



INNOVATIVE STRATEGIES TO EXPAND MENTAL HEALTH CARE FOR UNDERSERVED POPULATIONS AT FREE & CHARITABLE CLINICS

# LESSONS LEARNED FROM COMMUNITY ROUTES: ACCESS TO MENTAL HEALTH CARE

PREPARED BY  
**CHRT**



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REQUESTED BY: DIRECT RELIEF

*Teva Pharmaceuticals did not prepare this report nor did it provide any data for the report. All data and information presented herein were independently gathered and compiled by the authors.*

PREPARED BY

**CHRT**

**Marissa Rurka Wade, PhD,**  
Senior Research and Evaluation Project Manager

**Melissa Riba, MS,**  
Director of Research and Evaluation

**Sheritha Rayford, MPH,**  
Research and Evaluation Program Manager

NOVEMBER 26, 2024



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Looking Ahead



FROM 2022-2024

**D**irect Relief, the National Association of Free & Charitable Clinics, and Teva Pharmaceuticals partnered to advance access to services and treatment for depression and anxiety as part of the Community Routes: Access to Mental Health Care program. Funded by Teva Pharmaceuticals, this program awarded grants to 11 free & charitable clinics across Florida, New Jersey, and California to support innovative and impactful approaches for providing mental health care to underserved populations.

These 11 free & charitable clinics serve patient populations that are at an increased risk of experiencing mental health stressors and trauma, yet also experience the greatest barriers to accessing mental health care. As a result of the Community Routes program, these clinics, pillars within their communities, have been able to expand equitable access to mental health services for patients who are uninsured, often not fluent in English and undocumented, have limited or no literacy, experiencing food insecurity, or experiencing homelessness.

Over the two years of programing, the 11 participating clinics:

Expanded access to mental health services for **63,659** beneficiaries both direct and indirect\*

Conducted **24,617** patient screenings to identify depression, anxiety, adverse childhood experiences, and other patient needs.

Trained more than **2,800** community members, staff, and volunteers on how to promote mental health and well-being

Held **131** community events to increase access to mental health education and services

\* Direct — provider visits, development of treatment plans, screenings, etc.  
Indirect — outreach, training, community events, provider team meetings, etc.

ABOUT THE AWARDEES:

Florida

- » **University of Florida Mobile Outreach, Gainesville, FL** – Creates and disseminates evidence-informed, easily accessible mental health wellness curriculum to underserved populations via trusted community members through a mobile outreach model.
- » **Grace Medical Home, Orlando, FL** – Expands an existing program that proactively identifies trauma and offers individualized interventions through an integrated, whole-person, multi-disciplinary approach to improve health outcomes.
- » **Talbot House Ministries of Lakeland, Inc., Lakeland, FL** – Supports immediate basic services to those experiencing unsheltered homelessness while providing an essential mental health component. Trained and licensed staff conduct outreach efforts throughout the county, building trust and rapport before offering mental health screenings and referrals.

New Jersey

- » **Cape Volunteers in Medicine, Cape May Court House, NJ** – Improves mental and behavioral health access and treatment among at-risk populations by expanding depression and anxiety screenings. Supports community events to identify community members' mental and physical needs.
- » **Bergen Volunteer Medical Initiative, Inc., Hackensack, NJ** – Increases capacity and fills a much-needed gap in care for Spanish-speaking patients with depression and anxiety through the support of a bilingual mental health practitioner.
- » **Parker Family Health Center, Red Bank, NJ** – Supports collaboration with the Mental Health Association of Monmouth County, which allows for a bilingual therapist to offer weekly counseling and the creation of mental health education to be shared at live community events, virtually, and digitally.

California

- » **Samaritan House, San Mateo, California** – Expands existing mental health services to include a traineeship program for students pursuing advanced degrees in marriage and family therapy or social work. Supports collaboration with community organizations that provide more specialized care, the development of educational resources, and the provision of comprehensive services to patients with depression and anxiety.
- » **Symba Center, Apple Valley, California** – Supports successful, trauma-informed, mental and behavioral health care at a homeless shelter site.
- » **Westminster Free Clinic, Thousand Oaks, California** – Offers a range of mental health services, including individual and peer support, and a training program that empowers parents to identify the early signs of mental health issues.
- » **Lestonnac Free Clinic, Orange, California** – Supports a licensed clinical social worker and programs to provide care through a trauma-informed lens, who also supervises and mentors interns from local colleges and universities.
- » **Savie Health, Lompoc, California** – Provides culturally sensitive resources and referrals to help patients overcome barriers to mental health care through bilingual community health workers.





WHAT WE LEARNED:

In this report, we discuss what the 11 awardees learned while implementing their mental health programs and initiatives. We hope that this report is a resource to free & charitable clinics and other safety-net providers looking to expand access to mental health services for their patients and community. We also hope this report is informative for funders and policymakers eager to learn how to support and grow this important work.

Towards the end of the two-year funding period, Direct Relief, the National Association of Free & Charitable Clinics, and Teva Pharmaceuticals convened representatives from all 11 free & charitable clinics to discuss their programs and accomplishments, as well as the challenges they faced, and the lessons they learned along the way.

**An overarching theme that arose from those conversations was the importance of providing person-centered, trauma-informed care.** Both of these approaches to care emphasize that an individual's overall health and well-being are shaped by their life experiences, culture, environment, and priorities.

**Guided by these principles, Community Routes clinics used the following strategies to expand access to mental health care in their communities:**

- » Provide bilingual and bicultural care
- » Address stigma surrounding mental health
- » Provide low-barrier care
- » Build staff capacity to provide person-centered, trauma-informed care
- » Adopt a solutions-focused, episodes of care model
- » Screen and refer for patient needs
- » Build strong, sustainable partnerships

**In the following sections, we detail what the 11 awardees learned while implementing these strategies.**



# PROVIDING BILINGUAL AND BICULTURAL CARE

Providing bilingual and bicultural care is critical to remove barriers to mental health care.

Although providing care in someone’s preferred language is a good starting point, providing both bilingual AND bicultural care should be the goal. Patients feel more comfortable seeking care from and opening up to providers who share their language and culture. Bicultural providers are not only better equipped to understand someone’s words, but also to understand cultural lingo, body language, norms, and attitudes towards mental health. This understanding is foundational for building trust with patients.

Community Routes awardees acknowledged that there can be barriers to providing bilingual and bicultural care. Provider shortages can make it challenging to recruit and retain mental health providers more generally, and the pool of available bilingual and bicultural providers is even smaller. In addition, when a clinic serves patients from a wide variety of linguistic and cultural backgrounds, it can be challenging to provide bilingual and bicultural care to every patient.

Some strategies that clinics found effective for providing bilingual and bicultural care include:

- » **Training and internship opportunities for bilingual and bicultural mental health professionals.** Creating training opportunities for bilingual and bicultural mental health professionals can be a “win-win.” The trainee gains valuable clinical experience, and the

clinic has expanded capacity to provide bilingual and bicultural care.

- » **Training and tools for individuals to promote mental health in their own communities.** Some clinics adopted a train-the-trainer model, teaching community members basic mental health concepts and tools. This approach empowers community members to share what they’ve learned with others in their community.
- » **When neither bilingual providers nor translators are available, an on-demand, virtual interpretation service can be a useful resource.** For example, multiple clinics used Jeenie (www.jeenie.com) to help providers communicate with patients in their preferred language.
- » **Providing all clinic materials - including outreach materials, screening tools, and clinic documents in languages relevant to the non-English speaking patient population.** It is important to check that translations are not only accurate, but also culturally appropriate. Clinics recommended consulting with native speakers to ensure that materials are easy to understand and reflect the cultural norms and literacy levels of the patient population. Asking patients for their feedback on translated materials can be a useful strategy for ensuring that these materials make sense and resonate with patient populations.

“It really does make a difference to go beyond just translating the words or interpreting the words, to really understanding the meaning behind it. That’s the most important thing, that context, that intention behind what you’re trying to say. [It is] is extremely important, especially when you are dealing with mental wellbeing.”

— Dr. Leticia Jiménez, Westminster Free Clinic




PROGRAM SPOTLIGHT

**BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. — HACKENSACK, NJ**

Bergen Volunteer Medical Initiative, Inc. (BVM I) expands access to mental health support for working, low-income residents in Northern New Jersey.

Throughout the course of the Community Routes grant, **BVM I learned the value of having a mental health practitioner who shares a language, lived experience, and culture** with their largely Spanish-speaking patient population.

As a Latina with immigrant parents,  mental health practitioner is able to empathize with patients’ experiences. Patients feel more comfortable discussing sensitive topics without having an interpreter in the room. In addition, she is able to address misconceptions about medications in a culturally competent way.



PROGRAM SPOTLIGHT

**WESTMINSTER FREE CLINIC — THOUSAND OAKS, CA**

Westminster Free Clinic provides a variety of mental health services to uninsured individuals in Ventura County. They serve predominantly monolingual, Spanish-speaking communities. After observing first-hand the importance of having a team of providers and staff that are reflective and representative of their patient population, Westminster Free Clinic developed a Teen Healthcare Internship Program to train and empower the next generation of bilingual and bicultural health care providers. The two-year internship program gives high school students in Ventura County hands-on experience as medical assistants. Over 50 percent of the interns are children of Westminster Free Clinic’s patient population.

To date, **over 1000 high school students have graduated from the program**, and one of their graduates was recently hired as a mental health counselor at the clinic.



**UF** Mobile Outreach Clinic  
College of Medicine

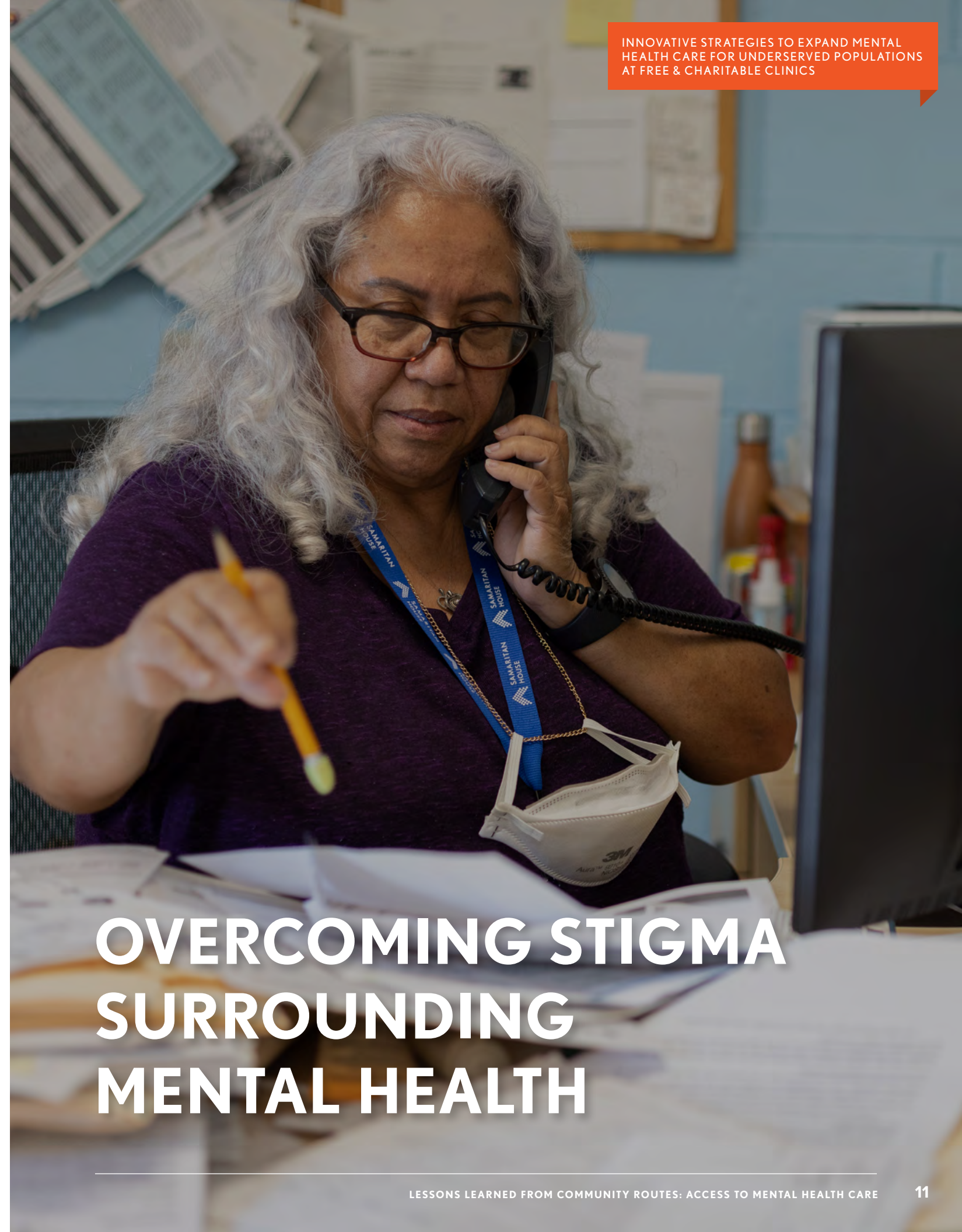
PROGRAM SPOTLIGHT

**UNIVERSITY OF FLORIDA MOBILE OUTREACH CLINIC — GAINESVILLE, FL**

The University of Florida Mobile Outreach Clinic (MOC) created the Community Wellbeing Mentor program to increase access to evidence-informed tools for promoting mental health and wellness among underserved populations in North Central Florida. The program uses a “train-the-trainer” model, teaching community members easily accessible strategies for managing and improving their mental health, such as sleep hygiene, focused breathing, and mindfulness techniques. These trusted community messengers are then empowered to adapt and share these tools with others in their community.

To date, **over 6,840 community members have received the Community Wellbeing Mentor training.**

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# OVERCOMING STIGMA SURROUNDING MENTAL HEALTH



The stigma around mental health care can make patients hesitant to acknowledge their mental health needs and seek care. Community Routes clinics observed that mental health stigma continues to be a barrier to addressing patients' mental health needs, particularly for their Latino/a and male patients.

Some strategies that clinics found effective for overcoming mental health stigma include:

- » **Thoughtfulness with language.** Clinics are careful to avoid language that patients perceive as stigmatizing. Many sites have found that their patient population is more receptive to terms like counseling, wellness, and supportive services rather than mental illness or mental health care. Choice of language may vary from patient to patient.
- » **Inclusion of a mental health component into other services and programs.** This helps patients to see the connection between mental health and physical health. It also normalizes mental health as an important component of general well-being. Clinics embed mental health components into a wide variety of programming, from nutrition classes to parenting classes.
- » **Co-location and integration of mental health care with primary care and other social services.** Going to a separate clinic specifically to seek mental health services can be stigmatizing for patients. As one clinic described:

“

We have 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 our patients come to [our clinic], they could be there to see a doctor, visit with 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.”

— Westminster Free Clinic, Thousand Oaks, CA

- » **Creation of opportunities to build rapport with patients.** Patients are more open to talking with a mental health professional when they are able to connect with and feel heard by that person. Some clinics integrate mental health professionals into their primary care clinic, creating opportunities to introduce themselves and have casual conversations with patients outside of the context of a formal mental health appointment, building further trust. Others establish the expectation that mental health professionals designate time to get to know their patients before diving into treatment. Having mental health professionals who share a patient's language and culture also helps patients to feel heard and comfortable.
- » **Provision of psycho-educational materials that patients can take home.** This allows patients to access information about how to recognize and manage depression, anxiety, and other mental health disorders, even if they are not yet ready to seek care. These materials should be available in multiple languages and provide information about how to access mental health resources and treatment for patients who are interested in seeking care.
- » **Awareness of physical space and its influence on patient experiences.** If a clinic or room is not perceived to be a safe, welcoming space – that can reinforce patient distrust or hesitancy and trigger past traumas.



PROGRAM SPOTLIGHT

**SAMARITAN HOUSE FREE CLINICS OF REDWOOD CITY AND SAN MATEO, CALIFORNIA**

Samaritan House promotes healthy communities and advances health equity by expanding access to mental health services for San Mateo County's medically underserved, uninsured, racial and ethnic minority residents. When Samaritan House first started offering mental health services in 2020, they noticed that many of their patients were hesitant to seek services due to stigma surrounding mental health.

To combat this stigma, Samaritan House adjusted the way they discuss mental health, using terms that their patients are more receptive to, like asesamiento or counseling, rather than mental health services.

Samaritan House has also learned that patients feel more comfortable opening up about their needs when they have established rapport with a mental health provider. With this in mind, the clinic implemented a rapport-building strategy, which they refer to as "Cafecito." As part of this strategy, therapists devote the first couple of sessions to getting to know a patient before beginning treatment.

Samaritan House also provides psycho-educational books in their waiting room that patients can take with them. The books provide an anonymous way for patients to learn more about various topics like depression or anxiety, even if they are not yet ready to seek mental health services. Samaritan House puts pamphlets in the books with information about how to access mental health services and resources.

**For some patients, these books serve as a gateway to seeking mental health services at the clinic.** Samaritan House is also able to use information on what books are taken to determine what the need is among their patients, and to plan workshops to meet those needs.



At free & charitable clinics, patients face considerable barriers to receiving mental health care.

**Employment-related barriers.**

- » Inflexible and irregular work schedules can represent a significant barrier to care. It can be difficult for patients to schedule appointments, especially recurring appointments, during a clinic's operating hours. Maintaining employment and earning an income are often prioritized over mental health and physical health. Community Routes clinics observed that employment-related barriers are particularly prevalent among their immigrant and farmworker patient populations.

**Limited access to transportation.**

- » Limited access to transportation can represent a barrier to accessing mental health care, particularly for those experiencing homelessness.

**Unmet needs.**

- » Patients of free & charitable clinics may battle multiple chronic conditions and often lack access to basic resources, such as housing, food, and clothing. Struggling to meet these basic needs is a stressor that is often detrimental for one's mental health. However, when these basic needs are not met, it can be difficult to prioritize seeking mental health care.



PROGRAM SPOTLIGHT

**TALBOT HOUSE MINISTRIES OF LAKELAND, INC. — LAKELAND, FL**

As a free clinic operating out of a homeless services agency, Talbot House Ministries strives to increase access to mental health services among those experiencing homelessness in Polk County, Florida.

**One strategy that they utilize to reduce barriers to care is to conduct outreach at local homeless encampments.**

A licensed mental health counselor, case managers, and volunteers visit encampments twice a month to have conversations and build rapport with those residing there. They adopt a person-centered approach to mental health, providing food, water, portable showers, and other resources to improve individuals' overall well-being. Once rapport has been established with an individual, they invite them to receive additional mental health services at the clinic, coordinating transportation to and from appointments.

# PROVIDING LOW-BARRIER CARE





Some strategies that clinics used to reduce barriers to accessing mental health care include:

- » **Services provided at times that are convenient for patients.** Some clinics offer expanded hours to accommodate patients who were not able to attend mental health sessions during regular business hours.
- » **Use of telehealth and messaging platforms.** Patients are able to receive mental health care virtually from a location that is convenient for them, whether at home or during their lunch break at work. It also saves them the time and money that would be required to travel to the clinic, making it easier for them to fit mental health appointments into their schedules.
- » **Co-location with other health care or social service providers.** Some clinics shared a physical location with other medical care or social service providers. Others partnered with medical care and social service providers to cohost events in the community. This reduces time away from work and the need for multiple visits, making it easier for individuals to access services and support. It also creates increased opportunities for mental health outreach and education.
- » **Multiple community locations for mental health services.** This allows patients to receive care in locations where they feel most comfortable and can reduce barriers associated with transportation. Some sites used a mobile unit to bring care out into the community, while others partnered with trusted organizations to hold events at their location.
- » **Provision of educational resources that patients can review in their own time.** Make mental health education and outreach materials available virtually, and in multiple languages, via your website, social media, or other communication platforms. Provide print materials (i.e., booklets, pamphlets) that patients can take with them to learn more about how to identify and manage mental health needs. Include information on how to contact your clinic or make an appointment.
- » **Take a person-centered approach to care, connecting patients to resources to meet other unmet needs.** When patients are struggling with unmet needs (such as housing and food), it is difficult for them to prioritize and make progress towards mental health goals. To best serve their patients, many clinics also worked with them to address other unmet needs. For example, some clinics used UberHealth to set up free transportation for patients to and from health care appointments.



# BUILDING STAFF CAPACITY TO PROVIDE PERSON-CENTERED, TRAUMA-INFORMED CARE



The most crucial asset for free & charitable clinics is the mission-driven, dedicated team of providers, staff, and volunteers.



Community Routes awardees recognize that, in order to expand access to person-centered, trauma-informed mental health care for their patient populations, they need to invest in and support the mental health workforce and staff at their clinic.

**To do so, they:**

- » **Offer internship opportunities for the next generation of mental health professionals.** Creating internship opportunities can be a “win-win.” The intern gains valuable clinical experience, and perhaps a continued career in community health, and the clinic expands capacity to provide mental health care. To recruit interns, clinics frequently partnered with local colleges and universities, as well as professional associations.
- » **Equip providers, staff, and volunteers with the training and tools to provide person-centered, trauma-informed care to patients.** Clinics trained their providers, staff, and volunteers to recognize the connection between physical and mental health, as well as the ways in which patients’ health and well-being are influenced by their experiences, culture, environment, and priorities.
- » **Train clinical and non-clinical staff on how to recognize and manage secondary trauma.** As a result of the care and support that they provide patients, clinic staff and volunteers can be at risk of experiencing secondary trauma and burnout. Administrative staff and translators can be particularly vulnerable to secondary trauma and burnout; they may be less integrated into the clinic, often do not receive the same level of mental health training, and may have more difficulty seeing the impact of their work. Hearing about patient trauma may also be a trigger for the translator’s past experiences. Consequently, Community Routes clinics stressed the importance of training both clinical and non-clinical staff not only on how to provide trauma-informed support, but also how to recognize and cope with secondary trauma.



PROGRAM SPOTLIGHT

**LESTONNAC FREE CLINIC — ORANGE, CALIFORNIA**

Lestonnac Free Clinic’s “A Better Tomorrow” program is focused on increasing access to trauma-informed mental healthcare for low-income individuals and families in Southern California. To provide bilingual and bicultural mental health care to their largely Spanish-speaking patient population, Lestonnac often relies on volunteer translators and bilingual staff to translate between patients and their counselors. Lestonnac observed that their volunteer translators and bilingual staff were feeling burned out from translating heavy conversations about patients’ traumatic experiences and mental health challenges.

In response, they developed a training protocol and resource manual **to support mental health care translators.**

# ADOPTING A SOLUTIONS-FOCUSED, EPISODES OF CARE MODEL

An episodes of care model is an approach to therapy that is goal-directed and solutions-focused. During an episode of care, therapists work with patients to address a specific goal, often over a specified time period. Once that goal is accomplished, then the patient graduates from therapy. This is in contrast to the traditional psychoanalysis style of therapy, which is more open-ended both in focus and timeframe.

Multiple Community Routes awardees have adopted an episodes of care model, describing that this model has been beneficial both for patients and for their clinic.

#### Benefits for patients include:

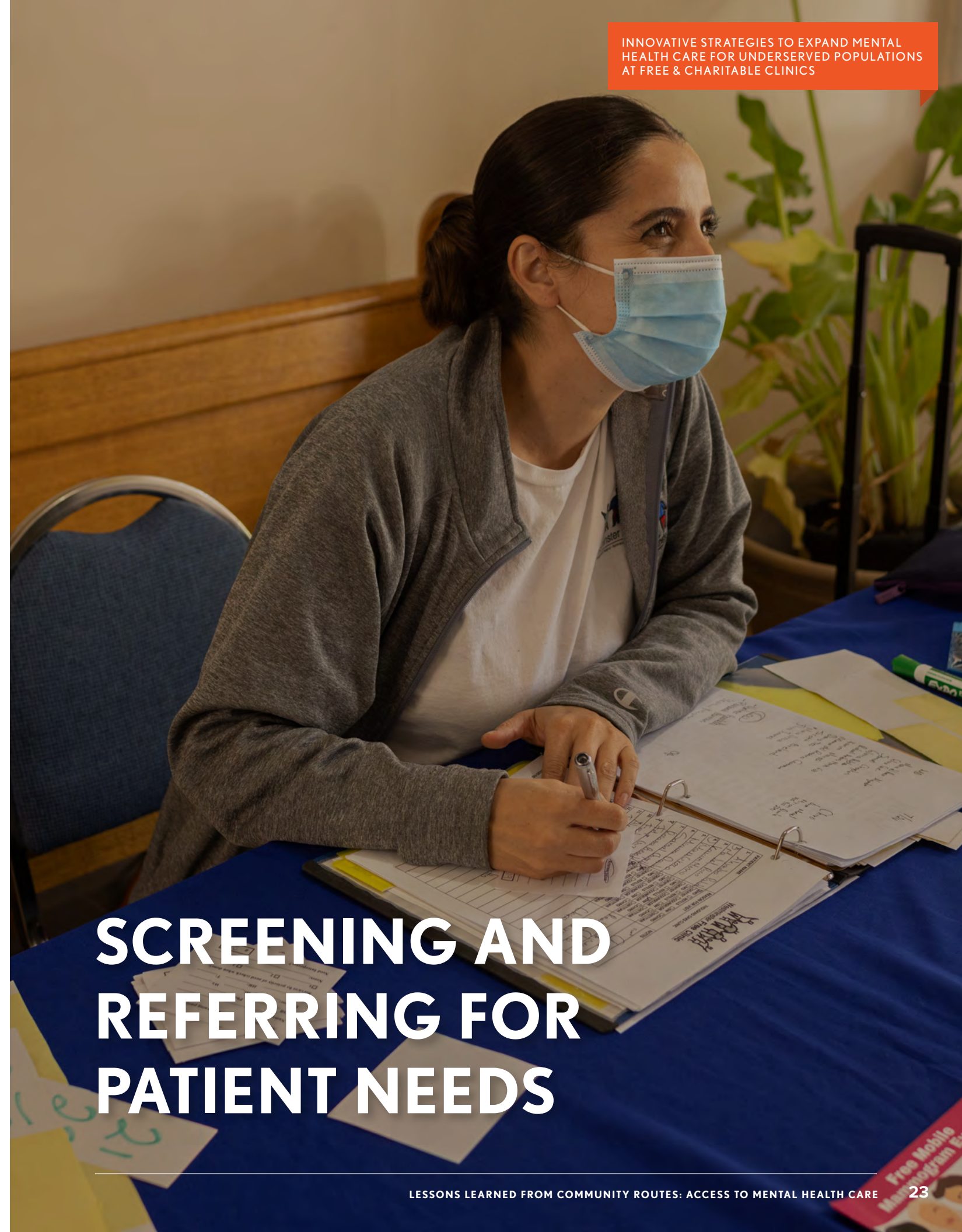
- » **A sense of empowerment.** An episodes of care model encourages mental health professionals and their patients to reflect on progress that has been made during treatment. Patients feel a sense of accomplishment and empowerment when they make progress towards their goals and graduate from therapy.
- » **Addressing mental health stigma.** Many patients do not want to think of themselves as someone who needs mental health services indefinitely. They are often more open to working with a therapist towards a specified goal for a discrete number of sessions.

#### Benefits for the clinic include:

- » **The ability to serve a greater number of patients.** The episodes of care model establishes clear expectations that patients will be transitioned out of therapy after a specific need or goal is addressed. This helps to free up the clinics' capacity to serve additional patients.
- » **Reduced "no-show" rates.** Some patients feel uncomfortable communicating to their mental health provider that they do not want to continue with therapy, and instead stop attending appointments. Clinics observed that when there is an explicitly defined goal and end point for therapy, then patients are less likely to skip appointments.

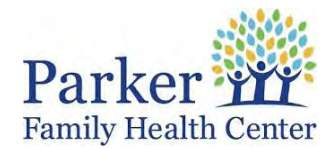
#### Sites provided the following advice for implementing an episodes of care model:

- » **Celebrate patients' progress.** Some clinics track and visualize patient progress, and then share that information back to patients. Others provide certificates of achievement to patients when they graduate from an episode of care.
- » **Keep a path to care open for patients who may need additional support.** Some patients may need support beyond what can be addressed within the scope of a single episode of care. Develop a system to connect patients with additional support if needed, whether by offering "tune-up" sessions, establishing a new episode of care to address a different issue or goal, or referring patients to another clinic or mental health provider.
- » **Communicate the "why" to providers.** Mental health practitioners may be accustomed to a more traditional model of care in which they develop a relationship with and support patients for months, or even years. To encourage buy-in for an episodes of care model, clearly communicate the benefits of this approach for patients and your clinic.



# SCREENING AND REFERRING FOR PATIENT NEEDS

## PROGRAM SPOTLIGHT



### PARKER FAMILY HEALTH CENTER — RED BANK, NEW JERSEY

Parker Family Health Center aims to expand access to mental health counseling for uninsured residents of Monmouth County, NJ. To keep up with the demand for mental health services in their area, Parker partnered with the Mental Health Association of Monmouth County to increase the number of counseling hours that their program could provide per week. They also implemented a solutions-focused, episodes of care approach. With this approach, patients working with the therapist set specific, concrete goals and “graduate” from the program once their goals are realized.

By increasing counseling hours and utilizing this type of therapy, the number of patients benefiting from **mental health services grew from 24 to 84 in less than one year, an increase of over 300%**. They have also observed a decrease in their no-show rate for counseling sessions.

Community Routes awardees screen their patients for anxiety, depression, trauma, and social determinants of health (SDOH). These screenings enable clinics to determine community needs, to connect patients to needed services and support, and to provide person-centered, trauma-informed care.

**Throughout the process of implementing patient screenings, clinics learned to:**

- » **Avoid screening patients if there is no capacity to act on the information provided by patients.** Disclosing mental health struggles, trauma, and unmet social needs requires patients to be vulnerable. It can be frustrating for patients if it is not clear why they are providing this information or how they will benefit. It can also be frustrating to patients and providers if your clinic does not have the capacity to address the needs identified in a timely manner.
- » **Consider when is the most appropriate time to screen patients.** Patients can be reluctant to disclose mental health struggles, trauma, and SDOH. This reluctance can be exacerbated by concerns that there will be penalties for disclosure, such as Child Protective Services (CPS) involvement. To encourage honest responses, some clinics recommended delaying patient screenings, particularly screenings for trauma, until trust and rapport have been established.
- » **Avoid reinventing the wheel.** Rather than expending resources to create your own screening tool, consider using a screening tool that has already been determined to be reliable and valid. See Figure 1. for examples of validated screening tools that Community Routes awardees have used to screen for mental health needs, trauma, SDOH, and child / adolescent development.
- » **Adapt screening tools so that they are appropriate for your patient population.** Although validated screening tools can be a helpful resource, you may need to adapt the tools so that they are appropriate for your patient population. This could mean translating the screening tool into another language, or adjusting the language so that it is culturally relevant and meets literacy levels. This could also mean adding questions to identify needs and traumas that are especially prevalent among your patient population.
- » **Leverage your Electronic Health Record (EHR) to more efficiently collect, access, and act on data from patient screenings.** Screening tools can be integrated into the EHR workflow, prompting providers to collect screening information. Data collected about patients' mental health needs, trauma, and SDOH can be accessed by multiple providers to facilitate person-centered, trauma-informed care without having to repeatedly ask patients sensitive, potentially re-traumatizing questions. EHRs can also make it easier to communicate with other healthcare and social service providers to make and check the status of patient referrals.
- » **Gain buy-in from providers, staff, and leadership.** Some providers may be hesitant or resistant to screen for mental health needs, trauma, or SDOH because they feel like they have other, more relevant topics to cover during a visit. In addition, some providers may feel uncomfortable asking patients about these sensitive topics. To encourage buy-in among providers and staff, clearly communicate how implementing patient screenings will improve patient health and well-being. Integrate the screening and referral processes into existing workflows so that it is easy for providers and staff to implement. Equip providers and staff with the training required to effectively and confidently implement the new screening tool or process. Work with leadership to create a culture of well-being.

Figure 1. Examples of Validated Screening Tools used by the Community Routes Awardees

| MENTAL HEALTH NEEDS  | TRAUMA  | SOCIAL DETERMINANTS OF HEALTH (SDOH)   | CHILD AND ADOLESCENT DEVELOPMENT  |
|--|---|--|---|
| <p><b>Depression</b></p> <ul style="list-style-type: none"> <li>» The 2-item or 9-item Patient Health Questionnaire (PHQ-2 or PHQ-9)</li> </ul> <p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>» The 2-item or 7-item Generalized Anxiety Disorder scale (GAD-2 or GAD-7)</li> </ul> <p><b>Suicidality</b></p> <ul style="list-style-type: none"> <li>» Ask Suicide-Screening Questions (ASQ)</li> </ul> | <ul style="list-style-type: none"> <li>» Adverse Childhood Experiences Questionnaire (ACEs)</li> <li>» Post-traumatic Stress Checklist (PCL-5)</li> </ul> | <ul style="list-style-type: none"> <li>» Protocol for Responding to and Assessing Patients' Assets, Risks, &amp; Experiences (PRAPARE)</li> <li>» Accountable Health Communities Health Related Social Needs (AHC HRSN)</li> <li>» SDOH tools built into your EHR, for example the Epic SDOH screening tool</li> </ul> | <ul style="list-style-type: none"> <li>» Child and Adolescent Social, Emotional, and Behavioral Development</li> <li>» Bright Futures (Pediatric and Teen Screening)</li> <li>» Survey of Well-being of Young Children (SWYC)</li> <li>» CRAFFT assessment substance abuse questionnaire</li> </ul> |



PROGRAM SPOTLIGHT



**GRACE MEDICAL HOME — ORLANDO, FL**

Grace Medical Home is a free clinic that serves low-income and uninsured patients in Orange County, FL.

**As part of their Healing by Offering Possibilities and Encouragement (HOPE) project, Grace Medical Home screens pediatric and adult patients for trauma using an Adverse Childhood Experiences (ACEs) screening tool.**

In addition to the original 10 ACEs screening questions, they have added 6 questions to identify traumas that are more prevalent among their largely Spanish-speaking, immigrant patient population, such as trauma associated with violence in their country of origin and crossing the border. The ACEs screening tool is integrated in their Electronic Medical Record, and providers are prompted when a patient has not yet completed the ACEs screening. When ACEs are identified, patients are referred to the program and case managed by a clinical counselor. To increase their clinic's capacity to provide trauma-informed care, Grace Medical Home also trains all staff, both clinical and non-clinical, on trauma-informed care principles and practices.



PROGRAM SPOTLIGHT

**CAPE VOLUNTEERS IN MEDICINE — CAPE MAY COURT HOUSE, NJ**

Cape Volunteers in Medicine (VIM) aims to improve mental health access among at-risk populations in South Jersey. As part of their “Close Gaps in Care” program, VIM integrated a depression screening (the PHQ-9) into their clinic’s Electronic Health Record (EHR) and workflow.

To encourage buy-in among their primary care team, their Medical Director and Psychiatrist led a training on the new depression screening process. A key, and highly persuasive, component of the training was educating the primary care team on the connection between mental health and chronic disease management.

With a high degree of buy-in from their primary care team, **VIM has been able to screen 100% of new patients for depression.**

As a result of the depression screenings, VIM has identified that the need for counseling services in their community far exceeded their expectations. VIM aims to screen all established patients for depression; however, they are using a phased approach to ensure that their clinic has the capacity to address depression diagnoses that are identified in a timely manner.



**BUILDING STRONG,  
SUSTAINABLE  
PARTNERSHIPS**

**Free & charitable clinics are best positioned to meet the mental health needs of their patients when they have a strong network of partners.**

Through their partnerships with other clinics and social service providers in their area, Community Routes awardees have been able to learn about opportunities and innovative approaches to care, pool resources, expand their reach, overcome gaps in clinic capacity, and coordinate care for their patients.

Partnerships with funders have enabled Community Routes awardees to support, leverage, and sustain their programs; connect with new partners at the regional, state, and national level; expand their program’s visibility; and learn of additional opportunities and resources.

**Clinics offered the following advice for building strong, sustainable partnerships:**

- » **Be a visible presence within your community.** Partners will want to work with you if they are able to see the ways that you are investing in and impacting your community. Demonstrating positive results will elevate the role a clinic plays within their community.
- » **Press releases, social media, and newsletters are useful tools for spreading the word about clinic activities and successes.** Sharing patient and staff stories can be a particularly poignant way of highlighting the impact of your organization.
- » **Clinics also increase their visibility by volunteering time and resources to support other organizations in their community.** For example, Talbot House instituted a “Day of Giving,” where leadership and staff volunteer at another local organization one day every month.
- » **Partnerships are more sustainable when they are mutually beneficial.** When entering into a partnership with another organization, it is important to think beyond how your organization will benefit from that partnership. What are the needs of your partner, and in what ways can your clinic respond to those needs?
- » **Create opportunities to connect with partners.** Participating in local events can be a great opportunity to learn more about the work of other organizations in your community, and where there may be opportunities for collaboration. Some Community Routes awardees hosted events at their clinic, inviting community partners for refreshments, a clinic tour, and conversation.



PROGRAM SPOTLIGHT

**SYMBA CENTER — APPLE VALLEY, CA**

Symba Center is a free clinic that serves uninsured patients in Southern California. During the pandemic, Symba Center provided shelters in their area with medical personnel and oversight to allow them to continue to provide their services safely. Once this partnership was established, Symba Center observed a gap in access to mental health services for the shelters’ clients. Roughly 40 percent of the shelters’ occupants suffer from major depressive disorder and general anxiety disorder, which is a significant barrier to their ability to achieve functional independence and acquire stable housing.

To address this need, **Symba Center partnered with three local shelters to provide trauma-informed mental health care onsite**, integrating mental health clinicians in the intake and rehabilitation processes at the shelters.

The Symba Center is now permanently co-located in a community resource center where patients can access a range of social services, in addition to primary and mental health care. As part of the program, they also provide trauma-informed education to shelter staff so that they are equipped to manage clients living with mental illness.



PROGRAM SPOTLIGHT

**SAVIE HEALTH — LOMPOC, CA**

Savie Health relies on a rich network of local partners to expand their patients’ access to mental health services. The clinic’s bilingual, bicultural Promotora connects patients with local resources and organizations to address their unmet needs and promote their health and well-being. Savie Health recognized that some of their patients were unable to access in-person mental health services at the clinic; in response, they partnered with a local mental health organization to give patients access to individual therapy remotely from their phones.

Most recently, **Savie has been able to offer bereavement therapy to their patients through a partnership with Hospice of Santa Barbara** and at the request of patients, created a women’s therapy group.



We are not competing here. The need is so huge - we need the support of each other. And we need to be very intentional about that... [For example] our donations department knows that every time we have an excess of donations, we are sharing with the entire community... When you start doing that and [your partners] see that it’s coming from a point of being genuine and [wanting to be] part of a difference in the community, it’s just magical.”

— Maria Cruz, Talbot House Ministries

# LOOKING AHEAD

Through innovative approaches, tireless dedication, and compassion for their patients, the 11 clinics awarded grants through *Community Routes: Access to Mental Health Care* exemplify the profound impact of philanthropic investment in overcoming structural barriers to care.

Recognizing the ongoing challenges faced by these communities, **Teva Pharmaceuticals** has renewed its commitment to this initiative, pledging an additional \$2 million for free & charitable clinics to support new and expanded programs that identify and treat depression and anxiety. This funding will enhance innovative health programs for uninsured patients at safety-net healthcare providers located in states with the greatest population experiencing inequities in care and treatment. The next cohort of award recipients will be announced in January 2025.

Teva Pharmaceuticals has significantly amplified the value of community-based healthcare by funding innovative solutions that address mental health challenges such as depression and anxiety. This investment has opened doors for thousands across multiple communities, enabling access to culturally competent mental health treatment tailored to individual needs.

The National Association of Free & Charitable Clinics serves as a vital implementing partner in this initiative, providing guidance, resources, and support to these clinics in delivering high-quality, culturally appropriate care. NAFC's expertise helps to empower clinics in addressing the unique challenges faced by their communities, ensuring that mental health services are accessible and effective.

Free & charitable clinics serve as essential safety nets, delivering equitable, culturally competent, comprehensive services—including mental health care, counseling, education, screening, and treatment—specifically to medically under-resourced communities. These clinics understand that language and cultural context are crucial in fostering a sense of trust and safety. By actively working to destigmatize mental health issues through community outreach and education, these clinics help dismantle barriers created by culture and misinformation. This low-barrier approach ensures that marginalized populations—such as the unhoused, immigrants, and migrant workers—can access the care they need without fear of judgment or rejection.

**Direct Relief extends its gratitude to Teva Pharmaceuticals for their steadfast partnership and to the National Association of Free & Charitable Clinics for their crucial role in implementation. Together, they are enhancing the quality and equity of care for patients across the nation, ensuring equitable and accessible care.**







Direct Relief is a humanitarian aid organization that works to improve the health and lives of people affected by poverty, disaster, and civil unrest.

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