PARTICIPANT HANDOUTS

CHAMPS Healthy Communities Spotlight Series: Integrating Psychiatry into Primary Care

Thank you for attending today's training. By doing so, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, high-quality primary health care services.

Presented by:
Marshal Ash, DO, Peak Vista Community Health Centers

Live Event Date/Time:
Tuesday, August 4, 2026
12:00–1:00PM Mountain Time /1:00–2:00PM Central Time

Target Audience:
This series is intended for Region VIII health center staff and key PCA contacts. The series will offer practical insights, highlight promising practices, and share lessons learned from health centers throughout the region.

Event Overview:
This session provides an overview of how Peak Vista Community Health Centers integrates psychiatry into primary care to improve access to behavioral health services. Participants will explore the program's structure and logistics, review patient scenarios, and examine the impact of integrated psychiatric care on patients and care teams.

CHAMPS Archives
This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit https://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events.

CONTENTS

Page 2: Description of CHAMPS
Speaker Biography
Pages 3-43: Slides

Description of CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII federally-designated Community Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. Staff and board members of CHAMPS Organizational Members receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 40 years, CHAMPS has been an essential resource for Community Health Center training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org. The Happenings box in the middle of the CHAMPS home page highlights the newest CHAMPS offerings, while the CHAMPS Membership box on the lower part of the home page lists current benefits for CHAMPS Organizational Members.

Speaker Biography

Dr. Marshal Ash is a double board-certified psychiatrist (general, and child and adolescent) who joined Peak Vista Community Health Centers, a Federally Qualified Health Center serving the Pikes Peak and East Central regions of Colorado, in 2023. He practices within Peak Vista's Integrated Psychiatry program, embedding psychiatric care directly into primary care teams, and also sees patients at the Developmental Disabilities Health Center (DDHC), a specialized primary care clinic for individuals with intellectual and developmental disabilities. His approach centers on collaborative, whole-person care — integrating biological, psychological, and social factors into treatment and partnering closely with primary care colleagues to make psychiatric expertise more accessible where patients already receive care.

2026 HEALTHY COMMUNITIES SPOTLIGHT SERIES

July 7: Navigating the Aging Journey and Our Healthcare System
Shawna Yates, DO

August 4: Integrating Psychiatry into Primary Care
Marshal Ash, DO

September 1: The Coffee Break Project: Supporting Mental Health in Ranching and Agricultural Communities
Jennifer Pollmiller and Hanna Bates

Peak Vista
Community Health Centers

Integrating Psychiatry at Peak Vista

Marshal Ash, DO
Child, Adolescent, and Adult Psychiatrist
Director of Psychiatric Service Line

Peak Vista Community Health Centers
Colorado Springs, CO

Introduction

- Marshal Ash, DO
  - Rocky Vista University, College of Osteopathic Medicine (Parker, CO)
  - Wright State University (Dayton, OH)
    - General Psychiatry Residency
    - Child and Adolescent Psychiatry Fellowship
  - Peak Vista Community Health Centers (Colorado Springs, CO)
    - Director of Psychiatric Service Line
    - Medical Director of the Developmental Disability Health Center

Outline

- The Problem and Current Approaches
- Integrated Psychiatry at Peak Vista Community Health Centers (PVCHC)
- Program Logistics
- Sample Scenarios
- Impact

The Problem and Current Approaches

The Volume Problem

1 in 5

Adults experience a mental health condition each year

1 in 10

Children have mental health symptoms that contribute to dysfunction each year

Shortage

Psychiatric providers are among the most scarce specialties in the US

We can't simply out-hire the shortage. We need a smarter approach.

The Access Problem

- Current Psychiatrist Shortage
  - Estimated shortage of 14,280-31,091 psychiatrists in the US in 2024
- Long Wait Times
  - Only 18.5% of psychiatrists are accepting new patients
  - 67-day average wait time for in-person new appointment
- Peak Vista's Primary Care Providers
  - Primary managers of psychiatric medications
  - Short appointment times, limited support, limited comfort
- Peak Vista's Patients
  - Limited external referral success
  - Caught in limbo, advancing severity of symptoms

- Satiani, A., Niedermier, J., Satiani, B., & Svendsen, D. P. (2018). Projected Workforce of Psychiatrists in the United States: A Population Analysis. Psychiatric Services, 69(6), 710–713. https://doi.org/10.1176/appi.ps.201700344
- Sun, C. F., Correll, C. U., Trestman, R. L., Lin, Y., Xie, H., Hankey, M. S., Uymatiao, R. P., Patel, R. T., Metsutnan, V. L., McDaid, E. C., Saha, A., Kuo, C., Lewis, P., Bhatt, S. H., Lipphard, L. E., & Kablinger, A. S. (2023). Low availability, long wait times, and high geographic disparity of psychiatric outpatient care in the US. *General hospital psychiatry*, *84*, 12–17. https://doi.org/10.1016/j.genhosppsych.2023.05.012

Two Current Models of Integration to Address the Problem

Model of Integration	Benefits	Drawbacks
Primary Care Behavioral Health (PCBH)	-Real-time, immediate BH interventions -No need for formal referral for BH intervention -Minimal disruption in PCP workflow	-Higher-level psychiatric consultation requires external referral -BHPs scope limits ability to provide medical recommendations
Collaborative Care Model (CoCM)	-Availability of psychiatric provider to support PCPs and amplify # of pts impacted -Improve resource management -Use of registry to limit falling through the cracks	-Psychiatric provider rarely on-site, limiting ease of access -Direct consultation may still require referral -Some models limit to specific diagnoses

https://www.apa.org/health/behavioral-integration-fact-sheet
https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn

Integrated Psychiatry at Peak Vista Community Health Centers

Integrating Psychiatry at Peak Vista

"Braiding of approaches"

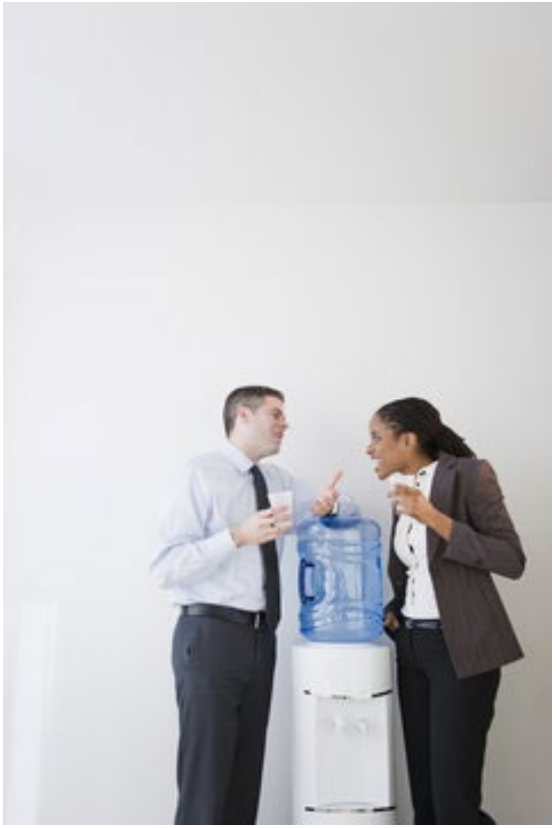
Aiming for	Avoiding
Faster access to appropriate level of care	Adding workload to PCP team
More support to PCPs and BHPs	Colocation
Reducing barriers to collaboration	Duplication of services
Amplifying impact of single psychiatric provider	BHPs becoming gatekeepers
Providing education to PCPs for greater impact	Unnecessary overutilization of specialty mental health care clinics

Integrated Psychiatry at PVCHC

- Integrated Psychiatry places a psychiatric provider directly inside a primary care clinic. not in a separate building, not on a referral list, but right there as part of the care team.
- Pilot at Health Center at Jet Wing
  - Multi-specialty Primary Care
    - Family Medicine
    - Pediatrics
    - Behavioral Health
    - Dentistry
  - A team open to innovation
    - Saw the potential benefit
    - Willing to try something new for their patients (and themselves)
  - High enough volume of patients
    - 6 primary care providers averaging 20-24 patients/day each

Mission and Vision

- Mission
  - Integrated Psychiatry at PVCHC seeks to improve access to mental health care for Peak Vista patients through innovative psychiatric clinical programming.
- Vision
  - We aim to 1) amplify the impact of each psychiatric provider, 2) reduce stigma associated with receiving psychiatric care, 3) improve patient and provider satisfaction when interacting with our mental health care system, and 4) demonstrate a sustainable model of care.



What We Do: Three Pillars

Direct Patient Care

Our psychiatric providers see patients face-to-face within the primary care clinic. This includes evaluation, diagnosis, and ongoing medication management for patients referred by their primary care provider.

Hands-on treatment

Indirect Consultation

PCPs can reach out to our psychiatric providers for guidance on managing psychiatric concerns — without a formal patient visit. This keeps more patients in primary care with expert psychiatric backing.

Supporting your PCP

Education for PCPs

We provide ongoing education to primary care teams — building their confidence and skill in recognizing and managing psychiatric conditions. Better-informed PCPs mean better care for everyone.

Building team capacity

What This Means for Patients

Same-Site Care

Mental health support in the same building (and often the same visit) as primary care.

Trusted Provider

The psychiatric provider is an extension of the care team already known to the patient.

Faster Access

No long referral wait. The integrated model allows warm handoffs and same-clinic scheduling.

Whole-Person Care

Physical and mental health are treated as one…because they are! Their PCP and psychiatric provider collaborate directly.

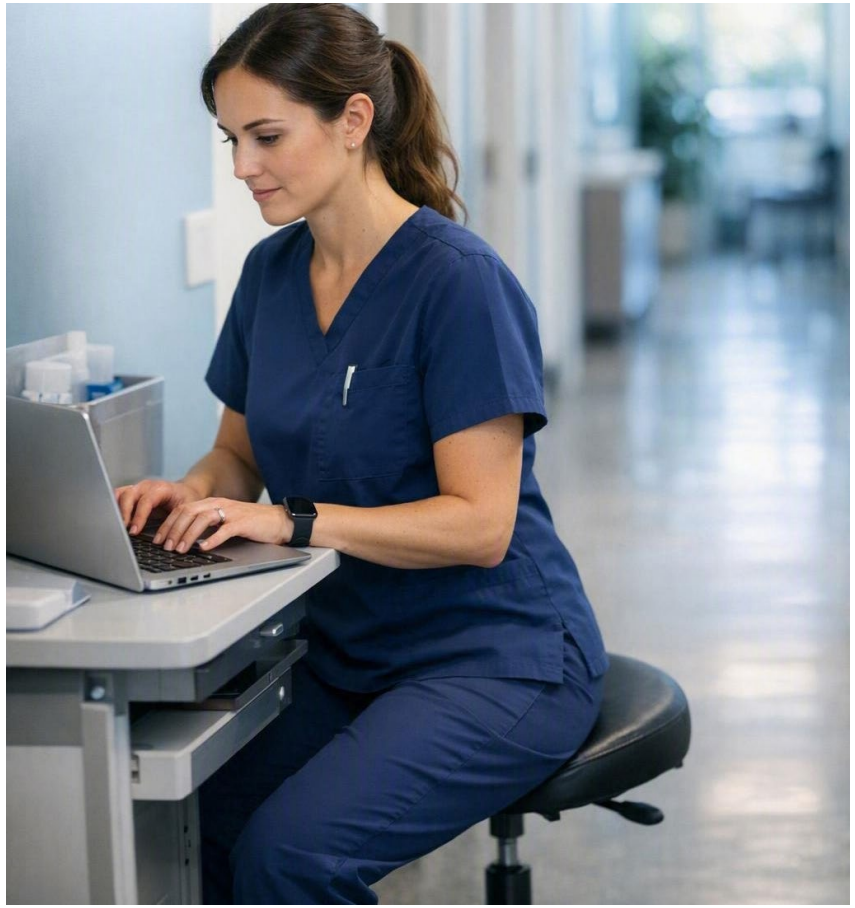
Program Logistics

Clinic Logistics

- Integrated Psychiatric Provider embedded within each primary care clinic
- Hybrid Schedule
  - Scheduled appointments (intakes, follow-ups)
  - Protected consultation time
    - Indirect Interprofessional consults
    - Same-day Problem-Focused consults
    - Same-day Comprehensive consults
- Goal
  - Same-day consultations (varying levels)
  - Never more than 4 week wait for new face-to-face appointment
    - Often limited by patient's availability
  - Revolving door, not long-term care

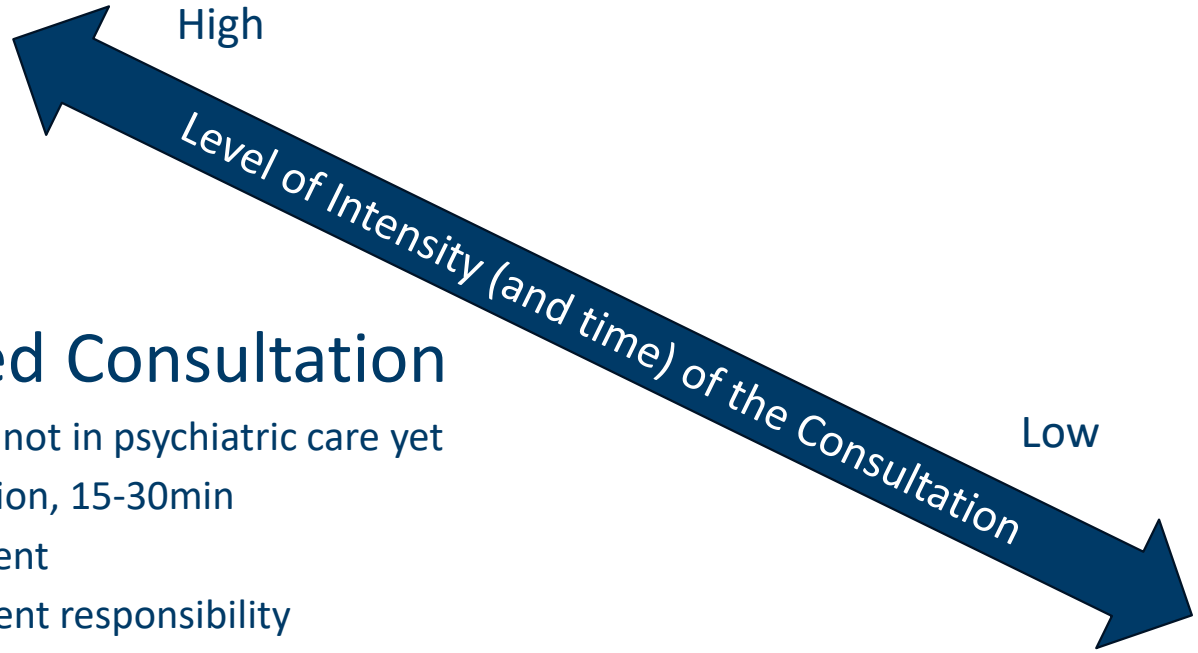
Clinic Logistics, continued

- Staffing (we run lean!)
  - 1:1 Psychiatric-provider-to-Medical-Assistant ratio
  - Utilize already-existing support staff and operational/administrative supports
  - Program-managed scheduling
- Infrastructure:
  - Minimal square-footage requirements
    - “What rooms are available today?”
    - Workstation space
  - IT: Laptop, EHR access, email, Teams/chat, Excel
  - Vitals equipment, point-of-care testing



“Levels” of Psychiatric Consultation

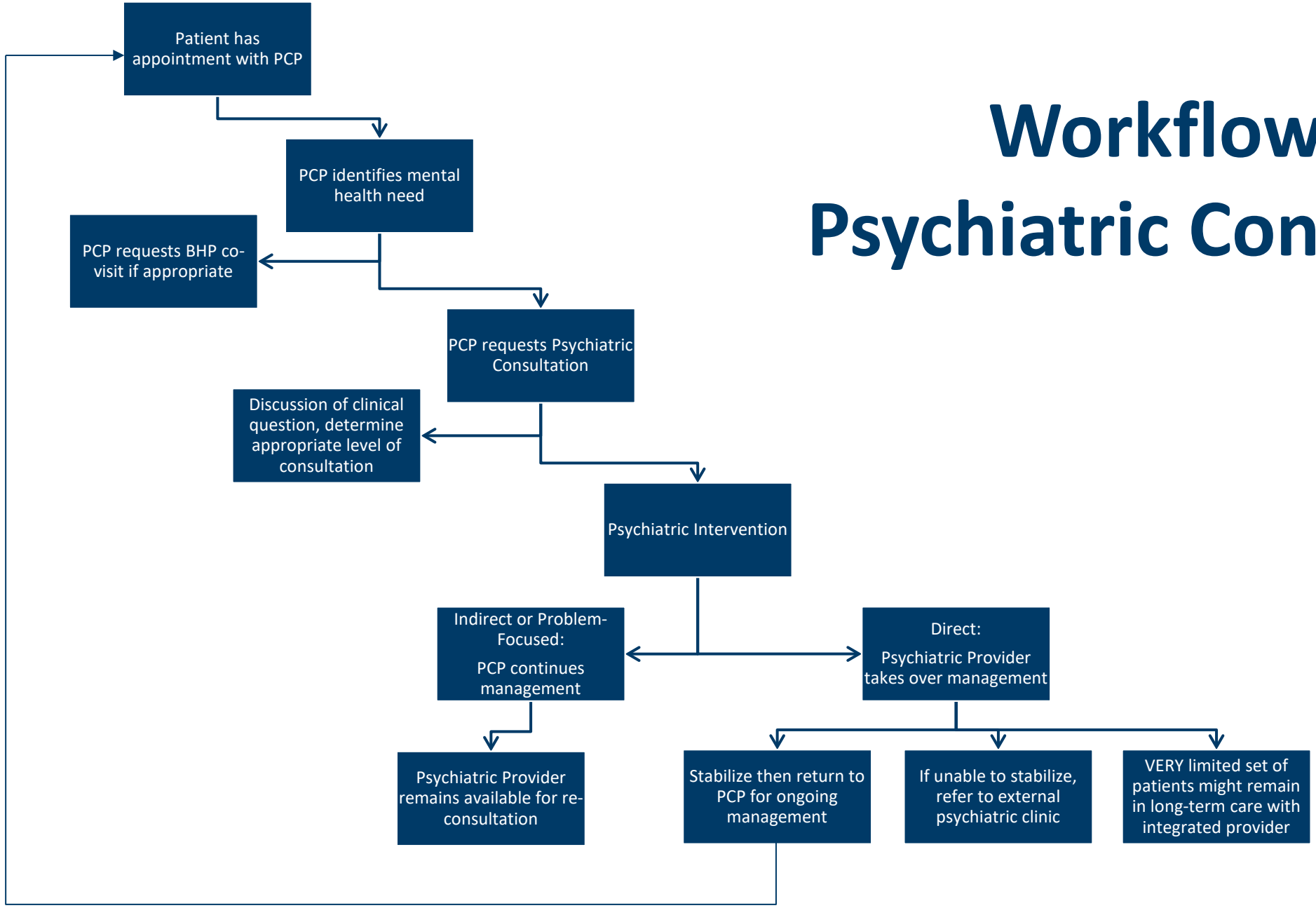
- Comprehensive/Direct Consultation
  - Same day or future scheduled appt
  - Full-scope evaluation, 60min
  - Face-to-face with patient
  - Psychiatric provider manages meds
  - Stabilize and return management to PCP



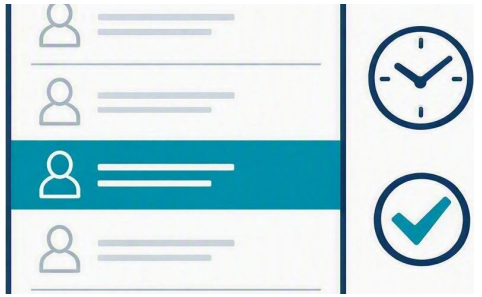
- Problem-Focused Consultation
  - Same day, most-often not in psychiatric care yet
  - Limited-scope evaluation, 15-30min
  - Face-to-face with patient
  - PCP retains management responsibility

- Indirect Interprofessional Consultation
  - Same day, or 1-3 days response time, depending
  - 2-10min with provider, additional time chart review
  - No face-to-face between psychiatric provider and patient
  - Recommendations documented in the chart, PCP retains management responsibility

Workflow for Psychiatric Consultation



Tracking List/Registry



- HIPAA-Compliant Database
  - Confer with your compliance department
  - Some built into EHR, some available for licensing (UW AIMS Center)
- Tracking while Engaged in Psychiatric Care
  - Name, date of birth, PCP, first psychiatry appointment, next scheduled psychiatry appointment, notes
  - Updated daily by provider and/or MA
  - Active panel list, disengaged list, cancellation list/waitlist
  - Utilized to:
    - Ensure patients remain engaged by tracking “next scheduled” date
    - Increase utilization of schedule openings by real-time use of cancellation list/waitlist

Tracking List Template

Last name	First name	DOB	PCP	PCP Referral Date	Psychiatric Provider			Notes
					Initial	Recent	Future	
Doe	Jon	1/1/2001	Smith	7/30/2026	7/30/2026	7/30/2026	8/28/2026	
Johnson	Jane	1/2/2001	Jones	4/3/2026	4/6/2026	6/2/2026	7/8/2026	Missed appointment, on cancellation list
Miller	Bob	1/3/2001	Simon	12/4/2025	12/14/2025	6/20/2026	8/20/2026	Due for long-acting injectable antipsychotic 8/20/26, delivery ordered

Track wait times

Track PCP engagement

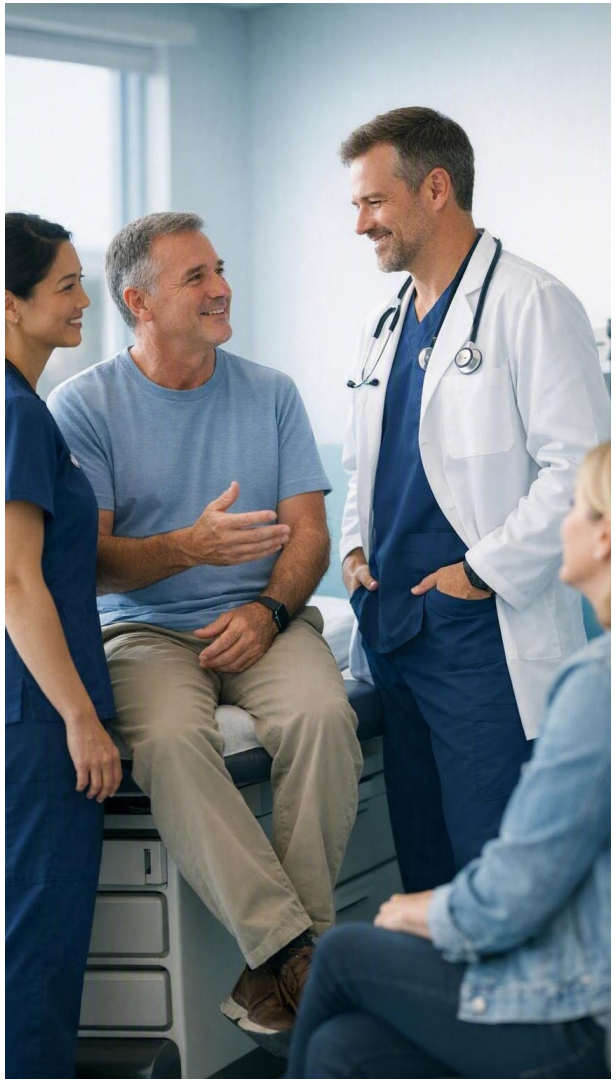
Primary driver of preventing falling through the cracks and supporting engagement in care

Sample Consultation Scenarios

Direct/Comprehensive Consultation

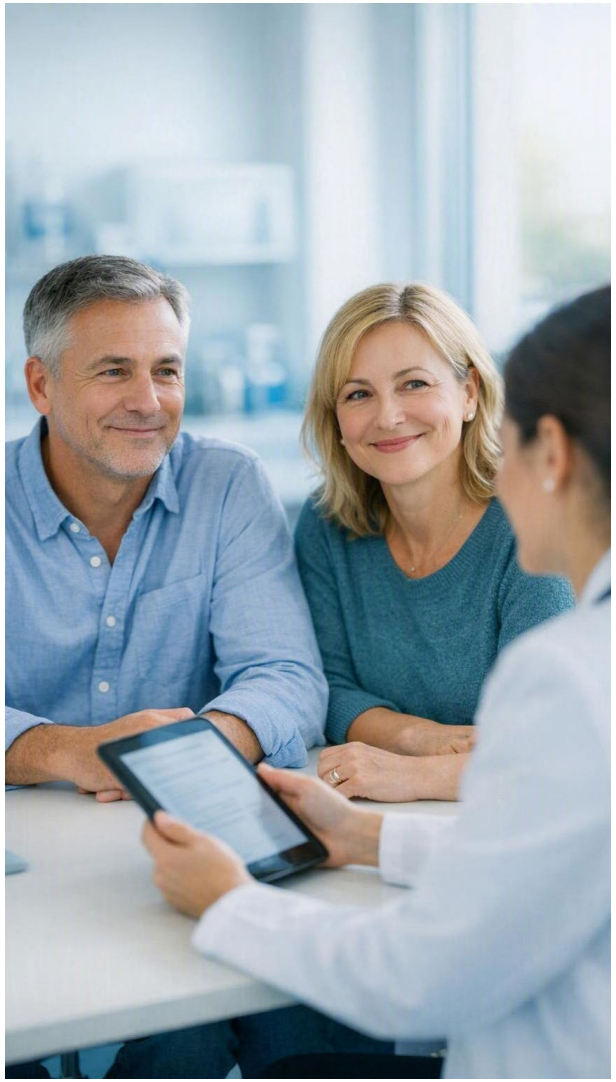
Direct/Comprehensive Consultation Example

- Primary Care CC: 50-year-old male, chronic pain and depression
- PCP's Report:
  - Appointment to manage arthritis and referrals
  - Frequent and ongoing suicidal ideation with plan, wife upset and left
  - No current psychiatric medications, open to talking with psychiatry
- PCP consulted psychiatric provider
  - Available real-time, on-site
  - Same exam room, wife returned
- Direct/Comprehensive Consultation Outcome
  - Risk assessment, safety planning, "family meeting," prescription, therapy referral, follow-up scheduled



Direct/Comprehensive Consultation, continued

- Follow-Up Appointment with Psychiatry
  - Mood improving with family support, medication adherence
- Remained engaged in care
  - Titrated medications
  - After stabilization, transferred back to PCP
- Wife asked to be seen for anxiety
- Overview:
  - Real-time on-site availability of psychiatry (no delay)
  - Saved time for PCP, education for PCP
  - Impact to patient and family
  - Transferred back to re-open psychiatry availability



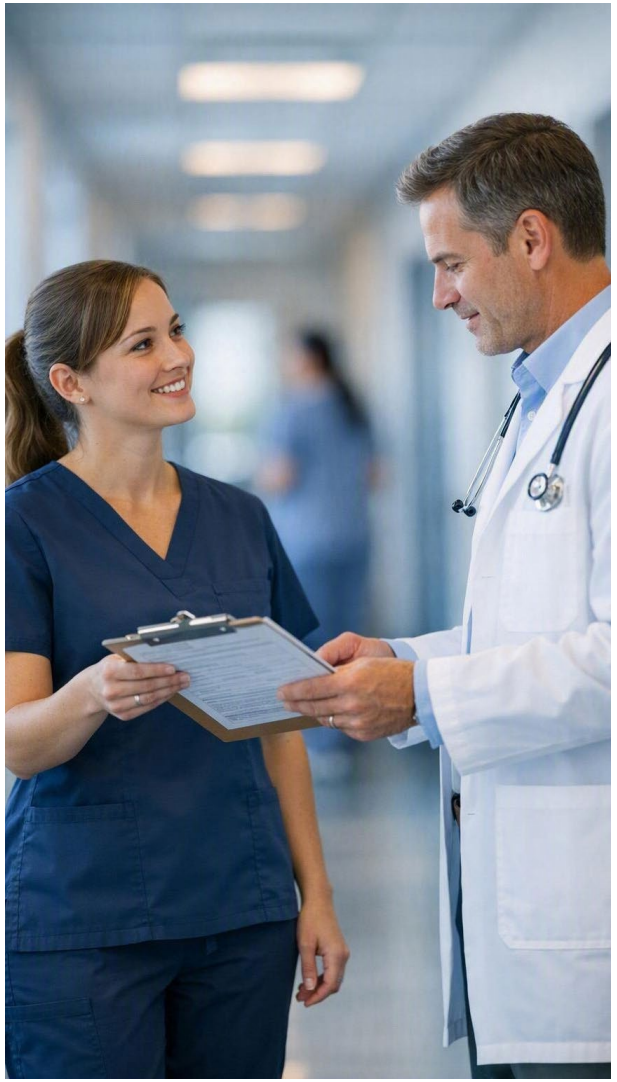
Problem-Focused Consultation

Problem-Focused Consultation Example

- Primary Care CC: 14-year-old male with chronic motor tics and ADHD, inattentive type
- PCP's Report:
  - Neurology titrating guanfacine for chronic motor tics
  - PCP and family wanting to discuss potential ADHD treatment
- PCP consulted psychiatric provider
  - Collaboratively agreed to Problem-Focused Consultation
  - Medical Assistant operationalized next steps:
    - Psychiatry questionnaire and PF consult consent form provided
- Problem-Focused Consultation Outcome
  - Discussed r/b/se/a with ADHD treatment, impact on tics
  - Collaboratively agreed to continue guanfacine, initiate methylphenidate XR, monitor tics
  - PCP prescribed, managed, kept informed

Problem-Focused Consultation, Continued

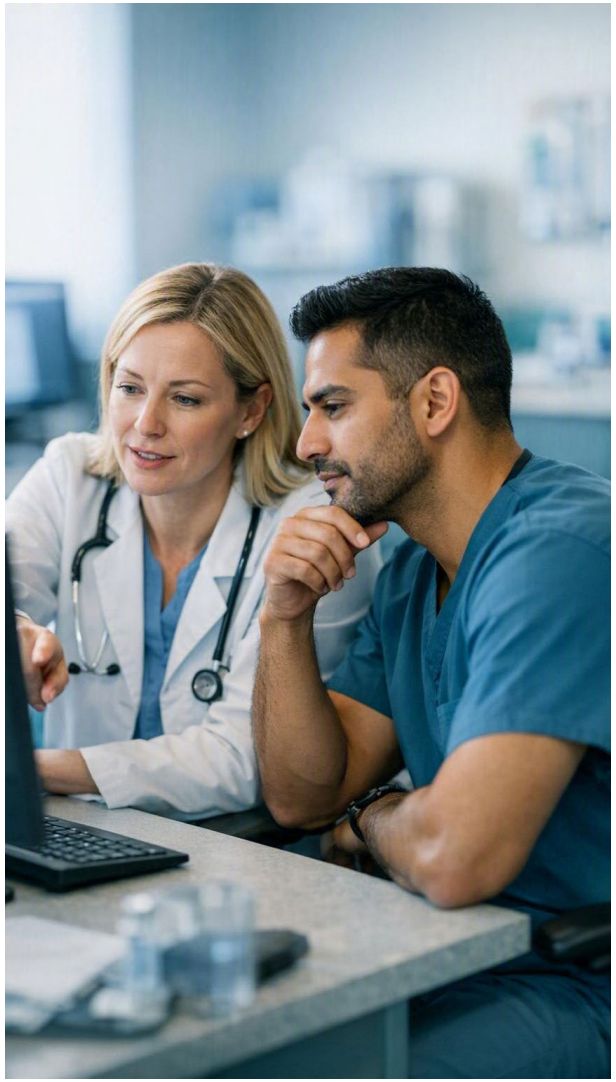
- How was this possible?
  - Only had a straight-forward questions, didn't require full intake appointment
  - Real-time on-site availability of psychiatry provider
  - MA facilitated workflow to reduce negative impact to either provider's schedule and provision of direct care
- How much time did this take?
  - 10-15 minutes of discussion between patient and psychiatry provider
- How was this better than a referral for a Direct Consult?
  - For the Patient: no delay to psychiatric expertise
  - For the Psychiatry Provider: schedule remained open for more-complex patients
  - For the PCP: learned what to do next time; not left floundering while waiting for consultation



Indirect Interprofessional Consultation

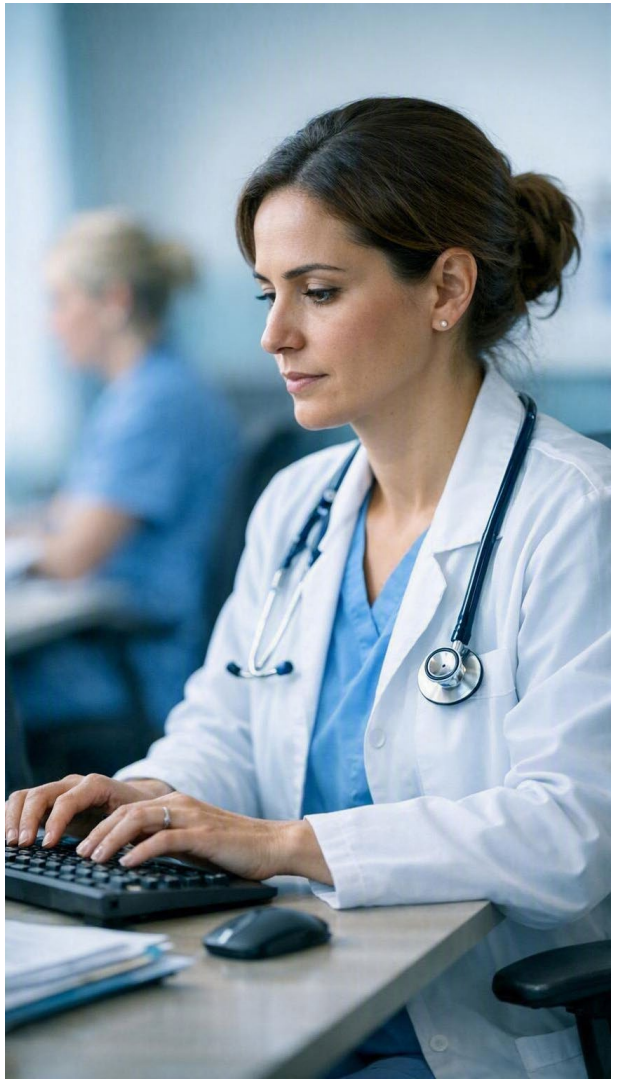
Indirect Interprofessional Consultation Example

- PCP's Report:
  - 30-year-old female with high anxiety and panic attacks
  - Bupropion XL 300mg "for years" for depression
  - Patient verbally consented to indirect psychiatry consultation
- PCP Consulted Psychiatry
  - Discussed in shared workspace
- Indirect Consult Outcome
  - Immediate verbal recommendation
  - Consider tapering-off bupropion XL as some experience higher anxiety
  - Consider subsequent initiation of SSRI (sertraline) for anxiety, panic, depression
  - Consider psychotherapy referral
  - PCP implemented recommendation real-time, patient reported improvements



Indirect Interprofessional Consultation Example

- How was this possible?
  - PCP with relative comfort in managing psychiatric medications (with support)
  - Real-time on-site availability of psychiatry provider
  - IMMEDIATE response to request
- How much time did this take?
  - 2-3 minutes of discussion between PCP and psychiatry provider
  - 5-10 minutes of documenting recommendation by psychiatry provider later that day
- How was this better than a referral for a Direct Consult?
  - For the Patient: no delay to psychiatric expertise
  - For the Psychiatry Provider: schedule remained open for more-complex patients
  - For the PCP: no meaningful disruption (same time as writing referral request), competence and comfort increased, improved therapeutic rapport with patient

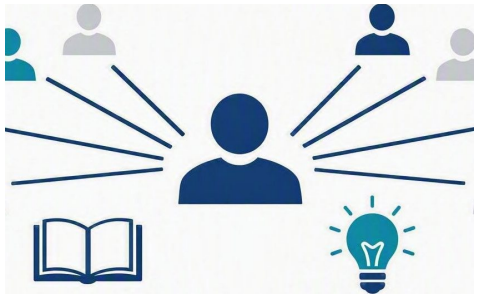


Impact

Impact So Far

- Recent Sampling
  - Dr. Ash in two clinics: on-site versus off-site data
    - Higher utilization of curbside supports and all formal consult types when on-site
      - Almost double curbside supports/educational interactions with PCPs
    - Over 4 weeks, combining on-site and off-site data
      - 167 scheduled appointments
      - 83 curbside supports/educational interactions with PCPs
      - 17 indirect consultations
      - 1 problem-focused consultation
      - Medical Assistant spent >20 hours in care coordination
      - Dr. Ash spent almost 4 hours preparing educational material for PCPs
      - Additional time precepting 6 multidisciplinary learners (medical student, psychiatric NP fellows, psychologist)

Impact So Far (continued)



- Educational Impacts
  - Lion's Share of "Amplification of Impact"
    - Improve knowledge and comfort of PCPs managing psychiatric meds, help more patients by sheer number
      - Also: preserve availability within psychiatry to see more severe cases
  - Curbside Supports/Educational Opportunities
    - "Oh hey Dr. Ash, what do you think about____? How do I dose ____ again?"
    - Not reimbursable/billable. Value-added service for patients/providers/systems
  - Reference sheets
    - Quick references for easy utilization by PCPs in clinic
    - Topics include: Pediatric and Adult ADHD management, Depression/Anxiety management, Mood Stabilizer dosing and monitoring, Insomnia management
    - In-progress topics: Managing reports of suicidal ideation; Prescribing meds in the Perinatal Period

In Their Words

Primary Care Providers

"I wouldn't be able to manage half of what I do now if you weren't here. Seriously, these patients would probably just have to go without until they could get in IF they could get in somewhere else."

"I told my old classmates that we have a psychiatrist in-house and they couldn't believe it! We're so lucky to have the support here. I've learned so much."

In Their Words

Patients

"This has been great, I don't have to figure out who to go to for what, you and my primary [care provider] can talk directly and figure out what needs to be done."

"I can't believe I was able to be seen today, this was incredible!"

"I'm glad we could be seen here, I really didn't want to have to go somewhere else."

Additional Unique Population Benefit

- Serious/Severe Mental Illness, compared to traditional models of care:
  - Increased coordination of care between psychiatry and primary care
  - Increased real-time availability of psychiatry
  - Patients/families seek out our program

Lessons Learned

- Overbooking
  - Reduced availability for consultation
  - Less learning for PCPs when the psychiatric provider takes over
  - **Goal:** adhere to reduced scheduling to remain more-available for same-day consultation
- Preparing clinical site PRIOR TO embedding psychiatric provider
  - Challenging uptake at one clinic that was not sufficiently prepared
  - **Goal:** increase success of startup by preparing interested parties before the program goes into full effect
- Still learning/determining appropriate ratios
  - Base on strict numbers of patients? Population complexity? Experience of PCPs?
  - **Goal:** determine efficient and highly effective staffing ratios to optimize impact of each psychiatric provider

Future Growth

- Hiring in process
  - Next clinics: women's health center, pediatric clinic, multiple family medicine clinics including our outlying rural clinics
  - Dr. Ash conducting "program roll-out tour" at PVCHC clinics

- Educational Opportunities
  - Ongoing production of reference sheets for PCPs
  - Large group presentations covering PCPs of 9 clinics
  - Monthly presentations to Women's Health Center

Thank You!

Questions?

Marshal Ash, DO
marshal.ash@peakvista.org

Thank you for joining us for the second session in the Healthy Communities Spotlight Series!

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