Research Objective
To understand the facilitators and barriers to implementing an integrated behavioral health (IBH) program in South Texas. Does a warm handoff to onsite services, aided by a community health worker, improve health?

Study Context
Those living in South Texas have among the worst health outcomes in the United States. The public health infrastructure and availability of different services poses a challenge to addressing physical and mental health concerns.

This study focused on the low-income, Hispanic population located in a border region with high rates of diabetes and limited access to services.

Study Design and Participants
Quasi-Experimental Design (QED) with Implementation Evaluation
The study population included 756 participants, 329 were in the intervention group and 427 in the comparison group. Participants were 99.3% Hispanic. The implementation study conducted interviews with 13 program staff members (conducted at the mid-end-point of implementation) and 3 focus groups with 18 participants after the study concluded.

Table 1. Service Utilization Data by Number of Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Warm Handoffs</th>
<th>Total Regular Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>202</td>
<td>105</td>
</tr>
<tr>
<td>Nutrition</td>
<td>762</td>
<td>422</td>
</tr>
<tr>
<td>Health Education/Nursing</td>
<td>--</td>
<td>894</td>
</tr>
<tr>
<td>Clinic Navigator</td>
<td>--</td>
<td>662</td>
</tr>
<tr>
<td>Peer Support Activities</td>
<td>--</td>
<td>141</td>
</tr>
</tbody>
</table>

- Walking Group: 39
- Physical Activity: 21
- Chair Yoga: 28
- Cooking Demonstration: 16
- Health and Wellness: 33
- Support Group: 4

Total (overall study): 964 2224

What is next?
Now that NCDV has evidence that their IBH model improves quality of life, they want to expand these services across the NCDV system through policy and system change strategies to improve buy-in and utilization of the NuCare model.

QR Code to download CMCS research brief