

The Pulse

Keeping a pulse on healthcare integration at RBH



One in every five adults in the United States experiences a mental health condition. **Mental Health impacts people of all races, ethnicity, culture, and gender.** Unfortunately, statistics show that long-standing systemic health and social inequalities make it more difficult to get help for mental health or substance use disorders. **Statistics indicate that some populations and communities face barriers that make it more difficult to get help for mental health.** 4.5 % of the United States identifies as LGBTQ+. Approximately 13.4% of the United States population identifies as Black or African American and of that population, 16% reported having a mental health condition in the past few years. There are approximately 22.9 million people who identify as Asian/Pacific Americans in the United States and 2.9 million are living with mental health conditions. **The National Institute of Mental Health notes that some groups have less access to both treatment and health insurance, as well as experience higher levels of stigma.** Rates of serious mental conditions, suicidal ideation, and major depressive episodes have been on the rise in the Black population. Language barriers can also play a role in individuals not receiving necessary services as 13.5% of the United States population were born in other countries. **July is Minority Mental Health Awareness Month and is dedicated to raising mental health awareness and combating the stigma associated with mental health within all diverse cultures and communities, across all age groups and genders.**

For more information visit the Mental Health America (MHA) website
<https://www.mhanational.org/bipoc-mental-health>

A LOOK INSIDE THE JULY ISSUE:

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BIPOC AND LGBTQ+ MENTAL HEALTH



41.8%

OF THE U.S. POPULATION
ARE PEOPLE OF COLOR
AND

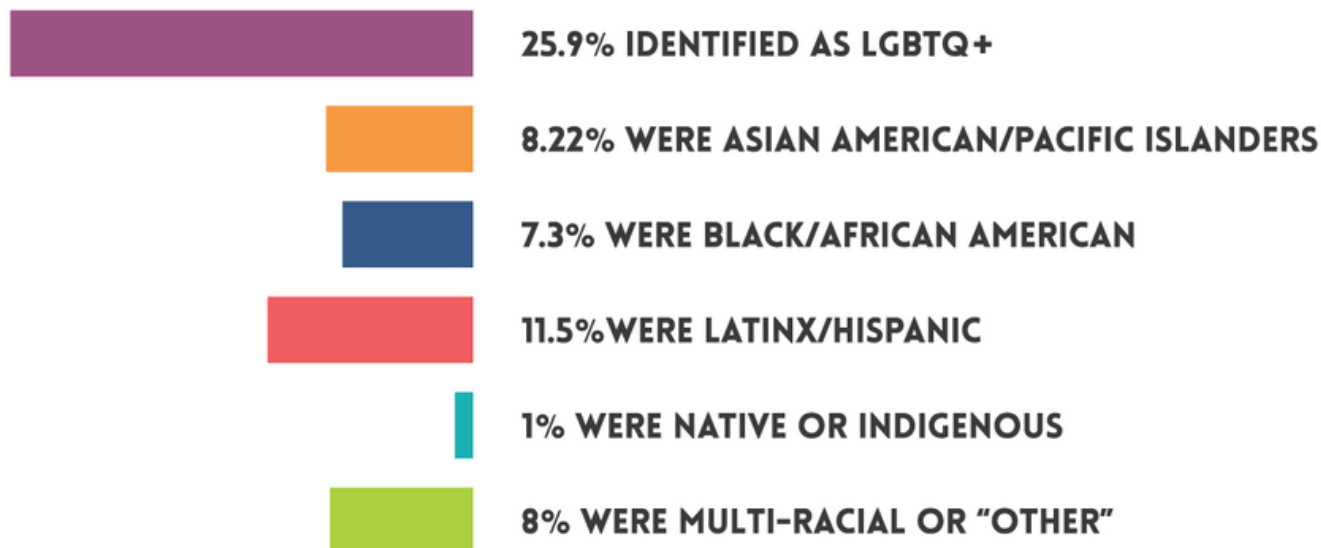
13.5%

WERE BORN IN A
DIFFERENT COUNTRY¹

4.5% OF THE U.S. POPULATION IDENTIFIES AS LGBTQ+²

SINCE 2014, OVER 5 MILLION PEOPLE HAVE TAKEN A
MENTAL HEALTH SCREEN AT [MHASCREENING.ORG](https://mhascreening.org).

OF THOSE WHO SHARED PERSONAL INFORMATION:



HIGHER RISK



LGBTQ+ PEOPLE WERE MORE LIKELY THAN NON-LGBTQ+ PEOPLE TO SCREEN POSITIVE OR AT-RISK ACROSS ALL SCREENS.

AMONG BIPOC SCREENERS:

MULTIRACIAL PEOPLE WERE THE MOST LIKELY TO SCREEN POSITIVE OR AT-RISK FOR ALCOHOL/SUBSTANCE USE DISORDERS, ANXIETY, DEPRESSION, EATING DISORDERS, AND PSYCHOSIS.

Happy 9th Birthday RICH!

The RICH Recovery Clinic has seen over 4,000 people since its opening in July of 2014!!! The RICH Recovery Clinic provides Primary Care to RBHA clients and is equipped with an on-site Pharmacy. It provides basic and ongoing health screenings, chronic disease monitoring and management, immunizations, peer support/health care navigation, Office-Based Addition Treatment (OBAT) program, and a Person-Centered and Trauma Informed Care approach. Due to a SAMHSA grant awarded four years ago the clinic has expanded its services to the community. Throughout the COVID-19 pandemic the exceptional staff at the RICH Recovery Clinic has continued to assist clients by providing telehealth services as well as COVID-19 vaccinations. Last year, the RICH Recovery Clinic completed construction on additional examination rooms and an expanded waiting area. The RICH Recovery Clinic hopes to continue offering much needed care to RBHA clients and the surrounding Richmond area.

*A special thank you to the amazing
RICH Recovery Clinic Staff!!!*

2014



2019



2023



RICH Referral Profiler Workflow

1. Click the Clinical Assessments Button located at the Company Level of Navigator.
2. Click green plus button.
3. Select RBHA: RBHA from the Assessment Category drop-down menu.
4. Select PCP 01: RICH Referral (or Primary Care) from the Assessment Type drop-down menu.
5. Select RICH Referral: RICH Referral from the Assessment drop-down menu.
6. Select the most recent Diagnostic from the Clone From drop-down menu.
7. Click Open
8. The Primary Care Referral (RICH Referral) will populate.
9. Complete all required fields of the form.
10. Click the Save Draft Button.
11. Click the Effective Date box/Select Effective Date.
12. Click Save.
13. From current Clinical Assessments window, double click RICH Referral to reopen to task to Care Coordinator. Please do not use the Bookmark tool.
14. Task the Referral to RICH Program Manager (Sara Hilleary) by clicking on the Tasks tab located at the top of the assessment window.
15. Click the green plus button to add the Task.
16. Change CM/PSP name to Care Coordinator's name from the Provider drop-down.
17. Click Save.
18. The task will populate on the Care Coordinator's Dashboard for review and to create Primary Care service plan. The referral is then sent to reception for scheduling.

NOTE: It is the PSP's responsibility to check the Patient-At-a-Glance or Appointments report to confirm appointment and inform consumer.

Referring to SUD Services (OBAT only, in addition to RICH Referral)

1. From the Navigator, at the Individual level, select Referrals.
 2. Click the green plus button.
 3. Select Type: Service Request.
 4. Complete all appropriate information, providing detail in Presenting Problem field.
 5. Select Notes/Dates tab at top of box.
 6. Click the Effective Date box/Select Effective Date.
 7. Bookmark referral to Andre Plummer.
 8. Client will be contacted by SUD staff to initiate OBAT services.
- The OBAT Induction appointment will be coordinated after contact with SUD staff is made.

NOTE: SUD referral is not necessary for Women's Services. Please complete RICH Referral and task to Sara Hilleary if your client is receiving services from the Women's SUD Services unit.