free of charge to Talbot House clients and community members. Residents have access to mental health counseling, medications, and regular check-ins to evaluate their compliance with treatment plans and any necessary adjustments. During the first six months of funding, 121 individuals participated in these classes.



Part of Talbot House's free mental health course.

All clinic patients are screened for anxiety and depression using the PHQ9 and GAD7. Those who score highly, or who are identified through outreach, are referred to mental health professionals for further treatment and supportive services to improve mental health and well-being.



The second phase of the program is centered on identifying and building trust with unsheltered homeless individuals living in encampments across Polk County. Nearly 50 clients have been identified to date, with many more still that could still be reached. The long-term goal of this program is to connect these clients with mental health services and other practical support, such as identification, benefits assistance, and/or housing referrals.

The Clinic has struggled to retain its mental health staff during the grant period, which resulted in delays in progress. The clinic's crisis counselor resigned and while efforts have been made to fill the position, including making several offers, it was unexpectedly difficult to fill. This challenge was approached by increasing compensation, adjusting qualifications, recruiting from different sources, and leveraging professional networks. To fill the gaps in care during this time, Talbot House relied on community partners to assist in meeting clients' needs. Additional staff have assisted in coordinating mental health classes, launching outreach efforts, helping clients obtain referrals to mental health professionals, recruiting mental health staff and volunteers, etc. While these efforts during the short-term, they put an undue burden on staff. Fortunately, a Licensed Clinical Social Worker was recently hired to lead efforts going forward.

Talbot House has experienced the transition of its Executive Director during this grant cycle. Many changes have taken place during the retirement of the previous Executive Director and the first 90 days of the new Executive Director. This transition has further slowed the hiring process for this position and execution of the grant while new leadership adjusts its vision and trajectory. The new Executive Director adjusted the organizational structure to improve the effectiveness of mental health services. Talbot House anticipates these changes will maximize the ability to expand mental health access in the coming months.

Overall, the Clinic fills an urgent need in the community suffering from a dearth of mental health professionals and low access to mental health care. Patients, particularly those suffering from homelessness, can obtain free care in a comfortable setting. The bilingual team treats both English and Spanish-speaking patients and working together with a network of volunteers and community partners, specialty care is made accessible.

UNIVERSITY OF FLORIDA MOBILE OUTREACH, GAINSVILLE, FL

The goal of UF Mobile Outreach's project is to disseminate foundational mental health and well-being concepts, tools, and skills in a broad and both primary and secondary prevention task-shifting framework, to under-resourced persons and populations through a series of mental health training courses. Most of the people who have participated in trainings work with people who are experiencing homelessness, poverty, who have been justice-impacted (formerly incarcerated), and who are from under-resourced communities. These training courses aim to support those on the front lines and prevent secondary trauma or burnout.

A Community Wellbeing Mentor (CWM) program was developed with resources from this grant. During the first weeks of this project, training materials were created and packaged into a Community Wellbeing Mentor training manual and handouts for clinic mentors to share with others throughout the community. To date five training sessions, with 19 people participating in one or more sessions, have been completed. Program participants included staff persons from the local homeless services center, food bank, public

health education agency, a youth services organization, a local grassroots organization “dedicated to economic justice”, and trusted community members.

6 steps to emotional health

1. **Sleep** - 7 to 9 hours nightly
 - Stop using all electronics (TV, computer, phone, etc.) at least 30 minutes before you try to go to sleep;
 - Read a book or magazine just before going to sleep (to get your mind off the concerns of the day).
2. **Eat** – at least 3 times a day (something with nutritional value); don't go long periods of time without eating.
3. **Exercise** – move around a little more than you do now, aiming for 20-30 minutes or more, most days
 - Exercise is mood-regulating and anxiety-reducing, (& can be done in 10-minute chunks).
4. **Daily Pleasant Activities** – do something pleasant every day, & pay attention to it while you're doing it
 - Put your mind on the pleasant activity (instead of the *worry* or *sad thoughts*) & redirect your attention back to the pleasant activity as many times as you need to.
5. **Slow, deep, rhythmic Breathing** – @ 5 minutes or more each day, breathing in *calm*/breathing out *tension*
 - Maybe breathe to music or use a phone app or website like *calm.com* or *Stop, Breathe & Think* for 2 or more minutes daily.
6. **Mindful Thinking** – It's healthy to bring our attention to the present moment as often as we can. The 4 steps to Mindful Thinking:
 - Step 1: Notice your thoughts.** Thoughts come and go like clouds in the sky (that's the nature of thoughts). When you find yourself thinking a *worry thought* or a *sad thought*, you **don't have to keep thinking about it**. It's not always the right time to think about issues or problems.
 - Step 2:** Allow yourself to gently **Let Go** of your *wandering, worry, or sad thoughts*, without judging the thoughts or yourself, or struggling with the thoughts.
 - Step 3:** Then **Find a Different Focus**, gently redirecting your attention to something else, like:
 - > an image (maybe your pet, or a relaxing or beautiful place), or
 - > a word (maybe *relax*, or *calm*), or
 - > your breath, a puzzle, 1 of your 5 senses (like the taste of a mint). *You'll get better at this the more you practice it!*
 - Step 4:** Maybe, **set aside a time** to think about the issue or problem that was bothering you:
 - > for 30 minutes or less, during daytime hours, maybe 1-2 times during the week, followed by an activity to bring your thoughts back to now (instead of the problem).
 - > When your mind wanders to the problem or issue later in the day, notice it, gently let it go, and Find a Different Focus

Developed by Carol Lewis, PhD MPH, UF Health Shands|Psychiatric Hospital, 2014
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An excerpt from the Community Wellbeing Mentor curriculum.

Many participants reported that the information learned has been shared with others in their circles of influence, prompting planning for additional training. Materials are available in both Spanish and English and a Spanish-language training will be offered in the future. All program participants have been given the CWM trainer's contact information and were offered ongoing support and mentorship. Repeated contacts and conversations

with several program participants have already occurred. Participants receive one \$50 grocery store gift card and stress-relieving items such as worry stones and aromatherapy sprays to share with those they mentor, or to use themselves to provide some compensation for the time they have dedicated to this training and project.

An ongoing challenge has been difficulty with attendance at follow-up sessions, particularly for under-resourced individuals. Adjustments to the training timeframe were made and program participants are encouraged to repeat the training sessions if possible. Taking the training to an agency, rather than offering off-site, has helped with attendance.

The packaging of the project into a Community Wellbeing Mentor program that can be adapted and embedded into the work of local agencies and used by trusted community members seems to be an effective strategy for the dissemination of these well-being-focused behavioral health tools. Staffing costs for the CWM, curriculum development and materials, and incentives were covered by funding received for this grant award and this program would not have been possible without this funding source.

WESTMINSTER FREE CLINIC, THOUSAND OAKS, CA

Funding has allowed Westminster Free Clinic (WFC) to continue to provide culturally and linguistically competent mental health counseling services in Spanish both in-person and virtually. A full-time Marriage and Family Therapist (MFT) provides 150-200 counseling visits per month primarily in-person at two clinic

locations. With grant funds Westminster is now contracting with a new bilingual Licensed Clinical Social Worker (LCSW) who provides additional virtual counseling.

In addition to providing direct counseling services to adult patients experiencing stress, anxiety, depression, and family issues, the LCSW and volunteer psychiatrist facilitate discussions with WFC's Latino SALUD high school students who are working on an advocacy campaign to increase access to youth-centered mental health services as a strategy to prevent substance use/abuse among youth. The LCSW and psychiatrist provide students with easy-to-use tools and strategies that empower students to learn how to cope with school stress and anxiety. They also spoke to the SALUD teens about strategies to help peers who may be struggling with substance use/abuse and how to share their mental health advice and tips with parents, in a way that they will listen.



An in-person MFT visit.

Funding has also allowed for two violence prevention/mental health awareness Z-TAP classes for Latino parents of children in two elementary schools. Participants who completed an evaluation of the Z-Tap training reported that the most useful skills they gained from the training were positive parenting, how to manage emotions and anger management strategies. This provides both parents and children with the skills and language to better cope with emotional needs.

Given the stigma surrounding utilization of mental health services in the Latino community, the largest success is the expansion of available services. The MFT is booked each week and as patients become aware of the opportunity, more are signing up for virtual counseling with the LCSW. Engagement through social media remains strong with a loyal following and viewership on WFC's Facebook page. Many people tune in regularly for live educational sessions.

The most important lessons learned thus far is that it is essential to have a team that reflects the target population, that have the same lived experiences, speak their same language, and understand where the people are coming from in a non-judgmental way. In addition, WFC has learned that providing mental health counseling within the context of a community care center, where families come to get a variety of services, including very basic assistance such as food, is essential to overcome stigma. When patients come to WFC, they could be there to see a doctor, visit the dietitian, or to schedule a mammogram. Patients feel comfortable and don't have to worry about other people finding out that they are seeing a counselor.

GOALS

ORGANIZATION	GOAL
Bergen Volunteer Medical Initiative (BVMI), Hackensack, NJ	To increase mental health care referrals and visits for vulnerable patients who receive a score of 5 or higher on the PHQ9 test.
Cape Volunteers in Medicine, Cape May Court House, NJ	To screen 100% of new patients and 60% of active patients for depression using the PHQ-9. To improve primary care providers' understanding of depression and SDOH. To enroll at least 200 new patients for care.
Free Clinics of Redwood City and San Mateo, San Mateo, CA	To expand culturally appropriate mental and behavioral health services through additional staffing and interns. To expand screenings for depression and/or anxiety.
Grace Medical Home, Orlando, FL	To have patients who screen positive for four or more ACEs start counseling and show improvement in functioning and/or mental health through individualized interventions. To transform Grace's approach to care through the implementation of the ACEs screening and adjusted processes that recognize the impact of trauma on overall health. To have Grace staff, clinical volunteers, and student interns increase the quality of care using trauma-informed care techniques learned in training and supervision.
Lestonnac Free Clinic, Orange, CA	To provide mental health care for 1,000 patients.
Parker Family Health Center, Red Bank, NJ	To increase patient numbers by 50%. To destigmatize the myths surrounding mental health and promote the importance of mental health in achieving optimal health at live events, digitally, and by Zoom.
Savie Health Corp., Lompoc, CA	To provide culturally sensitive resources and referrals including to mental health providers based upon patient PHQ9 scores.

	To enroll eligible individuals into Medi-Cal so that they may access additional free physical and mental health services.
	To provide health navigation to support our patients in helping to overcome barriers to quality care.
Symba Center, Apple Valley, CA	To enhance mental health screening for homeless shelter clients.
Talbot House Ministries of Lakeland, Lakeland, FL	To improve access to mental health care for at least low-income, uninsured Polk County residents.
	To provide one-on-one or group counseling sessions to approximately 75 patients a month.
	To refer 100% of patients in need of psychiatric care (with serious mental health diagnosis or suspected diagnosis) to appropriate providers.
	To reduce patients', wait time to receive psychiatric medications to less than one month using external psychiatric consultant.
Westminster Free Clinic, Thousand Oaks, CA	To expand access to culturally competent mental health counseling services for the uninsured through in-person and virtual sessions with a LMFT.
	To build the coping skills and capacity of low-income individuals to deal with grief, loss and trauma.
	To expand the capacity of lay community members and youth to identify the early signs of mental health issues.
UF Mobile Outreach Clinic, Gainesville, FL	To have five Wellbeing Workers attend "train-the-trainer" sessions of a micro-skills behavior health wellness curriculum.

LEARNINGS

While Community Routes is only half-way through the funding program, important learnings are already starting to emerge from the narratives shared by the award winners. These learnings include:

- The prioritization of structured workflows around depression and anxiety screenings. The additional funding provided by the Community Routes program allowed award winners either the flexibility to develop new pilot programs or to support existing programs with the freedom to reprioritize budgets as needed. Improvements were made to the overall workflow and capacity of health clinics to screen more patients and provide them with care more efficiently.

- The need for additional staff, especially bilingual staff. While staffing can be challenging for all free and charitable health care clinics, the paucity of bilingual mental health providers is especially acute despite the growing demand from Spanish speaking monolingual communities.
- The importance of providing culturally competent care that supports the diversity of language, values, and beliefs of the patient population. When providers are representative of the communities they serve and are knowledgeable of the needs and experiences of those same communities, better health outcomes are achieved. By having an intimate understanding of the barriers to care, a culturally competent approach helps reduce health care disparities and increase access to care and improve the quality of care for underserved populations.
- The need to improve messaging around eligibility of services for undocumented patients. Fear of sharing immigration status or of being reported to authorities has increased among undocumented immigrants in the past several years. While unfounded in many instances, this fear has created a real barrier to access to care, creating an acute need for clearer messaging and assurances among healthcare providers.
- The use of partnerships to increase capacity. Short staffing and strained resources encourage free and charitable health centers to forge partnerships with other community organizations to achieve common goals. These partnerships are a valuable means for increasing patient services, especially non-clinical social services that help the overall well-being of the patient.
- Diversifying the workforce by growing professional pipelines through internships and other youth opportunities. Diversifying the workforce in the healthcare system can result in higher quality of care for patients, a staff that is more attuned to culturally sensitive care, and a means for reducing healthcare disparities. The process of diversifying usually requires long-term investment. While the impact of these programs may take years to surface, the benefits are well documented. Patients tend to have better outcomes when they can be cared for by staff that understand their social backgrounds and cultural needs and, over time, this process contributes to the closing or narrowing of healthcare disparities.

MEDICATION ACCESS

In addition to funding, Teva has made available a broad range of medications to treat depression and anxiety to free and charitable clinics and charitable pharmacies located in California, Florida, and New Jersey. Reliable access to these medications means patients receiving care at a free or charitable clinics may result in better adherence and more control over one's mental health.

From August 2022 through April 2023 product donation support includes:

- **286** deliveries of medications to treat depression and anxiety to
- **47** free and charitable clinics
- Reaching an estimated **4,000** patients

Patient estimates are based on what was shipped to free and charitable clinics and pharmacies in CA, FL, and NJ. Direct Relief does not collect individual dispensing data and therefore actual patient reach is not known. This estimate is based on the assumption that patients receive a 30-day supply of medications and

are on these medications anywhere from two to six months (in line with recommendations from the [National Institute of Health](#), the [American Academy of Family Physicians](#), the [American College of Physicians](#), and the [Annals of Internal Medicine](#)).

LEVERAGE

These organizations are anchor points in their communities and often employ services that go well beyond primary and mental health care including health education, child and after school care, rental assistance programs, mobile healthcare, access to healthy food programs, and other critical social services that are responsive to societal factors that play a role in patient health. While private charitable giving is essential to the livelihood of these organizations, Teva's interest and investment in free and charitable clinics has already caused ripple effects beyond initial funding. Within the first six months of the award several awardees have leveraged funding to secure additional grants or are in the process of applying for additional funding. Community Routes has further elevated these clinics within their own communities.

- **Cape Volunteers in Medicine, Cape May Court House, NJ:** "We receive funds for Chronic Disease Management from a local Community Health Foundation. They matched this grant for the other half of our Community Health Worker so now she is 100% committed to VIM."
- **Grace Medical Home, Orlando, FL:** "We leveraged these funds while fundraising for the Grace Wellness Home. To date, we've secured more than \$850,000 to renovate the home which will be used to expand our mental health programming."
- **Savie Health, Lompoc, CA:** "We will be receiving funds from Santa Barbara County for a farmworker program. We described the benefit to our patients of this program in our application. We will provide in-person health navigation at these individuals' places of work."
- **Symba Center, Apple Valley, CA:** "We have applied for other grant funds to support this grant and have received \$45,000."
- **Westminster Free Clinic, Thousand Oaks, CA:** "We have leveraged additional funds for our mental health programming from other funders including, CVS and Sherwood Cares."

CONCLUSION

All 11 clinics demonstrated notable success in terms of screening and expanded patient access within the first six months of funding. While some of their strategies are similar, these clinics are responding to the needs of their patients and community and are offering holistic care in a safe environment. Staffing challenges, particularly for bilingual professionals, are significant, however these clinics have adapted and found opportunities to advance behavioral health care in other ways.

Without this funding these clinics would not have been able to create or expand their services. In many cases funding from Teva acted as seed money to lay the foundation for better integration of mental health in a primary care setting. This investment has already resulted in a ripple effect throughout these communities.