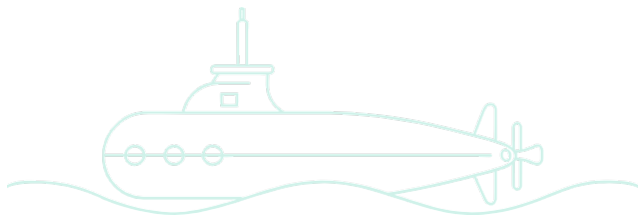
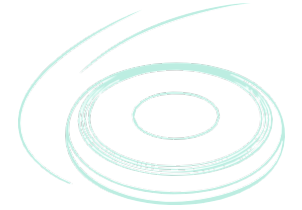


WELCOME!



Community Health Center Association of Connecticut

**To claim CMEs for this session
please scan the QR code to log
attendance and complete the
required survey.**





Behavioral Health Integration 2.0: Meeting the Moment with Collaborative Care Models

Thursday November 13th, 2025 1:45 – 2:45PM Eastern

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Tichianaa Armah



Chief Psychiatry Officer
Moses/Weitzman Health System

Garrett Matlick



Clinical Program Director –
Primary Care NP Residency Program
Moses/Weitzman Health System

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Locations & Service Sites



Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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Learning Objectives

1

Describe key components of collaborative care models that integrate behavioral health into primary care, including brief interventions, case management, and psychiatric consultation.



2

Analyze lessons learned and best practices from CHCI's implementation of behavioral health integration, with a focus on workforce development strategies.



3

Apply insights from CHCI's Psychiatric Nurse Practitioner Residency Program to strengthen and sustain behavioral health integration within primary care teams.

Behavioral Health Integration Overview:

Collaborative Care Models, Case Management, and Psychiatric Consultation

Health Center Behavioral Health Accomplishments

- Health centers have long been at the forefront of treating behavioral health in the United States.
- In 2024, health centers:
 - Provided mental health services to 3.0 million patients.
 - Screened more than 74% of teen and adult patients for depression.



Table 6A: Selected Diagnoses and Services Rendered (UDS, 2024)

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)	Visits per Patient
Selected Mental Health Conditions and Substance Use Disorders					
18.	Alcohol-related disorders	F10-, G62.1, K70-, O99.31-	1,697,534	471,997	3.60
19.	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	3,460,504	763,276	4.53
19a.	Tobacco use disorder	F17-, O99.33-, Z72.0	3,002,200	1,499,468	2.00
20a.	Depression and other mood disorders	F30- through F39-	12,562,751	3,096,085	4.06
20b.	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0	14,157,918	3,670,683	3.86
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	3,823,772	917,999	4.17
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	8,414,314	2,568,097	3.28
20e.	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	1,738	836	2.08
20f.	Intimate partner violence	T74.11-, T74.21-, T74.31-, Z69.11	21,616	12,197	1.77

<https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=6A&year=2024>

UDS 2017 Data

Staffing and Utilization FTEs

Ratio: Total Behavioral Health Provider FTEs/ Total Patients	Ratio: Total Psychologist & Psychiatrist FTEs/ Total Patients
1 / 2,552	1 / 16,753

<https://bphc.hrsa.gov/uds/datacenter.aspx>

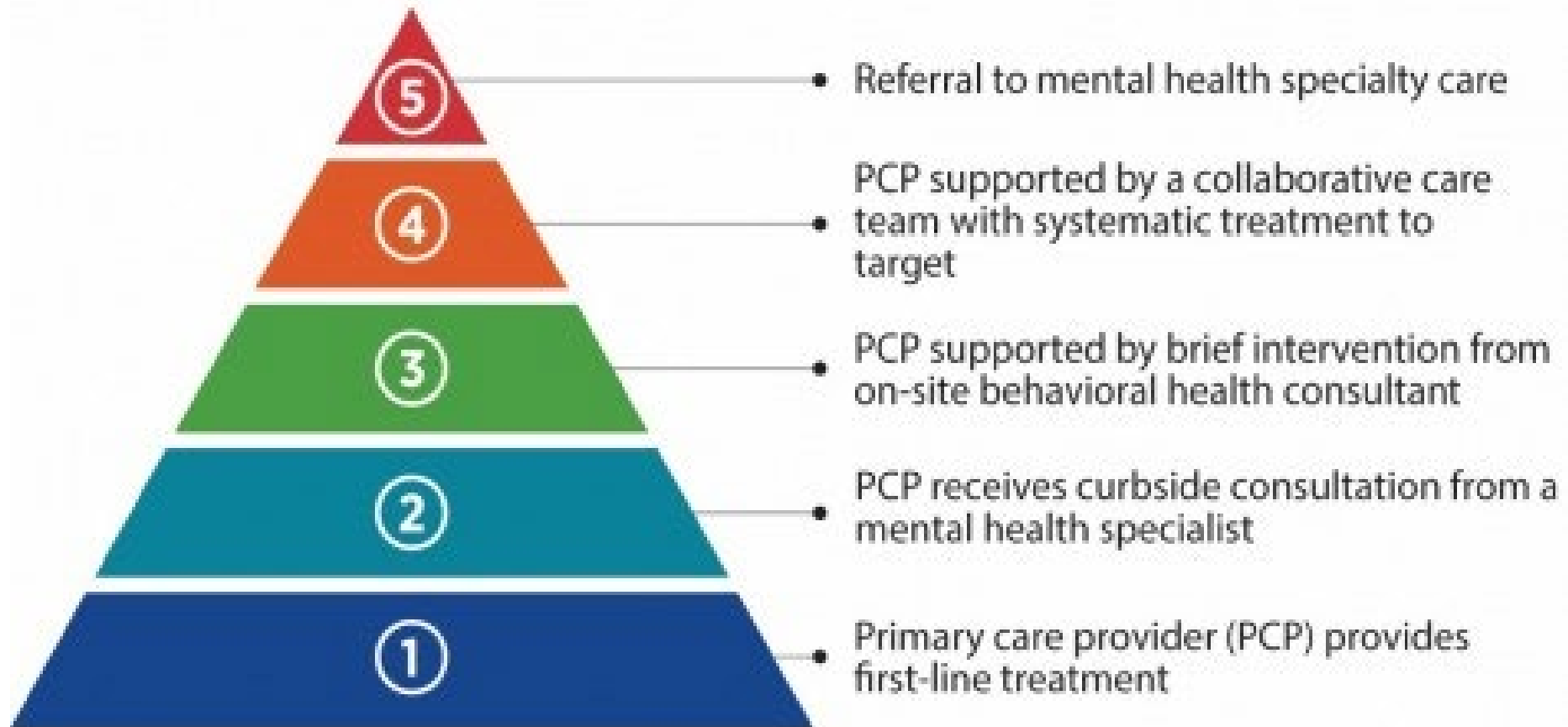
State of the Behavioral Health Workforce (2024)

- The capacity of the behavioral health workforce to meet the demand is limited by supply and geographic distribution challenges.
- Challenges go beyond supply and demand and include: **patient-level barriers** (e.g. stigma, cost, insurance) and **provider-level obstacles** (e.g. restrictive scope of practice, reimbursement issues, burnout).
- Behavioral health needs are elevated for children and older adults, as well as in rural and underserved areas.

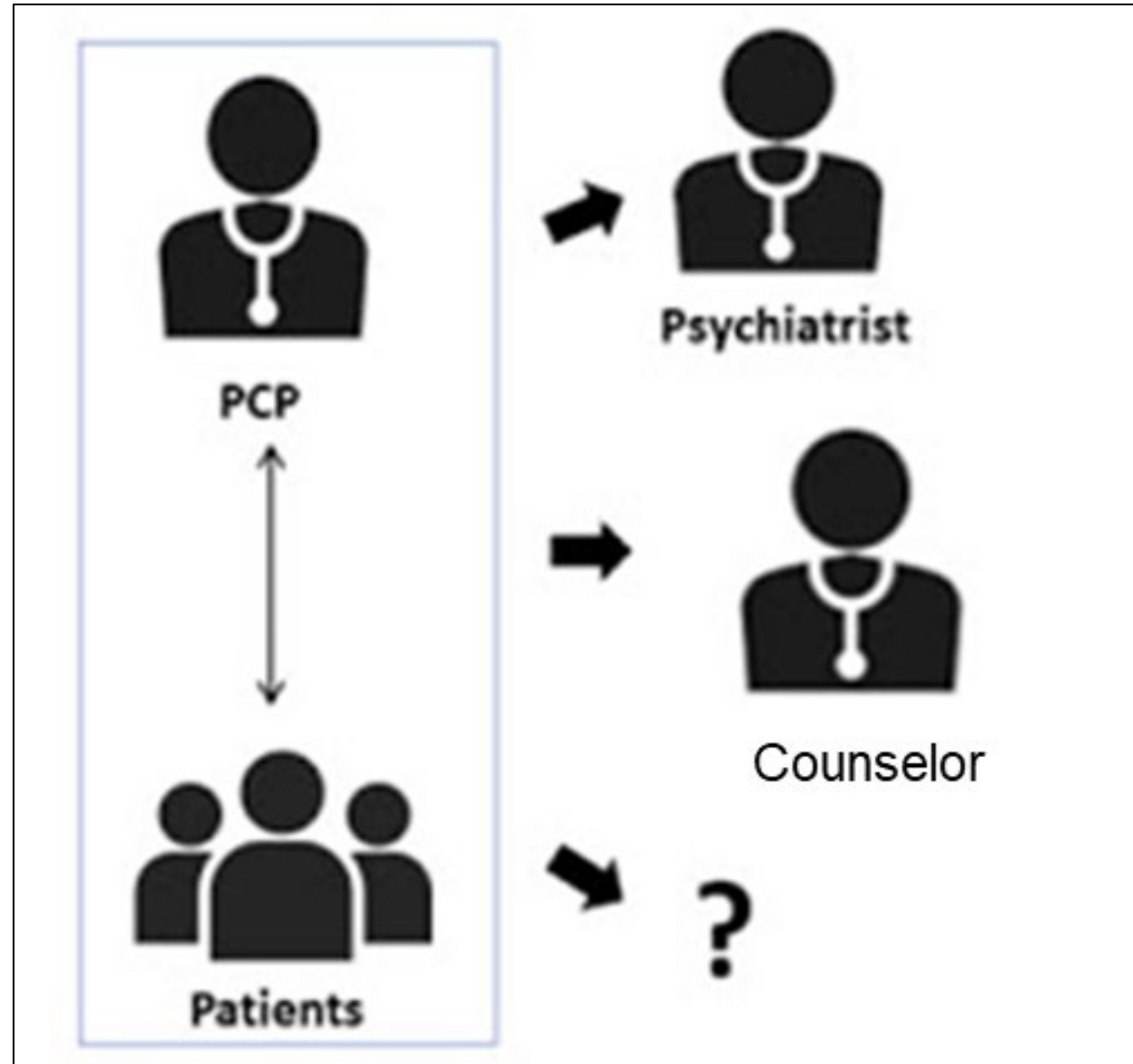
<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>



Stepped Model of Integrated Care



Traditional Model



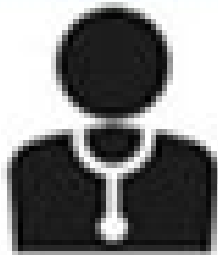
<https://workplacementalhealth.org/mental-health-topics/collaborative-care>

Collaborative Care Model

Give patients a choice of treatment

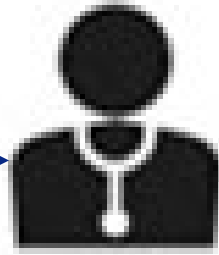
Motivate adherence & treatment response
 Provide brief treatments
 Facilitate community support

Feedback
 Decision Support
 Care Coordination

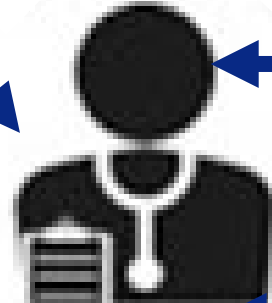


PCP

Registry

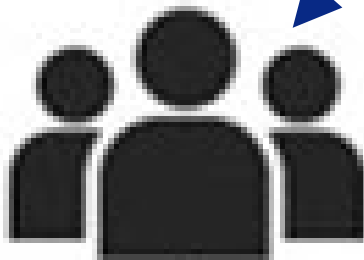


Consultants:
 Psychologist
 Psychiatrist
 Pain Expert



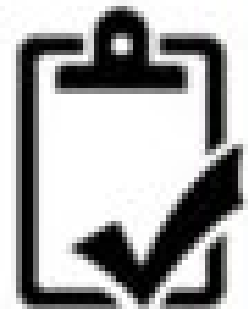
Care
 Manager

Weekly case supervision
 Treatment adjustment
 Manage treat-to-target

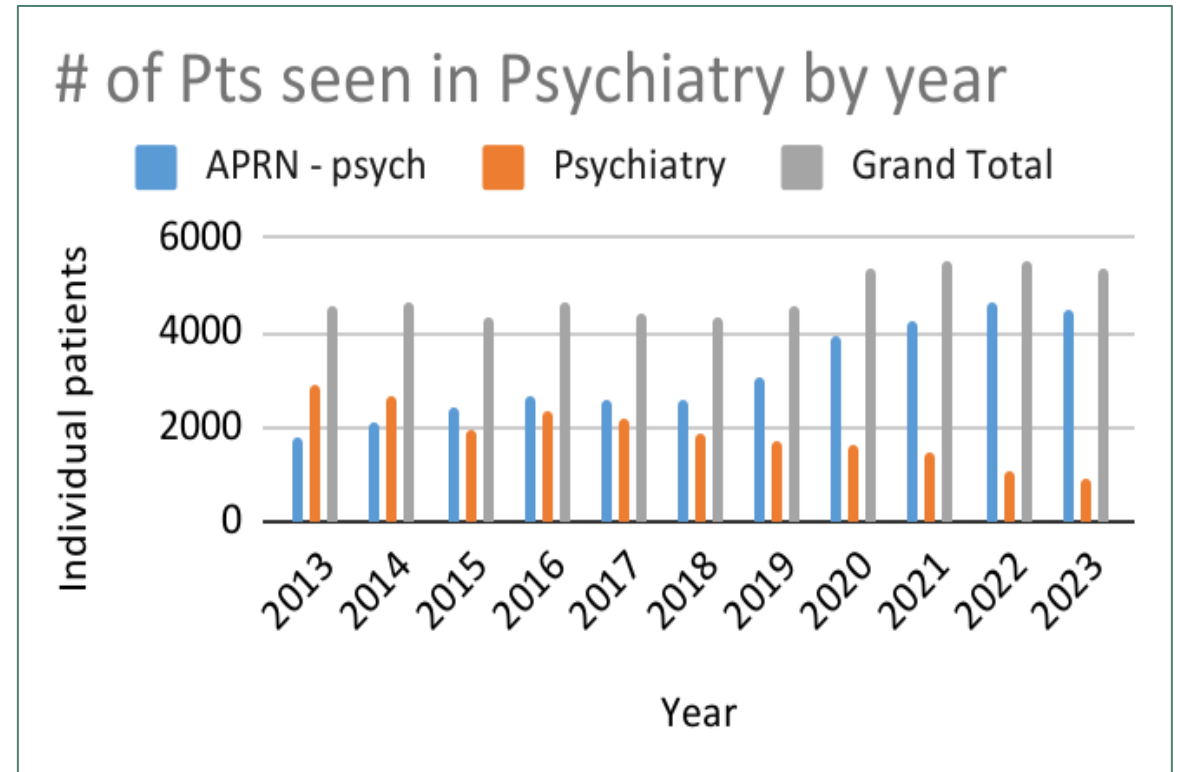
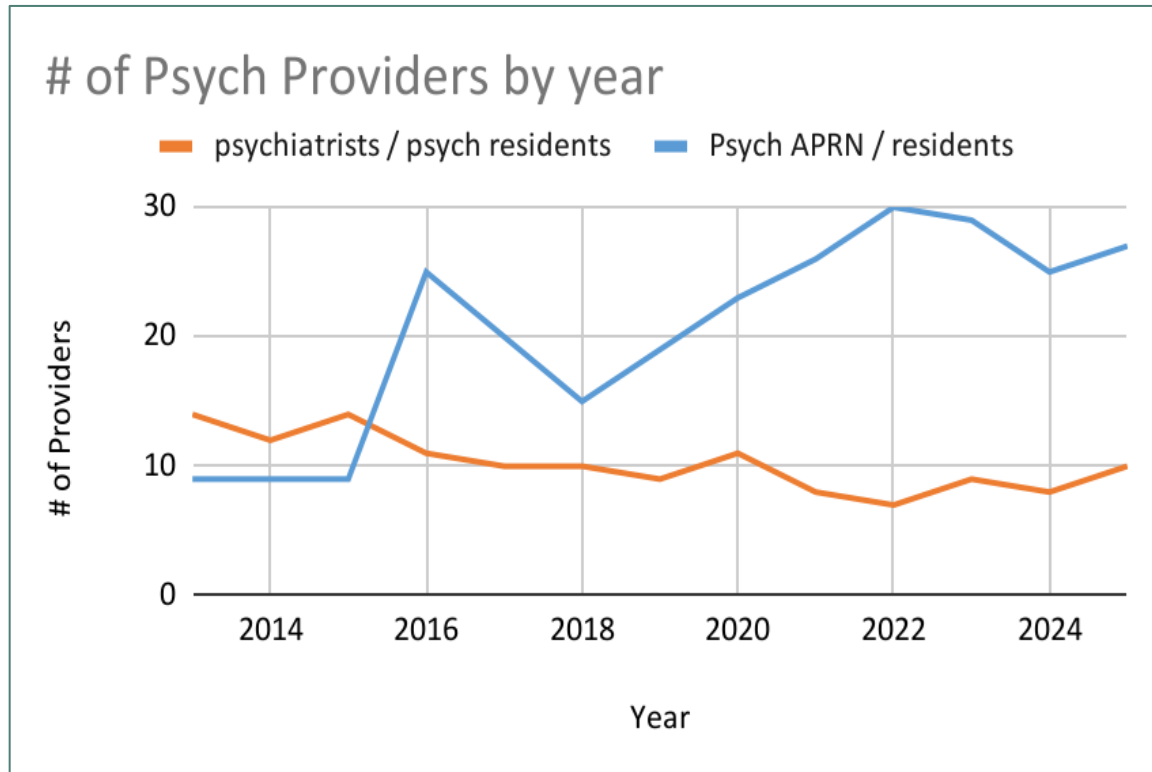


Patients

Telepsychiatry



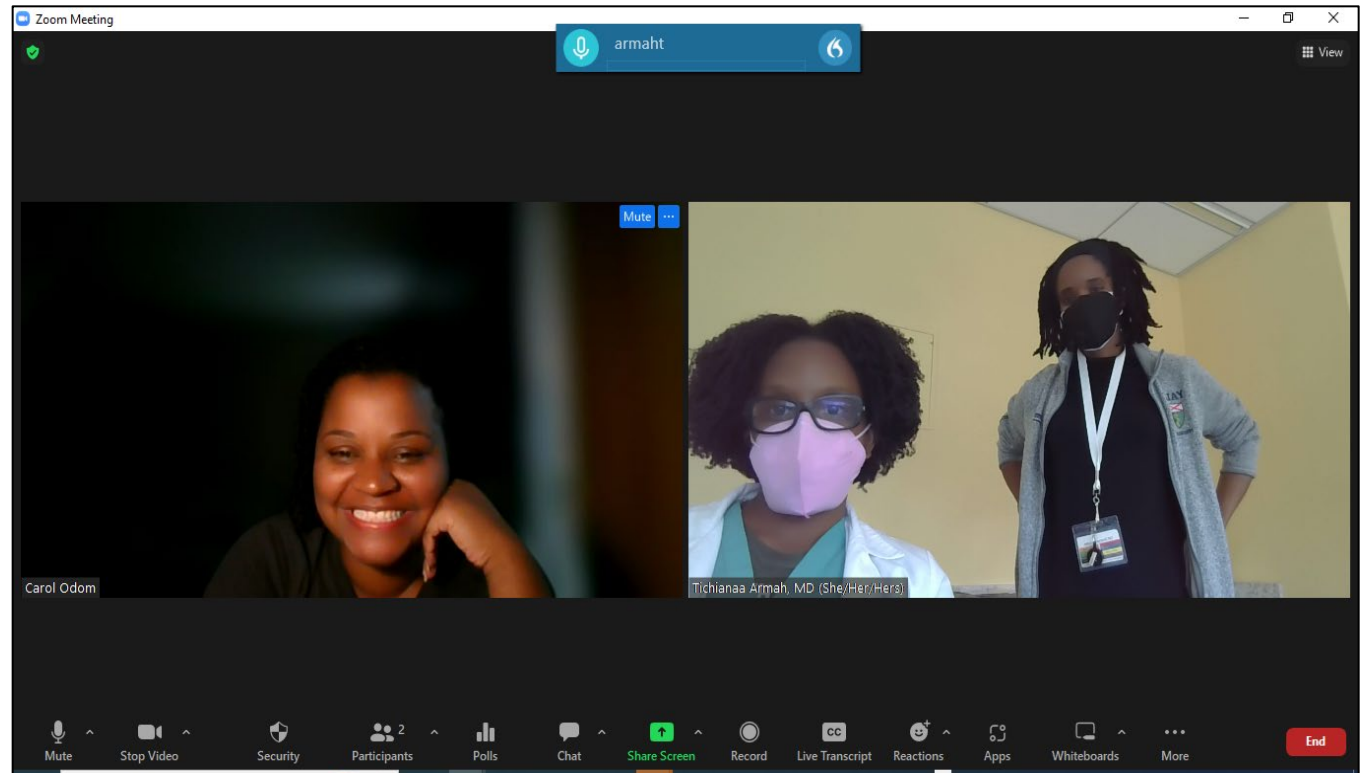
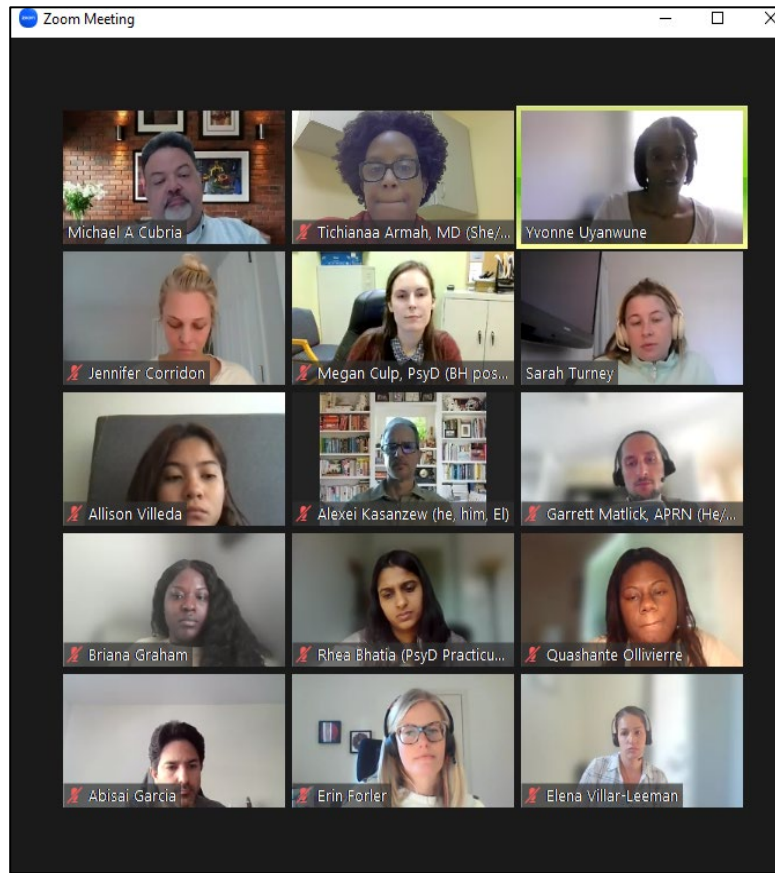
A 10 Year History of Psychiatry at CHC



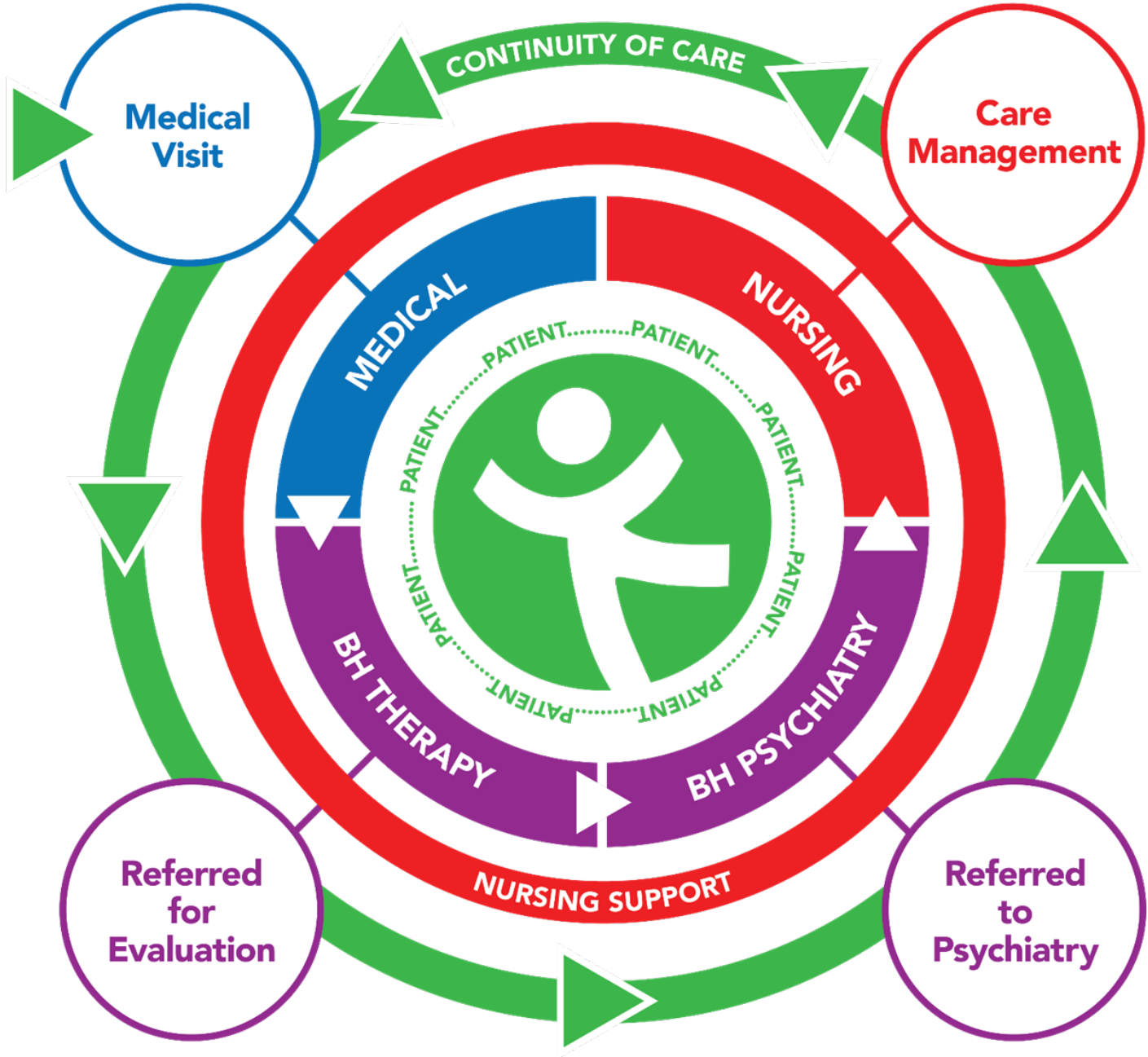
Team-Based Care Pods



Interdisciplinary & Inter-professional Virtual Teams



Patient Pathway



Psychiatric Care at CHC

Indirect Care (value beyond visits)

Assessment

- Diagnostic Clarity (team meetings - BH)
- Treatment Plan Questions
- Consultation – PCP/Peds/Geri/FNP Residents
- Curbside – PCP/Peds/Trainees

Education

- Provider Grand Rounds
- Staff Learning Sessions
- National Webinars
- Project Echo
- PMHNP Residency Didactics
- Precepting – PMHNP Residency
- Supervision Yale Psychiatry (MD) & Fairfield University and Columbia (NP Students)
- FNP Resident Shadowing (Staff and PGY4s)
- Quality Improvement
- BHQI, BH Module, Virtual In-School Psych, Evals

Direct Patient Care

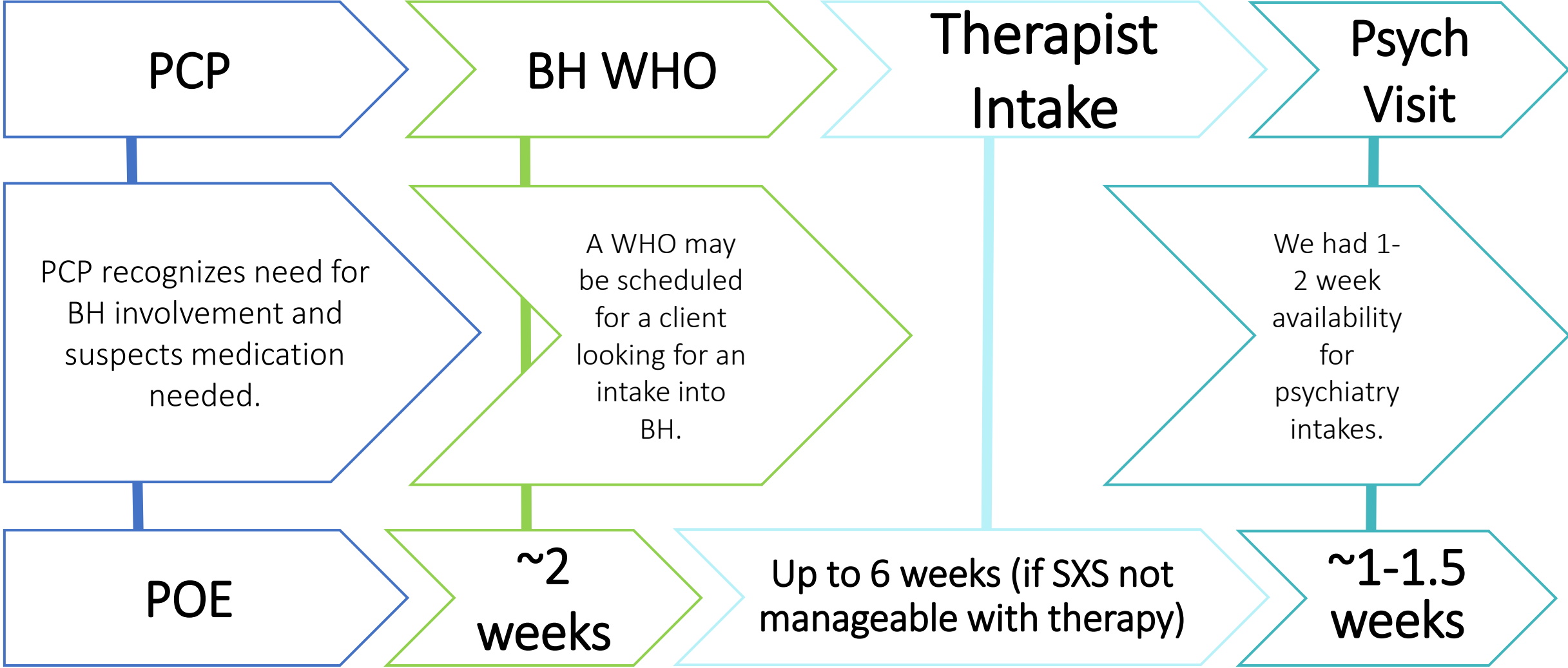
Assessment

- Evaluation
- Monitoring Labs
- Diagnostic Clarity
- Treatment (including managing medications)
- Individual Appointments
- Warm Hand Off (WHO) (BH, and working on Psych Direct Referrals)
- Group Therapy (MAT, Lifestyle Medicine)

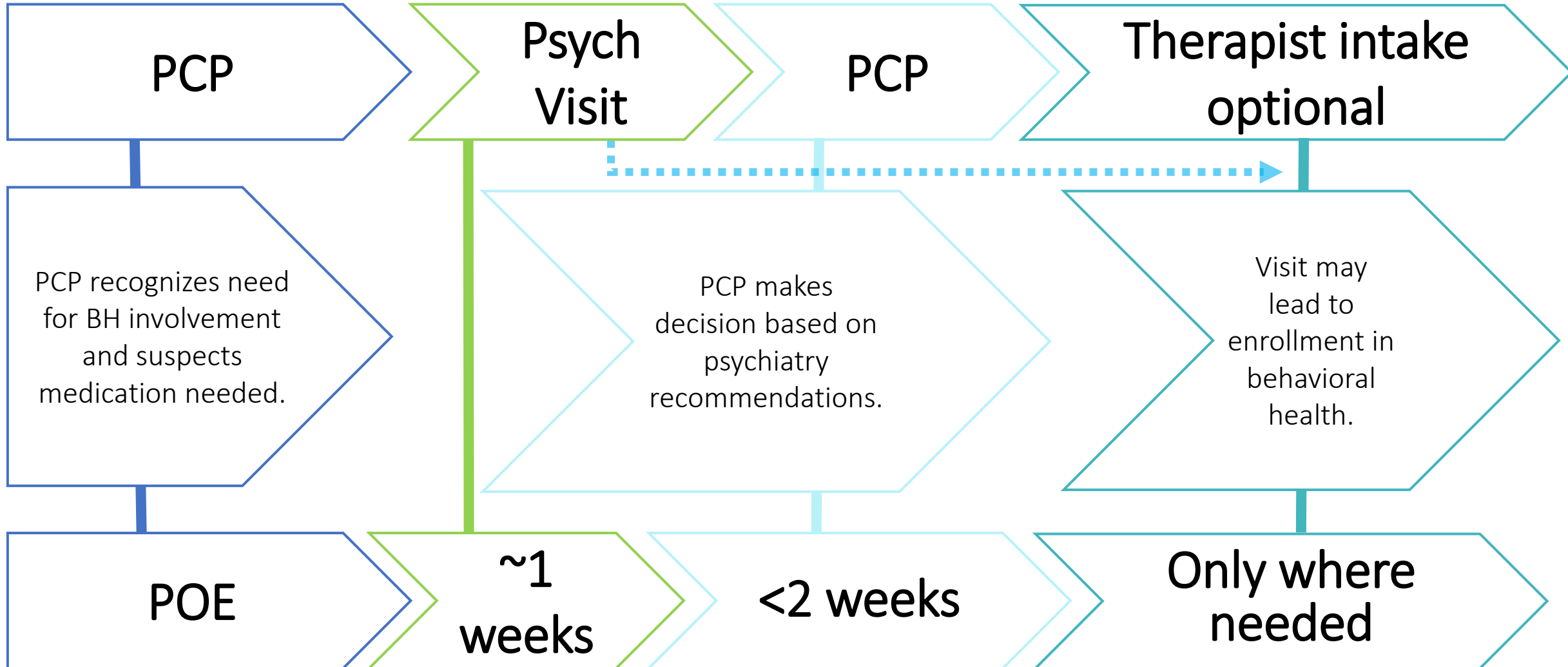
Education

- Patient Education (including meds)

Standard Model of Psychiatry Involvement



Psychiatry Eval Pilot



BH Dashboard Psychiatry

ID	Last therapist	Last Psychiatry Provider	Last PsychVisitType	Telehealth Consent Date	ReviewDueDt	Depression Monitoring	Last InPerson BH [psych] or Med VisitDt	Last GAD	Minor InfoMedConsent	Tobacco Screen_Intervention	Controlled Substance	AntiPsychotic	BH Discharge
			Group Adult Mood Video	12/02/2024	01/02/2026					Screening			
			Est MH Adult 20 Video	11/04/2024	12/15/2025		9/23/2025						
			Group Adult Mood Video	11/16/2024	11/13/2025	PHQ 9 Due By 1/11/2026	9/24/2025				Ativan, Zolpidem Tartrate		
			Group Adult Mood Video	12/01/2024	10/14/2025		9/19/2025					QUEtiapine Fumarate ER	
			Group Adult Mood Video	11/16/2024	11/30/2025			8/30/2021			clonazepam, Zolpidem Tartrate	Caplyta	
			Group Adult Mood Video	12/16/2024	11/12/2025		10/3/2025						

Sample PMT (Psychiatry Medication Transfer)

- History of treatment and response
- Include hospitalization hx
- Current med regimen
- Remind of availability for consultation...

Reason		AssignedTo	
PMT		~zzzRamotar, PsyD Post Doc, Kimr	
<input checked="" type="checkbox"/> Perform Eligibility Check			
Message	Rx	Labs/DI	Notes
Addendum		Log History	Virtual Visit
Message			
Pt is in stable condition mentally on loxapine, BuSpar, and benztropine, Sertraline He is in agreement if you are comfortable. He will continue with therapy for monitoring it has been over a year since making any changes in his medications and he does not want to change. would consult or receive pt again if you had any concerns. would you be agreeable to a PMT?			
Action Taken		Messenger	
Armah,Tichianaa 04/04/2018 02:20:30 PM > I am giving a 3 month supply with a refill.			
Gellrich,Gabriella 04/04/2018 04:58:56 PM > Yes I continue prescribing medication			
Armah,Tichianaa 04/12/2018 09:31:32 AM > He does not have to see me for a follow up dr. Gellrich willing to continue his medication. He sees you next week and I made him aware this was possible can			

Collaboration with Registered Nurses (RNs)

- Nursing Visits/Co-Visit with BH (in-between provider visit surveillance)
 - Routine prescription monitoring programs (PMP) Checks (delegate status)
 - Medication Reconciliation
 - Side Effect Surveillance
 - Random/Routine Toxicology
 - Controlled Substance Agreement Review/Signing
- Top of Licensure Collaboration includes:
 - Panel Management: Monitor labs and risk meds/controlled substances
 - Education: Smoking cessation, contraceptive counseling, Narcan use
 - Care Coordination: Medication assistance, compliance, and refills



Overview of BH Landscape

Clinical Providers:

Therapists

- Social Worker
- Marriage and Family Therapist
- Counselor
- Psychologist
- Drug and Alcohol Counselor

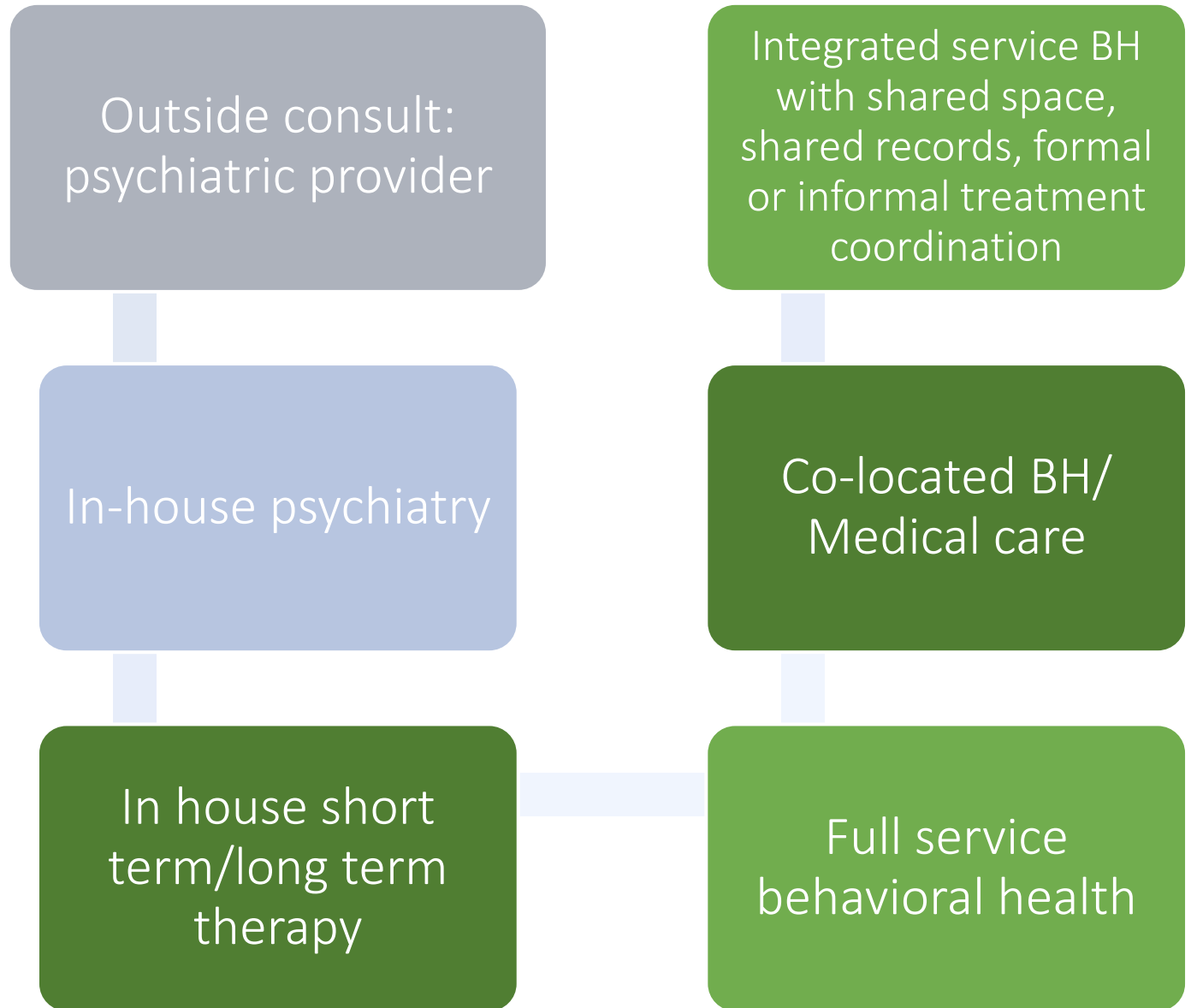
Medication Providers

- Psychiatrist
- Psychiatric Nurse Practitioner

Level of Licensure

- Licensed Independent Practitioners (LIP)
- Licensed to Practice Under Supervision
- Student or Resident Under supervision of appropriately credentialed LIP

Continuum of Integrated BH Care



Behavioral Integration & Primary Care Team

Screening for Depression

Medical Assistant (MA), Medical Provider,
Behavioral Health Provider

PHQ9 Screening

MA

Care Management

Registered Nurse (RN), Case Manager/Care Coordinator

Crisis Management

Behavioral Health Provider

Brief Psychotherapy

Behavioral Health Provider

Referral for Longer-term Psychotherapy

Behavioral Health Provider, Referral Coordinator

Psychotropic Medication

Primary Care Provider (PCP) or PMHNP, Psychiatrist

Psychiatric Consultation

Consulting Psychiatrist, Psychiatric Mental Health Nurse
Practitioner (PMHNP), Psychiatry

Case Study

About the Patient

- 45 year old Caucasian male, seeking treatment for depression and PTSD based symptoms after experiencing significant physical illness affecting his ability to work.

Patient Goals

- “Feel better and be less depressed”

Provider Goals

Process PTSD

Increase regulatory strategies for experience of anger

Improve ability to communicate with others to reduce interpersonal conflict.

Identify source of pain

Successful referral for surgery

Patient Needs

- Coordination of care with case management
- Nursing support to problem solve following up with treatment recommendation
- Obtaining resources
- Building trusting relationships with providers over time.

Challenges

- When client experiences difficulty understanding, will become frustrated and presents with anger. He may shut down a conversation or not continue with a provider.
- Client experiences significant difficulty with memory and focus resulting in difficulty following through with treatment recommendations.

Key Strategies Implemented

- Communication in writing
- Pacing and explaining interventions
- Collaboration with external partners
- Care management by nurse including frequent reminder phone calls and check ins
- Consistency of providers that patient was comfortable with and had already “told his story to”

Results

- Improved insight
- Ongoing work in terms of improving ability to communicate with providers and work towards self-defined goals
- Hip replacement!

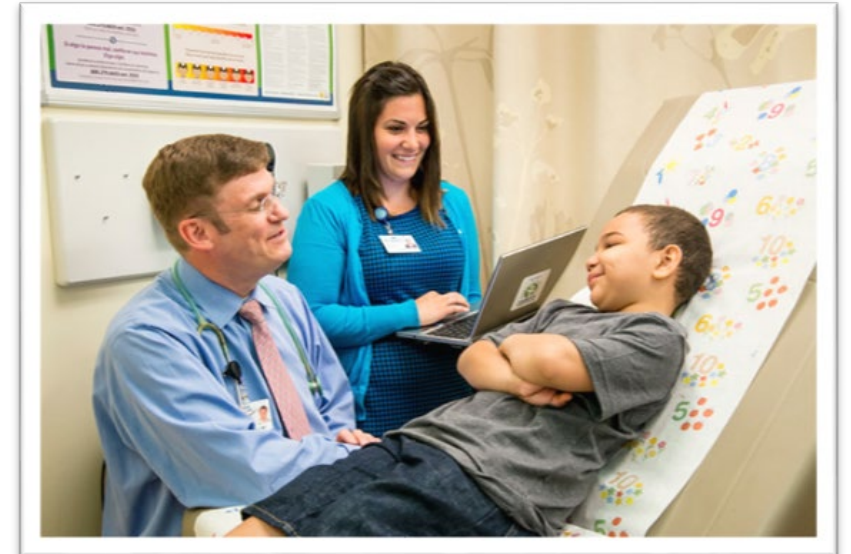
eConsults & Expanding Telehealth to Improve Behavioral Health Access

- **eConsults:** real-time collaboration between primary care and specialists without the need for a face-to-face visit.
- **Telehealth:** can eliminate accessibility barriers to behavioral health services, such as those in underserved or rural areas.
 - Telehealth legislation is evolving.



Medical Screening

- There are many pathways to Behavioral Health care, one of the most robust and reliable is regular screening in medical visits.
- Nurses and MAs can screen for multiple conditions including:
 - Substance use/SBIRT (DAST, AUDIT-C, CRAFFT, CAGE)
 - Depression (PHQ-2/9)
 - Intimate Partner Violence (HITS, HARK)
 - Patient Symptom Checklist-17
 - MCHAT
 - ACES
 - Others that you may determine
- All of these identify patients who may be in need of support from Behavioral Health.



Planned Care Dashboard

Patient	PCP and Visit Info															
		ALERTS	Last Date	Due Date	Value	Notes										
		WHO CANDIDATE														
		Dental Exam														
		Depression Screening	2/5/2018	2/5/2019												
		SBIRT	2/5/2018			Yearly, 18+ yrs old										
		Chronic Pain Functional Assessment	7/19/2018			Chronic Pain Screen Response: Every Day										
		Annual Wellness Visit	Never Done	Never Done												
	<p>Next Medical Appointment: 3/18/2019 10:20:00 AM Middletown Medical</p> <p>Sex: F Age: 76.0</p> <p>Last Dental Visit: 9/17/2015</p> <p>Reason for Visit: *MED PCP Recall. Polymyalgia</p>	<table border="1"> <thead> <tr> <th>Bubbles</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>TE</td> <td></td> </tr> <tr> <td>RX</td> <td></td> </tr> <tr> <td>Doc</td> <td></td> </tr> <tr> <td>Lab</td> <td>1</td> </tr> </tbody> </table>	Bubbles	#	TE		RX		Doc		Lab	1				
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Opioid Alerts	Value															
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CTPMP	No															

Summary

- Integrating BH services into primary care can **enhance access to treatment** for mental health and substance use issues reduce **costs**, improve patient **experiences** of care, and improve patient **outcomes**.
- Through BH integration, primary care practices can **identify and address patients' physical health, mental health, health behavioral, substance use, life stressors, and barriers to wellness**.

Blasi PR, Crompton D, McDonald S, Hsu C, Coleman K, Flintner M, Wagner E. [Approaches to Behavioral Health Integration at High Performing Primary Care Practices](#). *J Am Board Fam Med*. Sept-Oct 2018; 31(5): 691-701.





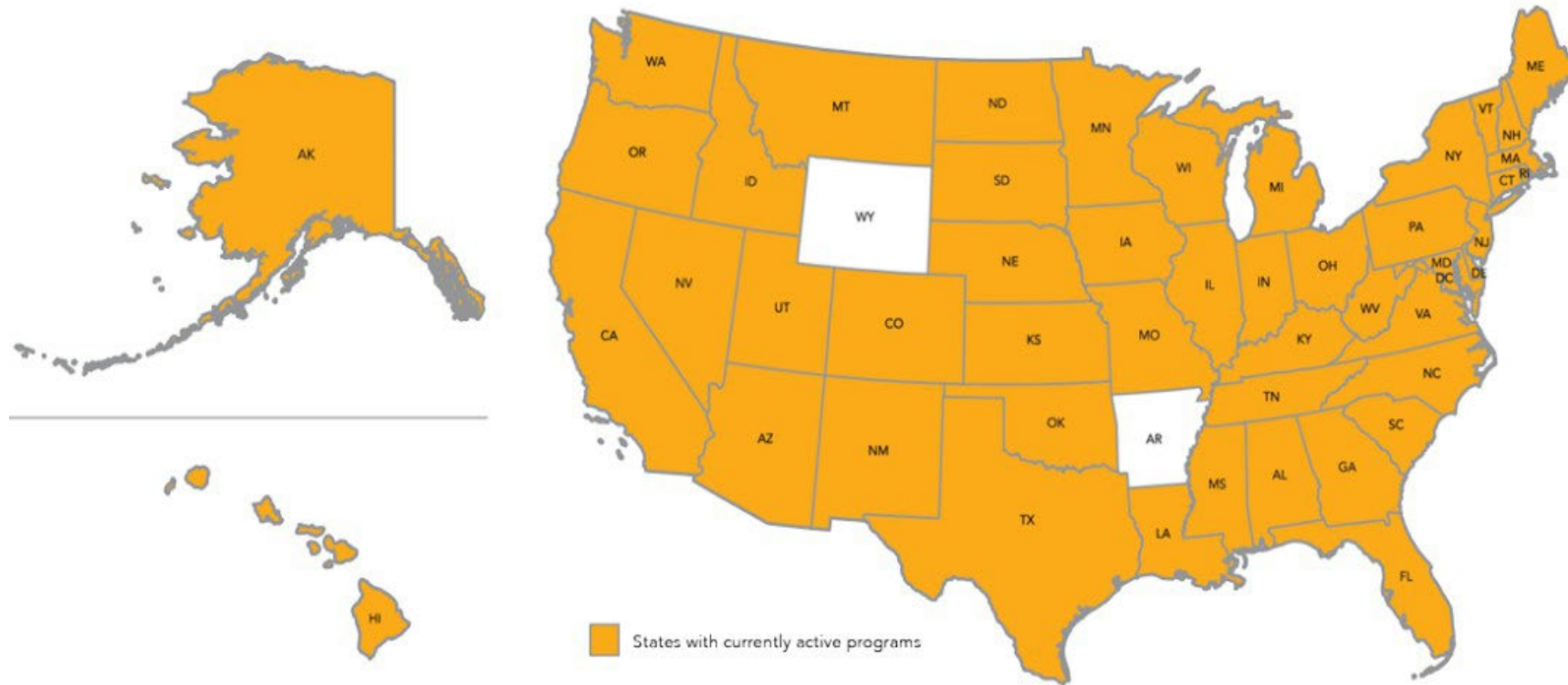
Psychiatric Mental Health Nurse Practitioner (PMHNP) Residency Program

CHCI Residency Program Today

- Started 1st program in 2007 – have been operating for 19 years and have graduated over 167 alumni
- PMHNP Residency Program started in 2015
 - 18 Alumni
 - 77% retention rate



APP Postgraduate Training Programs Nationally



- 565 APP Postgraduate Training Programs
- 259 Primary Care APP Postgraduate Training Programs
- **76 Psychiatric Mental Health Nurse Practitioner Residency Programs.**
- 120 APP Postgraduate Training Programs in FQHCs
- 108 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP)

The Need for NP Residency Training

- Prior to 2007, there was no model NP residency training.
- Strategy to respond to the current and future shortage of providers in community health.
- New NPs in FQHCs care for very complex patient panels.
- In the absence of formal programs, the transition can be extraordinarily hard.
- Support in launching the practice careers of the next generation of providers, particularly for vulnerable populations.



Program Drivers

- Increase the nation's ability for every person to have access to behavioral health services, but particularly in underserved communities.
- Provide new PMHNPs with an intensive training experience focused on training to clinical complexity and high performance.
- Provide a highly structured transition from university to practice that supports the development of confidence, competence, and mastery in the FQHC setting.
- Attract new PMHNPs to safety net settings in communities rural and urban, large and small, and prevent attrition through intensive support in first year.



Core Elements of a PMHNP Residency Program

12 Months Full-time Employment	Training to Clinical Complexity and High-Performance Model of Care Team-Based Care, Inter-professional Collaboration, Integrated Care, Data Driven QI, Expert Use of Technology	Full Integration into Home Site and Organization
<p>Precepted Clinics (80%): PMHNPs residents develop and manage a panel of patients with the exclusive and dedicated attention of an expert preceptor.</p> <ul style="list-style-type: none"> • Adult, Child, and Healthcare for the Homeless Clinics • Supervision 	<p>Education Sessions (15%): High volume and burden focused didactics, includes participation in Project ECHO sessions for managing chronic pain, treating HIV, Hepatitis C, and opioid addiction.</p>	<p>Quality Improvement Training (5%): Training to a high-performance QI model, including front line QI improvement, data driven QI, and leadership development.</p>



A Week in the Life of a PMHNP Resident

	Mon	Tues	Wed	Thurs	Fri
AM	Child Clinic	9-11 SUH Module (2 month rotation) 11-12 Supervision	WYA Clinic (Eddy Shelter)	Psychotherapy Group Consultation 8:30-9:30 Cohort Meeting (1 st) 10-11:30 Monthly PMHNP Check-In Meeting (3rd) 10-10:30 QI Seminar (2 nd and 4 th) 11-12:30 Pain ECHO (3 rd) 12-1	Adult Clinic Psychiatry Coverage (1 st Friday) 10-12
PM	Child Clinic	Child Clinic	Adult Clinic	Psychiatry Advancing True Health Equity Meeting (1 st) <i>optional</i> 1-2 Child Psychiatry Providers Meeting (2 nd) 1-2 All Psychiatry Providers Meeting (4 th) <i>optional</i> 1-2 Didactic 2-5	Adult Clinic



Sample Didactic Schedule

Date	Topic	Presenter
QUARTER 1		
September 26, 2024	Attunement	Sarah F
October 3, 2024	Documentation Primer	Doris Dakpui
October 10, 2024	Biopsychosocial Formulation	Doris Dakpui
October 17, 2024	Medication Management Primer	Dr. Armah
October 24, 2024	ECW Superuser Training	Megan Giesen
October 31, 2024	Child/Adolescent Psychiatry Part 2	Sarah & AO
November 7, 2024	Sleep	Sarah Freiberg
November 14, 2024	"MDD vs Bipolar Disorder: Understanding and Diff	Jennifer Corridon
November 21, 2024	Med Management Part II	Dr. Armah
November 28, 2024	NO DIDACTIC	
QUARTER 2		
December 5, 2024	Child/Adolescent Psychiatry Part 3	Sarah & AO
December 12, 2024	Risk Assessment	Areta/Rosarimar/Chelsea
December 19, 2024	Cultural Formulation	Dr. Armah
December 26, 2024	NO DIDACTIC	
January 2, 2025	NO DIDACTIC	
January 9, 2025	Psychotherapy	Areta /Rosarimar/Chelsea
January 16, 2025	SUDs	Dr. Jarda
January 23, 2025	Psychosis Dx	McIntosh and Freiberg
January 30, 2025	IEP/504	Noreen Stewart
February 6, 2025	Motivational Interviewing Part 1	Dan Bryant
February 13, 2025	Motivational Interviewing Part 2	Dan Bryant

Evaluations:

Assessment of Resident Performance and Experience

COMPETENCY DOMAINS

1. Patient Care
2. Knowledge for Practice
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice
7. Inter-professional Collaboration
8. Personal and Professional Development

Evaluation Element	Frequency
Competency Self-Assessment	1, 6, 12 months
Preceptor Evaluations	6, 12 months
Specialty Rotation Evaluations	Monthly
Procedures	Monthly
Mid-year Coaching Session	Month 6
Reflective Journals	Weekly

The Residency Experience

A Year in the Nurse Practitioner Residency Program

Based on Analysis of 1,200 Journal Entries from 2008 through 2013



Flinter, M.; Hart, A.M. (2016).

“Thematic Elements of the Postgraduate NP Residency Year and Transition to the Primary Care Provider Role in a Federally Qualified Health Center.” *Journal of Nursing Education and Practice*, 7(1), 95.

DOI: <https://doi.org/10.5430/jnep.v7n1p95>

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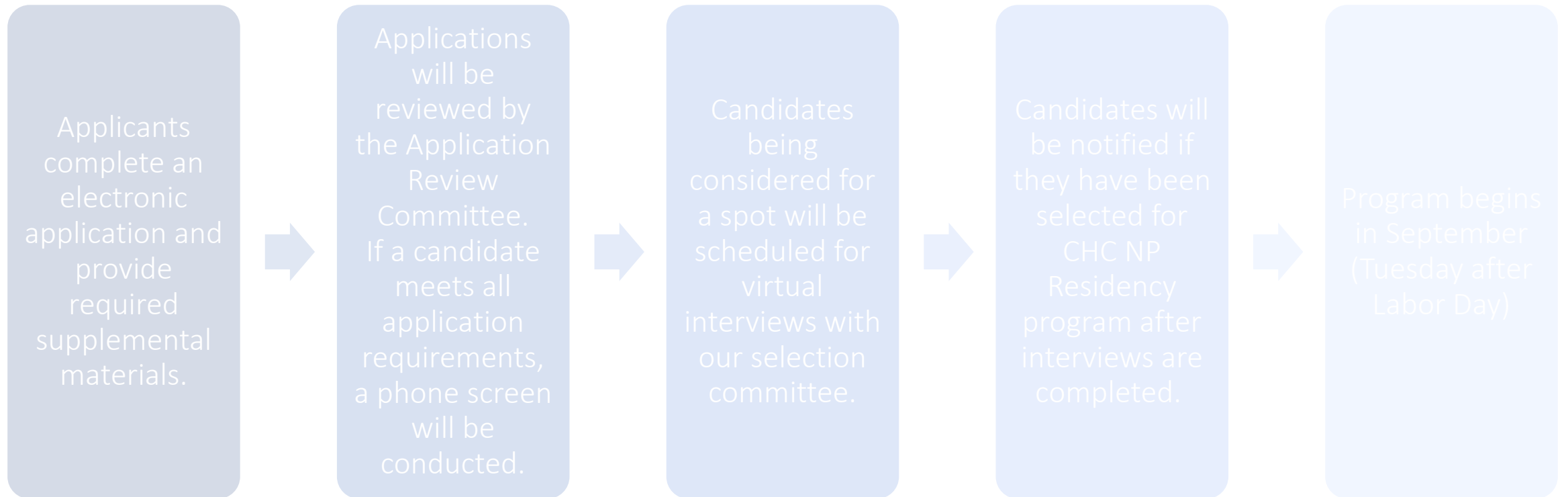
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Recognized Accrediting Agency to Accredit
Joint NP/PA Postgraduate Training Programs**

CLICK TO LEARN MORE!

Recruitment Process



Visit www.npresidency.com
to learn more!





Questions?

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

<https://www.weitzmaninstitute.org/ncaresources>



CLINICAL WORKFORCE DEVELOPMENT

Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

Health Center Resource Clearinghouse



HEALTH CENTER RESOURCE CLEARINGHOUSE

HEALTH CENTER RESOURCE
 CLEARINGHOUSE

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Health Center 101 Learning Bundle: Learn More About the Health Center Model through Videos and Resources |
 NTTAP National Health Center Training and Technical Assistance (TTA) Needs Assessment

Search the Clearinghouse: Enter Search Terms Here

SEARCH

There are 4 ways to search the Clearinghouse:



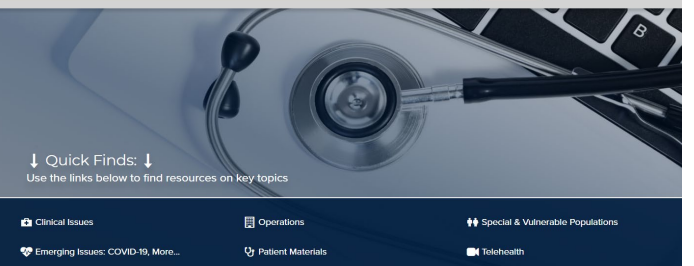
Simple Search



Guided Search



Advanced Search

Quick Finds: Use the links below to find resources on key topics

- Clinical Issues
- Operations
- Special & Vulnerable Populations
- Emerging Issues: COVID-19, More...
- Patient Materials
- Telehealth

<https://www.healthcenterinfo.org/>



Contact Us!

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Visit us on the web:

www.chc1.com

www.mwhs1.com

<http://chc1.com/nca>