

# Transcript: Operational Strategies for Integrated Care: Hiring & Onboarding

December 8, 2025

**Webinar support:** Welcome to the Mental Health/Substance Use Disorder Integration Technical Assistance webinar, *Operational Strategies for Integrated Care: Hiring, and Onboarding*. Please note our disclosure. This event was produced for the Health Resources and Services Administration Bureau of Primary Health Care.

Participants have entered in a listen-only mode. Submit questions by using the question and answer feature. To open the Q&A (question and answer), click the Q&A icon at the bottom of your Zoom window. Questions will be submitted to the presenter and technical assistance support staff. You are welcome to submit questions at any time.

We offer behavioral health continuing education units for participation in BHSUD (behavioral health and substance use disorder) integration technical assistance events. If you experience any technical issues during the event, please message us through the Q&A feature.

This event is being recorded. The slides, recording, and transcript will be available on the TA (technical assistance) portal following this webinar. We're excited to share that we have more continuing education opportunities coming up for you. We'll add the links for these events in the chat so you can take a closer look.

I am pleased to introduce you to today's presenters. Laura Ross is a technical expert lead for JBS International, Inc. Laura has been a senior clinician and executive leader in behavioral health for over 25 years. Her current work employs an interdisciplinary approach to integrating behavioral health into traditionally medically based health care systems and settings. She possesses a depth of knowledge in change management, compliance, and clinical network management in matrix and other health care organizations.

Rob McAdam is the Vice President of Behavioral Health for Aviva Health in Roseburg, Oregon. At Aviva Health, Rob oversees both an integrated primary care behavioral health program and traditional outpatient behavioral health program, leading initiatives to deliver accessible, high-quality, and coordinated care to underserved communities. It is now my pleasure to turn the webinar over to Laura and Rob. Laura, please go ahead.

**Laura Ross:** Thank you so much, and good afternoon or good morning, everyone. It's great to be here with you today. In order to get us started, let's talk about our agenda. A warm welcome to you all. Just to review, we will be doing an overview of best practices for integrated care, hiring, and onboarding. We'll be talking about effective approaches to hiring, onboarding, and specifically, Rob is going to share with us approaches that have been successful at Aviva Health. Then, at the end, we will be saving some time for Q&A, so please stay tuned for that. Next slide, please.

Okay. Our objectives today. We would like to today name several different best practices for hiring and onboarding that support an effective integrated primary and behavioral health care approach. We want to also understand how to practically apply best practices through Aviva Health's experience as one example of how hiring and onboarding helps establish a sustainable integrated care approach. Next slide, please.

Before we move into the bulk of the presentation here, we'd like to hear from you. You answering these questions helps us tailor this presentation more to you and what your needs are. We'd like to start us off. We have a polling question here and you'll see the poll pop up on your screen in just a moment. The question is, "Does your current hiring process highlight and reflect an organizational value of working in a team-based integrated care environment?" Your hiring process. If you would, please take a moment and answer this poll question. You should see it on your screen now. We'll give you a few more moments to respond.

Oh, thank you. People have just jumped right in and are responding. That's great to see. All right. If you're just joining us, please feel free to respond to the poll question on your screen. We're asking, "Do your hiring processes highlight and reflect the organizational value of team-based integrated care?" That's our question. We'll keep the poll open for another few seconds here. Go ahead and reach for your buttons. I'm seeing a combination here. Oh, okay. I'm seeing a combination of responses. Just another moment or two for those folks just needing to click.

Okay. We're going to go ahead and close the polls. I want to just share about 40%, 42% actually, of you said your hiring processes do highlight and reflect that organizational value, 20% said that your hiring processes don't reflect integrated team-based care, and then about 40%, 39% actually, were unsure whether your hiring practices do that. Let's roll over and move from hiring.

We'll go to our next slide. We're going to ask the same question in a similar way. Do your current onboarding processes reflect and highlight the value of integrated care and working in a team environment? You should see the new poll pop up on your screen. Same thing. Would you please speak to, "Do your onboarding processes reflect this?" We have any number of challenges in our work that we do. Preparing people from the start, as we're talking about today, is a great way to do that. Please continue to share your answers even if you're not sure or you don't know if this applies to you. Go ahead and give those buttons a click about your organization and onboarding processes. Are they reflective?

Okay. So 56% of you, wow, that's a big number. Fifty-six percent of you said that your onboarding processes do reflect and highlight the value of working in a team-based integrated care environment, 11% said no, they don't support, and about 33% are unsure. We've got folks in each of those categories here, so that helps us. All right. We're doing great with the questions. Let's move on to our next slide and our next polling question.

Specifically, now we're talking about behavioral health. Does your behavioral health department's new hire orientation provide an overview of integrated care, an introduction to integrated care, and specific training on what integrated care looks like at your center? Go ahead and we'll begin the poll now.

**Laura Ross:** Thank you for those of you who are clicking in. Great. Seeing good responses come in so far. Thinking about your behavioral health new hire orientation. This is likely dependent on your role in the organization. Right? How familiar you are with the behavioral health onboarding experience.

Okay. I'm going to give folks another few moments to click if you have not already clicked. It looks like we've got most folks responding at this point. We'll go ahead and close the poll, and I'll share with you. About 41% said behavioral health new hire orientation does provide that overview, integration, and specific information about what integrated care looks like at your center, 22% of you said it does not, and 37% of you said you aren't quite sure. Good information. I think we've got one or two more. Thank you for clicking along with us. We're going to get to the meat of our presentation soon. We'll go to our next slide.

This one is speaking to medical staff orientation and new hire process. Do you provide medical staff? We can go ahead and open this poll. Does your organization provide medical staff an overview, intro, and specific training on your health center's integrated care approach? All right. Please do click. We're looking for your opinions, your thoughts. Again, there is no right or wrong answer here. We're really just taking a look at how are we doing things, and if there are opportunities, where could we look to find those and then access them following the webinar.

Thank you. I'm seeing folks click in. I'll give a couple more moments. Okay. Last few moments. Okay. If we stop the poll right now, I see that about 32% of you said that medical staff does get a pretty comprehensive new hire orientation process, talking about the approach, how it's operationalized at your center, et cetera. Then about 24% said no, they don't get that orientation, and about 44% said not sure. We're seeing this range. I'm seeing the range in all of these answers. We're going to speak to this in just a moment. Before we do our synthesis, let's go ahead and go to the next slide.

Okay. Final question. Do your behavioral health and medical staff, does their orientation process provide an opportunity to shadow a range of staff across your interdisciplinary care team? Great question. Do medical and behavioral health folks, are they afforded an opportunity to shadow others outside of their discipline on the care team? I like this question because we can't help but have different disciplines. We can't all specialize in the same thing, and yet, it's so helpful and valuable to hear from other departments and other disciplines so that we can provide care really across the center, across your scope of services.

Okay. I think we have everybody answered. We'll go ahead and close the poll and let's see what we have here. Okay. Thirty-five percent of you. Wow. Thirty-five percent. That's really good. Thirty-five percent of you do offer a shadowing opportunity. About 54% said no, there is not a shadowing opportunity, and about 12% weren't sure. I'll tell you, I'm really encouraged. The more we can know and learn about our colleagues and what our health center is and does in all of its iterations, especially in integrated care, is really, really key. Let's go to the next slide and talk a little bit more about that.

There are any number of best practices within integrated care hiring and onboarding. What we would like to do today is focus on a couple of aspects of integrated care

hiring best practices. For instance, workforce is something that is top of mind for probably all of us. We know that there is a need to balance patient care, to balance licensing, credentialing, and to also balance the ability that we have a care team who is representative of our community, who identifies with the patients that we serve.

Labor pools are a way that sometimes can really access folks who you may not otherwise be accessing in terms of bringing people on who are going to have the skillset you're looking for, who are going to have the experience or the training that you're looking for. Integrated care is, as we have seen, is not-- it's evident throughout the polls indirectly, but it is not all that common to get integrated care training in graduate work and in medical schools.

Look at academic partnerships. When you're hiring, look at academic partnerships with local universities, whether they're colleges, universities. Look at even high schools where these partnerships could be appropriate or could be leveraged to broaden and expand your applicant pool. You can also look at internships. Internships are a great way and highly economical in some cases. Some interns are not paid interns, and they can still perform services that are valuable to us in serving the integrated care model.

Please keep in mind, too, we can look outside for our expertise. Also, we encourage you to look within. There is a lot of experience and skill that just may not have been tapped on your team that is already employed at your center. Take a look at the roles that you have and the scope that each person possesses within each role because sometimes it's completely within scope to alter or adjust or shift the work product that people are tasked with carrying out. Look within your own staff. It's possible that the tasks can be realigned to serve the best needs of integrated care in the most comprehensive way.

Another great tip. Be sure that your job descriptions are reflective of-- this says "job descriptions." I want to also say job postings. Job postings and job descriptions clearly state and emphasize the health center's integrated care approach. You can't emphasize that enough. If people are not aware of the approach that they are considering engaging with, then it is going to be very difficult to get an applicant pool that we're looking for with the skills and talents that we want.

The other thing I recommend is that in screening interviews, in candidate interviews, that you really include evaluation or at least screening for integrated care core competencies, brief consultation, collaboration, communication, expectations, timeframes, workflows. Include those types of questions in your job descriptions and in your onboarding process.

Again, when you're interviewing, talk clearly about what integrated care looks like at your organization. Integrated care, while there are common themes and practices and strategies we all can use, integrated care is going to look unique at each individual center. Provide your candidates with an overview of how it works there, who they would go to, how they will get more information, and where to go if they have questions. Solicit from them what's their experience in integrated care. Do they have suggestions?

On a true integrated care team, we have that communication flow and feedback loop happening. We want that. We want to hear from folks what they think has worked well for them in the past or that they think could work well on your team. Next slide, please.

In terms of onboarding best practices, really, if you're looking at the orientation, orientation should really cover every aspect of integrated care with which the particular candidate is going to be involved or held accountable for. We know that if consultation within a multidisciplinary care team is going to be expected, introduce that, not just in your job posting, but also in the orientation. Ensure that the orientation includes a description of a close working team and folks focusing on function maybe over their specific task or their specific role. Are there documentation timelines, productivity expectations?

We know that integrated care, when it works well, is really marked by quite a bit of language and communication that's carried through the entire care team; medical, behavioral health, dental, vision, whatever departments make up your care team. We know that it's important for the members of the care team to speak and make a complex care team, make it easy to understand. For our patients, for each other, we all are learning how to communicate and speak each other's language among the care team, and be sure your orientation addresses that.

One of the best aspects of orientation that I was ever given at an FQHC (Federally Qualified Health Center) was the opportunity to sit in different departments within the first couple of weeks of my onboarding and shadow a medical provider, shadow a medical assistant, shadow a front desk staff member, shadow a community health worker. I got such a good understanding of what each person in each department does. I got to meet people and put names with faces, which--

We work in very fast-moving environments. That doesn't always happen. I can't emphasize the teamwork that it will build. It breaks down some of those silos. If all teams are doing some shadowing; medical teams, dental teams, behavioral health teams. It makes it much easier to come approach somebody with a patient concern or a process concern if everybody already has that introduction and has a sense of what work gets done and what treatment gets provided in each area.

Again, I can't speak to the training process enough. It is very important that integrated care teams are kept apprised and don't just receive initial training in documentation, billing, coding, workflow processes because processes will shift over time. Processes will look different at a larger site versus a smaller site or at a rural site versus a more urban environment.

Keep in mind that training is not one and done. Training should start at the onboarding process and continue periodically and regularly over the course of an employee's tenure with you. Build up your team meetings. Again, make team meetings multidisciplinary.

If you have an introduction of all of the disciplines within a huddle or a clinical consult meeting, it is invaluable the information that can come forth from folks who may know something about the patient's standing that is unknown to the other members of the care team. Finding that out and hearing everybody who is involved with the

patient, having a voice into what might be going on and how to best work with the patient is really key. On well-functioning teams, we see that.

Brief overview of onboarding and hiring best practices. I'd like now to turn it over to my colleague, Rob, who's going to talk to us more about what care looks like or what integrated care looks like and looked like at Aviva. We'll go to the next slide. Rob, take it away for us.

**Rob McAdam:** Thank you, Laura. I'm very happy to be here. Yes. I'm from Aviva Health. Next slide, please. We are a FQHC here in Douglas County, Oregon. The county seat here is Roseburg. We have about 25,000 people who live here. It's predominantly rural. Our community stretches from the Cascade Mountain Range all the way to the Pacific Ocean. We have the mountains and the oceans, rivers, all of that. It covers about 5,134 square miles. If you can visualize that, that's a little bit larger than the state of Connecticut, so a pretty large area.

We have 10 locations throughout the county. In '24, we served over 18,000 patients in that area. We primarily focus on the underserved population. These are folks with Medicaid, Medicare, underinsured, uninsured, those folks who really just need support for their whole health. Our behavioral health department has two programs. The primary care behavioral health is our integrated program at two sites. One in our main clinic in Roseburg, and the other one in a satellite clinic in Sutherland. Then we also are fortunate to have an outpatient behavioral health program that is primarily fed by our primary care behavioral health team.

One of the core components of our organization is that we have a family medicine residency program, which is really an amazing program that brings health professionals to our rural community. Broadly, I like to tell folks that we're a teaching clinic. In fact, we actually just started an APP (advance practice provider) residency as an example to bring more health professionals to our community. The next slide.

Let's talk about recruiting. Here are some of the overarching principles that we use when we're recruiting. Organizational context. It's the foundation of what we do when we're recruiting. We understand who we are and where we're from. We know our organization. That helps us to know who we're recruiting. It's super important to be targeted in that and be specific. We structure the process, and we reassess that process periodically to refine it.

We learn from the results. Are we hiring? Are we getting good outcomes? What are we hearing? What are we experiencing? How can we get better at it? In that, we do some continuous tracking and improvement, and we'll go through some of those things. Then, finally, we plan for the future, but we're really flexible. I'll talk a little bit about an example of what that looks like for us. Next slide.

All right. When we're talking about our organizational context, we really want to know and have a core foundation. Where is your health care located? Are you in a rural community? Are you suburban? Are you urban? What's happening in your community that might be pertinent for those folks that are applying? Who do you serve? We know we serve Medicaid.

Medicare is our primary population. We have a particularly large Medicare population. We serve folks, we say, from birth to death. That's really important when we're looking at who we're going to bring on. They have to understand who we serve. What's your mission, vision, values? Some people can recite them. That's really cool. I think it's even more valuable if your organization lives that mission. If that's true, bring that to the interview space, bring that into your recruiting. I think that also goes a long way with retaining the folks you do hire.

If you have a nice vision-mission statement, and values, but you don't live it, the folks that you hire, they'll figure that out pretty quickly. What type of entity is your health care center? Are you an FQHC? Are you an RHC (rural health center)? Are you a look-like? Are you for-profit, non-for-profit? That goes a lot into how your program sustains over time. Understanding that is important. It also will come into play as you're operationalizing your program. Understanding that upfront is really important.

What is your health center's role within your community? Here at Aviva, we really fill in a lot of gaps. We have a core mission of serving our community and trying to stretch ourselves to serve the best we can. We're always innovating. We're not stagnant. We're always adding more. We're always looking where the need is. The decisions that we make are a lot about our community, which has a lot of value. When you're recruiting folks, if you can say that earnestly and that's attractive to a candidate, you start to build that best fit.

Understand that. I'm not from a rural community. I'm traditionally from a small city. Being in a rural community means something different to most people. Understand who you're recruiting and where you're recruiting them from. For us, we've decided to focus primarily on recruiting locally for a variety of reasons, and it's had some pretty good results. That doesn't mean we neglect folks out of area, out of our region, out of our state. We welcome those as well.

However, we know that our bread and butter is really with the people who live within our community, and that's served us well. You have to ask yourself. Are you being intentional about where you're recruiting? We don't have a university that is turning out master's-level clinicians locally. You have to go at least an hour away before you get a university. We understand that, and we work with that. That's something that you should consider in your recruiting process.

Consider what makes your community unique. Roseburg, for instance, we are at the confluence of the South Umpqua and the North Umpqua. It comes together to make the Umpqua River that flows out to the Pacific Ocean. We constitute the Cascade Mountains, so you go up to Diamond Lake, and you're in the mountains. You go all the way to the coast, and you're at a beautiful coastline and everything in between.

We really bring that to bear. Our local community, we have a lot of wine growers, farmers, ranchers, those types of things. We really lean heavily into that. We have a small-town feel, but we're a growing community. That's something that we really highlight when we're talking with potential applicants. All right. Next slide.

I say that recruiting starts well before the applicant is in the room with you. In today's information age, folks have access to a lot of information about your organization, as well as a lot of times, we'll reach out to folks in the community or other folks that they

know and ask about your organization. As you all know, it's a lot easier if your organization has a good reputation. If it has a good reputation, folks tend to seek you out. You get a lot of applicants wanting to work for you.

I would say it's even easier if your employees love your organization. They will be your best recruiting tool. A great example of this is I mentioned that we have a family medicine residency program, and we have somebody that's in their second year and their sister, they're from out of state, their sister just finished their master's program, and just really loved working for Aviva. They basically recruited their sister to move out to Oregon and apply and work with us. We just hired her a few months ago.

That's a great example of you hire the right people, they'll then do the recruiting for you in a much better way than you can. There's already that trust that's built. Then, do you know what applicants may think about your organization? That's really important to have that. I've been fortunate to work in some really great organizations where people wanted to-- we would have a lot of applicants for the jobs. That just made my job easier.

I've also worked in organizations that were harder to recruit for. Utilizing that knowledge, I can dispel some misconceptions in the interview process and had a better chance of landing some of my more prized recruits. That's something you really want to think about and use the interview process for. Even if your organization doesn't necessarily have the best reputation, you can lean into that in the interview process and start building connections by being upfront and maybe a little bit transparent about that and what you're doing to rectify that. Next slide.

All right. One of the tactics that we employed here was when I first got hired here, we had, I think, two or three job postings. The job postings were maybe not reflective of all the licensure types. What we did was we just opened up recruitments for our LCSWs (licensed clinical social workers, LMFTs (licensed marriage and family therapists), LPCs (licensed professional counselors), psychologists. We did a general one for outpatient behavioral health and psychologists and behavioral health assistants and associates.

We really-- recruitment for every single type of position so that when someone goes into their search results, and they're looking for their, let's say, clinical social work associate, and they're looking for that, our name popped up. We've had some really good results from that. That gives us more clicks and more hits. Next slide.

As I said, we prefer to recruit folks who live locally. It's been something that has helped us not only with the recruitment but retention. One of the things that we've done to drive a little more recruitment or our applications is highlighting some of our more attractive benefits. In our job postings, in our advertisements, actually, in preparation for this, I went back and looked at what we had, and I updated it yet again, one particular posting, hoping that we could get some more applicants.

We struggle with some licensed folks, for example. Licensed providers are a little bit harder for us to get. I think there's some valuable benefits that we haven't historically done a great job of putting upfront. For instance, in our outpatient behavioral health program, we let folks select do they want a five-day work week or a four-day work week? We highlight that because not every location allows you to do that. That's

something that you should lean into, make sure that their folks know the value in working for you.

Developing some strategic partnerships to help recruit. We have a relationship with our local community college. They recently started an associate program for social work. Then they partnered with a larger university to transition those students into a four-year program as well as a master's program. We partnered with them and said, "Any students that go through that program, if they want field placement, we will give you priority field placement within our organization, whether it's within our outpatient program or our integrated primary care program." That really leans heavily into that local vibe that we have.

The other part of this is cultivating relationships through whatever you do. Even things like this, very important for us to get out and be connected with our community broadly with our region, let folks know the good work that we're doing and who we are, what's important to us. One of the cool things that happened, and earlier, I think the last tenant on one of my principals was plan for the future, but be flexible.

We had planned to open up a mental health internship program in our outpatient program in year two or year three of our five-year plan. However, we have developed a relationship with a local outpatient program that was doing a mental health internship program. They could no longer do that program. We partnered. In literally eight weeks, started a mental health internship program.

Now we have three master's level interns that are working at our outpatient clinic. That's a valuable way for us to bring on new talent, recruit, hopefully retain, and pay back our community in terms of bringing more professionals and giving professionals who are in our community more experience. Next slide.

All right. We use a set formula for our interview process. It really helps us to develop mastery over the interview. We're not really focused on questions or whatever. We have the same people in the interview. We've really got good at the interview process, which helps us to focus on what's happening. Our interviews, we spend about 15, 20 minutes, so a third of the interview on an opening dialogue. We start off with the recruiter brings the applicant back and acclimates them to the interview. We go around and do their traditional introductions, title, role, those types of things. Then we do a brief organizational overview. That's one of the things that I do.

At the beginning, I started by telling you, "Aviva Health is FQHC in Roseburg. We have about 25,000 people in the county seat of Roseburg. We serve 18,000 people annually. The county has a population of 112." This is the type of thing that I do at the beginning. I let them know, "Here's the context of Aviva." I also highlight very heavily, "We serve our community. If someone doesn't have insurance, it doesn't mean we turn them away. We serve them."

We have a women's health program. We have a pediatric program, family program. We have a pharmacy, behavioral health. We serve folks from before they're born until the day that they die. We don't look at folks as someone who may be here and may not be here. We treat our patients as if they're going to be with us for their whole life. We let folks know in this process that that's important to us. We expect the folks that we hire to embody that value.

The next part that we do is that the integrated program director goes through and takes them through, "Here's what a day in the life of a primary care behavioral health provider looks like. Here are what the workflows are. Here's supervision. Here's the training, core competencies." They take them through really the whole job. We spend a lot of time on that upfront.

Then we have our outpatient behavioral health supervisor go through and talk about the outpatient program, how the hydraulics of folks moving from primary care behavioral health into outpatient behavioral health. Then once they're complete with that episode of care, they go back into primary care, and they have access to their primary care behavioral health provider ongoing. We really, really, really, focus on that heavily upfront, which is very different. Next slide.

It's very different than the way we interview for our outpatient program. The reason is because many applicants that we have, they don't have direct experience of integrated behavioral health. They maybe have a concept of what it looks like, but they haven't practiced in it. We're recruiting a lot of recent grads, some folks directly out of school, some folks with very limited experience, very few folks who are licensed and have lots of practice for our primary care behavioral health.

What we're looking for in this interview, we don't really focus so much on the questions. We do focus on the questions, but we're really looking for how's this person reacting to what we're describing to them? What questions do they have? What's their body language? Are they interested? Do they seem like they are excited about what this looks like?

We're really trying to get a sense of fit. We invest a lot in explaining what this program is so that when we go through our questions, we can then really get a sense of, "Well, we know you don't have experience working in the setting, but what are your questions about--? How do you feel about having 30-minute sessions and doing 15-minute warm handoffs, those types of things?" We get into it further. Next slide.

This is an example of some of our scoring rubric. We have 0 to 5. Again, this just helps us. With our folks that we're interviewing, we don't expect them to have a lot of experience or knowledge. Folks just coming out of their internship, most of them with an outpatient program, they're not going to be able to say, "Oh, yes. I've worked in an integrated setting before." We know that their scores on this are going to be pretty low relative.

We're really leaning to our general impression. We have one scoring of, "Is this person professional? Was their verbal communication, their fit, those types of things?" Even if they scored 2s and 3s, did they really seem like they would be a good fit for our program? Were they excited about the opportunity? Are they excited about working in a fast-paced environment? Those types of things. Here are a couple of questions we have on this.

What is your preferred pace of work? If someone is seeming like they want to do an hour-long session, they only want to see a certain number of clients, those types of things. We get a real good sense of, "Well, maybe they're a better fit with our more traditional outpatient," because our model is much fast-paced, up to 30-minute

sessions, scheduled sessions, but 15-minute warm handoffs. We have quite a few of them scheduled on their template. They have to be able to work through that. The same thing with their patient load, we ask that, and what their comfortability is around there.

We also, as Laura mentioned, we have different recruitment copy. I'm going through and relooking at that as well. We're probably going to refine it a little bit more. We have this continuous "How can we get even better? How can we synergize the work that we're doing with our outpatient and our integrated primary care in our posting so that they know that they're working with you in a broader team context?" which is really important to the work that we do. Then, again, really, it's not so much about the questions that we're asking and their ability to answer those questions. It's more about what we're picking up in between. All right. Next slide.

What are our results? I've been here since October of '24, so when I did this, I did a year review. We offered 11 individuals or providers a job. Of those 11, 9 folks accepted. We're having success. We're doing something right. I certainly don't have the corner on the market in interviewing, recruiting, and all of that, but our results are pretty good. I would even say, for the limited number of applicants that we get, it's really good. We don't get 50, 60 applicants for posted positions. It's just not how it works here. Next slide.

This is a plot of our growth over time. You can see since 2024, we've more than doubled. We've retained five out of six providers that were in place when I started. We've added five new providers. Over the next six months, I expect to add three more integrated providers. We're recruiting for one licensed outpatient behavioral health provider. This is what our growth looks like using this strategy that I'm presenting today. Next slide.

Here's a sample of what our onboarding process looks like. Full transparency. Our onboarding process is we have room to grow. We're a growing organization. We have, I think, close to 400 employees and quite a few different service lines. It's something that we continuously come back to as a leadership team. In fact, yesterday, or rather Friday, we did some work on our new hire checklist for what things folks get assigned to. When they're hired, what software they have access to, hardware, those types of things. We're constantly reviewing.

This is what an onboarding looks like. The first two days, they'll have a mandatory training where they get all of the requirements done. The second day is usually our new hire orientation, where we have pretty much everybody from the organization come in and give an overview of what their department is, what the specialties are that we do, facilities, behavioral health, all of it. They get a quick snapshot.

Then, what we do for everybody in our department over the first week or two, we do individual meetings with all of those folks. We try to go into either their team meetings or other opportunities for them to get more of a one-on-one connection with each department, from facilities all the way to executive, chief of staff. They really get to know the organization up front. They get to have connections with other folks. They may have seen them in our new hire orientation. Then they've also got that meet and greet with them.

Weeks two through four is really a lot of shadowing. They will shadow the behavioral health providers. They'll go and shadow our front desk, our front office workers and understand that workflow. Then for our integrated providers, during that time, they're getting specific training. They'll do some readings on integrated care. They'll have a suite of training videos that they go through.

They'll do a lot of direct observations and shadowing. We spend that first month they're not seeing clients. They're really just getting onboarded. Then we look at it from a first year. That whole year, they're getting a lot more training. They're going through that process, and they're really getting the opportunity to look at that. Next slide, please.

Here's what those onboarding elements look like; clinical documentation, sharing macros, weekly referral meetings, all the meetings that we do, supervision, those types of things. Then, at the end, at three-month mark, they'll meet with me. Next slide.

The thing that really makes this work is that we have champions. The biggest champion that makes this work, the secret sauce, is our director of integrated care. He is preceptor for our family medicine residency. He does a lot of the training of all of all the folks that we hire, but he's a huge champion, a lot of passion, and I don't think our program would be as good without him.

The other thing is that we hired-- we have our senior-most integrated care provider. She came on as a student, worked through, just got her license, and just signed a five-year contract with us. She's an important part of bringing new folks on, and then, of course, all of our clinical support staff. Next slide.

We've done some benchmarking, and this shows you what our collaboration looks like. This is how integrated we are. Do we actively collaborate? Our medical and behavioral health providers say 91% out of Roseburg, 80% out of Sutherland. Next slide.

Documentation, 91%. Documentation is shared, are 100% at our Sutherland. Again, we're doing what we say we're doing, and that's something that we use as a recruitment, but it also helps us retain our staff. Next slide.

Then shared treatment plans. Again, we're not co-located. We're integrated. We work together. This is the results. This is the survey from the folks doing the work, the doctors and the behavioral health providers. This is what they're telling us. Next slide. Then, do we offer, do we ensure our patients who need behavioral health have it are offered? I circled the 94%. Of course, we want it to be 100% all the time. Again, this shows that we're doing what we say we're doing, and we use that. Next slide.

All right. We also do a quarterly patient satisfaction survey. This is for our primary care behavioral health department. This is what it looks like. Their scores across the board are above the state benchmark and our national benchmark for appointment, wait times, overall satisfaction, provider explanation, provider listening, provider respect, provider wait times. This is giving us the information. When these scores go down, we look and make changes. Next slide.

Then we have individual provider. The most, I would say, the best feedback that I get is these quotes from patients. They're categorized in positive feedback and also room for opportunity. That lets us see what patients really experience. We utilize this in our performance. We utilize this for recruitment. We utilize this for retention and then quality improvement. This room for improvement says that there's some wait times. We look into that. We determine "All right. Is this a problem? Is this not a problem? How can we respond to it?" Next slide.

These are our key takeaways. Understanding your organizational contextual foundations, knowing who you're recruiting, customize your recruitment, use data, plan, and be able and willing to change course. Then success will likely hinge on your champions. That's what I found. Next slide.

All right. I think it's time for some question and answers.

**Jenny Twesten:** It sure is. Thank you so much, Rob and Laura, for a great presentation. We have several questions that have been coming through. I am going to start with just a couple of clarifying questions. These questions are for you, Rob. One is, what are you using to assess for patient satisfaction and experience?

**Rob McAdam:** Yes. We covered that. We have a survey. We have a vendor that sends out quarterly surveys and their slew of questions. We posted that up there. We get that direct feedback. As I said, the things that are most valuable are the comments that they leave. This provider's great, or, as you saw, this is helpful, but I can't wait 30 days for the next appointment. Those are ways for us to look at what's happening. We review them as a department. Each provider gets a copy of that, and we use it in our performance. Good question.

**Jenny Twesten:** Next question here is, how do you attract to your program licensed individuals that can be hard to find, specifically behavioral health in rural areas?

**Rob McAdam:** Yes. We found that as well. Licensed providers are hard to find where the market is not in our favor these days, because there's so much telehealth and lots of other market reasons. Again, one of the things that we are doing is we're putting our benefits. We have great benefits, honestly. We really have some great benefits. We weren't doing a great job of putting them up front.

I think that historically we think of behavioral health as caring, nurturing people, and so don't highlight money because that's not what attracts them. I think that no longer applies. We need to really say, "Hey, we look at our market salaries, we adjust to our market, and we're doing more to attract them." It's an upward battle. Our strategy is growing our own and retaining our own, honestly. I lean more heavily into that.

**Jenny Twesten:** How do you work around integrated care when it comes to billing for behavioral health versus primary care provided in the same service rate? Certainly, of course, some states have different rules, but if you have any general suggestions or recommendations?

**Rob McAdam:** If you haven't already, when I came on, one of the things I did was develop a revenue cycle meeting with our billing folks. Understand your billing. Primary care, behavioral health, billing in an FQHC environment is very different than

billing traditional outpatient. You have to understand how you're getting reimbursed. Different providers, licensed providers are easier to bill from.

I would say work with that. There's a lot of information out there from other places on billing models. Just do some of your homework. We're in a good place when I came on. We weren't having any problems with that. I haven't really had to focus on it. However, I am more focused on it because our funding environment is shifting. More work is needed by your leadership to understand where the market is going, who your payers are, how that reimbursement looks. I can't give more information on that in this short time, though.

**Jenny Twesten:** Absolutely. I've dropped a quick link into the chat from CMS in case anybody would find that helpful. We are nearing the end of our time together. I want to thank everyone for your questions. Apologies if we were unable to get to your question. We're going to move on to the next slide. We do have the presentation slides that was in one of the Q&A answers/questions. If you've seen that, the slides are posted, and the slides are available on the TA Portal. There's some resources there that you can dive into for a closer look. With that, I'm going to turn it back over to our team to close us out. Thank you so much.

**Webinar support:** Great. Thank you so much. We offer behavioral health continuing education units for participation in our technical assistance events. You must attend the event and complete the Online Health Center TA Satisfaction Assessment form after the event. CE certificates will be sent within five weeks of the event from the TA team via Smartsheet.

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