



Recently, a woman arrived for a routine dental cleaning. As the dental hygienist started to clean her teeth, the patient began crying. She kept repeating the same words over and over: “I’m going to die. I’m going to die. I’m going to die.” The dental hygienist realized that this moment could not be focused on cleaning the patient’s teeth because the patient’s most pressing need was behavioral health.

They stopped the cleaning and a behavioral health counselor was notified. The dental hygienist welcomed the counselor into the room, introduced the counselor as her friend and one of her team members who help people with behavioral health. The patient began sharing her concerns with the counselor.

She shared that she is currently being tapered off opioids due to changes in federal guidelines for fentanyl and she feels as though she was physically not going to survive it. She expressed intense fear –she lives alone and is terrified that something will happen to her and no one will know. She shared that she had been to the emergency department twice in the last week and they “treated me like an addict and sent me away.”

The counselor’s brief intervention was three-fold. The counselor provided support through active listening and assisted the patient with making a safety plan. The counselor connected the patient with one of the Center therapists for an assessment for behavioral health consultation that would be focused on managing chronic pain. In addition, the counselor advocated for the patient by contacting her prescribing Provider and shared the patient’s concerns. The Provider scheduled an appointment for the patient to be seen the same day.

As an integrated site CHC was able to address the patient’s behavioral health concerns and she was able to get her teeth cleaned in the same visit!

No matter what “door” or service the patient comes through for care – CHC assesses need and provides the most appropriate services.

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