

Paving the Way for Pediatric Behavioral Health Integration Through a Multi-Payer Pilot

Primary Pathways

July 8, 2025

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Dr. Nadia Islam, The Pediatric Center

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 Presenters



Shannon Lea, MPH
Senior Program Manager
Primary Care Development Corporation



Dr. Lauryn Walker
Virginia Center for Health Innovation

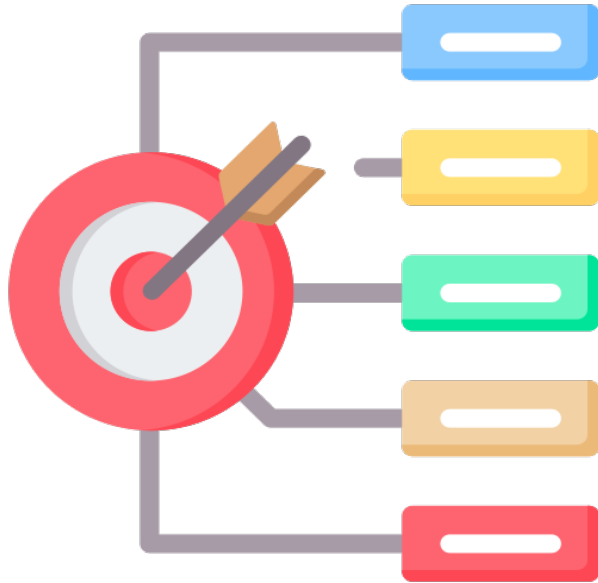


Dr. Nadia Islam
The Pediatric Center

Overview

- Introducing the Primary Pathways pilot
- Public-private partnerships
- Using the Comprehensive Health Integration (CHI) Framework
- What's next for the model
- Building an integrated team from the ground up
- Implementing Primary Pathways
- Q & A

Learning Objectives



- Learn about the Virginia Primary Care Integrated Care Pilot.
- Understand how the Comprehensive Health Integration (CHI) Framework is utilized to support Integrated Care.
- Learn from a participating pilot practice about their experience implementing Integrated Care.

Introducing Primary Pathways



- Primary Pathways is an initiative of the [Virginia Task Force on Primary Care](#) (VTFPC)
- VTFPC is staffed by the [Virginia Center for Health Innovation](#)
 - Started in 2020 to support the sustainability of Primary Care
 - Funded through the Virginia Department of Health
 - Coalition includes 31 members across health-sectors, state legislators, Administration officials, employers, and patient advocates
 - Co-chaired by a payer and a provider representative



Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration.* <https://www.vahealthinnovation.org/primary-pathways/>

Origin Story

Primary
Pathways



90% of VA primary care revenue from FFS¹

VA ranks 35th for primary care workforce²

VA ranks 48th for child mental health care³

Lack of behavioral health resources is leading cause of burnout⁴

Lack of behavioral health resources #1 reason for not seeing more VA Medicaid members⁴



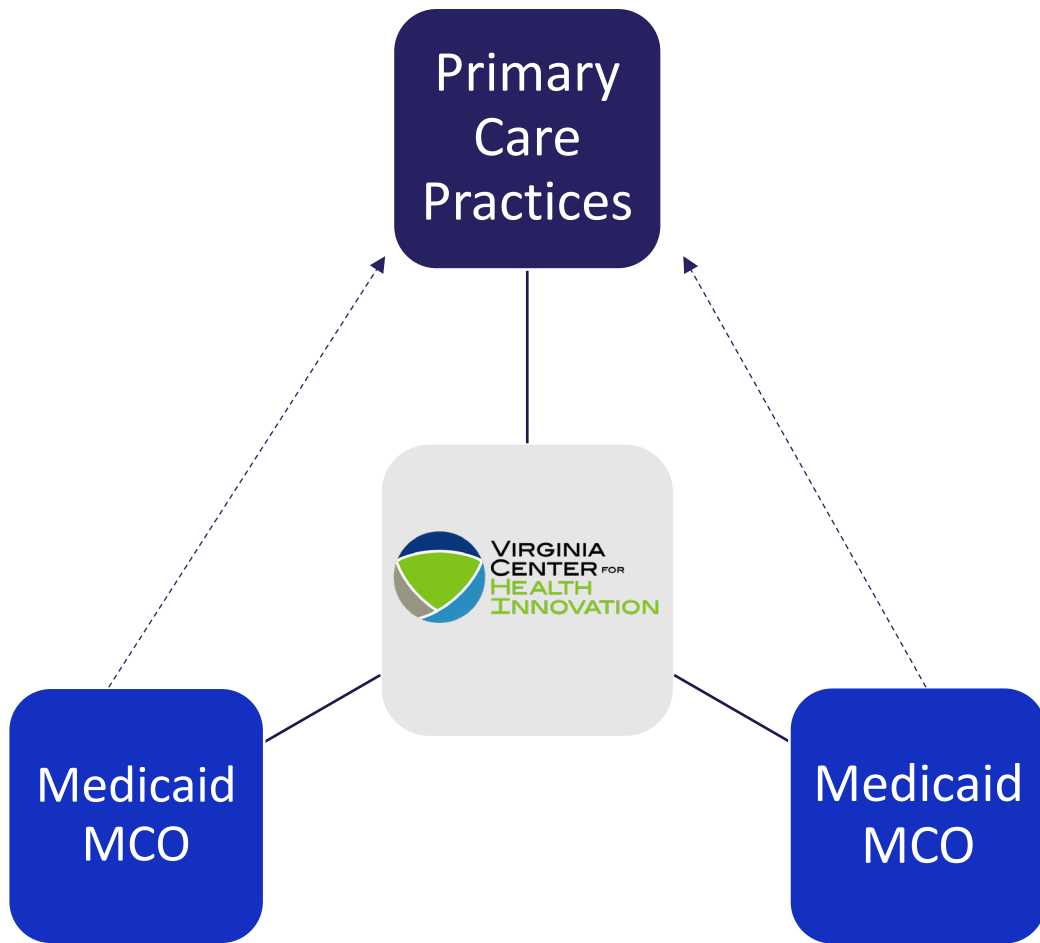
Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration*. <https://www.vahealthinnovation.org/primary-pathways/>

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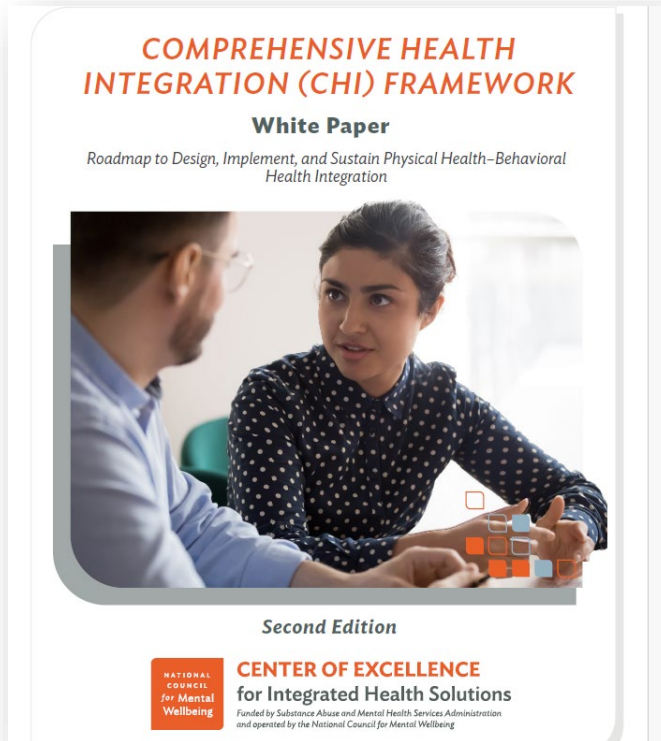
Public-Private Partnership Approach



- **VCHI (on behalf of the Virginia Task Force on Primary Care) – Third-party convener.**
 - Design, health plan, and practice recruitment, support implementation, evaluation
- **Health Plans – Payer.**
 - Support design, determine rates/payments, select practices, negotiate contracts, support implementation, and evaluation
- **Primary care practices – Care provider.**
 - Support design, negotiate contracts, implement integrated model, and support evaluation

Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration*.
<https://www.vahealthinnovation.org/primary-pathways/>

Using the Comprehensive Health Integration (CHI) Framework



Evidence-Based National Standard



Allows for a continuum of integration to meet providers where they are



Encompasses Collaborative Care Model (CoCM), but is not restricted to it



Concrete examples or tools to operationalize



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

CHI Framework

3 Integration Stages of Comprehensive Health Integration (CHI) Framework



* Population management

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

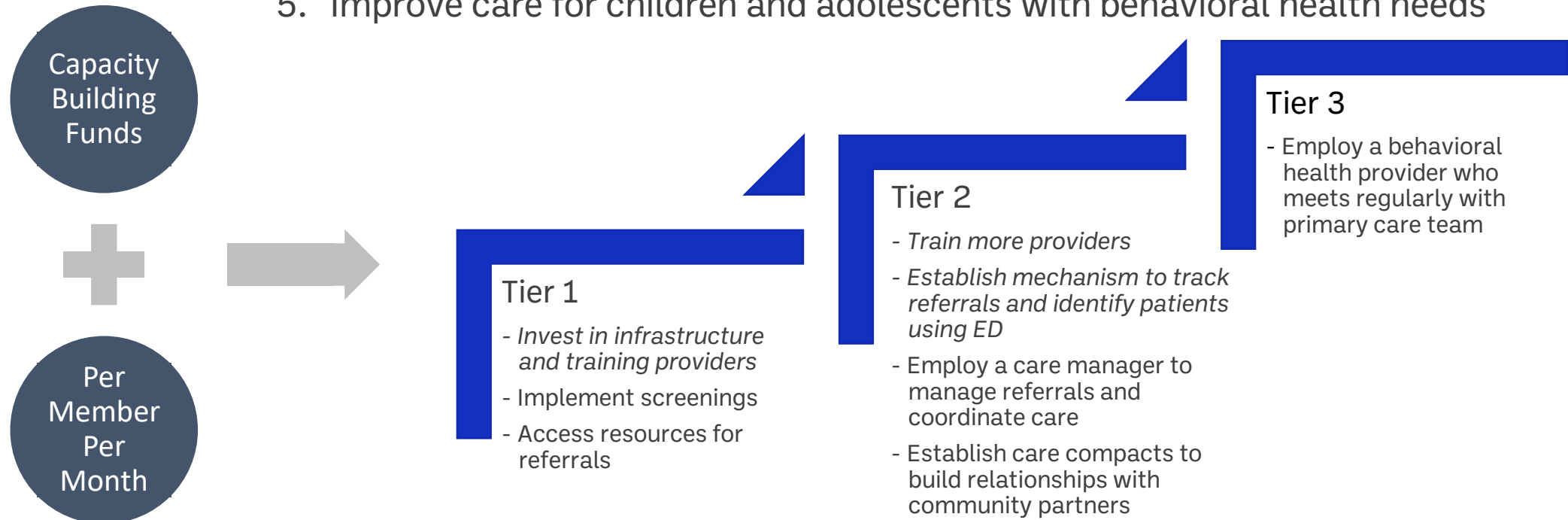
3 Tiers of Virginia's Primary Pathways Model



Model Structure

Primary Pathways

1. Increase training for primary care providers in behavioral health
2. Provide sustainable funding for practices integrating behavioral health into their care
3. Promote increased levels of integration of behavioral health into primary care practices
4. Reduce burnout among primary care providers and behavioral health providers
5. Improve care for children and adolescents with behavioral health needs



Detailed Tier Criteria

Tier 1

- At least 1 or 10% of providers (whichever is greater) in a practice must be trained in behavioral health (e.g. VMAP certified, REACH, ECHO etc)
- Must participate in state Health Information Exchange, could be at CIN
- Must conduct behavioral health screeners *and* integrated into EHR
- Will receive a community provider directory
- Will be given a single point of contact at the health plans

Tier 2

- All of Tier 1 +
 - At least 50% of providers in a practice must be trained in behavioral health (e.g. VMAP certified, REACH, ECHO etc)
 - Employ a care manager (not required to be solely BH support)
- Care manager responsibilities include:
 - Referral support and follow-up
 - Monitoring ADT/HIE feeds for patients that had ED visit
 - Follow-up on medication adjustments
 - Scheduling support
 - Support coordination of care with school
- An active care compact with a referring provider to formalize bi-directional communication expectations

Tier 3

- All of Tier 2 +
 - Virtual or in-office behavioral health specialist: Psychiatry, PhD, LPC, LCSW, NP/PA, Psychologist, MD employed by practice
- OR Collaborative Care Model (to fidelity)*

*Differs from CHI Framework

Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration*. <https://www.vahealthinnovation.org/primary-pathways/>

Resources for practices

1

Resources to Enhance Referrals

- Established a learning community that meets monthly
- Developed a private online website for resources and toolkits
- Created a “crowdsourced” provider directory for community behavioral health providers

2

Care management supports

- Partnering with Virginia Mental Health Access Program (VMAP)
- Support connection to health information exchange platforms
- Care compact templates
- Assigned single point of contact for plans, with designated health plan care managers for support
- Partnering with UVA DNP students for additional support

3

Population Management

- Develop reporting tools in collaboration with providers and health plans
- Engage providers on meaningful population health measures for evaluation
- Facilitated cross-practice learning through the Learning Collaborative monthly meetings and surveys

Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration*. <https://www.vahealthinnovation.org/primary-pathways/>

Pilot Participants

33

Pediatric practice sites

195

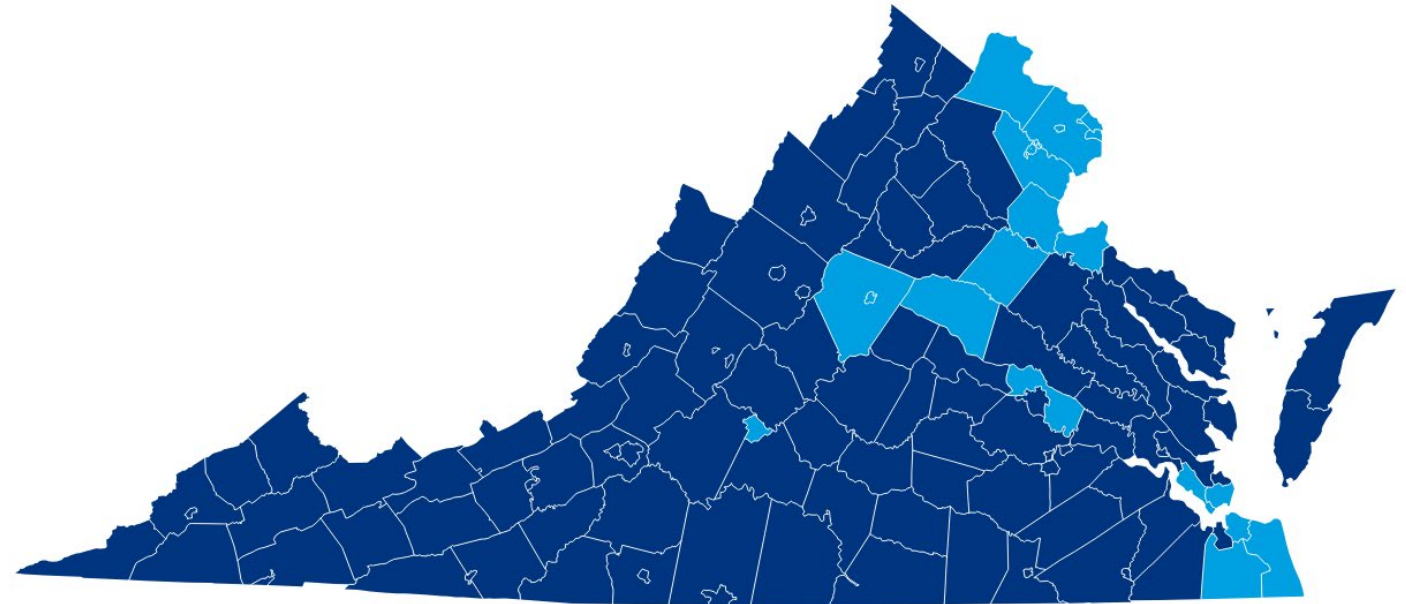
Primary care providers

11

Behavioral health
providers

17,000

Medicaid children



Source: Virginia Center for Health Innovation • Created with Datawrapper

As of May 2025

Source: Virginia Center for Health Innovation. *Primary Pathways: Paving the Way for Behavioral Health Integration.*
<https://www.vahealthinnovation.org/primary-pathways/>

Growth Opportunities

- Expanding practices and payers, especially across rural areas
- More comprehensive use of self-assessment tools, billing guidance, models of care
- Facilitated coaching for practices
- Workgroups to conduct root cause analyses on continued barriers

“

Within weeks, we had already identified sisters with complex behavioral health needs and were able to get them working with a care manager who got them into therapies, worked with their school, and was able to find their mother critical supports.

– Primary Pathways provider

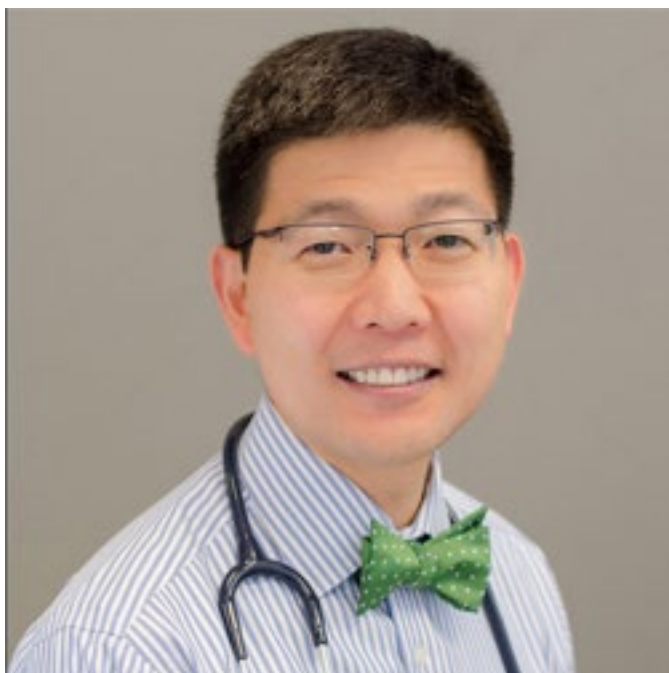
Participant in Primary Pathways Pilot

The Pediatric Center

- Pediatric practice in Richmond, VA since 1962
- ~40% Medicaid, 60% private insurance
- Urban, suburban, and rural patient populations
- ~ 20 pediatric primary care providers
 - Currently: 12 MDs, 1 DO, 4 NPs
- Integrated behavioral health since 2018
 - Currently: 2 licensed clinical psychologists and a behavioral health resource coordinator

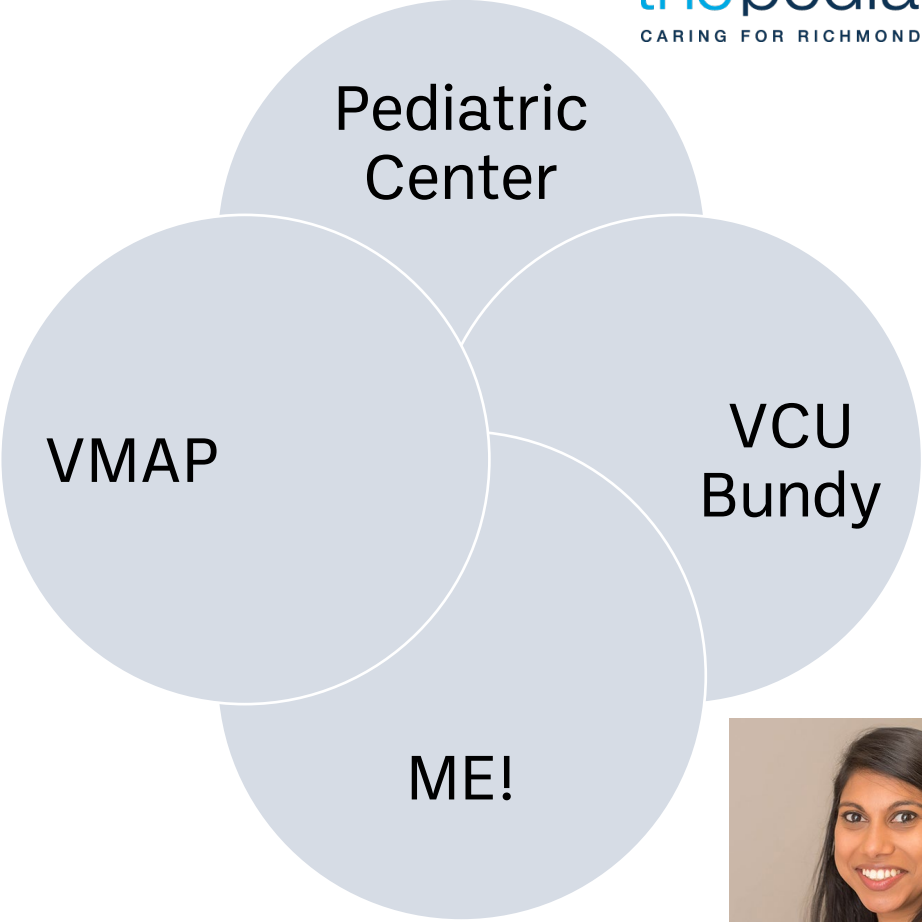


Our Champion



- Dr. Walter Chun
- VCU Bundy Professor of Community Pediatrics – 2018-2020
- Platform: integrated behavioral health
 - Improving access to mental health services for the children of Central Virginia
 - Improve patient-centered mental health education for primary care pediatricians in Central Virginia

Our Story



VCU Primary Care Psychology Training Collaborative

- Dr. Bruce Rybarczyk
- Multiple grants since 2010 focused on training primary care psychologists
 - Virginia Healthcare Foundation
 - Health Resources and Services Administration/DHHS
- Over 120 clinical psychologists trained through program since 2010



Different Levels of Integrated Care

Coordinated- key element is communication

- Level 1: Minimal Collaboration
- Level 2: Basic Collaboration at a Distance

Co-located- key element is physical proximity

- Level 3: Basic Collaboration Onsite
- Level 4: Close Collaboration Onsite with Some System Integration

Integrated- key element is practice change

- Level 5: Close Collaboration Approaching an Integrated Practice
- Level 6: Full Collaboration in a Transformed/Merged Integrated Practice

Source: *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

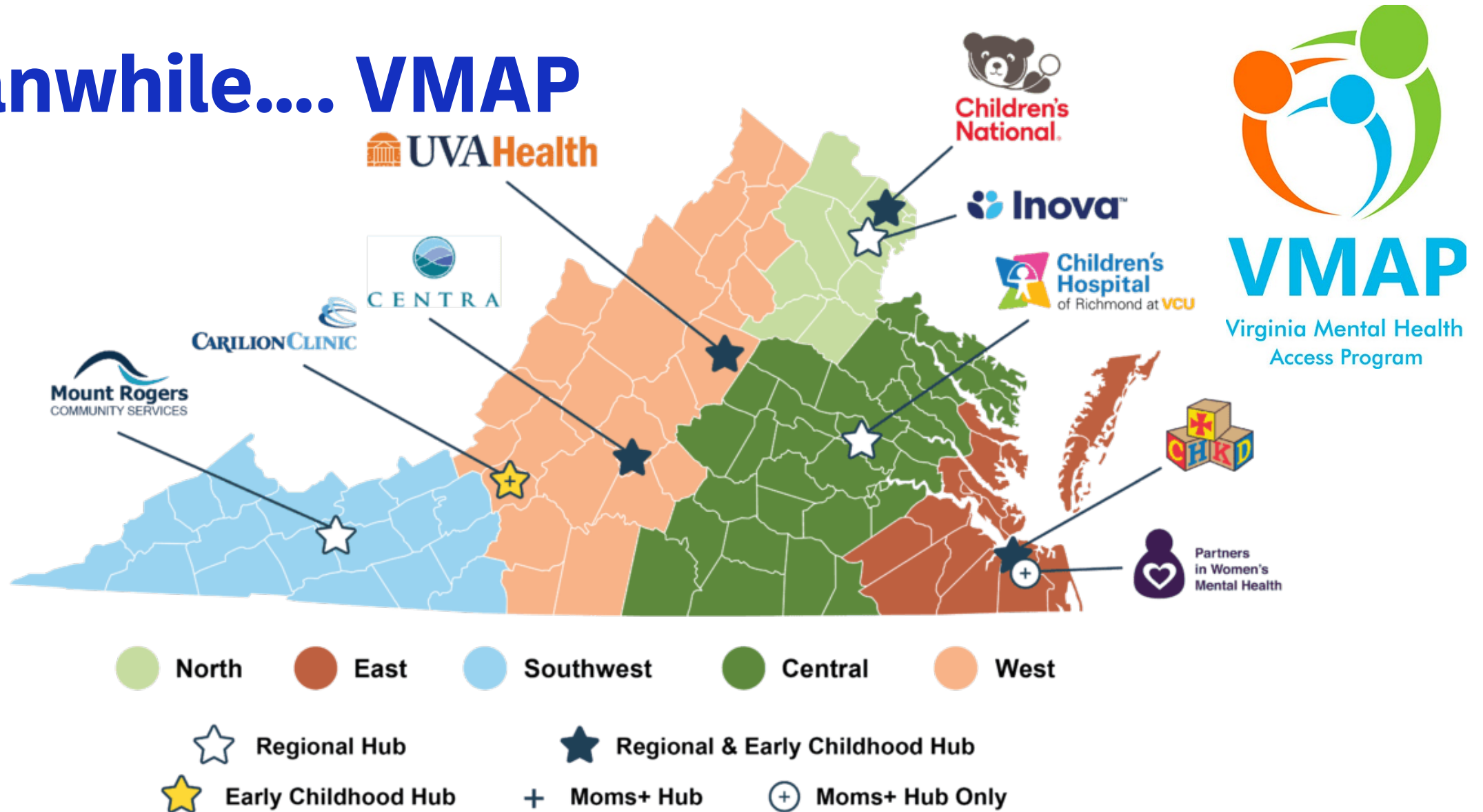
COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

Took the plunge!



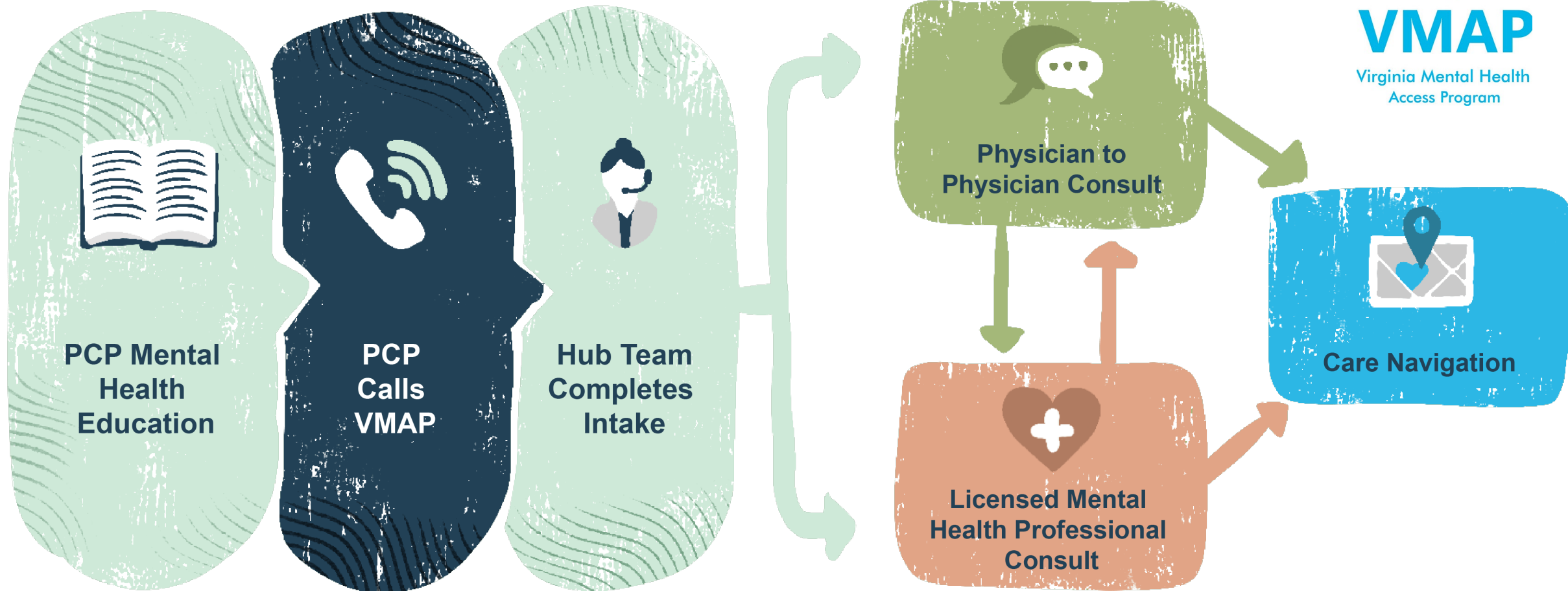
- Hired full time
- Salaried
- Program development
- Seeing patients
 - Warm hand-offs
 - Curbside consults
 - Individual Therapy
 - Diagnostic Assessment

Meanwhile... VMAP



Source: Virginia Mental Health Access Program Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care. Virginia Mental Health Access Program. <https://vmap.org/education/guidebook/>

How VMAP works



Source: Virginia Mental Health Access Program Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care. Virginia Mental Health Access Program. <https://vmap.org/education/guidebook/>



Building Out our Program

Mental Health Screening

Framework/Protocol for Medication Management

Crisis Protocol

Community Resources/Connections



Source: Virginia Mental Health Access Program Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care. Virginia Mental Health Access Program. <https://vmap.org/education/guidebook/>



The VMAP Guidebook **Version 2.0** ≤

GET THE VMAP GUIDEBOOK



- Provides **Virginia PCPs** with evidence-based **practices, knowledge, & resources** on pediatric mental health
- Includes **Care Guides** on common conditions in multiple languages with patient-facing handouts
- Download for free at vmap.org/guidebook

Transition to Tandem/Consult Model

- Hired second licensed clinical psychologist and fulltime behavioral health resource coordinator in 2020 (COVID-19!!!)
- Needed to shift to meet needs of practice
- Further integration and increased accessibility



Tandem Visits

Warm Hand Off

BH Provider is available to pop-in for meet and greet, brief intervention, crisis

Tandem Initial

Scheduled to be back-to-back at MD/NP request

Ideal for initial med starts, Vanderbilt review

Tandem Follow Up

Scheduled to be back-to-back at provider request

Ideal for med checks, monitoring vitals, etc.

BH Solo Visits

BH Initial Consult

Referred by MD/NP

Clinical interview,
diagnostic clarity,
psychoeducation,
recommendations
and referrals

BH Short Term – 4-6x

With patient OR
caregivers only to
provide brief
intervention (e.g.,
CBT, PBMT) or to
further clarify needs

Brief Assessment

ADHD: clinical
interview, observation,
additional rating
scales, IEP review

ASD: RITA-T and ASRS

Primary Pathways



Technological advancements

- Bring our screening to 21st century!
- Actual care management
- ADT/HIE Feeds
- Data aggregation and analysis
- QI

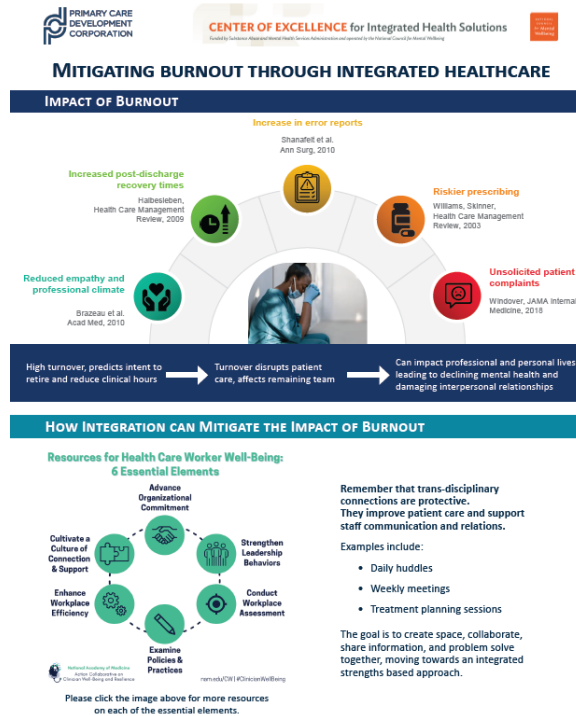
Questions



References

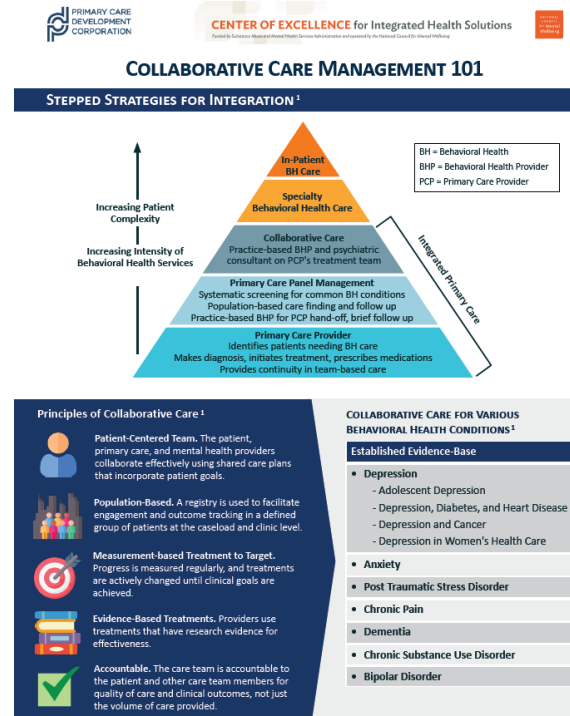
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“Operationalizing Integration” Webinar Series Tip Sheets



“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



“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”

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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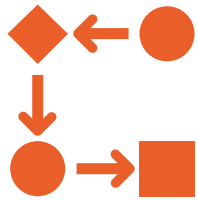
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Integrated Care



Access to
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Population Health
in Integrated Care



Workforce
Development



Integrated Care
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Operations



Addressing Ongoing Workforce Challenges

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Upcoming Events & Helpful Links



July 16

2-3:00 p.m. ET

CoE-IHS Integration in Action:
Defining Workforce Needs and Planning Strategies for Integrated Care at the Provider Level

[Register Here](#)

August 13

11-12:30 p.m. ET

CoE-IHS Learning Collaborative:
Advancing Peer Workforce Best Practices in Integrated Care: Career Advancement and Professional Development Pathways

[Register Here](#)

August 19

2-3:30 p.m. ET

CoE-IHS Learning Collaborative:
Advancing Peer Workforce Best Practices in Integrated Care:
Multidisciplinary Collaboration and System Integration

[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 background consists of several overlapping, semi-transparent light beige rounded rectangular shapes.

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