

2025



***LIBHI***

Lipscomb Initiative  
for Behavioral  
Health Integration

*Final*  
*Report*

# A Message from Dr. Ribeiro

Dear Friends, Partners, and Supporters,

I am excited to present the final annual report for the Lipscomb Initiative for Behavioral Health Integration (LIBHI). Since this Behavioral Health Workforce Education and Training (BHWET) grant cycle began in August of 2021, we have worked diligently to facilitate the integration of mental health services into primary care health centers in Middle Tennessee. As we officially closed this grant at the end of December 2025, this report serves as both a final summary and a reflection on the cumulative impact we have achieved together over the last four-and-a-half years.



*Douglas Ribeiro, Ph.D.*

A central pillar of our mission has been the importance of Behavioral Health Integration in improving social drivers of health for those who are most vulnerable. We recognize that health outcomes are often determined by factors outside of the clinic, such as housing stability, food security and economic opportunity. By embedding behavioral health providers directly into primary care settings, we have addressed these needs at the point of care.

For many patients in medically underserved areas, the primary care office is their only consistent connection to the healthcare system. The integrated model allows providers to identify social and behavioral barriers early, reducing the stigma and logistical challenges that often prevent vulnerable individuals from receiving holistic support. This approach ensures that we are not just treating symptoms but are also addressing the underlying social conditions that impact long-term wellness and equity in our community.

I am particularly proud to share that we successfully educated 85 students total, which is three more than we had originally proposed. These students have been trained to navigate the complexities of integrated care and are prepared to enter the workforce as high-impact providers.

Throughout this grant, we encouraged students to engage in non-traditional internship placements, which increased opportunities for both our trainees and the underserved communities they served. Our work was supported by a robust network of 17 partner sites, ensuring that our message of integration reached the heart of Middle Tennessee and beyond.

In conclusion, this report encapsulates the dedication of the LIBHI team to advancing mental health integration. We extend our sincere gratitude to our 17 partners, our supporters, and the students who contributed to our mission. As we look toward the future, we remain steadfast in our commitment to be a catalyst for positive change in the behavioral health landscape.

Sincerely,

Douglas Ribeiro, Ph.D.

# Our Students

The 2021 grant proposed training 82 students in integrated healthcare. Over the four years of the grant, we exceeded that goal training 85 students.

## Year-to-Year

### Cohort 1

3

### Cohort 2

21

### Cohort 3

28

### Cohort 4

33

### TOTAL

85

## Hours of Service

Each student was required to complete a minimum of 600 hours of supervised clinical work with patients who otherwise would not have access to mental health services. The students gained valuable skills, knowledge and training while serving low-income and medically under-served patients. From the fall of 2021-2025, LIBHI students provided the following number of hours of service in each of the following settings:

### Telehealth

9,952

### Primary Care

30,000

### Medically Underserved Communities

51,600

### Rural

4,500

## Demographics

### Male

19%

### Female

81%

### American Indian or Native Alaskan

1%

### Hispanic or Latino

3%

### Black or African American

12%

### White

74%

### Disadvantaged Backgrounds

20%

### Veterans

6%

### Rural Backgrounds

27%

“ The diversity of our student cohorts has been a testament to our commitment to inclusivity. We believe that a diverse workforce is essential for providing culturally competent care and addressing health disparities. These individuals bring vital lived experiences to the behavioral health landscape, ensuring that our providers are as diverse as the populations they serve.”

– Douglas Ribeiro, Ph.D.

# Partner Sites – A Symbiotic Relationship

Over the life of the grant, LIBHI coordinated student training with a variety of agencies in the Nashville area and continued to expand the number of community partners who offered integrated behavioral health services and internship sites for our students. Seventeen agencies participated including several Federally Qualified Health Centers (FQHCs). The sites provided supervision of the student interns while benefiting from the care Lipscomb students provided to their patients.

The program continued to expand the number of partner sites, adding seven sites throughout the life of the grant. The Child Advocacy Center for the 23rd Judicial District was the most recent site to provide internship opportunities for our students. As evidenced by the list below, students worked with a wide swath of the Middle Tennessee population including children, women, families, those experiencing sexual abuse and addiction issues and incarcerated individuals.

## Community Partners

We thank our partner sites for their dedication to serving those most in need and for the excellent educational and professional opportunities they provided to our students.

AGAPE  
Austin Peay State University Student Counseling Services  
Centerstone  
Child Advocacy Center for the 23rd Judicial District  
Cumberland Heights  
EmbraceU  
Family and Children's Services  
Hope Clinic for Women  
Lipscomb University Counseling Center  
Lipscomb University Health Center  
Matthew Walker Comprehensive Health Center  
Mental Health Cooperative  
Mercy Community Healthcare  
Metro Nashville Police Department - Family Intervention Program  
Sexual Assault Center  
Siloam  
Tennessee Prison Outreach Ministries

## Mission

The core mission of the Lipscomb Initiative for Behavioral Health Integration (LIBHI) is to facilitate the integration of mental health services into primary care health centers in the Middle Tennessee area. We hope to be a catalyst for behavioral health innovations through training, research, advocacy and practice.

## VIPHEC – Partners in Training

As part of their in-depth training, LIBHI students participated in the Vanderbilt Interprofessional Health Education Collaborative (VIPHEC). In VIPHEC, students from Lipscomb University’s clinical mental health counseling, pharmacy, and marriage and family therapy programs, Vanderbilt University’s medical and nurse practitioner programs, and the University of Tennessee’s social work program participated in a 10-month, longitudinal curriculum. VIPHEC focuses on how patient-centered approaches can improve health outcomes. These patient outcomes start with respectful, collaborative, interprofessional teams. In addition, VIPHEC focused on Social Drivers of Health (SDOH) which include economic stability, education access/quality, health care access/quality, neighborhood/built environment and social/community context and how they impact healthcare and health outcomes.

Each LIBHI student participated in large group didactic experiences and was assigned to a team of five students from differing disciplines. Each of the VIPHEC sessions included time spent in their teams where LIBHI students learned about the various disciplines represented and applied their respective discipline knowledge to mock patient cases and team projects. In addition, each VIPHEC student completed a Working Genius self-assessment instrument focused on each student’s natural giftedness in the context of a team with a task to complete. Students were able to understand how they work in teams as well as apply this knowledge to their respective VIPHEC team projects. Projects were completed during and outside of VIPHEC sessions. For the pinnacle project of the semester, each team visited a patient mentor at their home to interview the patient about their experiences in the healthcare system as well as how SDOH were related to the patient’s access to care and quality of care. For the final VIPHEC session of the fall semester, the interdisciplinary teams participated in Vanderbilt University’s Center for Experiential Learning & Assessment (CELA) simulation opportunity. Each team participated in a simulated patient encounter and received feedback from faculty facilitators.

### Learning Competencies

The VIPHEC learning goals and educational activities explored the competency framework created by the Interprofessional Education Collaborative (IPEC). The Core Competencies for Interprofessional Collaborative Practice include the following:

- Values and Ethics
- Roles and Responsibilities
- Communication
- Teams and Teamwork

### Partner Schools

The VIPHEC program not only brings together students from six health science disciplines but is a partnership across three universities. This provides a breadth and depth of collaborative experience for students from each of the schools, which include the following:

- Lipscomb University
- University of Tennessee
- Vanderbilt University

“ The most memorable experience was the home visit with our patient. I was both surprised and encouraged by how much the patient emphasized mental health and the need for more resources and support in that area. It reinforced to me that mental health professionals need to be present in these spaces to provide empathy, support, resources and a better understanding of the patient’s experience(s). ”

– *Enchantice Laws, LIBHI student*

# Behavioral Health Integration Conference

Each year LIBHI hosted a Behavioral Health and Primary Care Integration Conference which brought in local and national experts to educate students, faculty, site supervisors and service providers. The conferences addressed topics including provider burnout, substance use disorder treatment, the present and future of integrated primary care and improving behavioral health access and treatment effectiveness. A virtual option allowed for attendees from all across the U.S. and even outside of the country.

## Expert Speakers

Our presenters had extensive experience in a wide variety of settings. Here's a short list of participating speakers and their credentials at the time of the conferences:

- Ebony Winford, Ph.D., Director of Research and Health Equity, Licensed Psychologist, Cherokee Health Systems
- Bridget Beachy, Psy.D., Director of Behavioral Health; Community Health of Central Washington
- David Bauman, Psy.D., Behavioral Health Education Director; Community Health of Central Washington
- Merranda Holmes, M.D., Internal Medicine Hospitalist, Vanderbilt Familiar Faces Complex Care Program, Assistant Professor of Clinical Medicine, Internal Medicine and Pediatrics, Vanderbilt University School of Medicine
- M. Hunter Stanfield, Ph.D., Assistant Professor and Lead Faculty of Family Science, Lipscomb University
- Alex Blount, Ed.D., Professor Emeritus of Family Medicine at the University of Massachusetts Medical School, Founder of the Center for Integrated Primary Care
- Cynthia Jackson, Ph.D., Behavioral Health Manager, Matthew Walker Comprehensive Health Center
- Laura Schwent Shultz, Psy.D., ABPP, Senior Director of Behavioral Health, Methodist Le Bonheur Healthcare
- Karen Winkfield, M.D., Ph.D., Executive Director of the Meharry-Vanderbilt Alliance
- Wendy D. Bradley, LPC-MHSP, CAADC, CPHQ, Director of Behavioral Health Integration, TMF Health Quality Institute
- Chelsia Harris, DNP, RN, FNP-BC, Executive Director of Nursing, Lipscomb University

## Participant Testimonials

The conferences drew 268 participants. Here's what they had to say about their experiences:

“ I love that it's new and innovative info. The quality and content is excellent. ”  
- Maria Webb

*I left feeling refreshed about the care within the profession. This challenged me to look at real issues and think through the complexity.*  
- Janea Young

*Wendy (Bradley) straddled the precarious worlds of our broken system and hopeful opportunities with grace, relevance and respect for nuance and intricacies. I was captivated.*  
- Laila Lyons

*I feel like this conference has enhanced the way I practice.*  
- Christa Riches

*We talk about Belonging and Diversity at my workplace, but not necessarily with the justice component. Thank you for the open conversation!*  
- Cassandra Driver

*One of the best talks on compassion fatigue.*  
- Jeana Stevenson

*Dr. Winkfield's passion, cultural awareness and authenticity presented a clarity and urgency that was compelling!*  
- Macy Fouse

*Engaging, fun, and practical! A great balance of scientific information and easy application.* ”  
- Mashon Gray

# Grant Funding

The U. S. Health Resources and Services Administration (HRSA) created the Behavioral Health Workforce Education and Training Program (BHWET) in order to increase behavioral health access to underserved populations. In 2017 Lipscomb's Clinical Mental Health Counseling program received a \$1.8 million grant from HRSA, one of the largest grants in Lipscomb's history, in order to address the national shortage of behavioral health professionals trained to serve in integrated settings. In 2018 the program received an additional \$400,000 to combat the opioid epidemic in Middle Tennessee. The two initial grants came to a close on August 31, 2022. The program was awarded an additional grant of \$1.37 million in 2021 to continue its work which ended in December of 2025.

Of the \$1,371,089 million 2021 award, \$1,368,627.81 was spent, totaling over 99.8% of the awarded funds. Per grant requirements, 60% of funds distributed needed to be in the form of student support. The LIBHI program spent \$850,000, 62% of funds in direct student support, surpassing the HRSA requirement by 2%.

## Clinical Leadership

Dr. Melanie Morris has been an integral part of the leadership team throughout the life of the BHWET grants. As Clinical Director of the Clinical Mental Health Counseling (CMHC) program, she has played a key role in student and grant site recruitment for LIBHI. She advised students as they applied and interviewed for grant sites and assisted Dr. Ribeiro in recruiting grant sites, serving as the clinical liaison between clinical sites and the CMHC program in her role as clinical director. She also pursued training in behavioral health integration across the course of our multiple grants to provide specialized clinical supervision for the LIBHI students in their practicum and internship courses. In addition, Dr. Morris joined the leadership team for Interprofessional Grand Rounds (IGR) with Lipscomb's College of Pharmacy and College of Health Sciences serving from 2018-2024; she co-authored three mock patient cases, providing the behavioral health perspective. She provided guidance and training for the LIBHI students throughout the IGR experience. Dr. Morris also joined the leadership team for VIPHEC, serving as a faculty facilitator and course director between Fall 2024-December 2025. Dr. Morris became the project director of the BHWET grant for the final six months.

"Watching our CMHC students' understanding of their potential impact on patients' lives grow beyond purely mental health settings into medical and allied health disciplines was exciting to witness," said Dr. Morris. "I am extremely grateful for the opportunity to serve through our BHWET grant to influence the training of over a thousand students in a variety of medical and allied health disciplines to better understand the critical role of behavioral health in health outcomes."

### Quick View

Total Award = \$1,371,089

Administrative Expenses =  
\$518,627.81

Stipends = \$850,000

Total Spent = \$1,368,627.81

Unspent Amount = \$2,461.18

Funds Spent = 99.8%



*Melanie Morris, Ph.D.*

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