



## PEREGRINE INTELLIGENCE

# Patient Engagement Strategies for Behavioral Health Services

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## Introduction

Federally Qualified Health Centers (FQHCs) are essential, serving over 27 million Americans. In recent years, behavioral health issues have surged to the forefront of care at FQHCs; a 2024 survey found that mental health and substance use disorders now top the list of conditions treated in FQHCs, exceeding traditional chronic diseases.<sup>3</sup> To fulfill their mission, FQHCs must not only expand access to behavioral health services, but also keep patients engaged in care. Unfortunately, many FQHCs report high no-show rates and early dropouts in mental health programs. Engagement barriers are multifaceted: patients often face transportation challenges, work and family obligations, stigma around behavioral health, and unmet social needs that make regular attendance difficult. Compounding these barriers, workforce shortages are acute, about 77% of centers report

insufficient mental health professionals, and nearly 80% struggle to arrange timely off-site behavioral health specialist appointments.<sup>3</sup>

Left unaddressed, poor engagement in behavioral health can worsen outcomes and widen disparities. Patients who miss appointments or discontinue therapy leave conditions untreated, which can result in crises and higher long-term costs. Conversely, when patients stay engaged, outcomes improve: research confirms that higher patient engagement is correlated with better adherence to treatment, lower dropout rates, and overall better health outcomes.<sup>5</sup> For FQHCs, improving engagement means achieving clinical goals and honoring their community-oriented mission. This article reviews proven strategies for boosting patient engagement in behavioral health, drawing on published studies and examples from FQHCs to offer actionable guidance for health center leaders.

## Engagement Barriers in Behavioral Health

Before describing solutions, it is important to understand key obstacles. Stigma and mistrust around mental health can make patients reluctant to seek or continue treatment. Transportation, childcare, and work schedules are some of the many logistical issues that can affect patients. Additionally, many communities served by FQHCs have diverse cultural and language needs. If health centers do not address these, patients may feel alone. Also, the sheer demand for care has led to crowded schedules. When mental health providers are limited, patients may wait weeks for therapy, which can erode engagement. In sum, FQHCs face the twin challenge of high need and multiple access barriers. Any engagement strategy must explicitly tackle these factors.

## Patient-Centered Care and Community Support

One of the foundations of engagement is patient-centered communication and support. This begins with listening to patients and involving them in care decisions. Simple practices like motivational interviewing and shared decision-making ensure patients feel heard. More structurally, many FQHCs have found success by formally involving patients in governance. For example, patient advisory councils (PACs) let community members help shape health center policies and programs. Research shows these councils give patient voices real influence over day-to-day quality improvement projects.<sup>14</sup> FQHCs recruit PAC members to reflect the health center's demographics, and these members help plan specific interventions to improve patient experience and outcomes. At the same time, some centers include patient representatives on their governing boards. In one study, FQHC leaders explained that boards focus on high-level oversight (finances, staffing), while PACs



concentrate on frontline service improvements.<sup>15</sup> Both roles are valuable: patient board members bring strategic insight, and PAC members provide direct feedback on how to make services more accessible and responsive. Implementing either or both structures gives patients a sense of partnership and can generate ideas that keep patients engaged.

Beyond governance, everyday communication strategies are critical. Health centers that ensure clinicians use interpreters or bilingual providers for non-English speakers demonstrate respect for their patients' backgrounds. Culturally sensitive care makes patients feel more comfortable, understood, and valued, which in turn boosts engagement and retention. Group-based support is another key tactic. Behavioral health programs that include peer support groups or group therapy leverage the power of community. Patients often feel more motivated when they see others who share their challenges and who model recovery behaviors. Studies recommend making peer support a core part of treatment.<sup>9</sup> Incorporating support groups or peer-led workshops creates a sense of community that meaningfully encourages engagement. In practice, FQHCs might partner with local non-profits or community health workers (CHWs) who understand patients' cultures and languages. CHWs can serve as liaisons, explaining treatment options and following up at home. Evidence suggests that CHWs significantly improve engagement: by addressing social determinants (like housing or food insecurity) and accompanying patients to appointments, they help patients feel more comfortable and confident in care.<sup>13</sup> In short, centering care around the patient's world builds the trust needed for sustained engagement.

## Leveraging Technology and Telehealth

Digital tools can also play a powerful role. FQHCs have rapidly adopted telehealth to meet demand: recent surveys show 88% of centers now offer virtual treatment for substance use disorders and 70% for mental health counseling.<sup>8</sup> Telehealth breaks down distance and scheduling barriers by letting patients connect from home or work. Health centers should continue to offer tele-psychiatry and tele-therapy options, especially for follow-up visits. Studies find that providing telehealth helps keep patients engaged between in-person visits, which is especially useful in behavioral health where frequent contact is so important. Alongside tele-visits, patient portals and secure text messaging systems help maintain two-way communication. Automated appointment reminders (texts, calls, or emails triggered by EHR data) have been shown to reduce no-shows. Some FQHCs flag patients due for wellness or behavioral health visits in the EHR and use automated outreach to encourage them to schedule. Some centers even send tailored educational content and prompts via the portal or SMS, nudging patients to stay on track with their treatment plans. These technologies



do not replace personal care but extend the connection: when used thoughtfully, they remind patients that the health center cares about their health and progress.

Health centers should also consider newer digital engagement solutions. For example, secure remote monitoring (apps that track mood or medication adherence) can help engage patients between visits. Importantly, as health centers use these tools, they must ensure accessibility: platforms should be mobile-friendly and HIPAA-compliant, and staff should assist patients in learning how to use them. With the COVID-19 expansion of digital care, FQHCs have learned that even populations with lower incomes often have smartphones or basic internet. By meeting patients on their devices, health centers can maintain a virtual presence that reinforces in-person care.

## Proactive Outreach and Data-Driven Engagement

Beyond individual tools, systematic outreach programs assist in closing care gaps. FQHCs often maintain registries of patients with chronic or behavioral health conditions. These registries can identify those who have missed visits and/or have outstanding lab tests/medication refills. Health centers can then engage these patients proactively: for example, care managers might call patients who haven't been seen in 12 months to check in and address barriers. Another strategy is to use existing health center events as re-engagement opportunities. For instance, during flu shot campaigns or community health fairs, staff can reach out to lapsed behavioral health patients as part of their outreach.

More innovative approaches involve analytics: Preliminary research in FQHC settings shows that AI and predictive modeling can help prioritize outreach. For instance, machine learning algorithms can analyze EHR data to accurately predict patient needs up to a year in advance. Such systems might flag patients at high risk of hospitalization or relapse and automatically generate reminders or care suggestions. Likewise, AI-powered chatbots and automated phone calls are being tested to initiate a conversation. A promising example comes from a partnership of health centers using AI chatbots for preventive care: they programmed bilingual chatbots to have two-way conversations with high-risk patients about services like cancer screening and social needs.<sup>10</sup> This intervention led patients to report the chatbot dialogues as “personal and interactive,” which increased their participation in care. Though this example focused on preventative services, the same concept can apply to behavioral health: a chatbot could check in with patients about appointment times, medication refills, or symptoms, keeping them connected between face-to-face visits. Early evidence from these pilots is encouraging: centers report improved patient engagement and workflow efficiency when combining human care managers with automated tools. While the field is still emerging, FQHCs should monitor these innovations. In the meantime, they can leverage simpler tech-driven outreach:



regular outcome monitoring, texting programs, and patient surveys integrated into the health center's quality improvement cycle. Continuous outreach, backed by data, turns what would be passive drop-off into a proactive process of recapture.

## Innovations in Behavioral Health Engagement

A brief but important note: AI and related technologies are poised to transform engagement strategies. In FQHCs, AI is already being used to handle routine administrative tasks (such as appointment scheduling via voice assistants) and to break down language barriers with real-time translation. These tools indirectly improve engagement by making care more accessible and efficient. More directly, AI-driven risk grouping can identify patients who need extra attention. By integrating these tools carefully, FQHCs can augment their staff's capacity. That said, these technologies should augment rather than replace human touch. AI can handle routine follow-ups and information delivery, freeing clinicians and CHWs to focus on high-touch interactions. As regulations evolve and tools become more proven, FQHCs should stay informed about AI pilots as they make their way into the behavioral health space. These may soon become another means to engage patients on their preferred platforms. Ultimately, the goal is to use every appropriate channel to meet patients where they are.

## Conclusion

Enhancing patient engagement in behavioral health services requires a multifaceted approach. FQHCs can improve outcomes by putting patients at the center: this means listening to patient feedback, engagement strategies that match their community's preferences, and training staff to communicate effectively. It also means expanding beyond medical care to address social and mental health needs comprehensively. At the same time, leveraging technology, from telehealth visits and reminder systems to emerging AI tools, which mitigate access barriers and maintain continuity of care. Importantly, all strategies should be data-informed: health centers must measure retention and satisfaction, identify care gaps, and iterate on interventions through quality improvement cycles. When these practices are combined, patients are more likely to feel valued and supported. Research consistently shows that an engaged patient, one who feels heard and cared for, will more reliably adhere to treatment and achieve better health outcomes.

For FQHC leaders, applying these findings means fostering a health center culture of partnership and innovation. The stakes are high: patient engagement in behavioral health not only affects individual recovery, but also the health center's ability to deliver on its mission. By implementing patient



engagement strategies thoughtfully, FQHCs can improve both clinical outcomes and operational efficiency.

## Why This Matters to Peregrine

At Peregrine Health, we don't just study the behavioral health engagement crisis; we live it alongside our partners every day. The challenges described in this report are ones we've encountered firsthand: missed appointments, high dropout rates, and overloaded clinical teams trying to keep patients connected with care.

We work exclusively in the federally qualified health center space, and we understand that improving engagement isn't a luxury; it's a necessity. When patients don't return for mental health follow-ups or fall through the cracks, it puts stress on providers and worsens outcomes for those most in need. That's why we focus so much of our work on practical engagement strategies, whether that's supporting telehealth workflows, designing CHW-led interventions, or helping clinics implement automated reminders that actually reach patients where they are.

This isn't just a research topic for us. It's at the heart of our mission to ensure that vulnerable populations receive consistent, high-quality behavioral health care. We're sharing this research to help others feel seen, supported, and equipped with tools that make a real difference in the day-to-day work of keeping patients engaged.

Discover more actionable insights for FQHC leaders at  
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