

# Enhancing Care With Limited Resources: The Role of Behavioral Health Nurses In Virginia's Community Services Boards

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# Learning Outcomes

## **By the end of this session, you will:**

- Understand the dual clinical + Case Manager role of Behavioral Health Nurse/Case Managers (BHN/CM).
- Learn how CSB/BHAs can expand RN functions without major new funding.
- See real case studies demonstrating BHN/CM impact at Fairfax-Falls Church CSB.

# Case Study – Client A

45-year-old White male.

**Diagnoses:** Paranoid Schizophrenia, Mild Intellectual Disability.

**Presenting Physical Health Problems:** Elevated BMI, Chronic Obstructive Pulmonary Disease (COPD), Nicotine dependence, hypertension.

**History:** Disengaged from BH care. Client has no primary care provider (PCP) and has not seen one in years. He is unemployed with limited access to transportation. Client lost his cell phone and SSDI, together with his other important documentation. He lives with his elderly parents.

# Definition of Nurse Case Management

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A Nurse Case manager is a healthcare professional responsible for planning, coordinating, and overseeing the care of patients with complex medical needs.

Nurse Case Managers act as liaison between patients, healthcare providers, insurance companies, and other stakeholders to ensure that patients receive comprehensive and timely care.

Nurse Case Managers focus on promoting quality care, reducing healthcare costs, and improving patient satisfaction.

[What is a Nurse Case Manager? | Nurse.com](https://www.nurse.com/what-is-a-nurse-case-manager/)

# Research Study on Effectiveness of Nurse-led Interventions

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Romano A, Bianchi M. (2025):

**Objective:** To evaluate the effectiveness of a nurse-led integrated intervention in improving substance use and mental health outcomes while also examining its impact on treatment engagement and service utilization.

**Conclusion:** Nurse-led integrated care models effectively address the dual challenge of mental health and substance use disorders by improving clinical outcomes, enhancing patient engagement, and reducing acute service utilization.

<https://www.doi.org/10.33545/30810566.2025.v2.i2.A.22>

# Who Are Behavioral Health Nurse/Case Managers?



**RNs with specialized behavioral health case management training.**



**Experts in assessment, medication administration and monitoring, and crisis intervention.**



**Skilled in client education and therapeutic communication.**



**Navigators connecting behavioral health and primary care, reducing ER use and hospitalization.**



**Bring a unique combination of medical knowledge and therapeutic skills to the multidisciplinary team.**

# Roles & Responsibilities of BHN/CMs

- **Assessing patient needs**
- **Developing care plans**
- **Coordinating care**
- **Managing transitions**
- **Educating patients and families**
- **Advocating for patients**
- **Administering Long-Acting Injections and monitoring progress**
- **Navigating insurance and benefits (Medication Prior Authorizations)**

# Responsibilities - continued

## Community & Crisis Support

<b>Provide</b>	<b>Provide rapid crisis intervention to avoid unnecessary ED visits or hospitalizations</b>
<b>Conduct</b>	<b>Conduct community outreach in ACT, ICM, and Jail Diversion programs</b>
<b>Service</b>	<b>Provide nursing services wherever clients are — home, shelters, hospitals, jail, street outreach.</b>

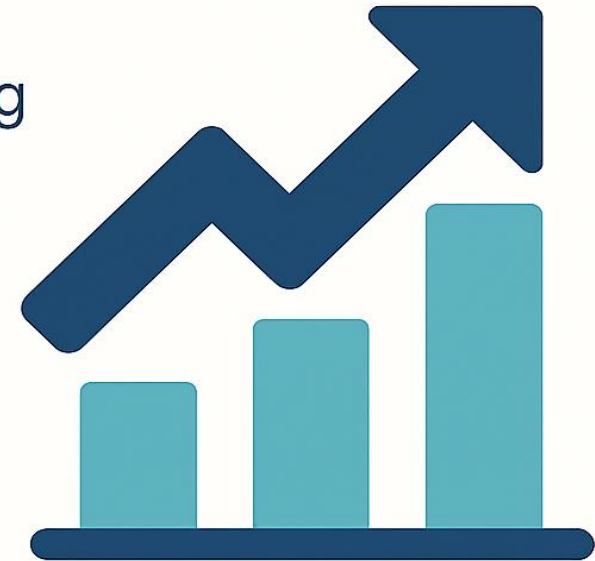


# Impact on Patient Outcomes and Experience

## Experience

### HOW BHN/CMs IMPROVE OUTCOMES

- Strengthen trust through relationship-building and meeting clients where they are
- Improve medication adherence via continuous education and monitoring
- Reduce ED visits through early identification of health changes (up to 30% reduction)



# **BHN/CM in Medication-Assisted Treatment (MAT)**



**Provide supportive counseling and coordinate with health departments for STI, Hepatitis, TB care**



**Administer Buprenorphine injections, Vivitrol, and monitor effects**



**Nurse-led MAT increases retention**

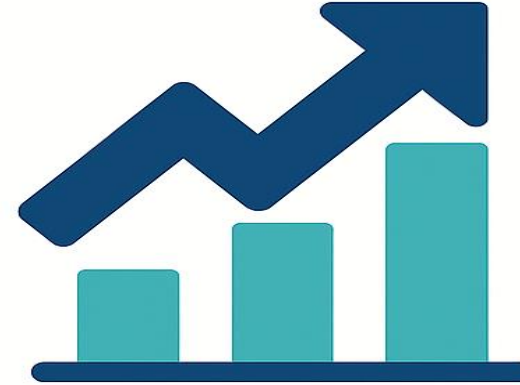
# Challenges and Opportunities for BHN/CM

## CHALLENGES



- Co-occurring medical/psychiatric conditions
- Resource fragmentation
- Social determinants & financial barriers
- High caseloads

## OPPORTUNITIES



- Telehealth expansion
- Stronger patient education
- Evidence-based practice improvements
- Leadership in community outreach

# Real-World Example: Fairfax-Falls Church CSB

**BHN/CMs collaborate across disciplines for medication support, crisis intervention, and client education.**

**Frequent assessments reduce ED visits and hospitalizations through early detection**



# Real-World Example: Fairfax-Falls Church CSB

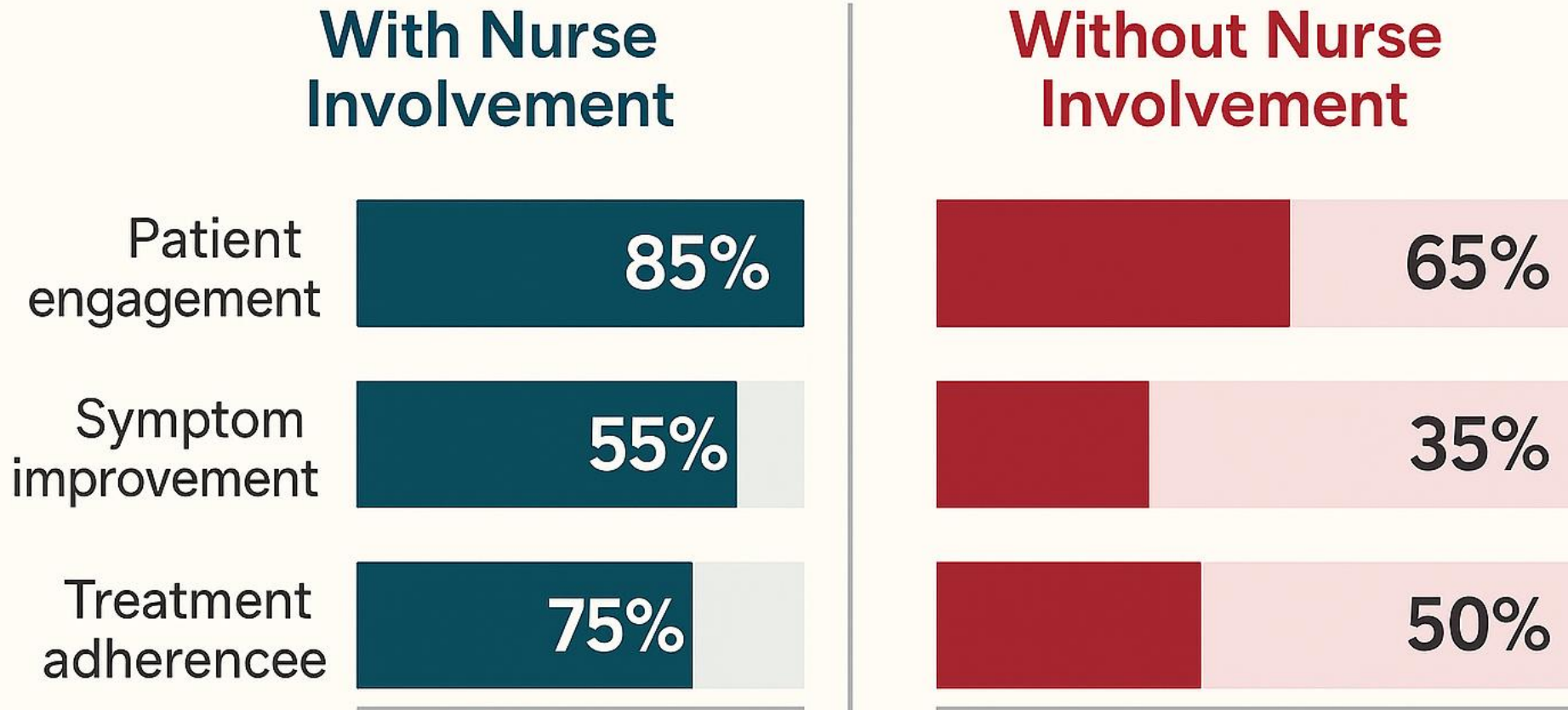
## **STEP-VA Primary Care Integration**

- BHN/CM are at the forefront ensuring that all clients have a primary care provider.
- BHN/CMs monitor lab results and other health indicators like B/P, heart rate, weight and coordinate with clients' medical providers in treating abnormal values.

## **Community Impact**

For ACT & ICM & Jail Diversion programs, BHN/CMs provide care in the community - to include medication administration, health education, supportive counseling and linking clients to resources.

# Behavioral Health Outcomes



Source: D'Cruz & Goldberg (2021)

# Becoming a BHN/CM

- 
- Obtain a Nursing degree (ADN or BSN) and RN License.
  - Gain behavioral health clinical experience.

- Other licenses/certifications:

Obtain American Nursing Credentialing Center (ANCC) Nurse Case Manager Certification, **and/or** Virginia Board of Counseling Qualified Mental Health Professional (QMHP) license.

Fairfax-Falls Church CSB offers QMHCM designation upon completing the VCU Case Management modules.

[How to Become a Nurse Case Manager | Nurse.com](https://www.nurse.com/education/how-to-become-a-nurse-case-manager/)

# Success Story - Client A

45-year-old White male.

**Diagnoses:** Paranoid Schizophrenia, Mild Intellectual Disability.

**Presenting Physical Health Problems:** Elevated BMI, Chronic Obstructive Pulmonary Disease (COPD), Nicotine dependence, hypertension.

Disengaged from BH care. Client has no primary care provider (PCP) and has not seen one for years. He is unemployed with very limited access to transportation. Client lost his cell phone and SSDI, together with his other important documentation. Client lives with his elderly parents.

- Client was assigned to a BHN/CM.
- Upon thorough assessment, the BHN/CM connected client with onsite PCP who referred client to a pulmonologist for COPD management.
- The BHN/CM educated client on healthy diet and activities to address elevated BMI and high blood pressure.
- Client was enrolled in Smoking Cessation group for nicotine dependence.

# Success Story - Interventions

**The BHN/CM assisted client reapply for SSDI to resume payments.**

**Collaborated with client's payee, as necessary.**

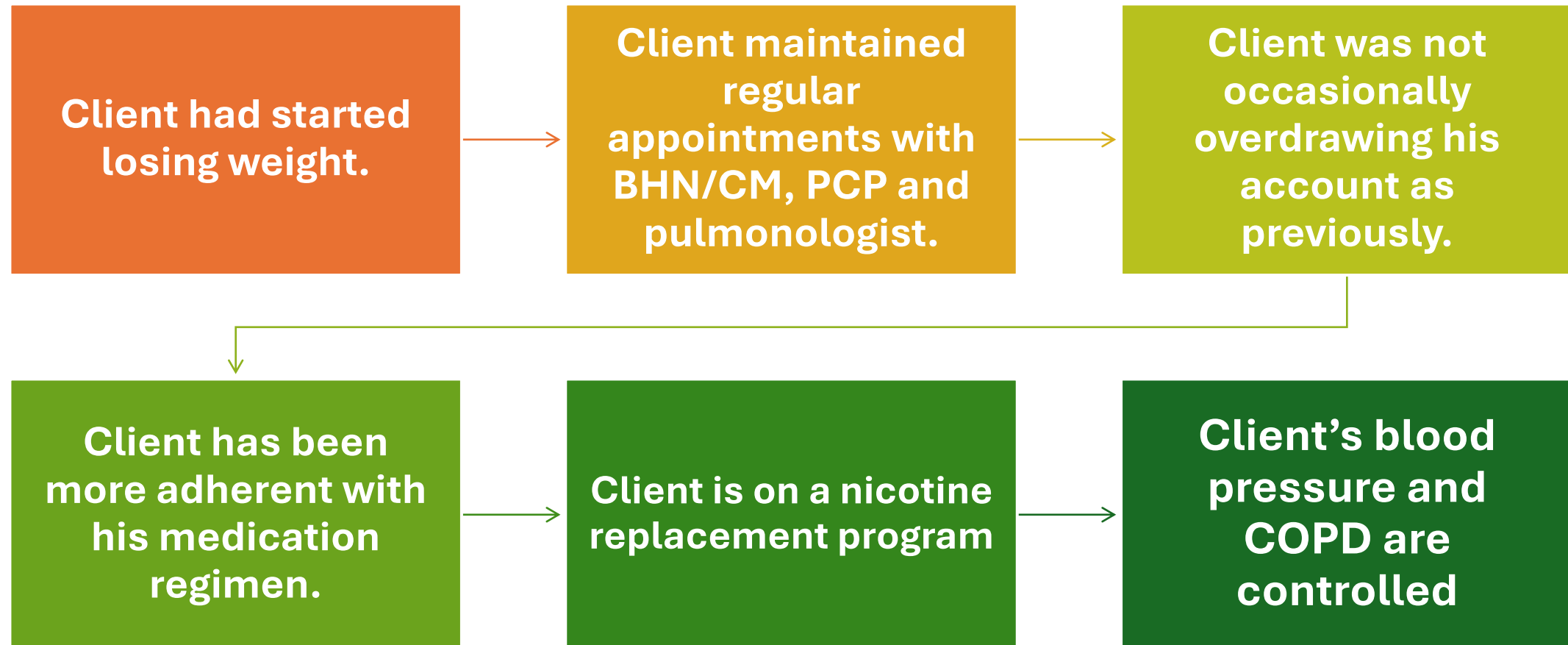
**Assisted client sign up for free cell phone service, providing continuous education and support.**

**Assisted client apply for MetroAccess card providing access to transportation to medical appointments.**

**BHN/CM continually educated client on client's health and ways to improve.**

**BHN/CM coordinated and assisted client attend medical appointments.**

# Outcomes: By the end of the first year



# Case Study – Client B

**Diagnoses:** Bipolar Disorder, Alcohol Use Disorder, Hypertension, Type 2 Diabetes.

**History:** Client lost his apartment due to breaking multiple rules over an extended period, and often behind on rent payment. He was fired from his job for frequent *no shows*. He has not seen a medical or behavioral health provider the last 2 years and has not been taking his prescribed medications. He has had multiple ED visits for *headaches* and intoxication. He was recently arrested and jailed for shoplifting (for the 5<sup>th</sup> time). Client was released and is now *living* in a Shelter.

Client was referred to the Fairfax-Falls Church CSB.

# Discussion

Assign to BHN/CM

Interventions:

# Recommendations for Utilizing BHN/CM



**Prioritize behavioral health nursing in workforce planning**



**Clarify roles within integrated teams**



**Integrate nurses into strategic decision-making**



**Provide ongoing training and supervision**



**Foster collaboration across CSBs**



**Strategic investment in nursing = stronger, more resilient CSBs**

## Let's Discuss:

What barriers do you see to expanding nursing roles?

How can leadership better support BHN/CM?

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**Thank You!**

**Questions?**



# References

Romano A, Bianchi M. Dual diagnosis, dual challenge: Nursing strategies for integrated mental health and addiction care. *Journal of Mental Health Nursing* 2025; 2(2): 37-42.

Nurse.com (2025). How to become a nurse case manager :<https://www.nurse.com/nursing-resources/definitions/what-is-a-nurse-case-manager/>