

# Community of Practice (CoP) Behavioral Health Strategies in Primary Care

Tuesday, August 5, 2025

2:00 p.m. to 3:00 p.m. ET

# Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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# Session Facilitator

**Laura Ross, MS, LMFT, CCTP, CTMH**  
Technical Expert Lead  
JBS International, Inc. (JBS)



# Today's Agenda



Session One Reflection



Defining Team-based Care



Common Strategies Employed in  
Team-based Care



Integrated Processes in Team-based Care



Essential Knowledge, Roles, and Skills of Team-  
based Care



Peer-to-Peer Discussion and Office Hours

# Session One Reflection

- Identifying and Addressing Common Behavioral Health Conditions of Health Center Patients: Your Thoughts, Comments, and Questions
- Opportunities for Plan-Do-Study-Act (PDSA) cycle planning



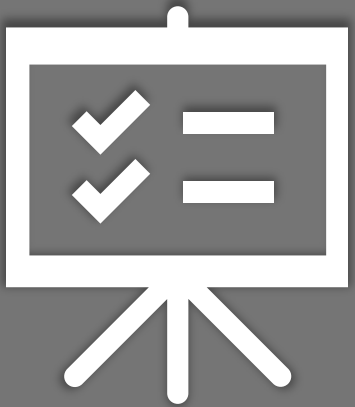
# CoP Overview and Schedule

- This CoP occurs every other Tuesday from July 22 to October 28, 2025
- The CoP sessions run from 2:00 to 3:00 p.m. ET
- Optional office hours will take place from 3:00 to 3:30 p.m. ET, immediately after each CoP session.

## SESSIONS:

1. **July 22** *Identifying and Addressing Common Behavioral Health Conditions of Health Center Patients*
2. **August 5** *An Approach to Team-Based Care*
3. **August 19** *Use of Structured or Semi-Structured Interventions*
4. **September 2** *Stages of Behavior Change & Increasing Patient Motivation for Improving Health Outcomes*
5. **September 16** *Core Evidence-Based Behavioral Health Intervention Strategies – Part 1*
6. **September 30** *Core Evidence-Based Behavioral Health Intervention Strategies – Part 2*
7. **October 14** *Assessing Patient Needs and Developing a Plan for Supporting New Skills in Practice*
8. **October 28** *Plan to Practice: Next Steps for Enhanced Care*

# CoP Objectives



## Participants in this CoP will be able to:

1. Identify a set of core strategies and skills commonly deployed by behavioral health providers in integrated care.
2. Describe an approach to team-based care.
3. Identify and practice specific skills including:
  - Using structured or semi-structured interventions
  - Screening and risk stratification using validated tools
  - Deploying brief motivational interventions in support of treatment engagement and retention
  - Core evidence-based behavioral intervention strategies
  - Strategies for behavioral activation
4. Develop a plan that supports transfer of learning and new skills into practice.

# Session Objectives

## Participants of today's session will be able to:

- Define team-based care
- Identify strategies of effective care teams
- Understand processes used in team-based care
- Describe the core skills of team-based care





# Session Two

## Process and Strategies for Team-based Care

# Discussion Questions

1. When you hear the term team-based care, what comes to mind?
2. What does team-based care look like in your setting?
3. Write down key characteristics and strengths of your team.



# Defining Team-based Care

# Team-based Care Defined

- Team-based care in health center settings is collaborative, flexible, and based on function, not roles.
- The team is made up of everyone who is involved in serving the patient from the time they make an appointment through the end of the episode of care.
- Each member of the team has input into the patient's care plan.
- The patient is at the center of the care team.



# Integrated Care is Team-based...*AND* the Patient is a Team Member

- On Integrated Care (IC) teams:
- **Contribution:** **ALL** clinicians and support staff have a valued voice to inform patient care.
- **Collaboration:** Team members are flexible and **focus on function**, not title.
- **Ownership:** Providers are leaders of the Care Team; however, **patients do not “belong” to a provider**, as patient care is shared across the Care Team.
- **Value:** Your patient becomes your most utilized resource.



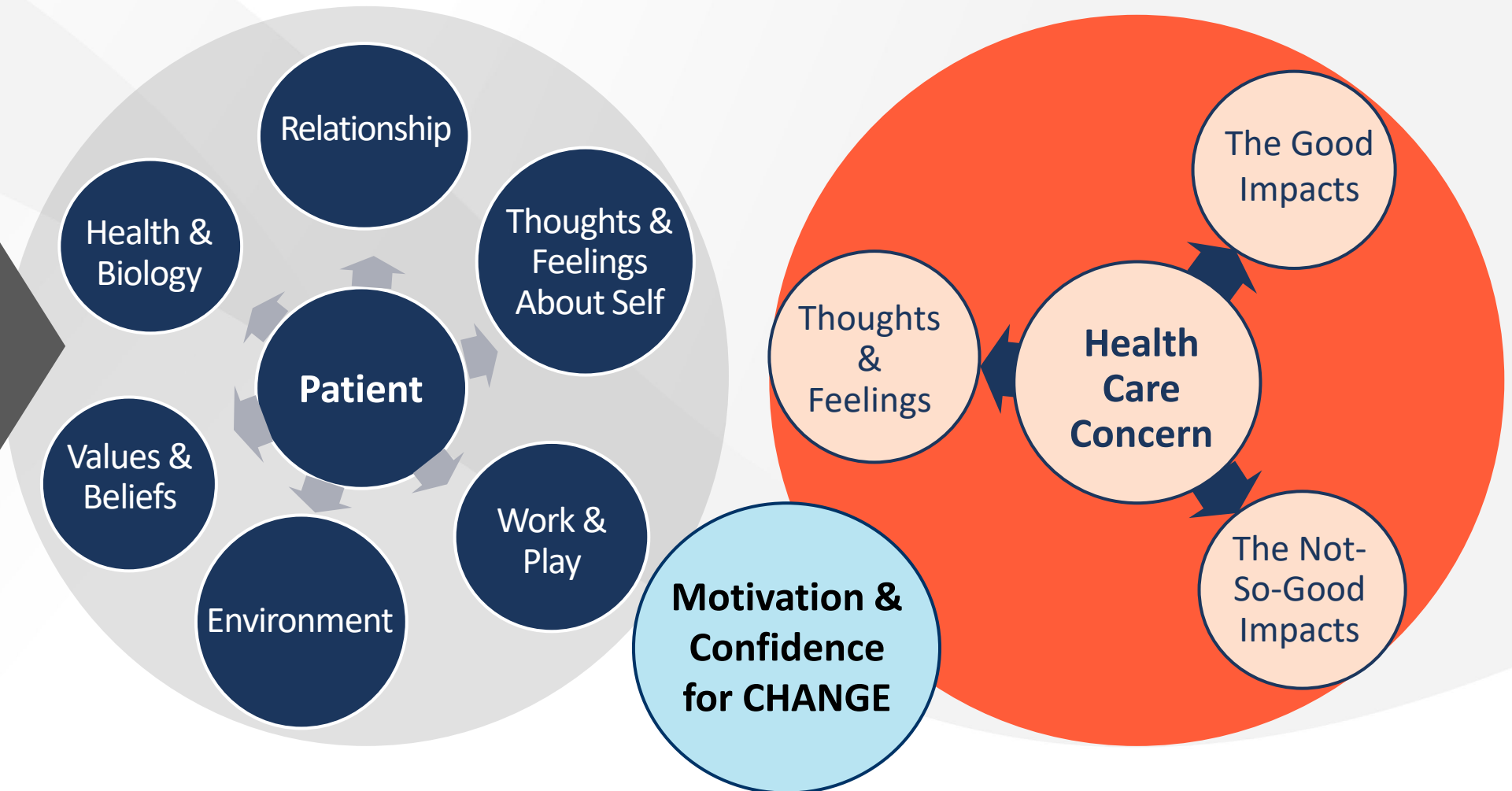
# Example of an Integrated Care Team



# Patient Is at the Center of the Care Team: Seek Context

## EXPERIENCES

- As children
- As adults



# Staff Roles and Core Skills



# Members of the Care Team *Who Is Missing?*

**Clinical Therapist/  
Psychologist/  
Behavioral Health  
Consultant**

**Primary  
Care/Specialty  
Medical Providers**

**Psychiatric  
Prescriber**

**Nurses**

**Patient Services  
Representative**

**Pharmacist**

**Community  
Health Worker**

**Case Manager**

**Peer Support  
Specialists**

**Front Desk/  
Administrator**

**Medical  
Assistants**

**Patient  
Navigators**

# Expectations of Patients in Team-based Care

In truly *collaborative services*, we seek to actively involve patients in their own change-planning process using informed choice. Staff should seek first to develop empathic, collaborative relationships with patients.

***Expect and respect that patients bring their wisdom and understanding to planning and services.***

# Function: Shared Roles on an Integrated Care Team

*Everyone is responsible for:*

- Management of patient complexity—individual and population-level care coordination and collaboration
- Use of evidence-based practice guidelines (e.g., Motivational Interviewing [MI])
- Health behavior change
- Self-management
- Goal setting
- Education
- Management of comorbid conditions
- Program evaluation & quality improvement (QI)



# Foster Team Connections and Learning Experiences

- Expand opportunities to learn from and work within and between departments for cross-education.
- Consider micro-teams to support staff wellness and staff retention.



# Core BH Skills/Interventions in Primary Care Settings

- Cognitive behavioral therapy
- Mindfulness
- Psychoeducation
- MI
- Universal and secondary screening tools
- Risk stratification
- Brief intervention/brief consultation
- Management of referrals and follow-up care
- Basic understanding of pharmacology
- Knowledge of common medical conditions of the health center patient population
- Creation/maintenance of current lists of community resources and community partners

# Additional BH Clinical Interventions

1. Motivational enhancement
2. Enhancement of situational awareness
3. Communication skills
4. Enhancement of social supports
5. Healthy replacement activities
6. Problem-solving
7. Management of urges, cravings, distress, painful emotions (urge surfing, dropping anchor, distress tolerance)
8. Values clarification and enhancement
9. Making of important life decisions (based on values)
10. Meditation
11. Work with thoughts
12. Work with emotions: fostering some, dissolving others
13. Behavioral activation (BA)
14. Self care



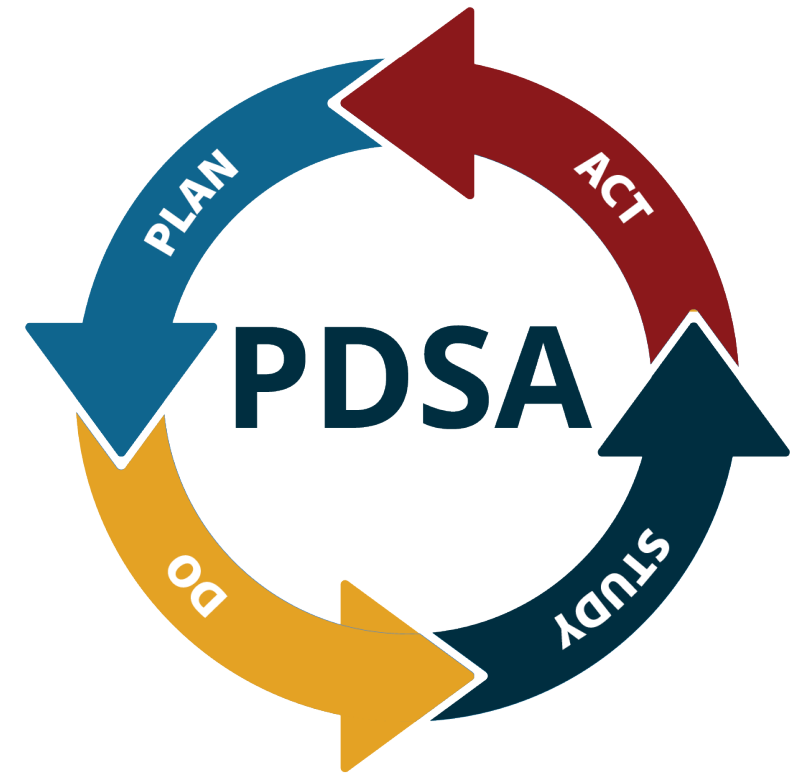
# Discussion Questions

1. How do these practices align with your current practices?
2. What enhancements might you consider making to current practices?
3. What value would team-based care offer to your patients served?



# Apply the PDSA Cycle for Change & Implementation

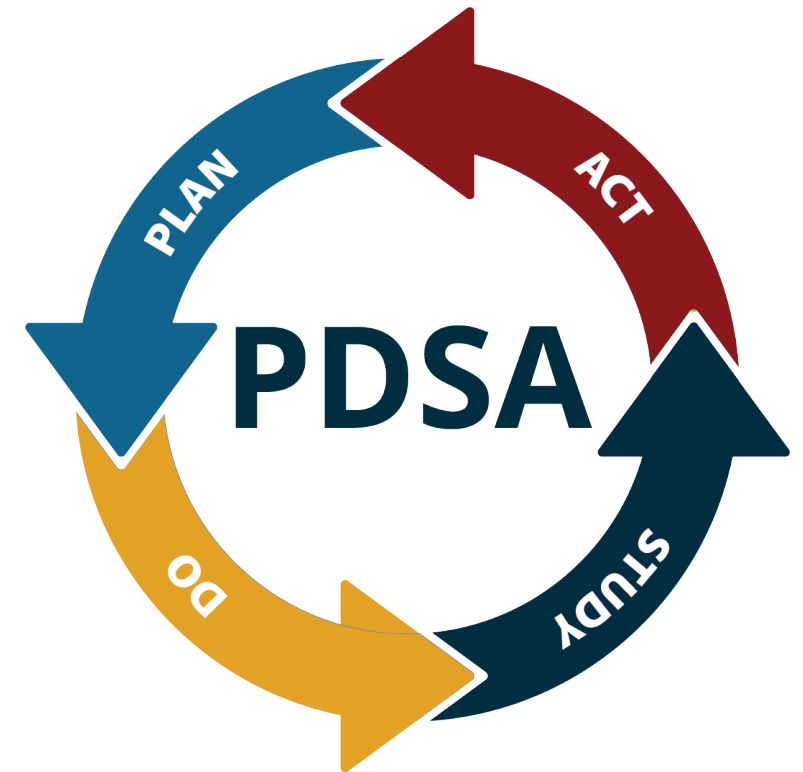
- Each CoP session will contain discussion and activities to support your health center's efforts to implement changes related to CoP objectives.
- We will provide a PDSA template and suggested topics you can use for planning and implementation at your organization.
- At our final CoP session, share a summary of your PDSA activities and/or plans for applying CoP learnings.





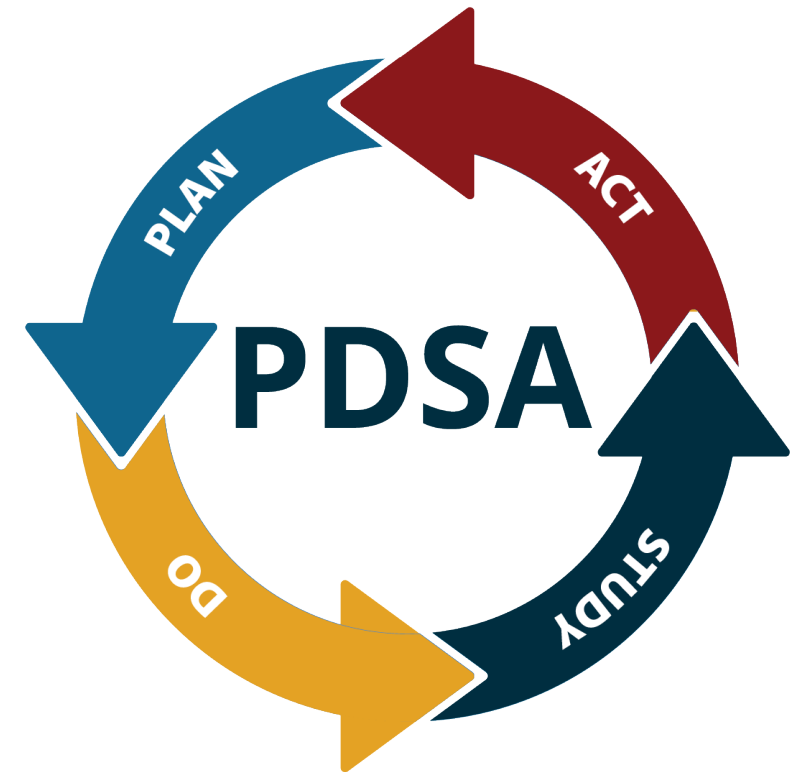
# Reflection and Assessment (1)

- What thoughts/reflections do you have about team-based care as presented here?
- Have you seen team-based care in your organization or at other organizations?
- Are you skeptical about team-based care in primary care settings?



## Reflection and Assessment (2)

- Are there team-based care champions within your health center medical department?
- Who could support efforts to incorporate a team-based approach in primary care? Who is missing?
- How would you describe the level of leadership buy-in and support for team-based care?



Q&A



# Resources: Integrated Care Models

## **Certified Community Behavioral Health Clinic (CCBHC)**

Substance Abuse and Mental Health Administration. (2023, April). *Certified Community Behavioral Health Clinics (CCBHCs)*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics>

## **Patient-Centered Medical Home (PCMH)**

Agency for Healthcare Research and Quality. (2022, August). *Defining the PCMH*. U.S. Department of Health and Human Services. <https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/define.html>

# Accessing Training and TA Opportunities



## EMAIL US

[bphc-ta@bizzellus.com](mailto:bphc-ta@bizzellus.com)



## VISIT THE TA PORTAL

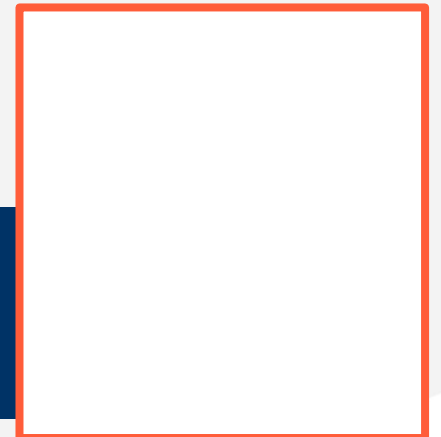
[bphc-ta.bizzellus.com](http://bphc-ta.bizzellus.com)



## SUBSCRIBE TO THE HUB IN FOCUS

[bphc-ta.bizzellus.com/subscribe](http://bphc-ta.bizzellus.com/subscribe)

Scan the QR code to subscribe and watch for updates in the Hub in Focus regarding additional TA opportunities



# Continuing Education (CE) Opportunity

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# Health Center Satisfaction Assessment

We'd love your feedback on  
today's session!

Please take 2 minutes to  
complete the Health Center TA  
Satisfaction Assessment.

**Thank you for your time!**



<https://www.surveymonkey.com/r/CoP3Session2>

# Thank you!

We'll see you on  
Tuesday, August 19  
2:00 to 3:00 p.m. ET





CoP Office Hours  
Tuesday, August 5, 2025  
3:00 p.m. to 3:30 p.m. ET