Effective Implementation of Integrated Primary Care and Behavioral Health in a Community Health Center Setting: Key Components and Considerations

May 21, 2025

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Primary Care Development Corporation

Primary Care Development Corporation

CENTER OF EXCELLENCE for Integrated Health Solutions
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Polls

1) **Which best describes your agency/organization?**

- Mental health provider organization
- Substance use provider organization
- Primary care provider organization
- Government (federal, state, island area, local)
- Education or research institute
- Association, coalition, or network-for-advocacy, professionals, or individuals
- Business (health management, insurer, or other industry)
- Other

2) **Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?**

- Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient
- Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) provider organization
- Yes, I am a current PIPBHC: States recipient
- Yes, I am a current PIPBHC: States provider organization
- Yes, I am a former PIPBHC recipient or provider organization
- No
- I don't know

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About PCDC

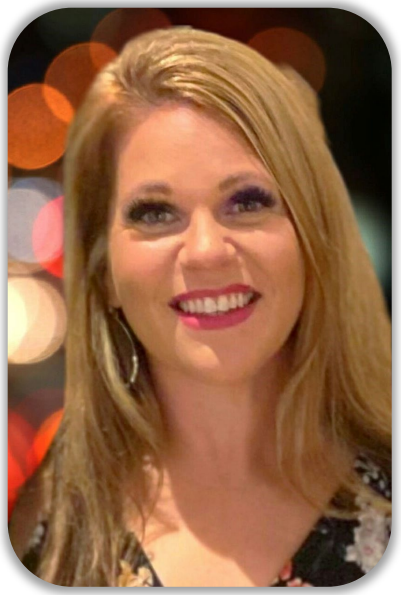
PCDC provides capital financing, expertise, and advocacy to expand primary care access and advance health equity in communities that need it most.

Primary Care Development Corporation

Today's Presenters

Shannon Lea, MPH
Senior Program Manager
Primary Care Development Corporation

Allyson Yeatts, LCSW
Behavioral Health Clinical Manager
Community Health Center of the New River Valley



Janie Kelly, LPC
Behavioral Health Administrative Manager
Community Health Center of the New River Valley

Learning Objectives

- Recognize key elements for implementing an integrated care program, including leadership, culture, and creating a high-performing team while considering billing and coding implications.
- Learn practical information and gain access to useful tools for implementing an integrated care program.
- Discover emerging and best practices for implementing integrated care from a Community Health Center's personal experience.

Integrated Care Models

Introducing Integrated Care

"The care a patient experiences as a result of a **team of Primary Care & Behavioral Health clinicians and teams, working together** with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."

Source: Peek, C. J., & National Integration Academy Council. (2013). *Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus* (AHRQ Publication No. 13-IP001-EF). Agency for Healthcare Research and Quality. https://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf

Improved Patient Experience

Improved Population Health

Reduced Cost

Improved Care Team Well-being

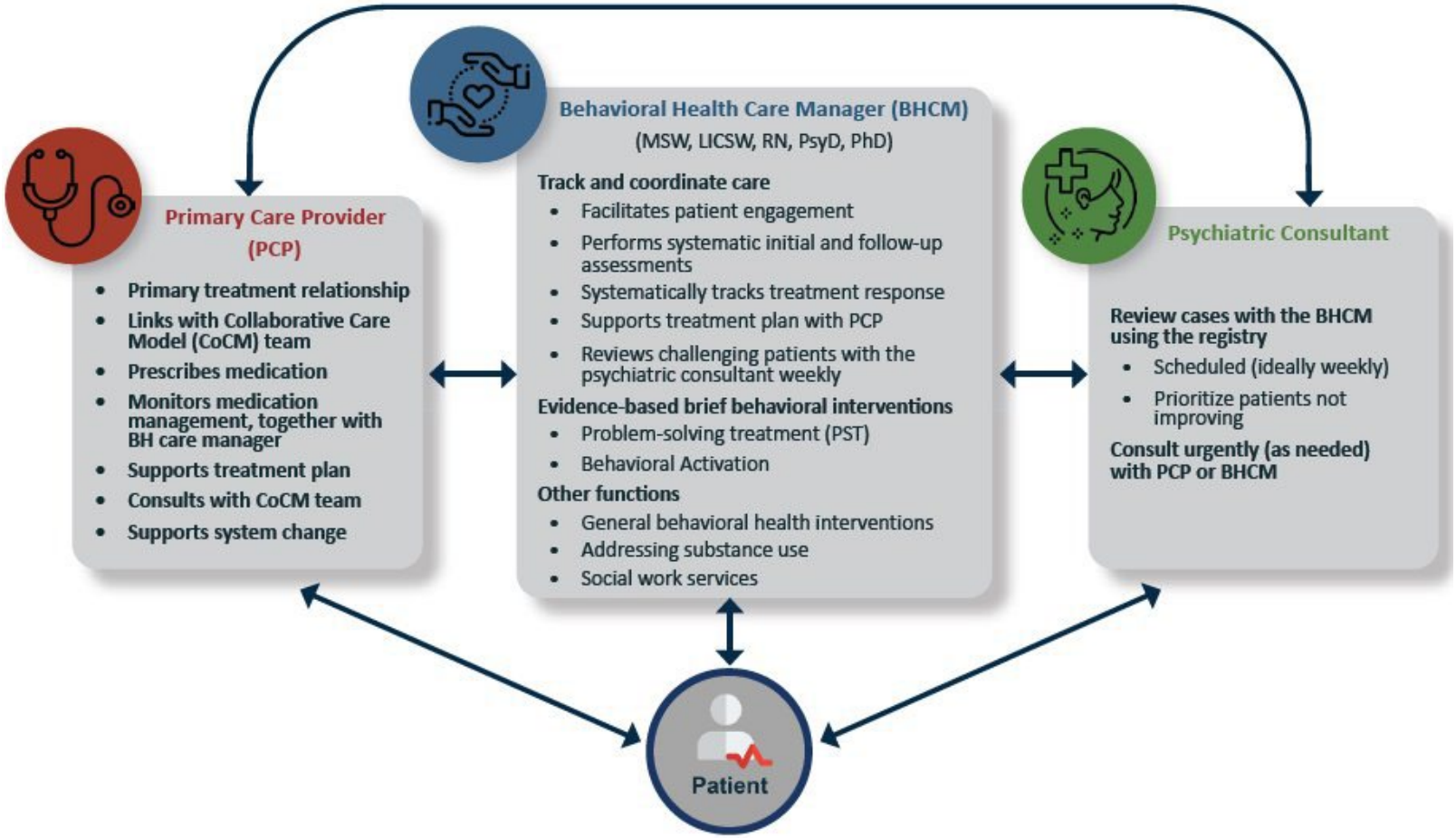
Introducing Integrated Care: Models and Opportunities

- Collaborative Care Model (CoCM)
- Comprehensive Health Integration (CHI) Framework
- SAMHSA-HRSA
- Certified Community Behavioral Health Clinics (CCBHC)*

**While not an integrated care model, this clinic designation does have a core requirement of providing primary care screening and monitoring services*

Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Certified Community Behavioral Health Clinics (CCBHCs)*. U.S. Department of Health and Human Services. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

Introducing Integrated Care: Collaborative Care Model (CoCM)

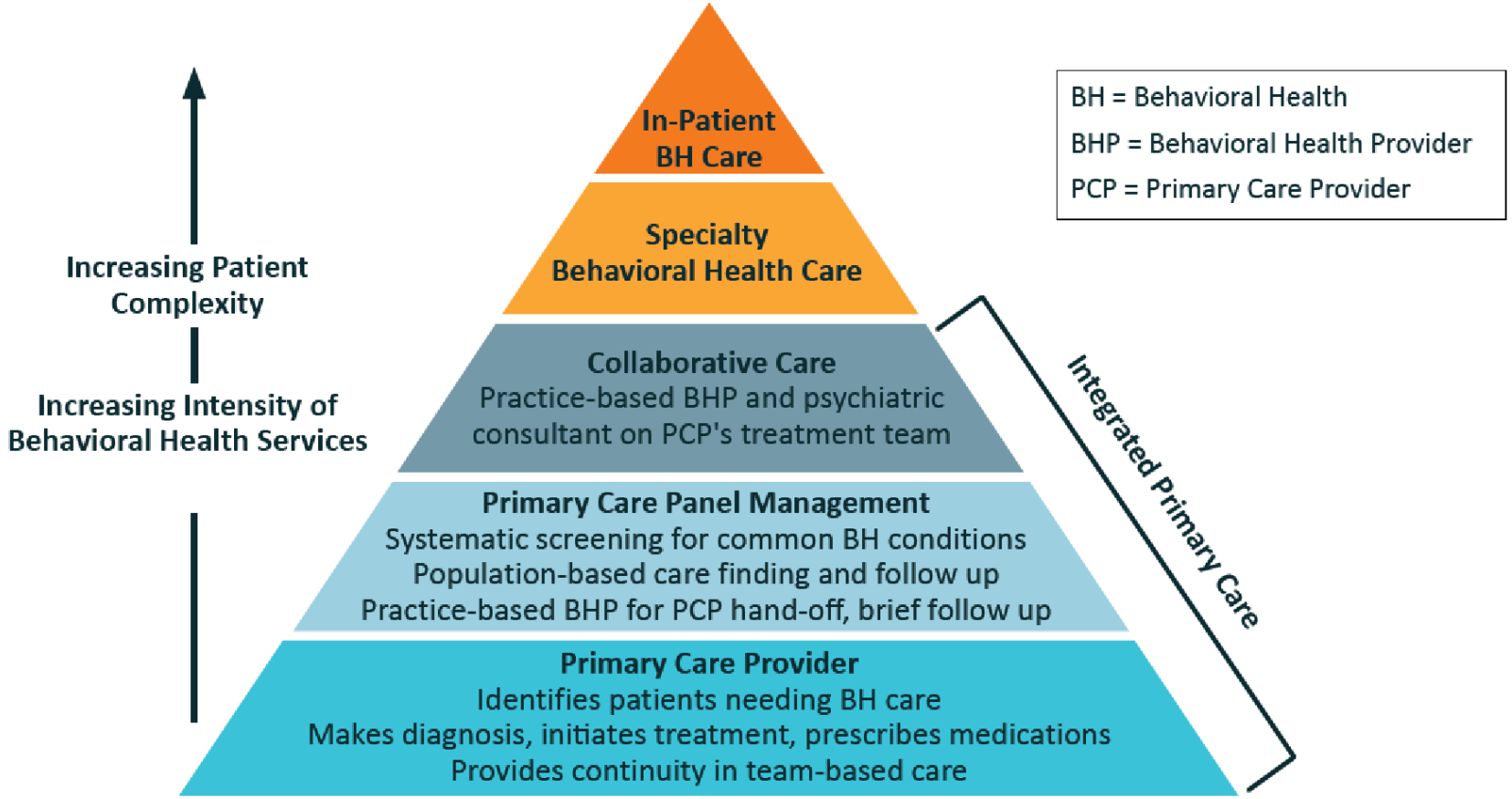


Principles of Collaborative Care

1. Patient-Centered Team
2. Population-Based
3. Measurement-Based Treatment to Target
4. Evidence-Based Treatments
5. Accountability

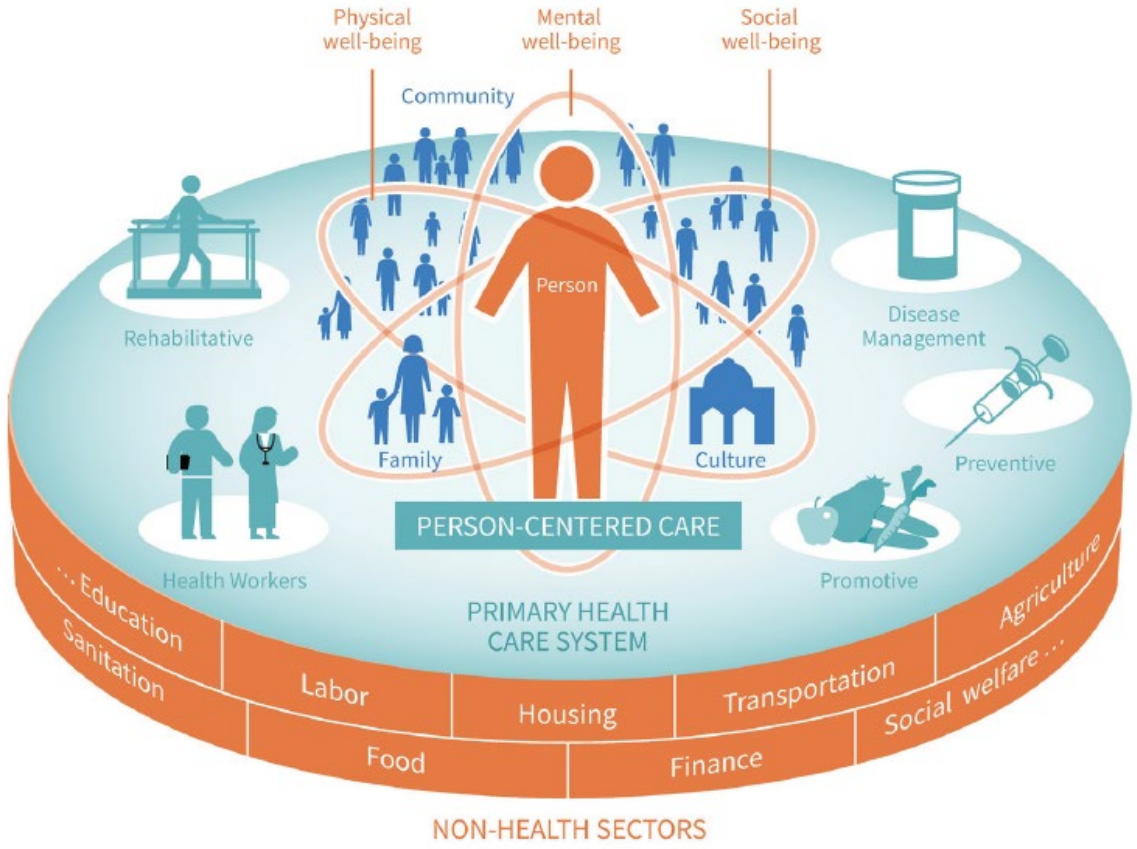
Source: Primary Care Development Corporation. (2023). *Collaborative care management 101: Stepped strategies for integration* [Tip sheet]. https://www.pcdc.org/wp-content/uploads/SAMHSA-Operationalizing-Integration-Webinar-2-Tip-Sheet.pdf

Introducing Integrated Care: Collaborative Care Model (CoCM) *(cont'd)*



Source: Primary Care Development Corporation. (2023). *Collaborative care management 101: Stepped strategies for integration* [Tip sheet]. https://www.pcdc.org/wp-content/uploads/SAMHSA-Operationalizing-Integration-Webinar-2-Tip-Sheet.pdf

Introducing Integrated Care: Comprehensive Health Integration (CHI) Framework



Eight Domains of Integration

1. Screening, Referral, and Follow Up
2. Prevention and Treatment of Common Conditions
3. Continuing Care Management
4. Self-Management Support
5. Interdisciplinary Teamwork
6. Systematic Measurement and Quality Improvement
7. Linkage with Community and Social Services
8. Sustainability

Source: National Council for Mental Wellbeing. (2025, February 13). *The Comprehensive Health Integration Framework.* https://www.thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/

Integrated Care Opportunities: Certified Community Behavioral Health Clinics (CCBHC)

Image Source: Pathways KY

The Nine Required CCBHC Services

Directly or through formal partnership, CCBHCs provide:

1. Crisis Services
2. Outpatient Mental Health and Substance Use Services
3. Person- and Family-Centered Treatment Planning
4. Community-Based Mental Health Care for Veterans
5. Peer Family Support and Counselor Services
6. Targeted Care Management
7. Outpatient Primary Care Screening and Monitoring
8. Psychiatric Rehabilitation Services
9. Screening, Diagnosis and Risk Assessment

Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Certified Community Behavioral Health Clinics (CCBHCs)*. U.S. Department of Health and Human Services. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

Introducing Integrated Care: SAMHSA HRSA

Level 1 & 2
Key Element: Communication

Coordinated

Primary Care and Behavioral Health work across healthcare settings to share information about a patient, facilitate access to care, and support care coordination.

Level 3 & 4
Key Element: Physical Proximity

Co-Located

Behavioral health and primary care providers may share space in the same facility, but not necessarily the same practice space. Practice separately but collaborate for care delivery.

Level 5 & 6
Key Element: Transformation

Fully Integrated

Whole-person integrated care with Behavioral Health, Mental Health, and/or Substance Use Disorder providers and Primary Care integrated into one setting. Care is coordinated as one team using a systematic method and care delivery approach.

Source: Adapted from *A Standard Framework for Levels of Integrated Healthcare*, by B. Heath, P. Wise Romero, & K. Reynolds, 2013, SAMHSA-HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf

SAMHSA HRSA: Level 5 – Fully Integrated

Close Collaboration Onsite with Some System Integration

Core Descriptors	• In the same space within the same facility • Actively seek system solutions together • Communicate frequently in person • Have an in-depth understanding of roles and culture
Clinical Delivery & Patient Experience	• Collaborative treatment planning for all shared patients • Patient needs are treated as a team • Care is responsive to identified patient needs by of a team
Practice/Organization & Business Model	• Organizational Leaders support integration if funding allows • Blended funding based on contracts, grants, or agreements • Billing function combined or agreed upon process

Source: Adapted from *A Standard Framework for Levels of Integrated Healthcare*, by B. Heath, P. Wise Romero, & K. Reynolds, 2013, SAMHSA-HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf

SAMHSA HRSA: Level 6 – Fully Integrated

Full Collaboration in a Transformed/ Merged Integrated Practice

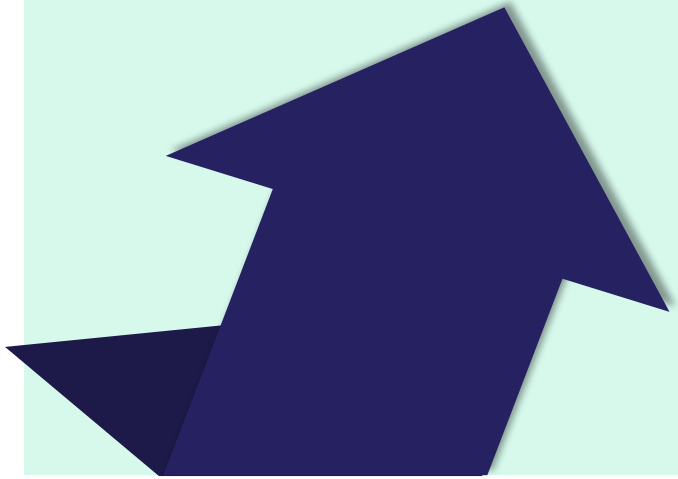
Core Descriptors	• Shared practice space • Communicate consistently at the system, team • Have formal and informal meetings
Clinical Delivery & Patient Experience	• Population-based medical and behavioral health screening is standard practice • All patient needs are treated by a cross-functional team • Seamless communication with patient about all healthcare
Practice/Organization & Business Model	• Leaders strongly support integration as a practice model • Integrated care embraced by all providers • Integrated funding and shared resources across the whole practice

Source: Adapted from *A Standard Framework for Levels of Integrated Healthcare*, by B. Heath, P. Wise Romero, & K. Reynolds, 2013, SAMHSA-HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf

Advantages and Disadvantages of Full Integration

Advantages:

- Treats the whole person
- Barriers are removed through a high-functioning team
- Provider and patient satisfaction increases



Disadvantages:

- Time is needed to collaborate at this level
- Sustainability issues may stress the practice
- Coding related to billing for all services

Source: Adapted from *A Standard Framework for Levels of Integrated Healthcare*, by B. Heath, P. Wise Romero, & K. Reynolds, 2013, SAMHSA-HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf

Considerations for Integrated Care

Getting to Integrated Care Success – Planning Should Be Led By Engaged Leadership

Vision Statement

Closing the gap
Paving the way
Raising the bar
From healthcare to health for all

Mission Statement

We improve lives; in big ways and small ways. From high quality health services and innovative partnerships to daily acts of compassion. In all ways, we work together to improve lives.

Getting to Integrated Care Success - Readiness

Internal Readiness

- Culture
- Leadership
- Staff
- Technology
- Communication

External Readiness

- Payers
- Regulatory Requirements

Financial Readiness

- Expenses
- Revenue
- Debt
- Cash Burn Rate
- Cash on Hand
- Revenue Cycle Projections and Forecasting
- Payment Turnaround Time

Source: Ternay, J. (2019). Roadmaps to value-based profitability: A practice transformation guide. Medical Group Management Association.

Getting to Integrated Care Success – The Care Team

All the people on the care team speak a different language.

Source: Huggard, D. (2020, September 10). *Integrated behavioral health in a clinical primary care setting*. Medical Group Management Association. https://www.mgma.com/articles/integrated-behavioral-health-in-a-clinical-primary-care-setting

Getting to Integrated Care Success – Communicating as a Team

	Conditions Treated	Language Differences	Summary
Medical Providers 	• Allergies • Diabetes • Asthma • Chest Pain • Routine Check-Ups • Anxiety • Depression • BH referrals	• When did the pain start? • On a scale of 1-10, how much does it hurt right now? • How often do you forget to take your medications?	• More quantitative • Questions are asked that typically elicit shorter responses
Behavioral Health Providers 	• Anxiety • Bipolar disorder • Depression • Eating Disorder • Substance Use • Trauma	• How have you been feeling this week? • Why do you think that might be? • Tell me about your childhood.	• More qualitative • Use words that demonstrate emotion • Painting a picture with words

Source: Henriquez, K. (2022, November 16). *Medical vs. mental health interpretation* [Webinar]. MDTranslation.com; Bureau of Rural Health & Primary Care, Idaho Department of Health and Welfare. https://www.youtube.com/watch?v=PKLH6F9JIjE

Getting to Integrated Care Success – Communicating as a Team

Analyzer
Focused
Task-driven

Director
Focus on the big picture
Results-oriented

Relater
Considerate
Sympathetic

Socializer
Expressive
Spirited

Source: Wang, S. (2006, August 22). *Communication styles*. BioSpace. https://www.biospace.com/communication-styles

Getting to Integrated Care Success – Documentation and Coding

Clinical documentation and coding can affect many processes and the culture of a healthcare organization. When we think about health center billing, there can be a misperception that documentation and coding don't matter "as much" because FQHCs are reimbursed a PPS rate for Medicare and most Medicaid payers. However, this couldn't be farther from the truth. This data is used for utilization, cost reports, and revenue projections. In addition, how we code, and document is our report card to our payers (think HEDIS), HRSA (think UDS), and the state. Furthermore, clinical documentation is used to track quality outcomes, grants, and coordination of care and illustrates the acuity of our patient population. How we document is also shared with health information exchanges, patient portals, and various community partners.

–Anne Frunk, Shasta Community Health Centers

Decision Support Tool

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HEALTHY MINDS • STRONG COMMUNITIES

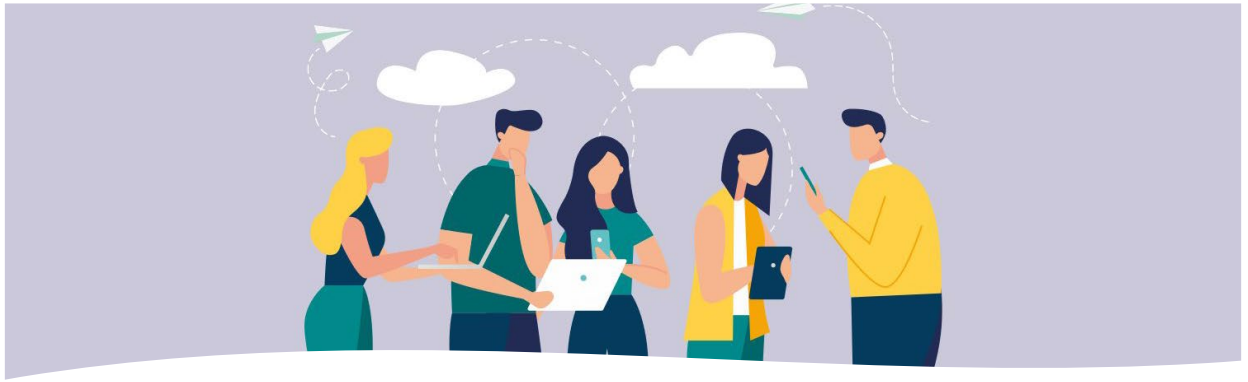
Select State: Virginia

*Note: Licensed counselors and marriage and family therapists are not currently considered Medicare-eligible providers, and thus are not able to bill for related services. For details, see https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf. The specific terminology used to describe different types of behavioral health staff may vary by state.

Category	Type of Service	Brief Description	Billing Code	Medicaid	Medicare Excludes LMHC, LMFT, LAC, LCPC	Third Party/ Commercial	Eligible Provider	Medicare 2022 Rate (Min)	Medicare 2022 Rate (Max)	Medicare 2022 Rate (Mid)	Estimated Medicaid Rate (if Billable)	CMS Certificate of Waiver	APRN	CNM / CNS	LAC*	LPC*	LCSW	LMFT*	LMSW	MA	MD/DO	NP	PsyD	PhD	PA	RN	Documentation
Behavioral Health Integration	Collaborative Care	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of	**G2212**		X		Prescriber or E/M Eligible Provider	$30.71	$38.30	$34.51	$33.47		X	X							X	X			X		Documentation is time based and not based on medical decision-making.
Care Coordination	Medical Team Conference	Medical team conference in which a non-physician spends 30 minutes or more of face-to-face time with the patient and/or family.	**99366**	varies		Based on credentialing guidelines for eligible providers/Contract	Qualified Health Professional	#N/A	#N/A	#N/A	#N/A		X	X			X					X			X		Medical team conference with interdisciplinary team of health care professionals: patient or family present, non physician.
Care Coordination	Medical Consultation Medical Team Conference	Medical team conference in which a physician spends 30 minutes or more, not face-to-face with the patient and/or family.	**99367**	varies		Based on credentialing guidelines for eligible providers/Contract	Health Care Professional	#N/A	#N/A	#N/A	#N/A										X						Medical team conference with interdisciplinary team of health care professionals: face-to-face, physician present.
Care Coordination	Medical Consultation Medical Team Conference	Medical team conference where a non-physician spends 30 minutes or more, not face-to-face with the patient and/or family	**99368**	varies		Based on credentialing guidelines for eligible	Qualified Health Professionals	#N/A	#N/A	#N/A	#N/A		X	X			X					X			X		Medical team conference with interdisciplinary team of health care professionals: patient or family not present, non-physician.

Source: National Council for Mental Wellbeing. (2022, December 12). *Financing the future of integrated care: Decision support tool*. https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/

Strategies to Bring Balance to Integrated Spaces

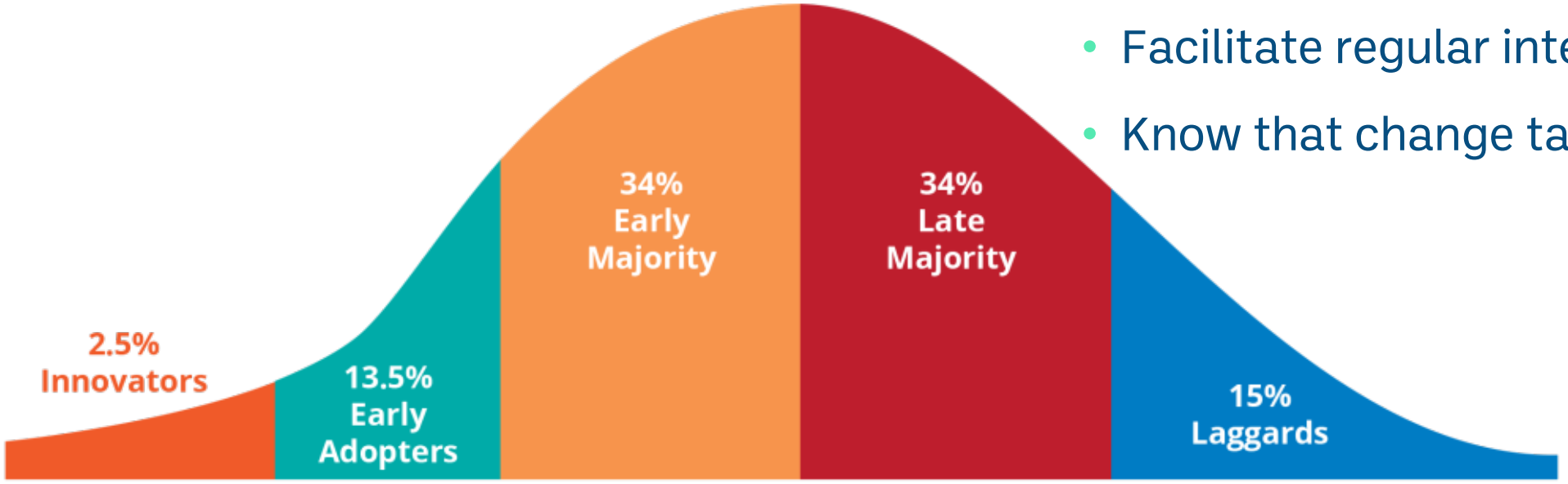


- Reduce instances of duplicative work
- Create efficient processes
  - Maximize Plan-Do-Study-Act Cycles
- Formally define your feedback loop
- Ensure that your team feels empowered and valued
- Encourage sharing

Source: Edwards, B. (2021, September 21). *Bringing balance to primary care behavioral health and specialty behavioral health*. Medical Group Management Association. https://www.mgma.com/articles/bringing-balance-to-primary-care-behavioral-health-and-specialty-behavioral-health
Source: NHS Confederation. (2020, December 15). *Engagement and communications in integrated care systems*. https://www.nhsconfed.org/articles/engagement-and-communications-integrated-care-systems

Strategies to Bring Balance to Integrated Spaces

- Partner in developing key communications
- Create a narrative and “Make it Real”
- Segregation of duties
- Facilitate regular integrated care huddles
- Know that change takes time



Source: Edwards, B. (2021, September 21). *Bringing balance to primary care behavioral health and specialty behavioral health*. Medical Group Management Association. https://www.mgma.com/articles/bringing-balance-to-primary-care-behavioral-health-and-specialty-behavioral-health
Source: NHS Confederation. (2020, December 15). *Engagement and communications in integrated care systems*. https://www.nhsconfed.org/articles/engagement-and-communications-integrated-care-systems
Source: Johns Hopkins Center for Communication Programs. (2015). *Diffusion of innovation.* Urban Adolescent SRH SBCC Implementation Kit. https://sbccimplementationkits.org/urban-youth/urban-youth/part-1-context-and-justification/social-and-behavior-change-communication-theory/diffusion-of-innovation/

Integrated Care at the Community Health Center of the New River Valley

The Transition Challenge

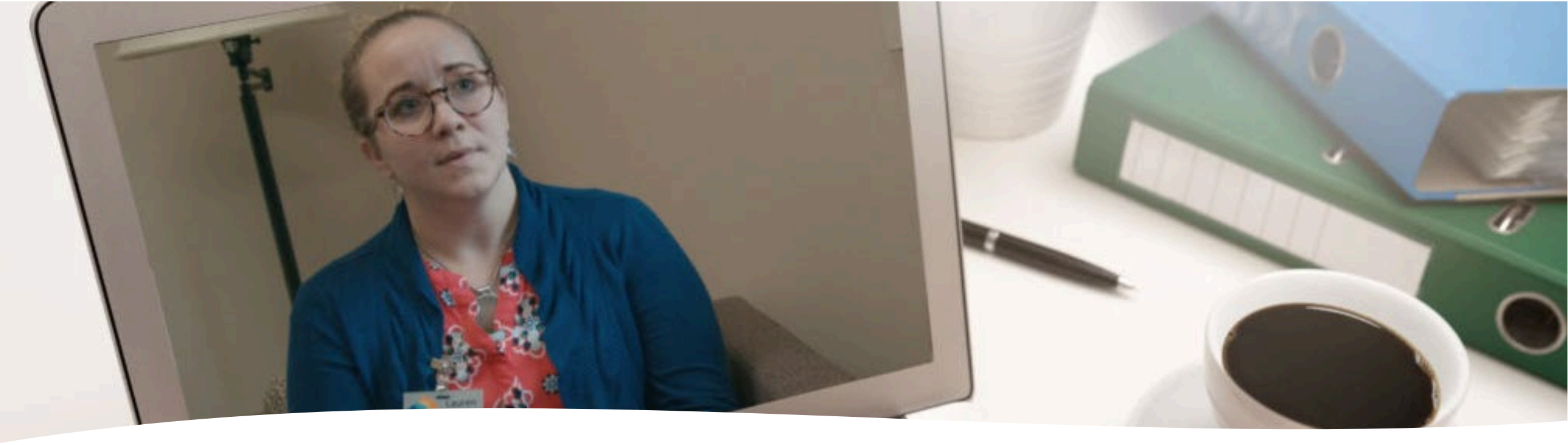
Co-Location

- Patient needs treated separately, but at same site.
- Share some systems such as scheduling or EHR.
- Communication and consultation as needed.
- Limited flexibility.

Integration

- Regular communication through treatment teams, consultation, etc.
- Shared treatment plans with holistic care team.
- Roles and cultures blend across departments.

Reminder: Within integrated systems there can still be silos.



Pandemic Barriers

Integration regressed during the COVID-19 pandemic due to necessity. Behavioral Health Consultants were transitioned to full remote work.

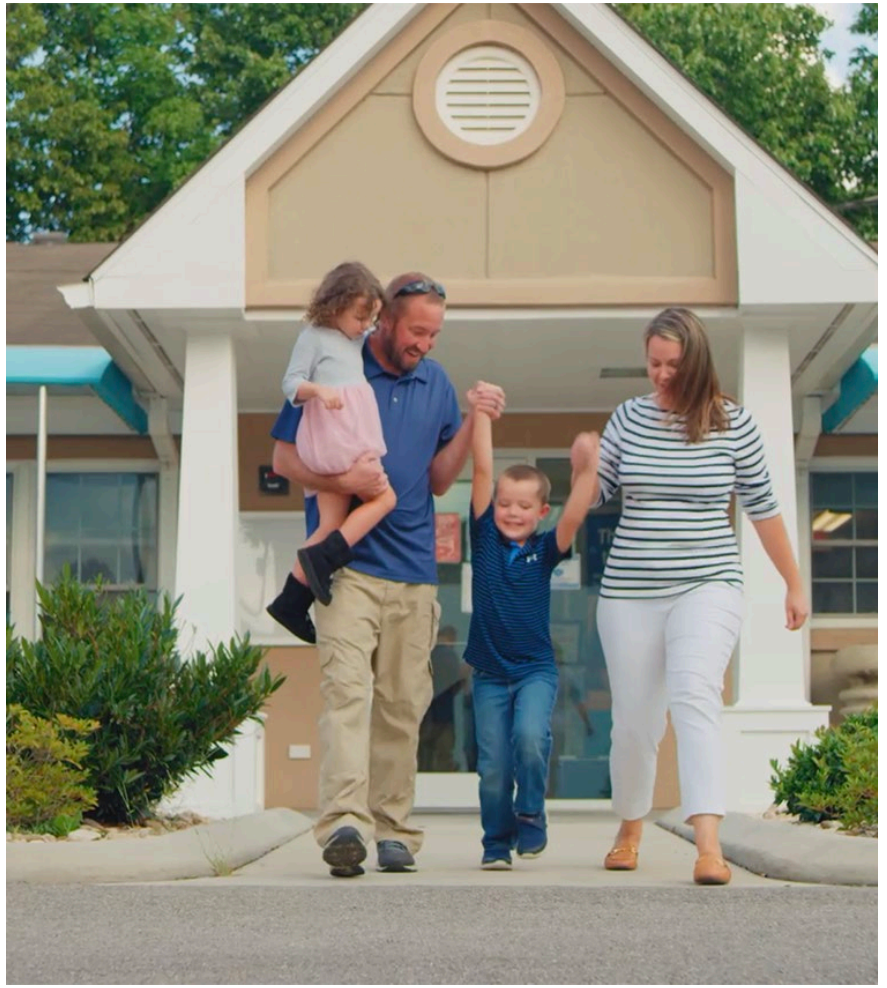
Upon return to an office setting, new systems and procedures, in addition to new providers, had to readjust and refocus on the mission of integration.

Expanding Success

We focused first on integration between medical and behavioral health through Behavioral Health Consultation (BHC) and Warm Handoffs (WH).

WHs are typically live or virtual opportunities for departments to connect patients to another department (ex.: medical-BH).

With success being defined through WH and BHC data, narrative feedback, and referrals, we sought to expand integration center-wide with the inclusion of dental.



Integration History at the Community Health Center of the New River Valley

Schedule Exploration

Phase I:

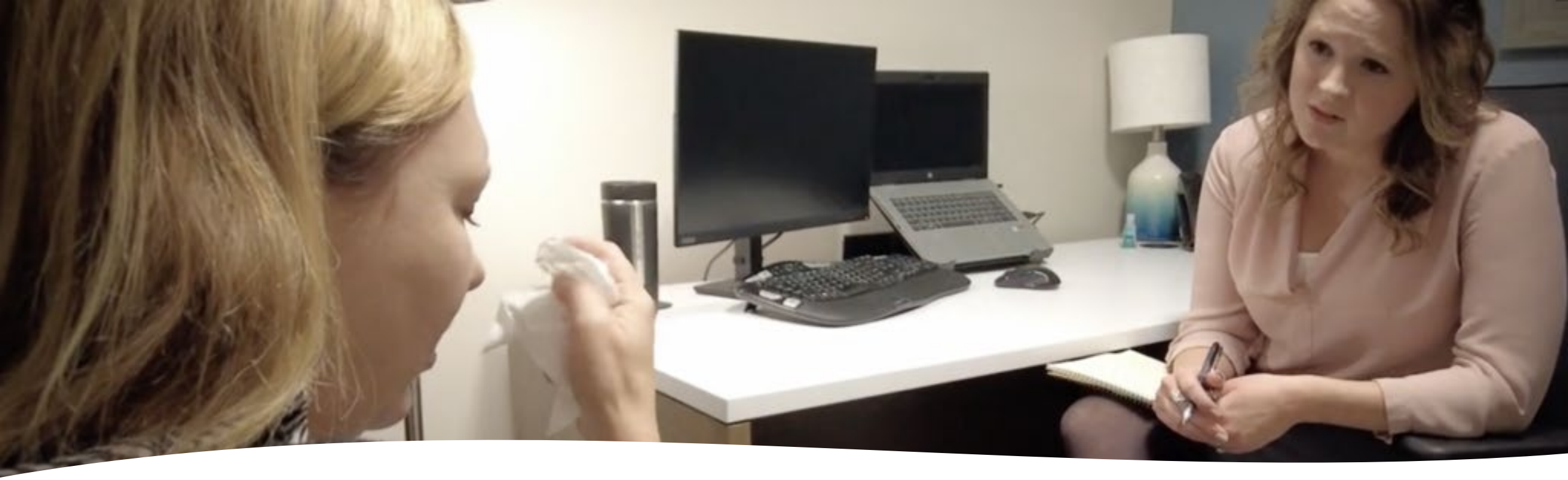
- Trial and error with BHC schedules
- Traditional schedules with BHC blocks
- Attending all appts with providers

Phase 2:

- Identifying On-Call days for BHC providers with open schedules

Phase 3:

- Hired an Integrative Care Coordinator (ICC) to provide in-person coverage in other offices



BHC Structure

Process Successes:

- Open availability
- Scrubbing schedules
- PHQ-9
- PRAPARE
- New patients

A GAD-7 Anxiety Scale will be provided to every patient age 18 and older, at the beginning of their dental appointment.

Once completed, the dental assistant will input the results into the patient chart.

A warm hand off should be initiated if the patient reports an anxiety score of 10 or higher, which indicates moderate to severe anxiety.

The TE can be labeled GAD-7 and should list the patient score.

On Call Schedule

M: Janie Kelly

T: Ally Yeatts

W: Janie Kelly

Th: Ally Yeatts

F: Janie Kelly

If a patient is presenting with symptoms interfering with their treatment, please utilize an in person or virtual warm hand off. All warm hand offs sent via TE will be contacted within 48 business hours and scheduled for follow up support as needed or requested.

BH/Dental Workflow

Warm handoffs can be initiated by contacting a BHC on call in real time or sending a TE.

Improved Patient Experience

Our Integrated Care Supervisor, Janie Kelly, LPC, shared an example of how integrated care directly improves patient outcomes and allows the Center the opportunity to address patient needs and reduce ER visits.

New Dental Process

GAD-7 Workflow

- Piloted February 2024 in Dublin office
- Phase 2: Pearisburg office
- Phase 3: Christiansburg office
- Inquiring about anxiety, BH needs, and primary care needs.

Results of New Dental Process

March 2024

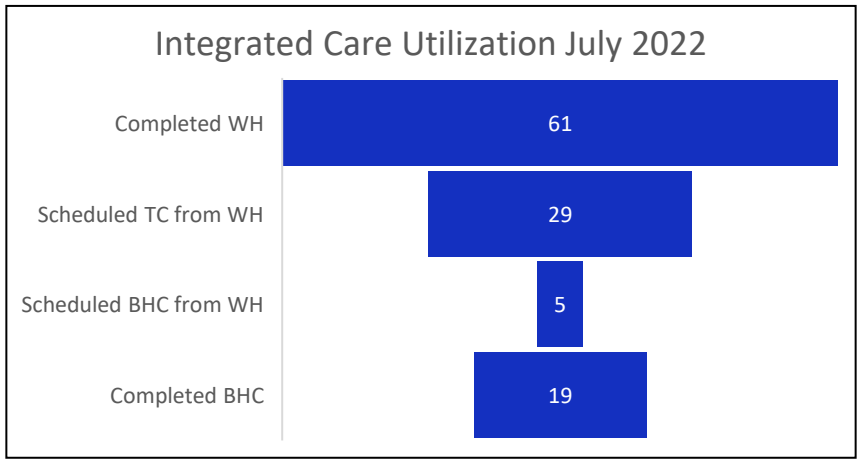
First collection of data, 5 GAD-7 WH, 5 brief interventions, 1 patient scheduled BH f/u.

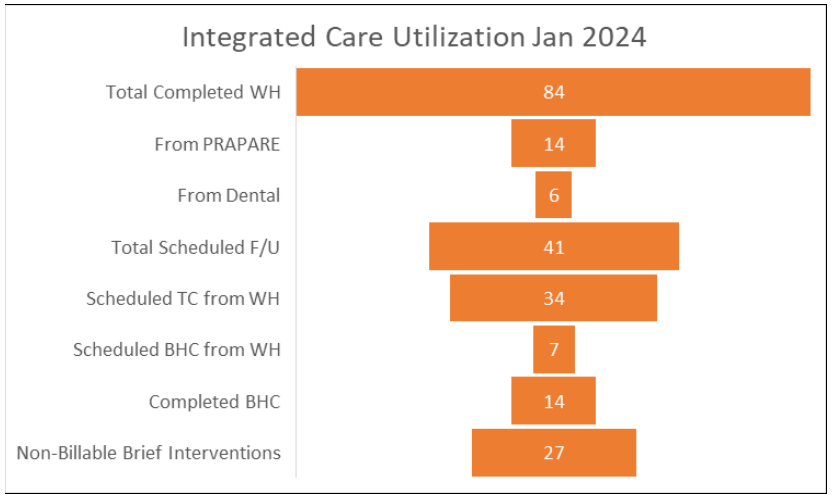
July 2024

19 GAD-7 WH, 6 brief interventions, and 3 patients scheduled BH f/u.

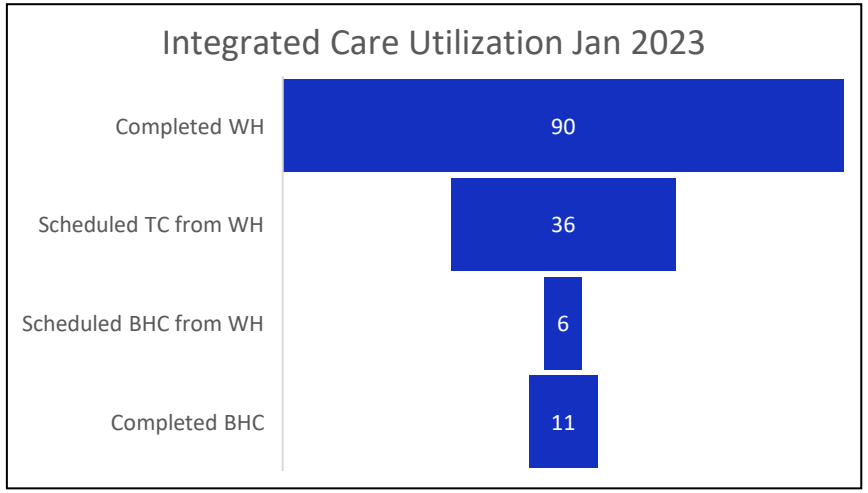
2024 Total GAD-7 Data

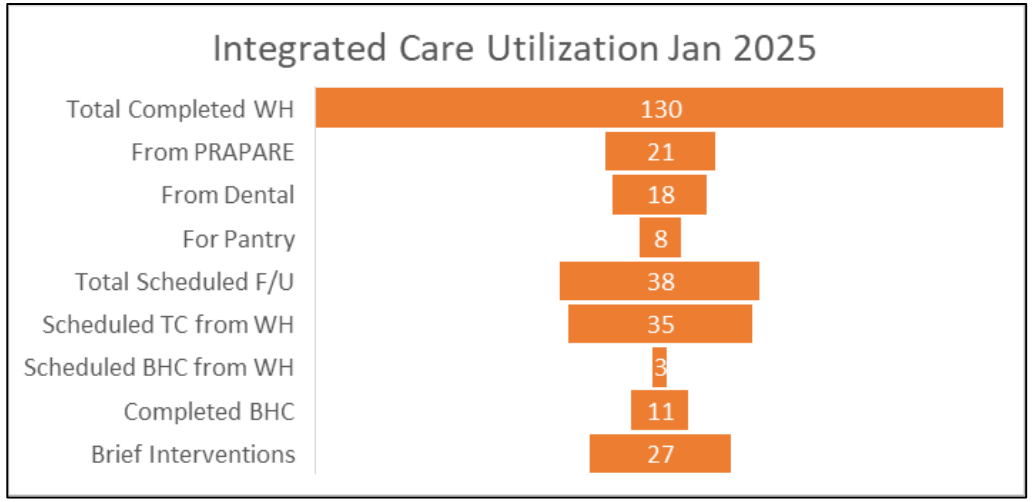
113 GAD-7 WH, 36 brief interventions, 13 patients scheduled BH f/u.





Integrated Care Utilization 2022-Present





Our Requirements for Success

1. Provider, leadership, and board buy-in
2. Approved center policies and workflows
3. Provider and support staff training
4. Schedule flexibility and openness
5. Trial and error

Sharing Our Experience

Offering Consultation and training to other Community Health Centers.

Discussion in Virginia Community Health Center Association's BH Director's Group monthly.

Participation in Virginia Community Health Center Association's sponsored collaborative education.

Community Connections

Outreach

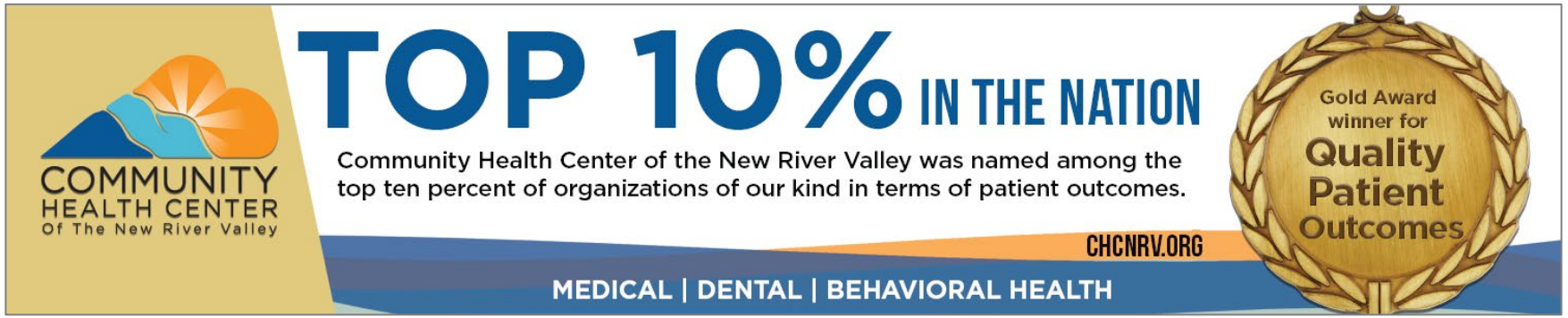
- Attend outreach events to educate fellow community programs.
- Inform and serve potential new and existing patients through outreach.

Collaboration

- Workflows for community referrals
  - Hospitals, other mental health providers, programs for incarcerated individuals, schools, Health Department.
- Continue expansion, identify gaps and needs.

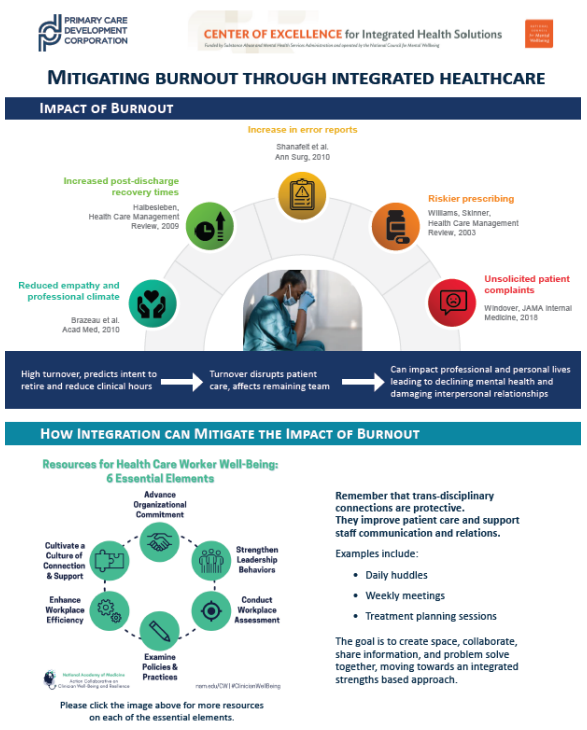
Final Thoughts

- True integration takes many moving and collaborating parts.
- Departments must be open to and accepting of coordinating wrap-around care.
- Our Center has shown through quality care and outcomes how integrated care is the future, and the Community Health Center of the New River Valley is helping lead the path there.

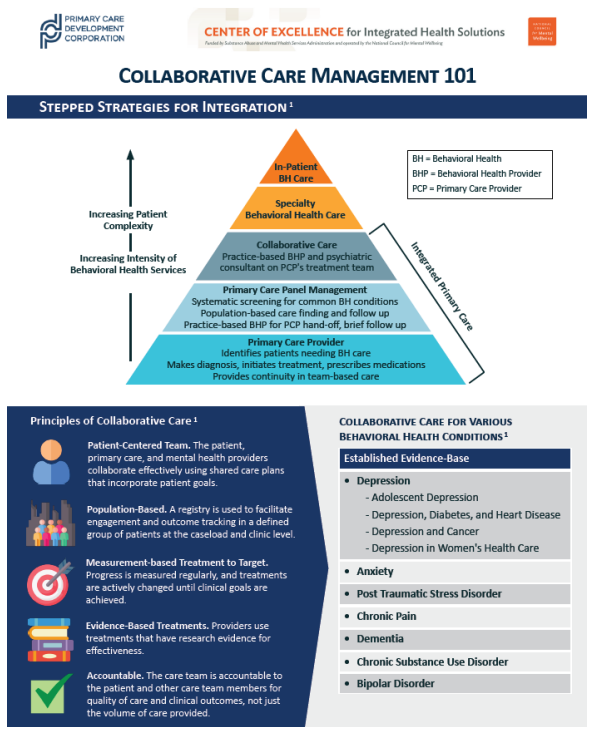


Questions

“Operationalizing Integration” Webinar Series Tip Sheets



“Mitigating Burnout through Integrated Healthcare”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/1.-Mitigating-Burnout-Tip-Sheet_Final.pdf



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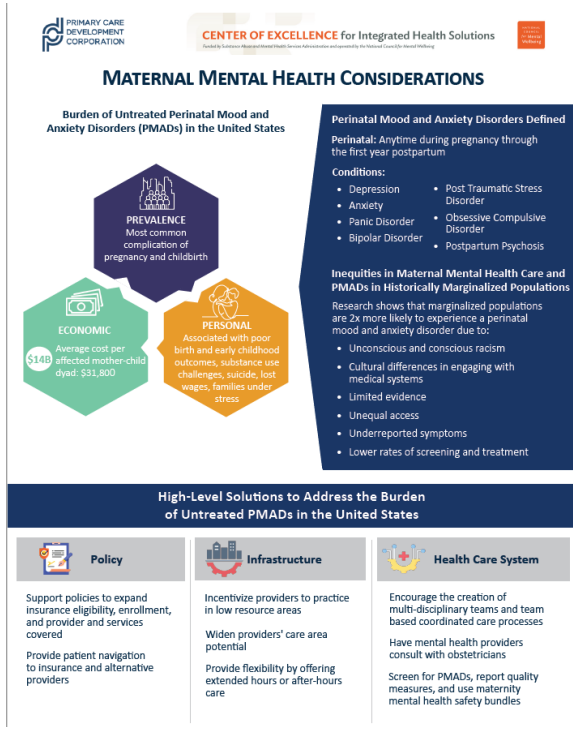
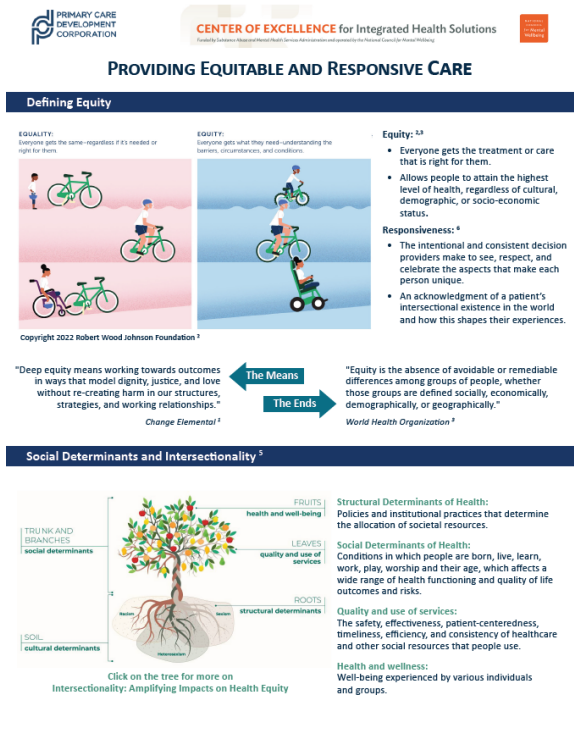
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/2.-Collaborative-Care-Management-Tip-Sheet_Final.pdf

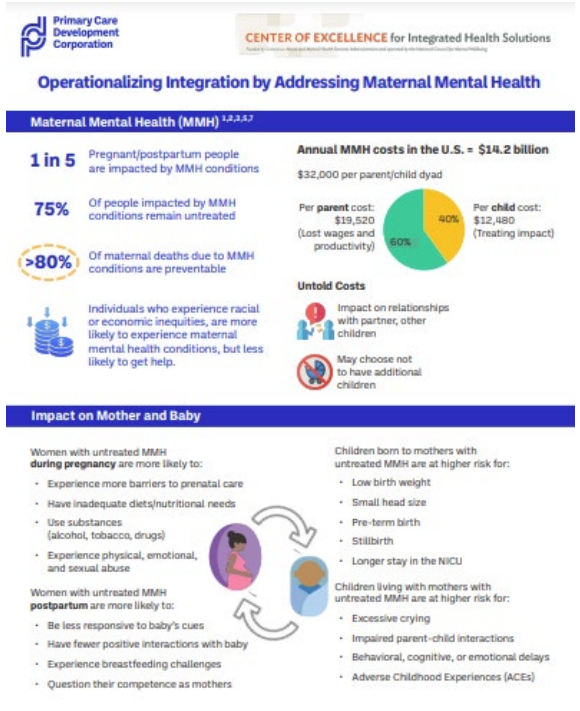


“Maternal Mental Health Considerations”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/3.-Maternal-Mental-Health-Tip-Sheet-_-Final-06.16.23.pdf



“Providing Equitable and Responsive Care”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/4.-Equitable-and-Responsive-Care-Tip-Sheet-_-Final.pdf

“Integration in Practice” Webinar Series Tip Sheets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Operationalizing Integration by Addressing Maternal Mental Health

Maternal Mental Health (MMH)

1 in 5 Pregnant/postpartum people are impacted by MMH conditions

75% Of people impacted by MMH conditions remain untreated

>80% Of maternal deaths due to MMH conditions are preventable

Individuals who experience racial or economic inequities, are more likely to experience maternal mental health conditions, but less likely to get help.

Annual MMH costs in the U.S. = $14.2 billion

$32,000 per parent/child dyad

Per **parent** cost: $19,520 (Lost wages and productivity)

Per **child** cost: $12,480 (Treating impact)

Untold Costs

Impact on relationships with partner, other children

May choose not to have additional children

Impact on Mother and Baby

Women with untreated MMH **during pregnancy** are more likely to:

- Experience more barriers to prenatal care
- Have inadequate diets/nutritional needs
- Use substances (alcohol, tobacco, drugs)
- Experience physical, emotional, and sexual abuse

Women with untreated MMH **postpartum** are more likely to:

- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as mothers

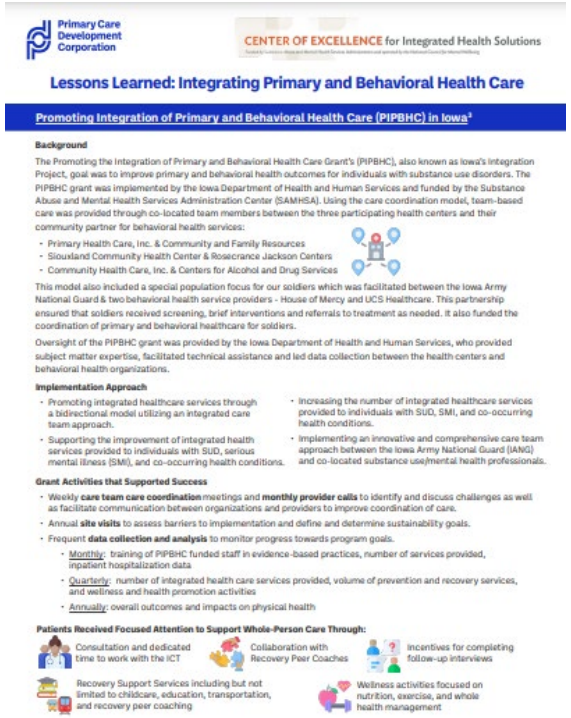
Children born to mothers with untreated MMH are at higher risk for:

- Low birth weight
- Small head size
- Pre-term birth
- Stillbirth
- Longer stay in the NICU

Children living with mothers with untreated MMH are at higher risk for:

- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays
- Adverse Childhood Experiences (ACEs)

“Addressing Mental Health”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2024/01/MMH-Webinar-1_11.16.23_Tip-Sheet-1.24.24.pdf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Lessons Learned: Integrating Primary and Behavioral Health Care

Promoting Integration of Primary and Behavioral Health Care (PIPBHC) in Iowa

Background

The Promoting the Integration of Primary and Behavioral Health Care Grant's (PIPBHC), also known as Iowa's Integration Project, goal was to improve primary and behavioral health outcomes for individuals with substance use disorders. The PIPBHC grant was implemented by the Iowa Department of Health and Human Services and funded by the Substance Abuse and Mental Health Services Administration Center (SAMHSA). Using the care coordination model, team-based care was provided through co-located team members between the three participating health centers and their community partner for behavioral health services:

- Primary Health Care, Inc. & Community and Family Resources
- Siouxland Community Health Center & Rosecrance Jackson Centers
- Community Health Care, Inc. & Centers for Alcohol and Drug Services

This model also included a special population focus for our soldiers which was facilitated between the Iowa Army National Guard & two behavioral health service providers - House of Mercy and UCS Healthcare. This partnership ensured that soldiers received screening, brief interventions and referrals to treatment as needed. It also funded the coordination of primary and behavioral healthcare for soldiers.

Oversight of the PIPBHC grant was provided by the Iowa Department of Health and Human Services, who provided subject matter expertise, facilitated technical assistance and led data collection between the health centers and behavioral health organizations.

Implementation Approach

- Promoting integrated healthcare services through a bidirectional model utilizing an integrated care team approach.
- Supporting the improvement of integrated health services provided to individuals with SUD, serious mental illness (SMI), and co-occurring health conditions.
- Increasing the number of integrated healthcare services provided to individuals with SUD, SMI, and co-occurring health conditions.
- Implementing an innovative and comprehensive care team approach between the Iowa Army National Guard (IANG) and co-located substance use/mental health professionals.

Grant Activities that Supported Success

- Weekly **care team care coordination** meetings and **monthly provider calls** to identify and discuss challenges as well as facilitate communication between organizations and providers to improve coordination of care.
- Annual **site visits** to assess barriers to implementation and define and determine sustainability goals.
- Frequent **data collection and analysis** to monitor progress towards program goals.
  - Monthly: training of PIPBHC funded staff in evidence-based practices, number of services provided, inpatient hospitalization data
  - Quarterly: number of integrated health care services provided, volume of prevention and recovery services, and wellness and health promotion activities
  - Annually: overall outcomes and impacts on physical health

Patients Received Focused Attention to Support Whole-Person Care Through:

Consultation and dedicated time to work with the ICT

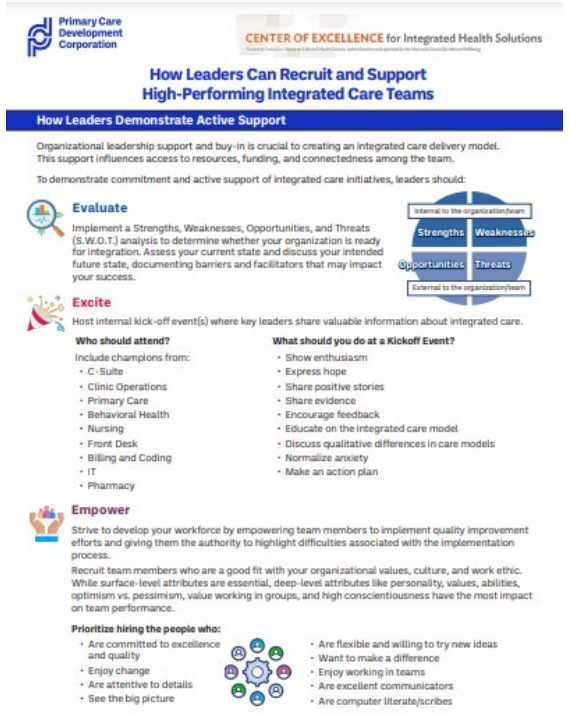
Collaboration with Recovery Peer Coaches

Incentives for completing follow-up interviews

Recovery Support Services including but not limited to childcare, education, transportation, and recovery peer coaching

Wellness activities focused on nutrition, exercise, and whole health management

“Lessons Learned”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/Lessons-Learned-Webinar-1.31.24-Tip-Sheet-Final.pdf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How Leaders Can Recruit and Support High-Performing Integrated Care Teams

How Leaders Demonstrate Active Support

Organizational leadership support and buy-in is crucial to creating an integrated care delivery model. This support influences access to resources, funding, and connectedness among the team.

To demonstrate commitment and active support of integrated care initiatives, leaders should:

Evaluate

Implement a Strengths, Weaknesses, Opportunities, and Threats (S.W.O.T.) analysis to determine whether your organization is ready for integration. Assess your current state and discuss your intended future state, documenting barriers and facilitators that may impact your success.

Internal to the organization/team: Strengths, Weaknesses; Opportunities, Threats; External to the organization/team

Excite

Host internal kick-off event(s) where key leaders share valuable information about integrated care.

Who should attend?

Include champions from:

- C-Suite
- Clinic Operations
- Primary Care
- Behavioral Health
- Nursing
- Front Desk
- Billing and Coding
- IT
- Pharmacy

What should you do at a Kickoff Event?

- Show enthusiasm
- Express hope
- Share positive stories
- Share evidence
- Encourage feedback
- Educate on the integrated care model
- Discuss qualitative differences in care models
- Normalize anxiety
- Make an action plan

Empower

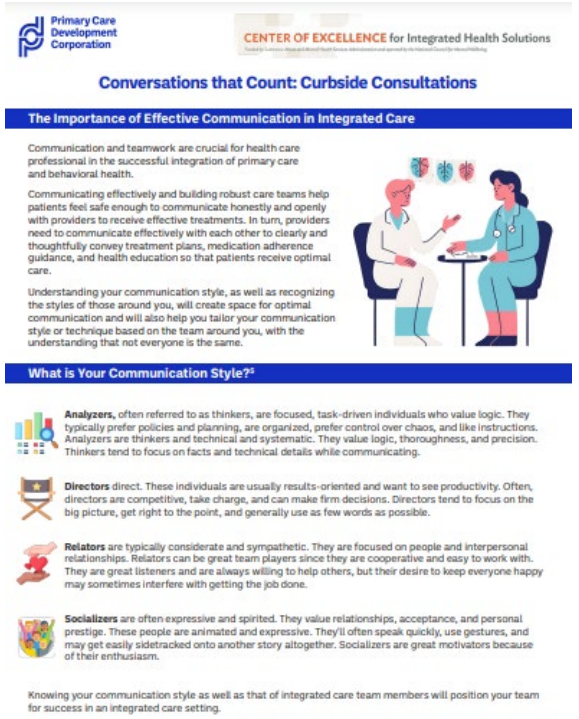
Strive to develop your workforce by empowering team members to implement quality improvement efforts and giving them the authority to highlight difficulties associated with the implementation process.

Recruit team members who are a good fit with your organizational values, culture, and work ethic. While surface-level attributes are essential, deep-level attributes like personality, values, abilities, optimism vs. pessimism, value working in groups, and high conscientiousness have the most impact on team performance.

Prioritize hiring the people who:

- Are committed to excellence and quality
- Enjoy change
- Are attentive to details
- See the big picture
- Are flexible and willing to try new ideas
- Want to make a difference
- Enjoy working in teams
- Are excellent communicators
- Are computer literate/scribes

“High-Performing Team”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/High-Performing-Team-Tip-Sheet-_-Final-5.29.24.pdf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Conversations that Count: Curbside Consultations

The Importance of Effective Communication in Integrated Care

Communication and teamwork are crucial for health care professional in the successful integration of primary care and behavioral health.

Communicating effectively and building robust care teams help patients feel safe enough to communicate honestly and openly with providers to receive effective treatments. In turn, providers need to communicate effectively with each other to clearly and thoughtfully convey treatment plans, medication adherence guidance, and health education so that patients receive optimal care.

Understanding your communication style, as well as recognizing the styles of those around you, will create space for optimal communication and will also help you tailor your communication style or technique based on the team around you, with the understanding that not everyone is the same.

What is Your Communication Style?

Analyzers, often referred to as thinkers, are focused, task-driven individuals who value logic. They typically prefer policies and planning, are organized, prefer control over chaos, and like instructions. Analyzers are thinkers and technical and systematic. They value logic, thoroughness, and precision. Thinkers tend to focus on facts and technical details while communicating.

Directors direct. These individuals are usually results-oriented and want to see productivity. Often, directors are competitive, take charge, and can make firm decisions. Directors tend to focus on the big picture, get right to the point, and generally use as few words as possible.

Relators are typically considerate and sympathetic. They are focused on people and interpersonal relationships. Relators can be great team players since they are cooperative and easy to work with. They are great listeners and are always willing to help others, but their desire to keep everyone happy may sometimes interfere with getting the job done.

Socializers are often expressive and spirited. They value relationships, acceptance, and personal prestige. These people are animated and expressive. They'll often speak quickly, use gestures, and may get easily sidetracked onto another story altogether. Socializers are great motivators because of their enthusiasm.

Knowing your communication style as well as that of integrated care team members will position your team for success in an integrated care setting.

“Conversations that Count”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/Conversations-that-Count-4.24.24-Tip-Sheet-_-Final.pdf

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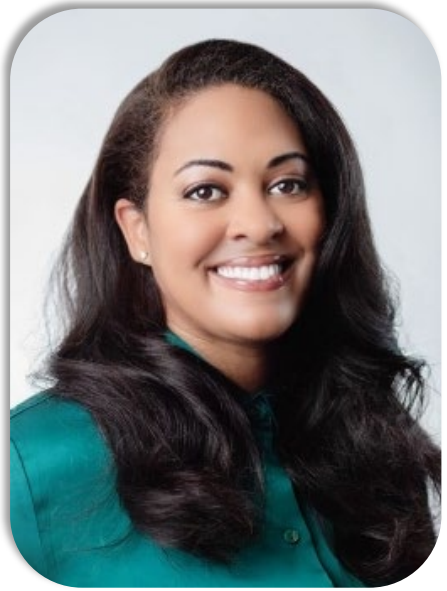

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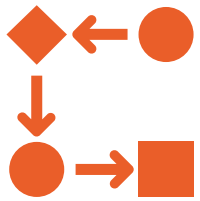
CHAT WITH AN EXPERT!

Schedule a free call with an integrated care expert



Implementing Models of Integrated Care

Access to Integrated Care

Population Health in Integrated Care

Workforce Development

Integrated Care Financing & Operations

Addressing Ongoing Workforce Challenges

Submit a Request!

Upcoming Events & Helpful Links

May 22
2-3 p.m. ET

CoE-IHS Action Session: Measurement-informed Care and the Collaborative Care Model (CoCM)

Register Here

May 28
3-4 p.m. ET

CoE-IHS Webinar: Strengthening Integrated Care Systems and Cross-Agency Collaboration

Register Here

June 3
3-4 p.m. ET

CoE-IHS Webinar: Integrating Minds and Models: Exploring the Comprehensive Health Integration (CHI) Framework in School-Based Health Centers (SBHCs)

Register Here

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Resources

- National Council for Mental Wellbeing – Decision Support Tool
- NACHC 2025 Documentation and Coding Webinar

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