

A Discussion of Lessons Learned through Integrated Care Concept Planning

Behind the Curtain

August 26, 2025

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Disclaimer

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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.



Today's Panelists



Shannon Lea, MPH

Senior Program Manager
Primary Care Development Corporation



David Coe

Executive Director
Colonial Behavioral Health



Angela Futrell

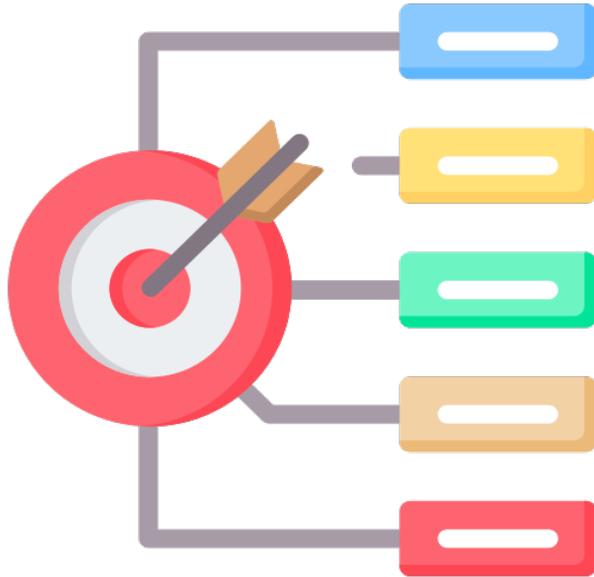
Chief Executive Officer
Southeastern Virginia Health System



Kiara Robinson, LCSW

Integrated Care Clinician
Colonial Behavioral Health

Learning Objectives



- Build confidence in the ability to participate in integrated care concept planning discussions.
- Recognize the benefits of integrated care and how it impacts organizations as well as health outcomes.
- Identify where partnerships and unified approaches are needed to become more deeply engaged in integrated care concept planning and implementation.

Colonial Behavioral Health and Southeastern Virginia Health System

Colonial Behavioral Health

Vision

Continuing to serve as a **vital partner** in a community system of care that **promotes the highest possible quality of life.**

Mission

To facilitate the **recovery** and resiliency of individuals and families affected by mental illness, developmental disabilities, and substance use disorders.

Values

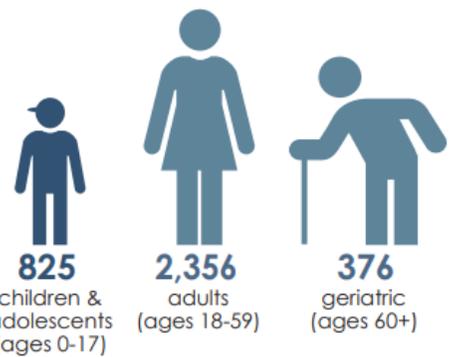
- Trustworthiness
- Meaningful
- Collaborative

Source: (n.d.). *Colonial Behavioral Health: About Us*. Colonial Behavioral Health.
<https://www.colonialbh.org/about-us/annual-reports/2024/>

Colonial Behavioral Health

3,557

community members received services



66,304*

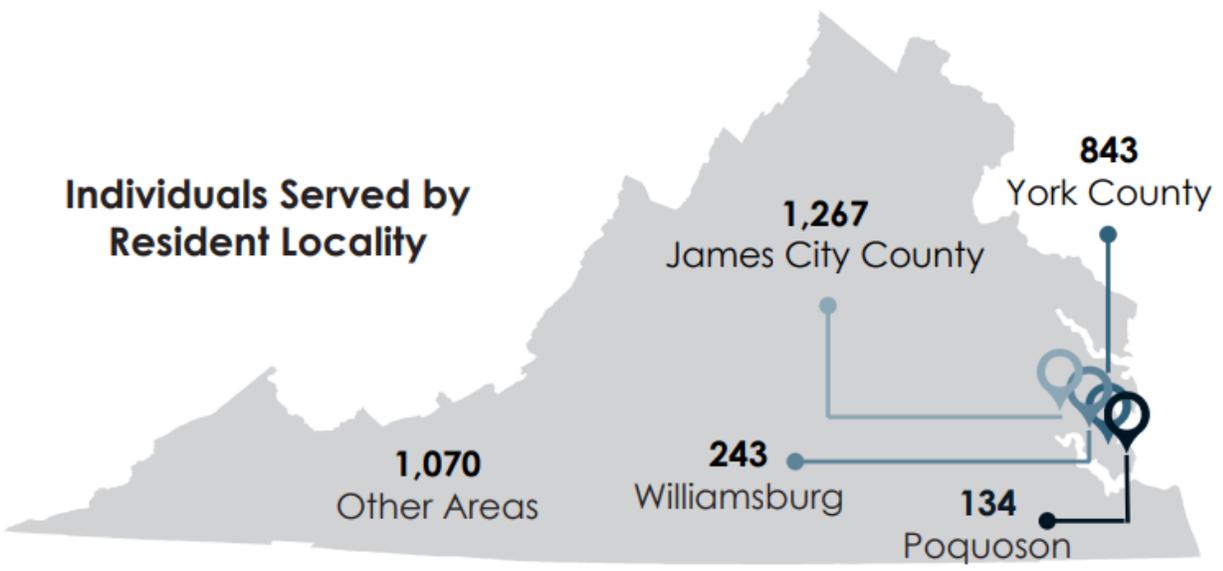
total interactions between CBH staff and individuals, families and groups served



43,164*

total number of individual, family, and group appointments

* Includes face-to-face and telehealth services (video and telephone contacts)



Source: (n.d.). *Colonial Behavioral Health: About Us*. Colonial Behavioral Health. <https://www.colonialbh.org/about-us/annual-reports/2024/>

Southeastern Virginia Health System

Southeastern Virginia Health System (SEVHS) provides **high-quality, comprehensive, and affordable healthcare and wellness services to everyone.**

Southeastern Virginia Health System (SEVHS) is the premier provider of primary care. Reaching those who face obstacles to health care and improving the overall quality of health of a diverse community by promoting health education and healthy lifestyles through wellness and preventative programs; while ensuring access to seamless, high-quality, and affordable healthcare that is accessible to all.

Core Values

- Quality Services
- Professionalism
- Compassion
- Honesty
- Respect
- Patient-Centered Care

Source: (n.d.). *Southeastern Virginia Health System: About Us*. Southeastern Virginia Health System: <https://sevhs.org/about-us/>

Southeastern Virginia Health System

SEVHS offers access to primary care, women's health, behavioral health, and other wraparound services.

25,000 patients
serviced annually

12
Sites

Source: (n.d.). *Southeastern Virginia Health System: About Us*.
Southeastern Virginia Health System: <https://sevhs.org/about-us/>

Integrated Care Concept Planning

- Together, CBH and SEVHS, seek to develop a highly integrated outpatient primary care/behavioral health practice in a newly developed facility.
- To guide planning, consensus building, and implementation efforts, the organizations are participating in:
 - Educational Sessions
 - Strengths-Based Infrastructure Assessment
 - Integrated and Team-Based Care Training
 - Physical and Space Layout Strategy
 - Policy, Script, and Workflow Development
 - Business Operations, Accounting, and Revenue Cycle Analysis
 - Quality Improvement Education and Activities
 - Plan Do Study Act Cycles
 - Program Piloting

Panel Discussion

Key Themes:

- Visioning
- Partnership + Communication
- Care Delivery
- Readiness
- Looking to the Future

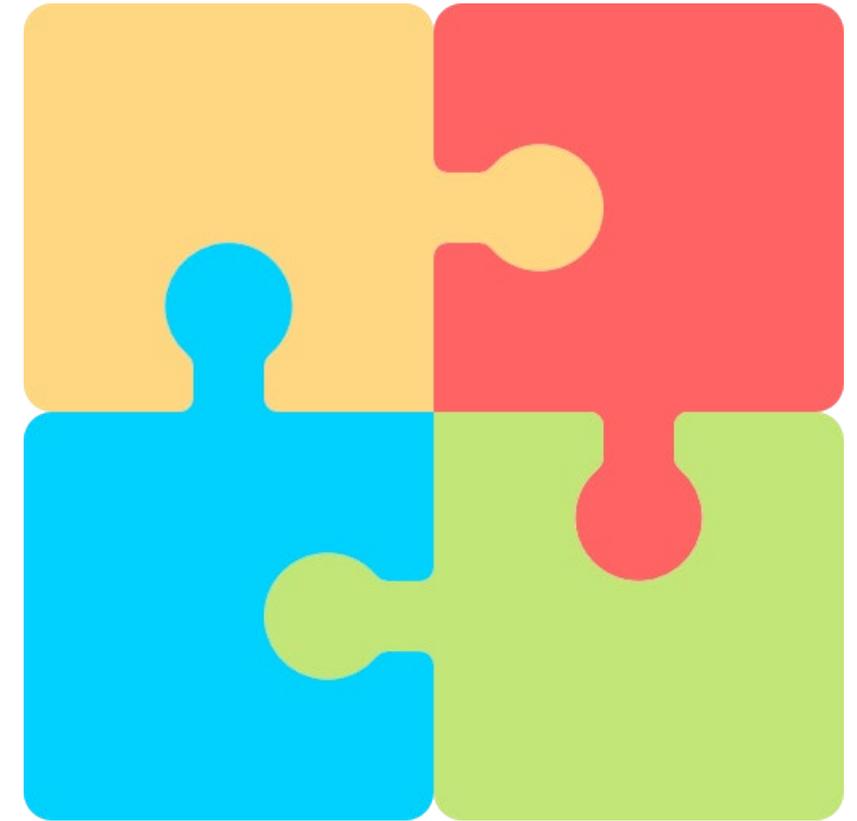


How will CBH + SEVHS continue to come together?

They will:

- Ideate,
- Develop,
- Implement, and
- Refine

Care delivery models to provide services that link the **physical, behavioral, and social needs of the** individuals in their catchment areas.



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What topics related to integrated care would you like to see in future training and technical assistance opportunities?

Choose a slide to present



Additional success stories of integrated care - CCBHCs and FQHCs

perinatal integrated care

Space layouts - staffing models

More information on CCBHC and DCO model.

Setting up a new collaborative between a for profit OP BB practice and a rural healthcare clinic, such as a critical access hospital.

Post-incident staff support (Clinical)

Workflow, warm handoffs,



Ws

Child and adolescent MH

Perinatal integrated care

R. Targeted need

Continued collaborations

Whole person care that also includes

Questions



“Operationalizing Integration” Webinar Series Tip Sheets

MITIGATING BURNOUT THROUGH INTEGRATED HEALTHCARE

IMPACT OF BURNOUT

Resources for Health Care Worker Well-Being: 6 Essential Elements

- Advance Organizational Commitment
- Cultivate a Culture of Connection & Support
- Enhance Workplace Efficiency
- Examine Policies & Practices
- Strengthen Leadership Behaviors
- Conduct Workplace Assessment

Remember that trans-disciplinary connections are protective. They improve patient care and support staff communication and relations.

Examples include:

- Daily huddles
- Weekly meetings
- Treatment planning sessions

The goal is to create space, collaborate, share information, and problem solve together, moving towards an integrated strengths based approach.

“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

COLLABORATIVE CARE MANAGEMENT 101

STEPPED STRATEGIES FOR INTEGRATION¹

Principles of Collaborative Care¹

- Patient-Centered Team.** The patient, primary care, and mental health providers collaborate effectively using shared care plans that incorporate patient goals.
- Population-Based.** A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.
- Measurement-based Treatment to Target.** Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.
- Evidence-Based Treatments.** Providers use treatments that have research evidence for effectiveness.
- Accountable.** The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

COLLABORATIVE CARE FOR VARIOUS BEHAVIORAL HEALTH CONDITIONS¹

Established Evidence-Base

- Depression
 - Adolescent Depression
 - Depression, Diabetes, and Heart Disease
 - Depression and Cancer
 - Depression in Women's Health Care
- Anxiety
- Post Traumatic Stress Disorder
- Chronic Pain
- Dementia
- Chronic Substance Use Disorder
- Bipolar Disorder

“Collaborative Care Management 101” 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

Burden of Untreated Perinatal Mood and Anxiety Disorders (PMADs) in the United States

Perinatal Mood and Anxiety Disorders Defined

Perinatal: Anytime during pregnancy through the first year postpartum

Conditions:

- Depression
- Anxiety
- Panic Disorder
- Bipolar Disorder
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Postpartum Psychosis

Inequities in Maternal Mental Health Care and PMADs in Historically Marginalized Populations

Research shows that marginalized populations are 2x more likely to experience a perinatal mood and anxiety disorder due to:

- Unconscious and conscious racism
- Cultural differences in engaging with medical systems
- Limited evidence
- Unequal access
- Underreported symptoms
- Lower rates of screening and treatment

High-Level Solutions to Address the Burden of Untreated PMADs in the United States

Policy	Infrastructure	Health Care System
Support policies to expand insurance eligibility, enrollment, and provider and services covered	Incentivize providers to practice in low resource areas	Encourage the creation of multi-disciplinary teams and team based coordinated care processes
Provide patient navigation to insurance and alternative providers	Widen providers' care area potential	Have mental health providers consult with obstetricians
	Provide flexibility by offering extended hours or after-hours care	Screen for PMADs, report quality measures, and use maternity mental health safety bundles

“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>

Contact Us



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References

- (n.d.). *Colonial Behavioral Health: About Us*. Colonial Behavioral Health. <https://www.colonialbh.org/about-us/annual-reports/2024/>
- (n.d.). *Colonial Behavioral Health's FY2024 Annual Report*. Colonial Behavioral Health. <https://www.colonialbh.org/media/ilqbuh0j/cbh-fy2024-annual-report.pdf>
- (n.d.). *Southeastern Virginia Health System: About Us*. Southeastern Virginia Health System: <https://sevhs.org/about-us/>

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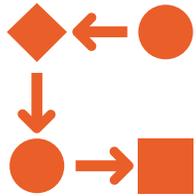
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Models of
Integrated Care**



**Access to
Integrated Care**



**Population Health
in Integrated Care**



**Workforce
Development**



**Integrated Care
Financing &
Operations**



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Upcoming Events



Sept. 9
1-2:30 p.m. ET

CoE-IHS Webinar + Q&A:
Engaging Payors and Maximizing Reimbursement for the Collaborative Care Model

[Register Here](#)

Sept. 16
2-3 p.m. ET

CoE-IHS Webinar:
Advancing Integrated Care via Collaborative Partnerships: Hospitals, Health Systems, CMHCs and CCBHCs

[Register Here](#)

Sept. 17
3-4 p.m. ET

CoE-IHS Webinar:
Recovery Consciousness in Integrated Care Systems

[Register Here](#)

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The logo features a central orange square with rounded corners containing the text 'NATIONAL COUNCIL for Mental Wellbeing'. The words 'NATIONAL' and 'COUNCIL' are in all caps, while 'for Mental Wellbeing' is in a lowercase serif font. The background consists of several overlapping, semi-transparent light beige rounded rectangular shapes.

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