

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, MD



Chief Psychiatry Officer
Moses/Weitzman Health System

Garrett Matlick, DNP



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

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**



Learn More at mwhs1.com



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

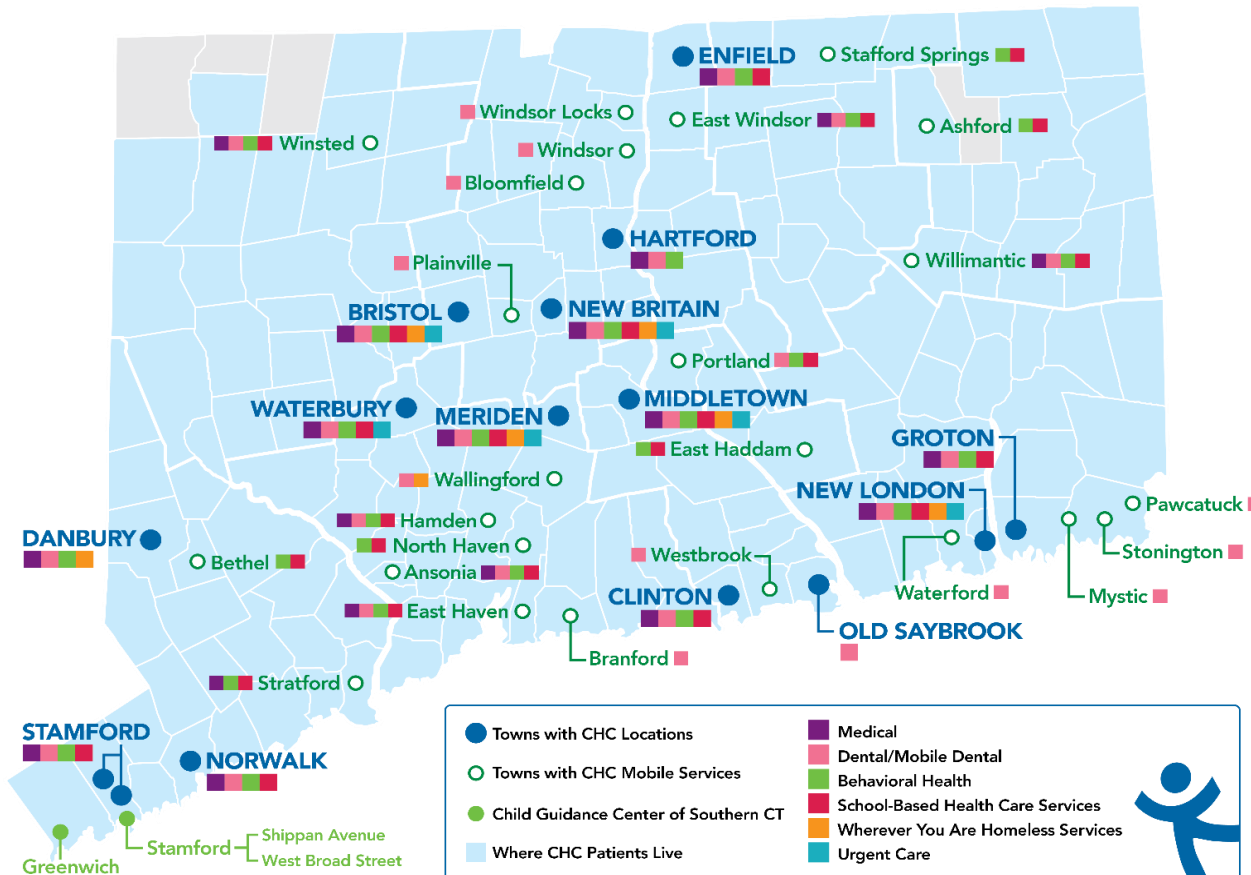
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1 Clinical Excellence	2 Research and Development	3 Training the Next Generation
------------------------------------	--	--

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>, or contact Meaghan Angers, Senior Program Manager, angersm@mwhs1.com.

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.

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 Mental Health 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.

<https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program>



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)

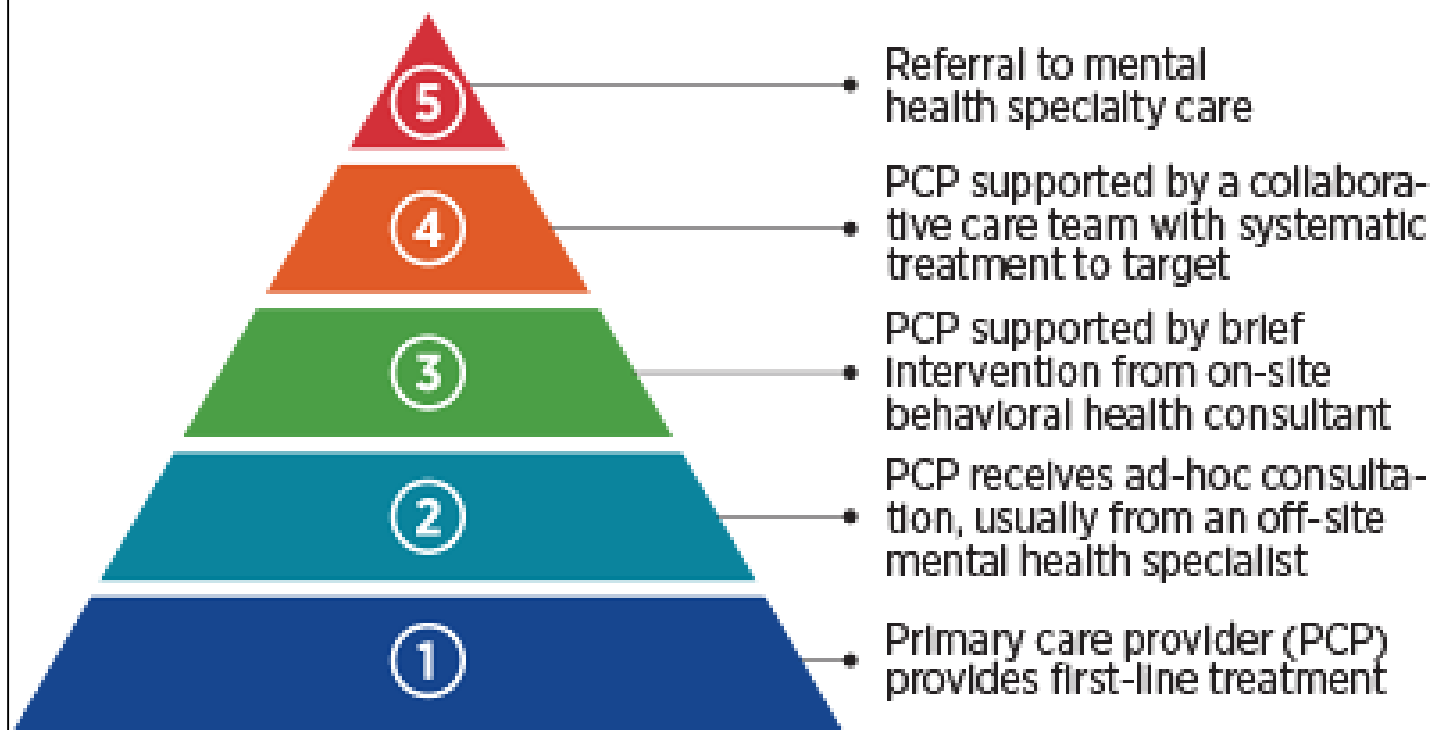
- The capacity of the behavioral health workforce to meet the demand is limited by supply and geographic distribution challenges.
- Challenges go beyond supply and demand and include **patient-level barriers** (e.g. stigma, cost, insurance) and **provider-level obstacles** (e.g. scope of practice, reimbursement 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

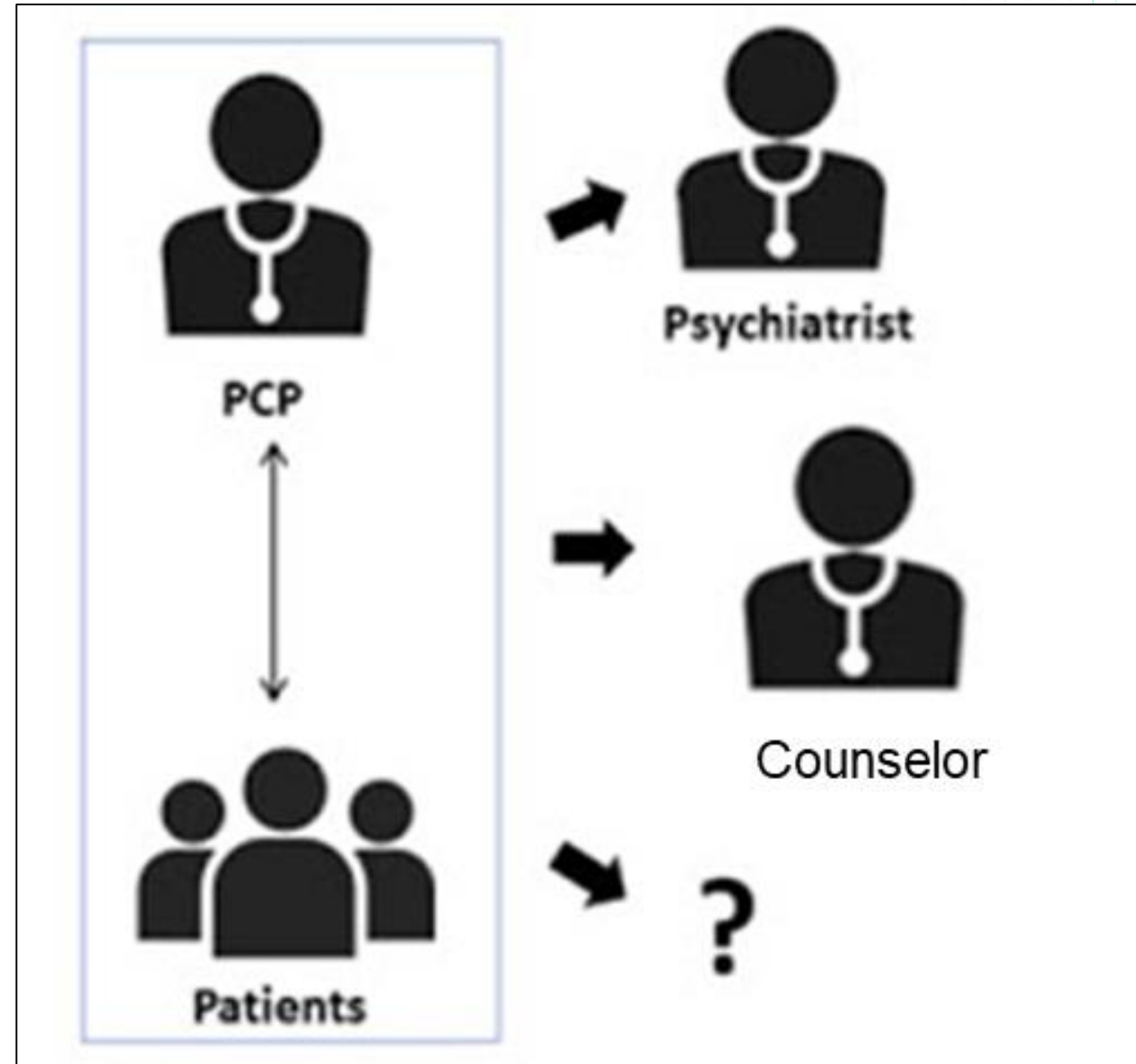
Stepped Model of Integrated Behavioral Health Care



Source: AIMS Center, University of Washington, 2016

<https://psychiatryonline.org/doi/10.1176/appi.pn.2016.3a28>

Traditional Model

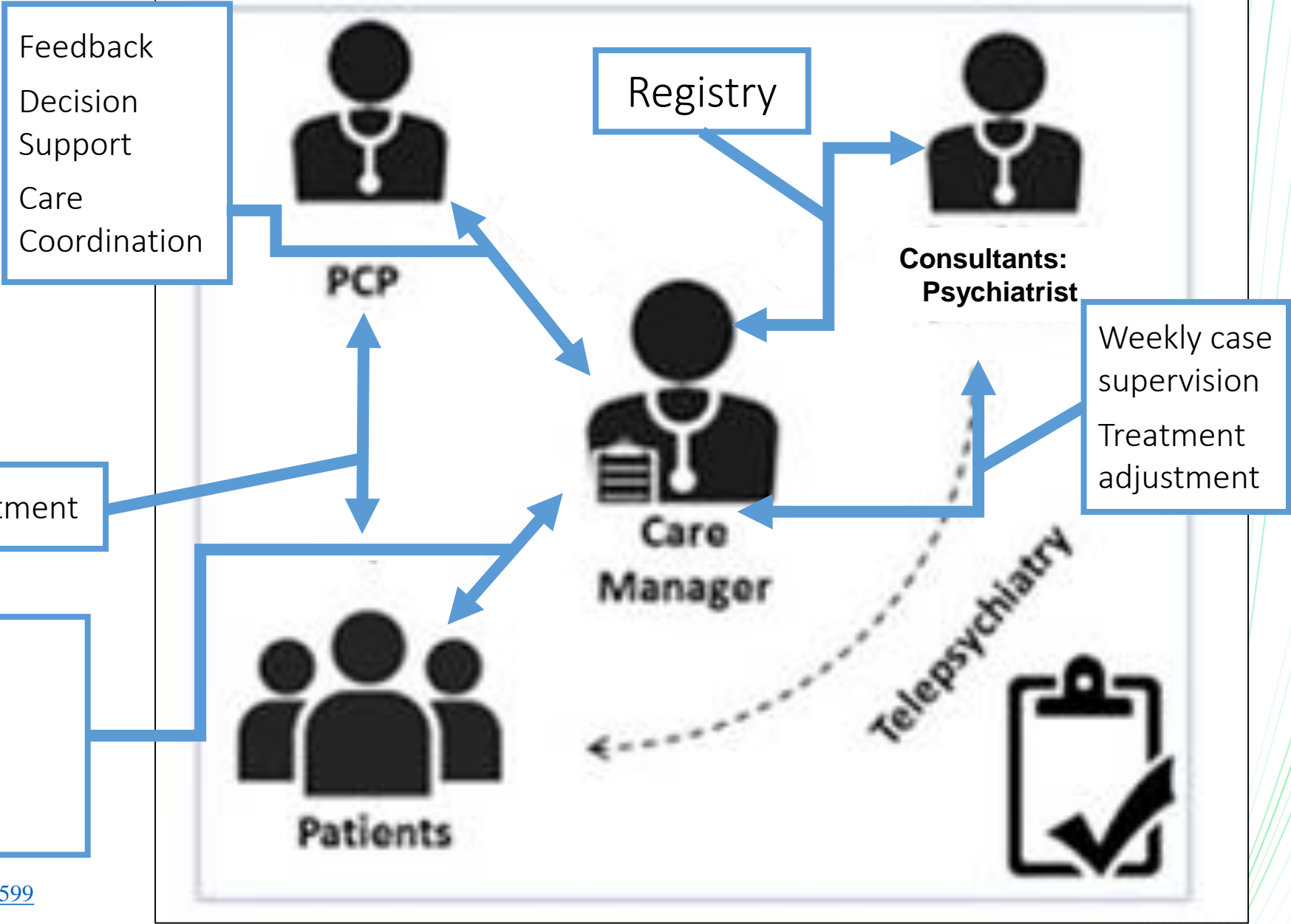


<https://workplacementalhealth.org/mental-health-topics/collaborative-care>

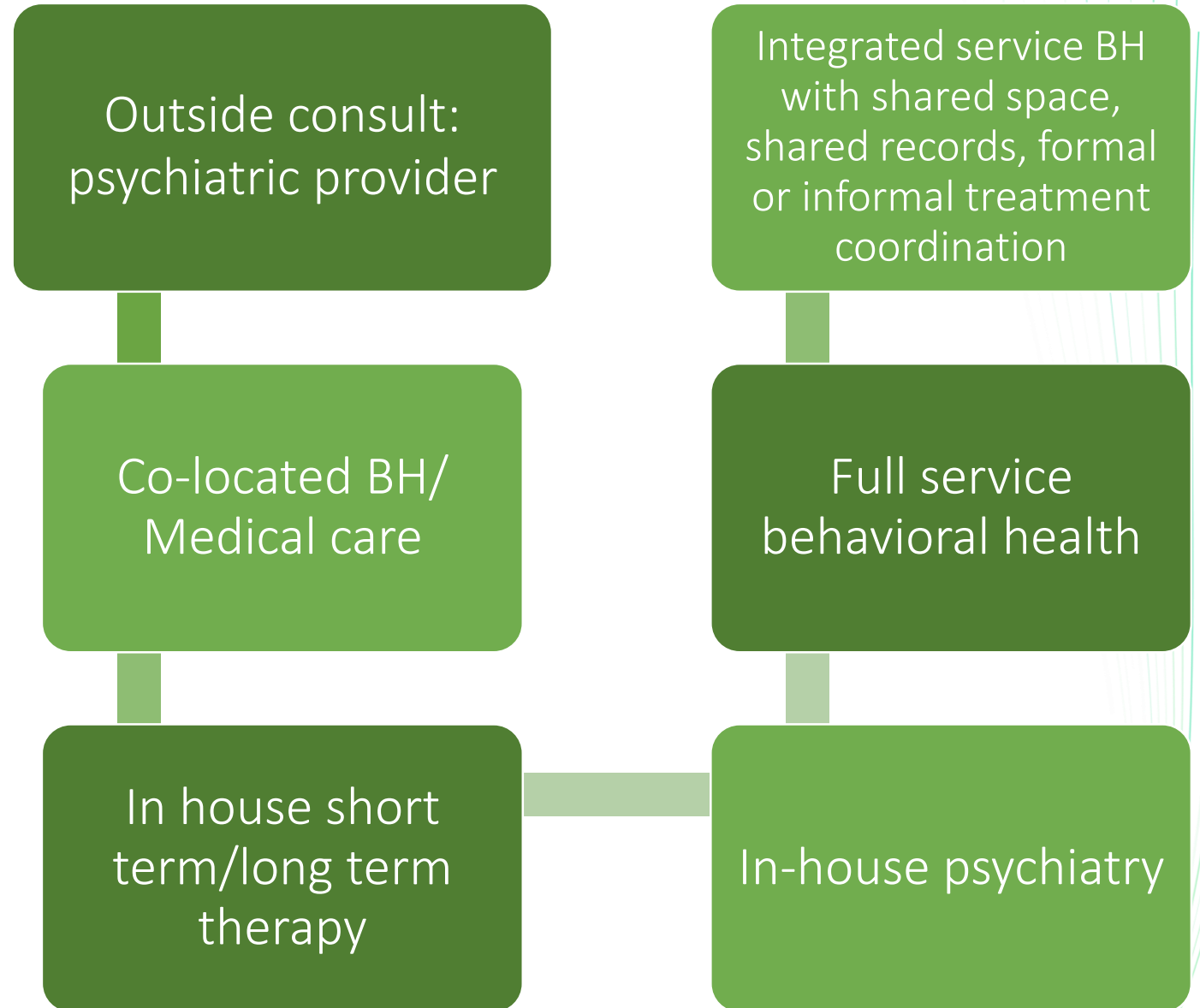
Collaborative Care Model

Give patients a choice of treatment

Motivate engagement
 Provide brief treatments
 Monitor treatment response
 Facilitate community support

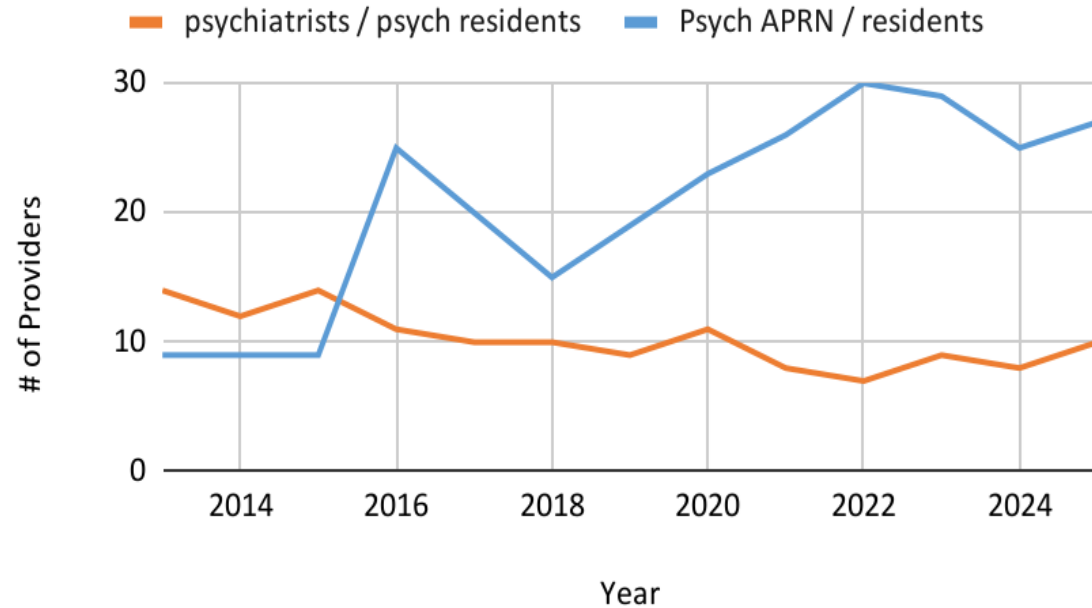


Continuum of Integrated BH Care

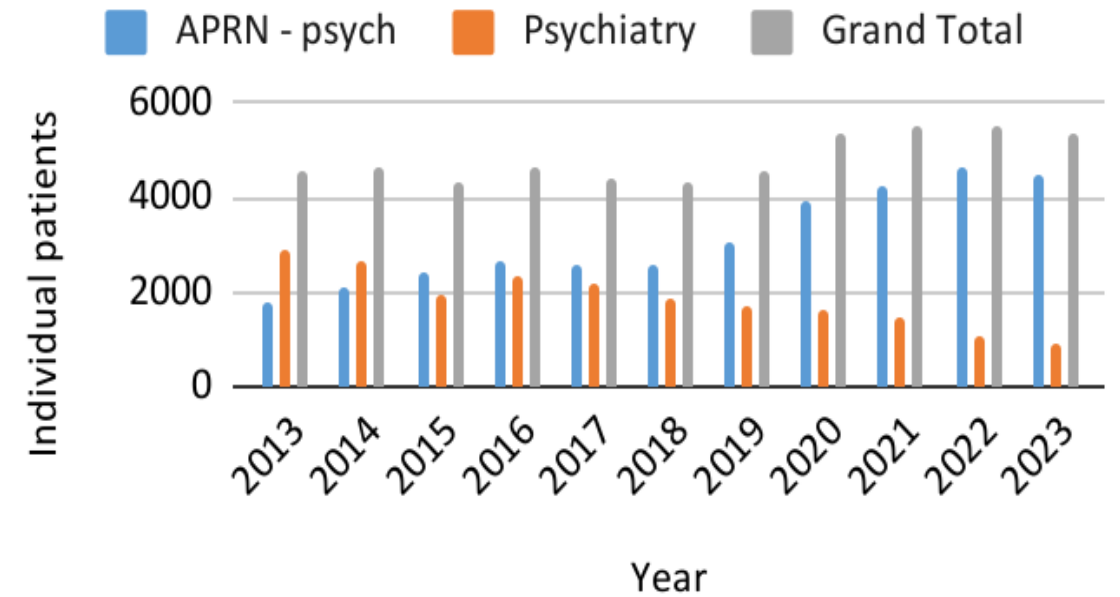


A 10 Year History of Psychiatry at CHC

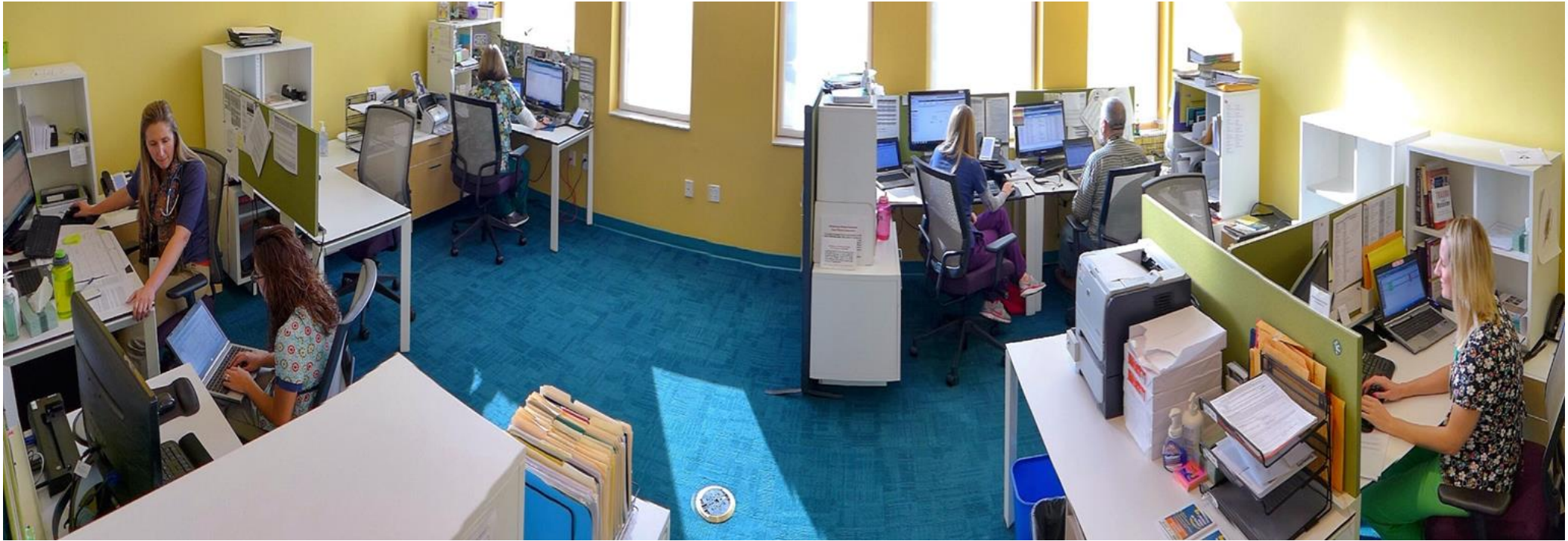
of Psych Providers by year



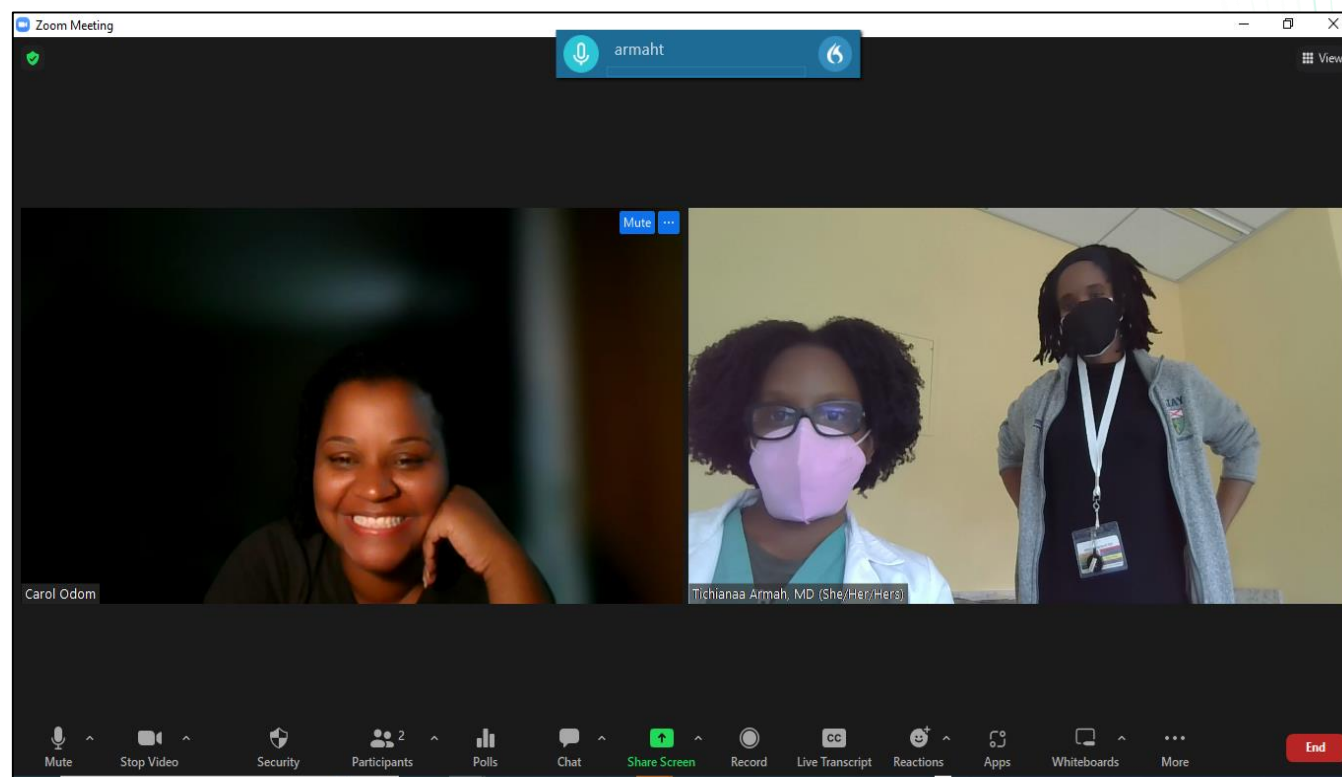
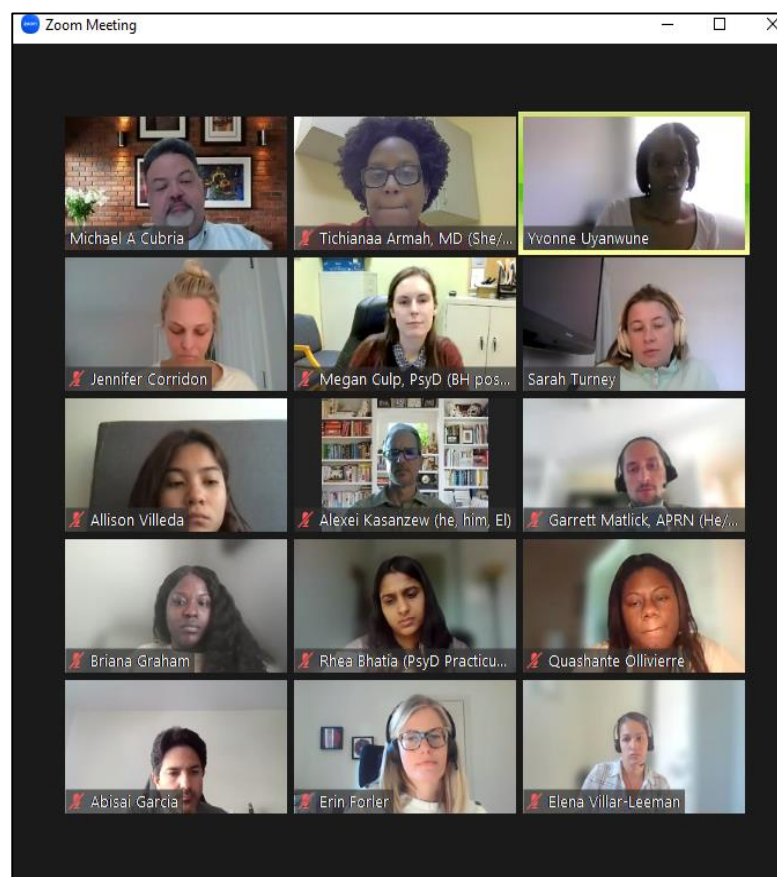
of Pts seen in Psychiatry by year



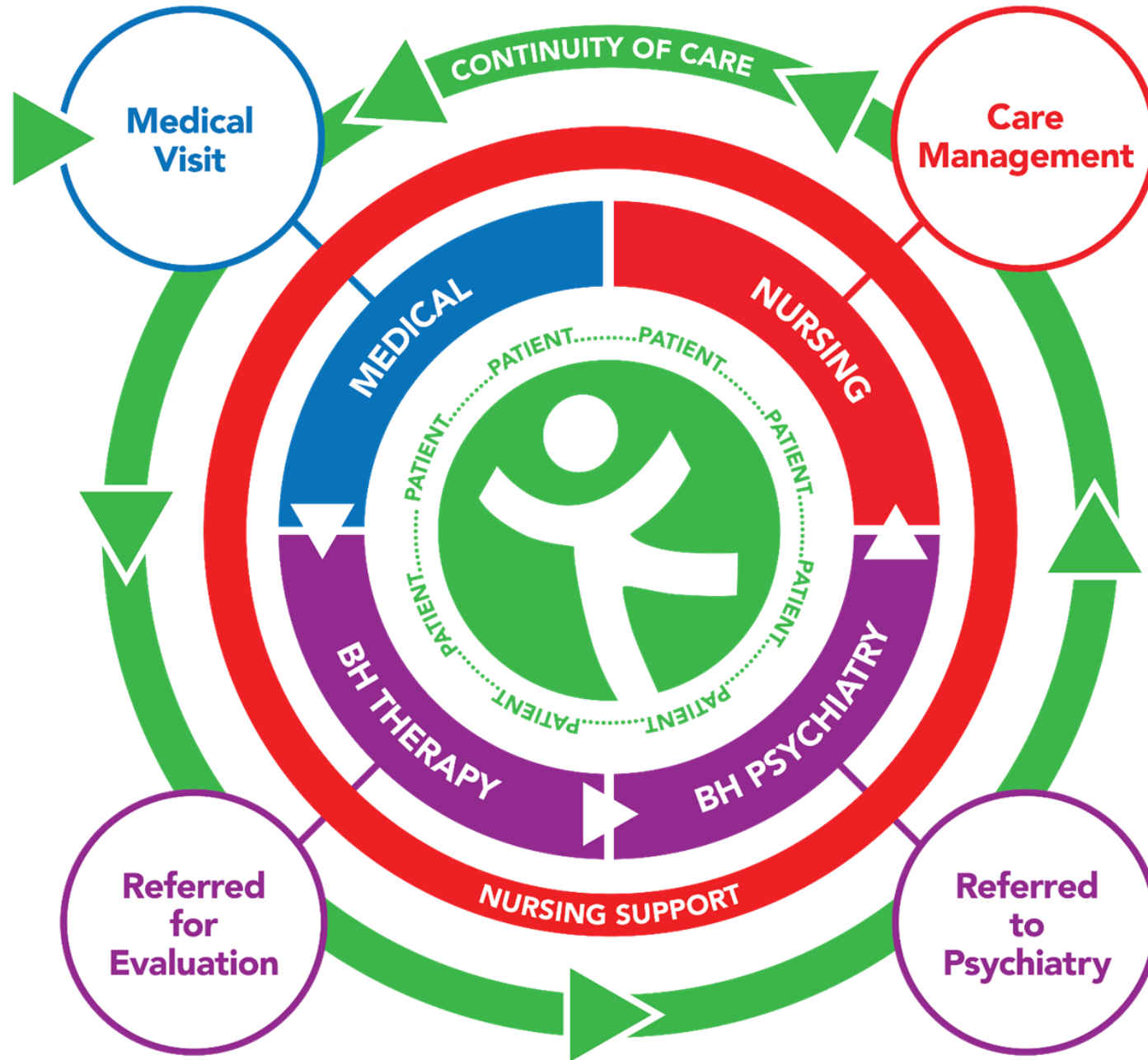
Team-Based Care Pods



Interdisciplinary & Inter-professional Virtual Teams



Patient Pathway



Integration



Psychiatric Care at CHC

Indirect Care (value beyond visits)

Assessment

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

Education

- Provider Grand Rounds
- Staff ad hoc and planned Learning Sessions
- PMHNP Residency Didactics
- Precept – PMHNP Residency
- Supervision Yale Psychiatry (MD) & Fairfield University and Columbia (NP Students)
- FNP Resident Shadowing (Staff and PGY4s)
- Quality Improvement
- Project Echo (CHC & across U.S.)
- National Webinars (beyond CHC)

Direct Patient Care

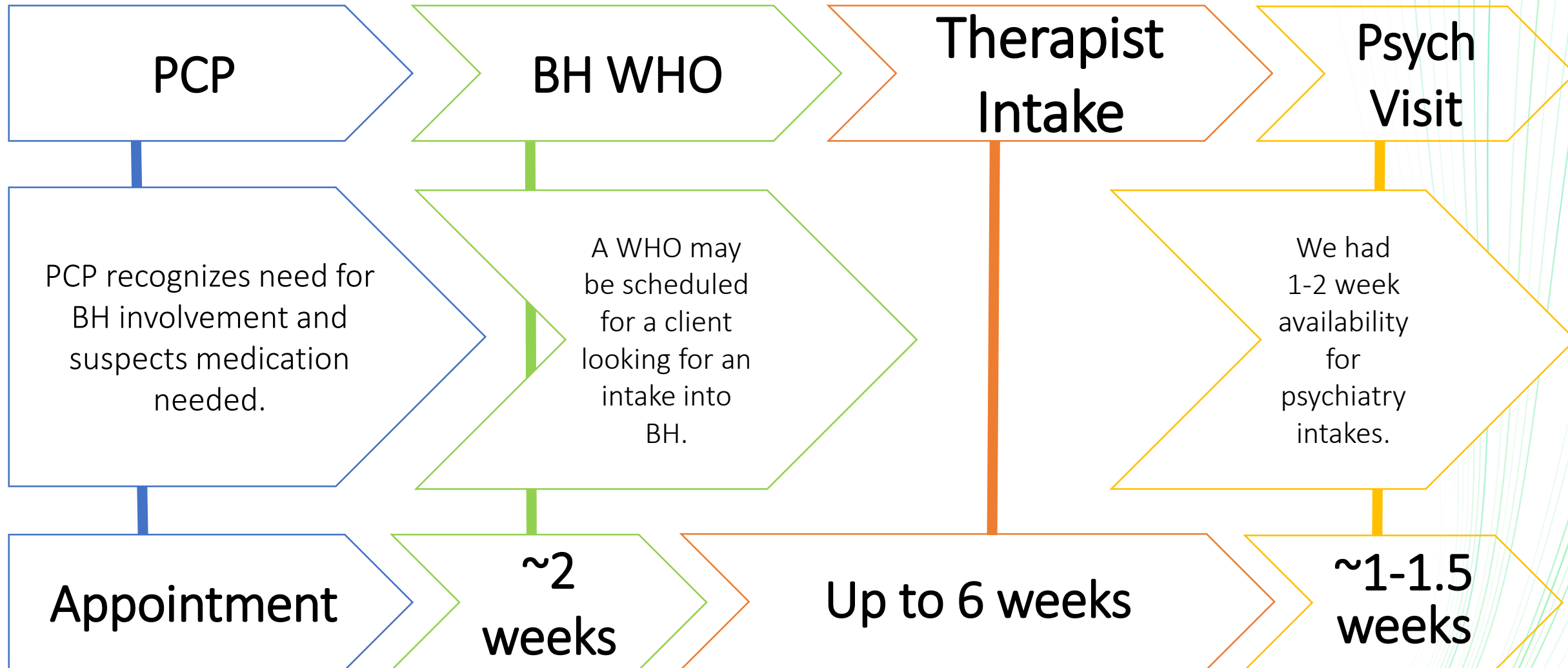
Assessment

- Evaluation
- Monitoring Labs
- Diagnostic Clarity
- Treatment (including managing medications)
- Individual Appointments
- Warm Hand Off (WHO)
 - BH
 - Psych Direct Referrals)
- Group Therapy (MOUD, Lifestyle Medicine)
- Virtual In-School Psych,

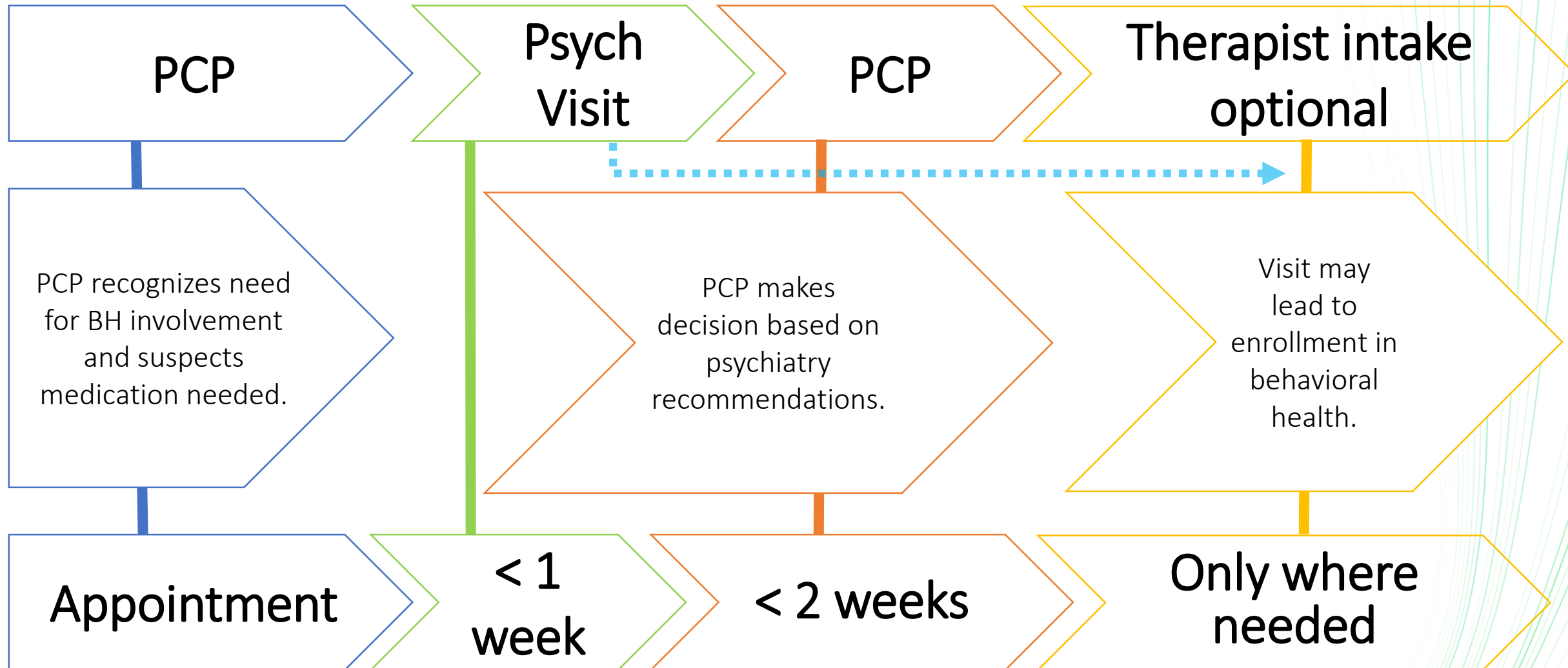
Education

- Patient Education (including meds)

Standard Model of Psychiatry Involvement



Psychiatry Eval Pilot



BH Dashboard Psychiatry

patient info	PCP Site	PCP	Age	Last Therapist	Last Psychiatry Provider	Last PsychVisitType	Telehealth Consent Date	BH R & R	Review DueDt	Intake	Depression Monitoring	Last InPerson BH [psych] or Med VisitDt	Last GAD	Minor InfoMedConsent	Tobacco Screen_Intervention	Controlled Substance	AntiPsychotic	BH Discharge
						Est MH Adult 20 Video		Missing	12/15/2025	11/04/2013 Int MH 60		9/23/2025						
						Group Adult Mood Video	12/16/2024	Review Needed	01/29/2026	11/27/2023 INT MH 60 Video		10/3/2025						
						Group Adult Mood Video	12/02/2024	Missing	01/02/2026	04/05/2022 INT MH 60 Video					Screening			
						Est MH Adults 20 Phone	11/16/2024	Review Needed	11/30/2025	11/19/2019 Int MH 60			8/30/2021			clonazepam, Zolpidem Tartrate	Caplyta	
						Group Adult Mood Video	12/01/2024	Review Needed	01/06/2026			9/19/2025					QUetiapine Fumarate ER	
						Est MH Adults 20 Phone	11/16/2024	Missing	11/13/2025	05/07/2019 Int MH 60	PHQ 9 Due By 1/11/2026	9/24/2025					Ativan, Zolpidem Tartrate	
						Group Adult Mood Video	09/23/2025	Missing	12/18/2025	02/17/2020 Int MH 60		7/19/2025	9/29/2021			Ambien CR		
						Est MH Adults 20 Phone		Missing	07/29/2025	12/31/2018 Int MH 60		10/10/2025			Screening		cloZAPine, QUeti pine Fumarate	

Psychiatry Medication Transfer (PMT) Sample

- History of treatment and response
- Current medication regimen
- Hospitalization hx (if applicable)
- Reminds of availability for consultation

Encounter TESTPATIENT, Megan T Feb 15, 1984 (41 yo F) o. 411024 DASH RCP

Testpatient, Megan, T, 41 Y, F INFO HUB ASK EVA ? Connect

85 Lafayette Street, New Britain, CT 06051
02/15/1984 | 515-975-0072 | 515-975-0072
meredithjohnson@gmail.com | Yes

Allergies Billing Alerts PRISMA Consent:

Patient Info
Wt: 140 lbs (on 10/12/...)
Appt(L): 10/12/25 (C...
Lang: English
Translator: No

Billing Details
Ins: SP Full Rate
Acc Bal: No Access
Guar: TestPatient, Bob

Summary OB Summary CDSS Rx Labs DI Procedures Growth Chart Imm T.Inj Encounters Patient Docs Flowsh

Testpatient, Megan T x DOB

By Armah Chief Psyc Officer, Tichia Date/Time* 11/10/2025 09:37 AM Facility* Fifth Street Stamfo

iller Assigned To* Gellrich, Gabriella x v ☆ v Pharmacy Select Pharmacy

son PMT- Psychiatry Medication v Provider* Status Open Addressed Addressed and Docs R

☐ High Priority ☒ Perform Eligibility Check

Messages Rx Labs/DI Hx Notes Addendum Log History Virtual Vis

stable condition mentally on Loxapine, BuSpar, and Sertraline. He is in agreement with having you manage these medications if you are comfortable. He will continue with therapy for monitoring. It has been over a year since making any changes in his medications. Would consult or receive in if you have any future concerns. Would you be agreeable to a Psychiatry medication transfer (PMT)?

ken Messenger Reply to Patient Time Stamp Action

n, Tichianaa 04/04/2018 02:20:30 PM: I am giving a 3 month supply with a refill consistently

h, Gabriella 04/04/2018 04:58:56 PM: Yes I can continue prescribing these medication at our routine visits.

n, Tichianaa 04/12/2018 09:31:32 AM: Pt aware he will not see me for a f/up. Dr. Gellrich to continue his medication. Sees you next week for therapy

Script Send Rx Print Report Progress Note Document Save as Template Apply Template Save

Collaboration with Registered Nurses (RNs)

- Nursing Visits/Co-Visit with BH (in-between provider visit surveillance)
 - Long Acting Injectable Administration
 - Side Effect Surveillance
 - Medication Reconciliation
 - Routine Prescription Drug Monitoring Programs (PDMP) Checks (delegate status)
 - Random/Routine Toxicology
 - Controlled Substance Agreement Review/Signing
- Top of Licensure Collaboration includes:
 - Panel Management: Monitor labs and high-risk medications
 - Education: Smoking cessation, contraceptive counseling, Narcan use
 - Care Coordination: Medication assistance, treatment barriers, transitioning levels of care Visiting Nurse communication, and refills



Overview of BH Landscape

Clinical Providers:

Therapy

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

Medication

- Psychiatrist
- Psychiatric Mental Health Nurse Practitioner
- Physician's Assistant

Level of Licensure

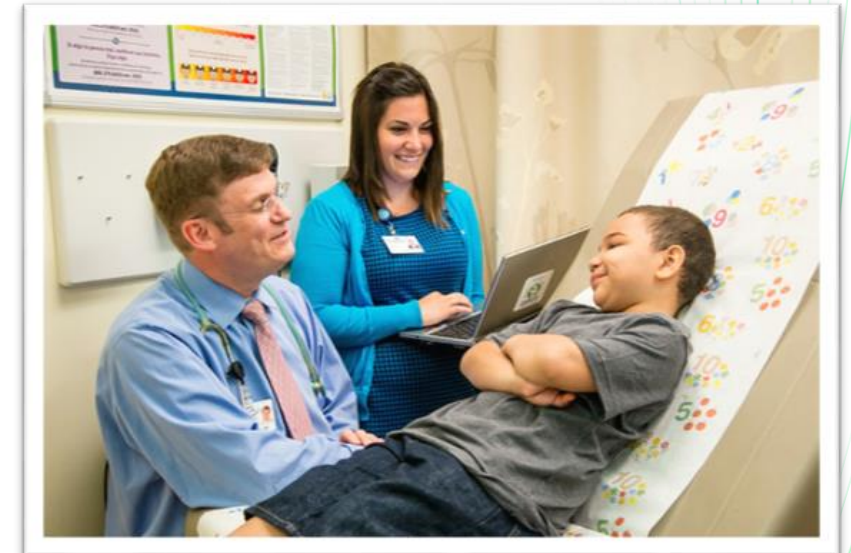
- Licensed Independent Practitioners (LIP)
- Licensed to Practice Under Supervision
- Student or Resident Under supervision of appropriately credentialed LIP

Behavioral Integration & Primary Care Team

Screening for Depression PHQ9 Screening	Medical Assistant (MA), Medical Provider, Behavioral Health Provider
Care Management	Registered Nurse (RN), Case Manager/Care Coordinator
Crisis Management	Behavioral Health Staff
Brief Psychotherapy	Behavioral Health Staff
Referral for Longer-term Psychotherapy or MOUD	Behavioral Health Staff, Referral Coordinator
Psychiatric Consultation	Consulting Psychiatrist, Psychiatric Mental Health Nurse Practitioner (PMHNP),
Psychotropic Medication	Primary Care Provider (PCP) Psychiatrist, or PMHNP

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 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
- All of these identify patients who may need support from Behavioral Health.



Planned Care Dashboard

Patient	PCP and Visit Info					
<div> <div></div> <div> <div></div> <div> <div>Sex: F</div> <div>Age: 76.0</div> </div> </div> <div> <div>Next Medical Appointment: 3/18/2019 10:20:00 AM Middletown Medical</div> <div>Last Dental Visit: 9/17/2015</div> <div>Reason for Visit: *MED PCP Recall. Polymyalgia</div> </div> </div>		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		
		Bubbles	#			
		TE				
		RX				
		Doc				
		Lab	1			
		Alert	status			
		Action Item	Upcoming			
		Opioid Alerts	Value			
		Last Utox	7/19/2018			
		Last Pain Assessment	11/14/2018			
		Under Contract	Yes			
		CTPMP	No			

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”
- “Be in less pain”

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 patient’s low follow through on treatment recommendations
- Building trusting relationships with providers over time.
- Obtaining resources

Challenges

- When client has trouble 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
- Nurse care management
 - Frequent reminder phone calls
 - Check ins
- Continuity of care
 - Not having to “re-tell his story”

Results

- Improved patient communication with treatment team
- Improved insight
- Improved work towards self-defined goals
- Treatment engagement, including receiving a 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 address accessibility barriers to behavioral health services, such as those in underserved or rural areas.
 - Telehealth legislation is evolving.



Summary

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

Blasi PR, Crompton D, McDonald S, Hsu C, Coleman K, Flinter 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.



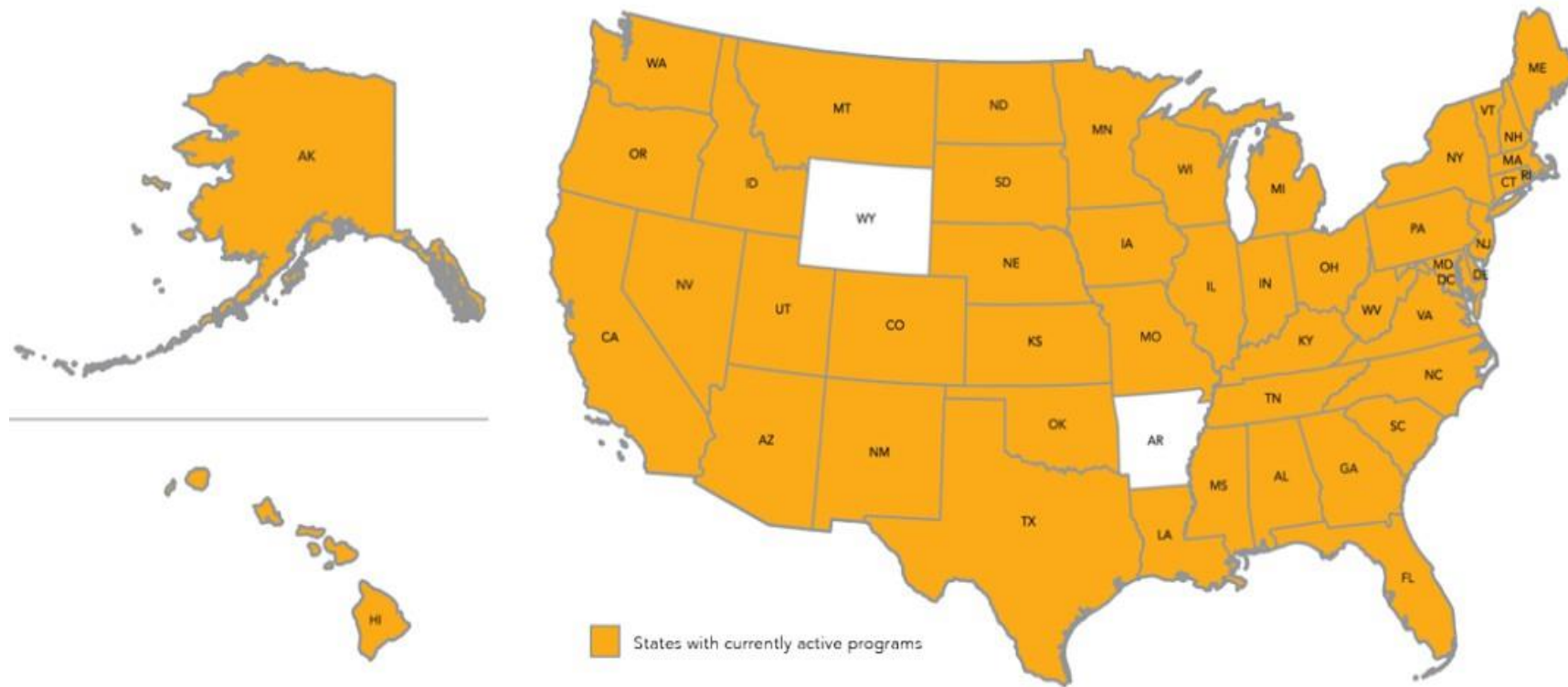
Psychiatric Mental Health Nurse Practitioner (PMHNP) Residency Program

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>

Accreditation



[Apply for Accreditation](#)

[Member Login](#)

[About Us](#)

[Accreditation](#)

[Membership](#)

[Postgraduate Locations](#)

[2025 Conference](#)

[Resources](#)

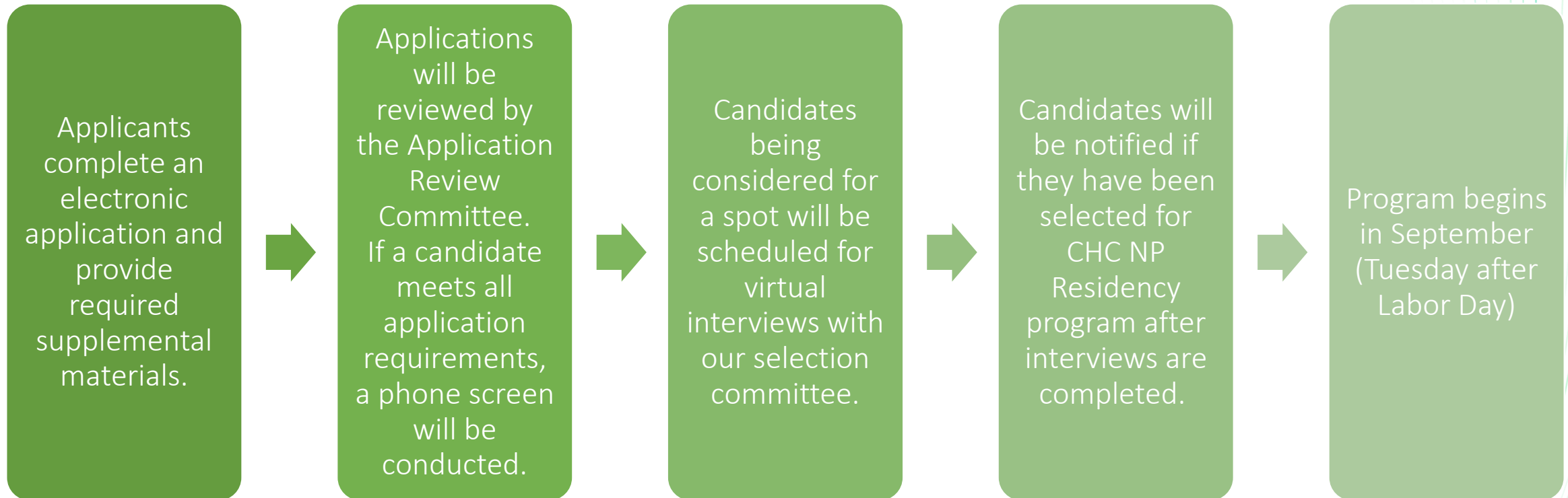
[Contact Us](#)



**Consortium Becomes First and Only Federally
Recognized Accrediting Agency to Accredite
Joint NP/PA Postgraduate Training Programs**

CLICK TO LEARN MORE!

Recruitment Process



Visit www.npresidency.com
to learn more!



Questions?

Evaluation Survey



https://Qualtrics.ca1.qualtrics.com/jfe/form/SV_5vf3vV8EfCSsgV8

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development



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

[Learn More](#)

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.

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

Health Center Resource Clearinghouse

HEALTH CENTER RESOURCE CLEARINGHOUSE

 **HEALTH CENTER RESOURCE CLEARINGHOUSE**

[ABOUT](#) • [PARTNERS](#) • [SEARCH](#) • [LEARNING](#) • [PRIORITY TOPICS](#) • [PROMISING PRACTICES](#) • [CONNECT](#)

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!

NTTAP on Clinical Workforce Development:

nca@chc1.com

Visit us on the web:

www.chc1.com

www.mwhs1.com

<http://chc1.com/nca>