Community of Practice (CoP) Expanding Behavioral Health Services in Health Centers

Mental Health/Substance Use Disorder Integration Technical Assistance

February 11, 2026

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Disclosure

This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA18D00FZ/75R60224F80097. This publication lists non-federal resources in order to provide additional information to consumers. Neither HHS nor HRSA has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA.

Session Eight

CoP Summary, Wrap-Up, and Next Steps for Integrated Care Service Expansion

Your CoP Facilitator

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Session Objectives

Participants of today's session will be able to:

- Review key themes of a systems-based approach for integrated care and mental health/substance use disorder (MH/SUD) service expansion
- Share how you have applied tools, Plan-Do-Study-Act (PDSA) planning resources, and CoP information toward integrated care and MH/SUD service expansion efforts in your setting
- Discuss identified actions and next steps for sustainable enhancement of integrated care and/or service expansion in your setting

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Today's Agenda

Check-in and Attendance

Sharing What We've Learned: Concept Review & What You've Implemented or Plan to Implement

Putting it All Together: An Integration/Expansion Pathway

CoP Participant Reflections

Office Hours and Interactive Discussion

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Integrated Care Defined

Care that results from a practice **team** of primary care and MH/SUD clinicians, **working together** with patients, families, and the community to provide **patient-directed care** for **a defined community** using a **systematic** and **cost-effective** approach.
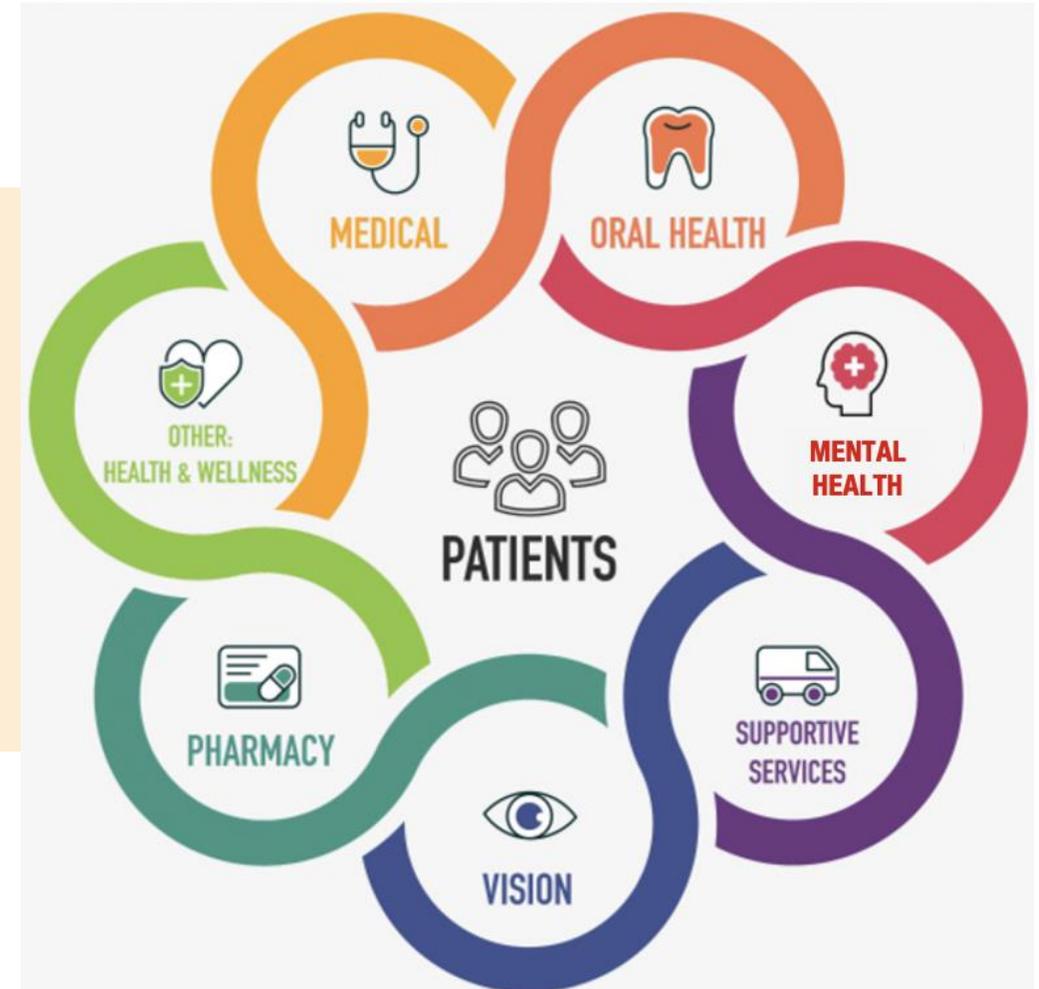
Participant Share-out: Integrated Care Readiness

- Thinking about the definition of integrated care, which aspects has your organization incorporated, or will you incorporate?

- Have integrated care champions and/or an implementation team been established at your organization?

- Have you completed, or do you plan to complete, an integrated care readiness assessment?

Foundations of Integrated Care

Combined, these structures **all support integrated care**.

1. **Systems Approach**

2. **Team-Based Care**

3. **Focus on Function**

4. **Language & Communication**

5. **Ongoing Education**

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Levels of Care Integration

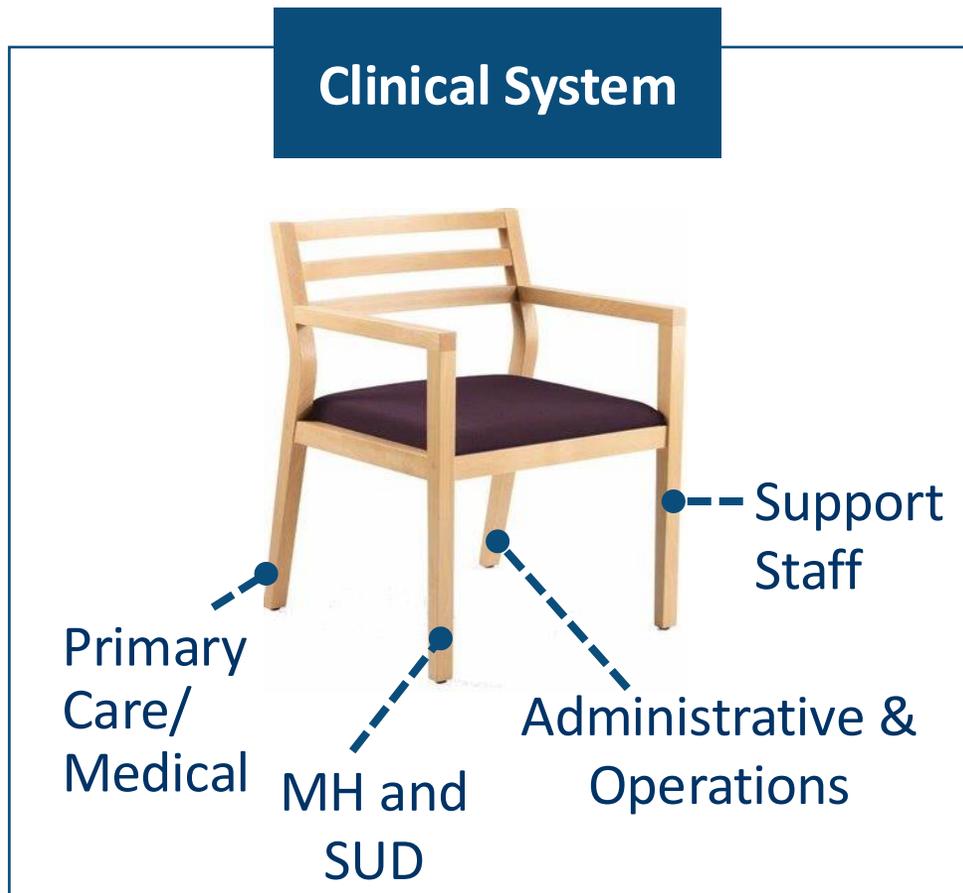| COORDINATED Minimally Integrated	CO-LOCATED Somewhat Integrated	INTEGRATED Fully Integrated
• **Key Element: Referral** • Separate facilities and systems • No shared electronic medical record (EMR) • Staff do not value or understand team roles • **Referral between facilities or specialties**	• **Key Element: Physical proximity** • Communication as needed with varying frequency • Occasional meetings, care coordination interactions • Basic understanding of team roles and functions • **Shared facilities; possible shared systems**	• **Key Elements: Systems, clinical care, and protocols** • Shared facilities and systems, including EMR and referrals • One shared treatment/care plan • Consistent, frequent communication and collaboration • Focus on team-based roles/care • **Understand team roles and reliance on interdisciplinary care team coordination**

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Participant Share-Out: Your Current Level of Integration

- To what extent has your health center's level of integration evolved?

  A. Not integrated

  B. Minimally integrated

  C. Partially integrated

  D. Fully integrated

- What one or two things would need to happen at your health center to continue evolving to a higher level of integration?

Integrated Care Systems Are Like a Chair
(or stool, if that is your preference!)

Clinical System

- Support Staff
- Primary Care/ Medical
- MH and SUD
- Administrative & Operations

Health Organization System

- Leadership Oversight
- Clinical
- Financial
- Technology
- Quality & Evaluation
- Admin & Operations

"Every system is perfectly designed to get the results it gets."

- W. Edward Deming

Participant Share-Out: Integrated Care Systems

- In which of the five integrated care systems has your health center become **more** proficient? Which systems will be addressed next?

  - Clinical
  - Administrative/Operations
  - Health Information Technology (HIT)
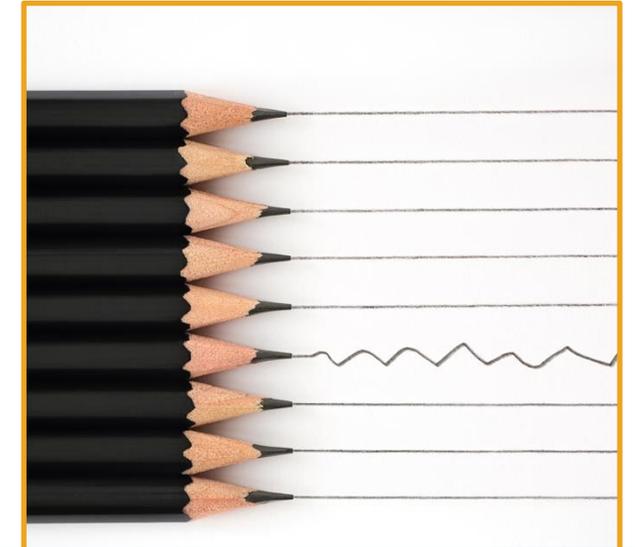 - Financial/Revenue Cycle
  - Quality/Evaluation

The Pathway Forward

Function vs. Role

Language/Communication

Training & Education

Focus on Function vs. Roles

Shared Roles of an Integrated Care Team: Mutual Responsibilities

Manage care complexity: of patients in the community.

Influence motivation for patient-level behavior changes.

Support health behavior change: self-management, goal-setting, education, motivation.

Engage in evaluation, process improvement, and quality efforts.

Remember: A focus on function is a focus on addressing *immediate* patient needs.

Using Language & Communication to Create Shared Values

Patients and providers share the same care expectations. They understand what integrated care is and how it applies to service delivery.

All care team staff and patients use a common language.

There are frequent, ongoing, cross-departmental education and information-sharing opportunities.

An integrated care team environment is a deeply engrained approach, the North Star toward which all care decisions are made.

Training & Education

Ongoing Training & Education Supports an Integrated Care Environment

Begin staff education and training during the hiring process.

Develop & require onboarding training in your integrated behavioral health services model.

Provide ongoing refresher trainings for all staff, to include communication and collaboration skill-building.

Support cross-clinical in-service opportunities.

Know the Rule of 7: A message must be received at least 7 times, in 7 different ways, to be "heard" *and result in behavior change*.

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# Participant Share-Out: Function, Language, Training

- What changes have been made, or are planned, to foster a more function-oriented approach to care delivery?

- What language have you adopted, or will you adopt, so that patients anticipate their care will be delivered by a team?

- Have ongoing training and education sessions taken place to enhance multidisciplinary care team skill building, communication, and collaboration?

  - How often and in what venue?

Systems: Clinical Workflow

- Identify patients who would most benefit from integrated care
  - By health condition
  - By screening results
  - By in-house specialty care service
- Engage patients in treatment/handoff to care team
- Provide treatment/brief interventions
- Monitor and adjust care to meet changing patient needs
- Document and communicate
- Assess and revise scheduling/workflow to fit patient and provider needs

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Participant Share-Out: Clinical Workflow
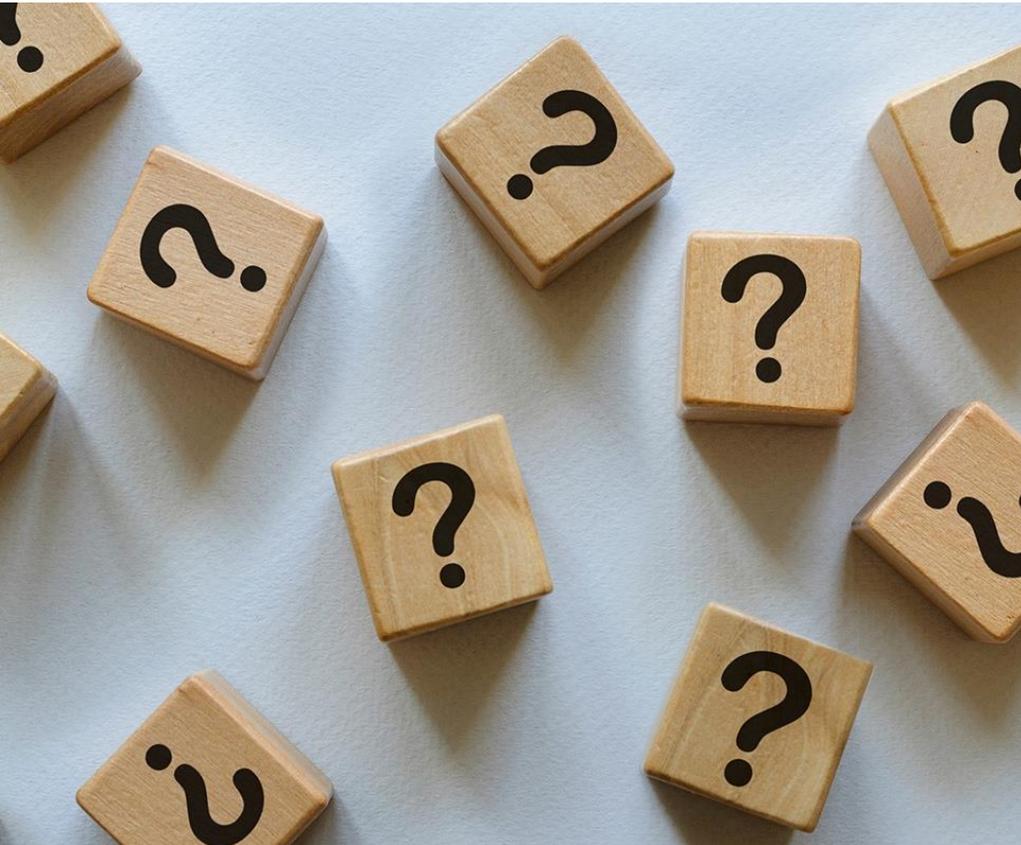
- Which team members were, or will be, engaged to review and inform improvements to the clinical systems workflow (e.g., patients, providers, clinical support staff)?

- Which members of the care team were identified to assist with support tasks (i.e., referrals), removing the onus from one single individual?

- What patient supports were implemented that will be provided during care transitions?

Systems: Administrative/Operations

Include integrated care in hiring practices, orientation, and onboarding for all staff.

Ensure leadership understands and *actively* supports integrated care and service expansion approaches.

Ensure each department/role understands how they support integrated care:
- Finance
- Grants Management
- Human Resources
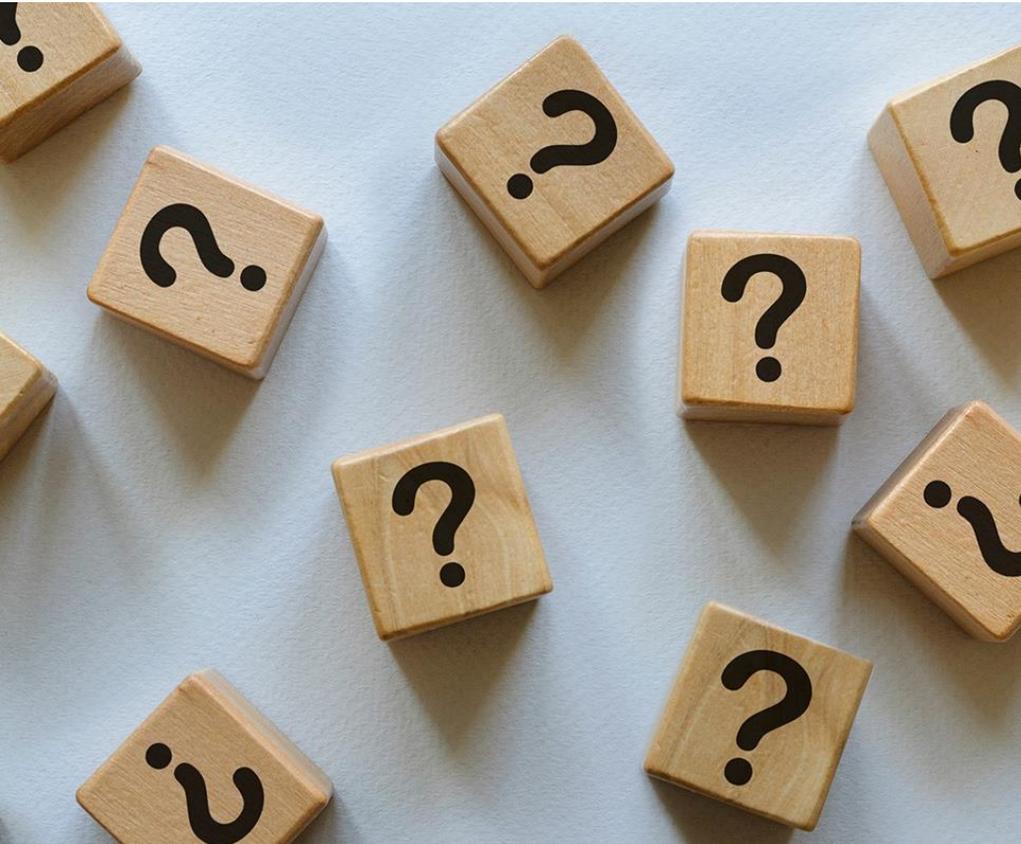- HIT
- Quality & Safety

Create opportunities for staff from different departments to discuss integrated care workflow and service provision.

Provide ongoing education and training on integrated care and mental health and/or substance use disorder service expansion.

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Participant Share-Out: Administrative/Operations Systems

- Which admin/operations departments or roles at your health center have been engaged to support mental health and substance use disorder integration/expansion?

  - How is that support being demonstrated?

- Which admin/operations departments or roles are you planning to engage next?

  - How would you like their support/engagement to be increased/improved?

Systems: Health Information Technology (HIT)

Technology facilitates collaboration, communication, accurate assessment, and data access to drive quality integrated care.

Assess how well your EMR and other platforms support integrated primary and mental health and substance use disorder care.

Explore how telehealth services enhance/hinder service provision.

Facilitate HIT and clinical staff discussion and collaboration to develop HIT solutions that streamline workflows and create automation.

Create documentation templates optimized for clinical data entry, quality reporting, and continuous process improvement.

Ensure your HIT staff are oriented to integrated care and build HIT solutions with integrated care approaches in mind.

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Participant Share-Out: HIT Systems
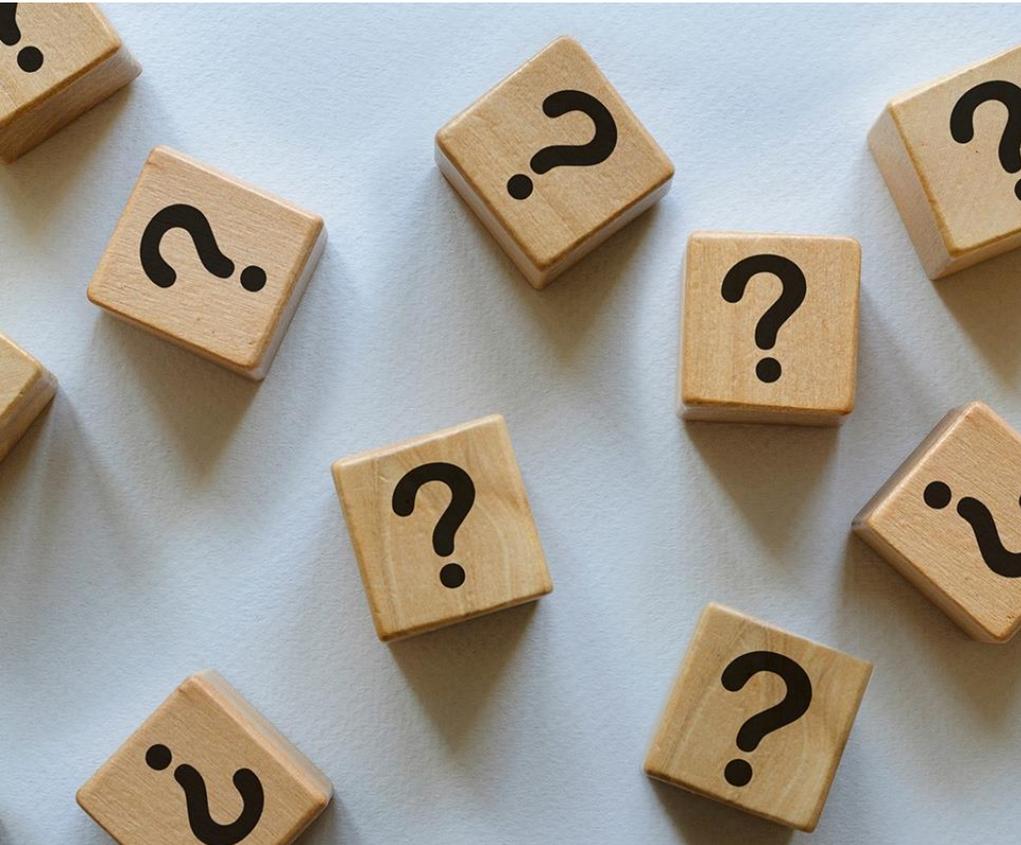
- How have collaboration/education sessions been helpful for mental health/substance use disorder integration/expansion and HIT staff? How will these efforts be sustained?

- Which strategies will be employed to enhance your health center's HIT systems?

- What additional resources/supports are needed? Who will be responsible for engaging them?

- What data points are now/will be tracked to evaluate the impact of HIT enhancements?

Strategies that Support Integrated Financial Systems

Train your clinical and clinical support staff in accurate documentation that optimizes reimbursement.

Train your coders and billers to be aware of and leverage all possible integrated and related care codes to optimize reimbursement.

Establish an interdepartmental team to review and revise your revenue strategy from an integrated care lens.

Review and renegotiate code bundles and reimbursement rates with payors.
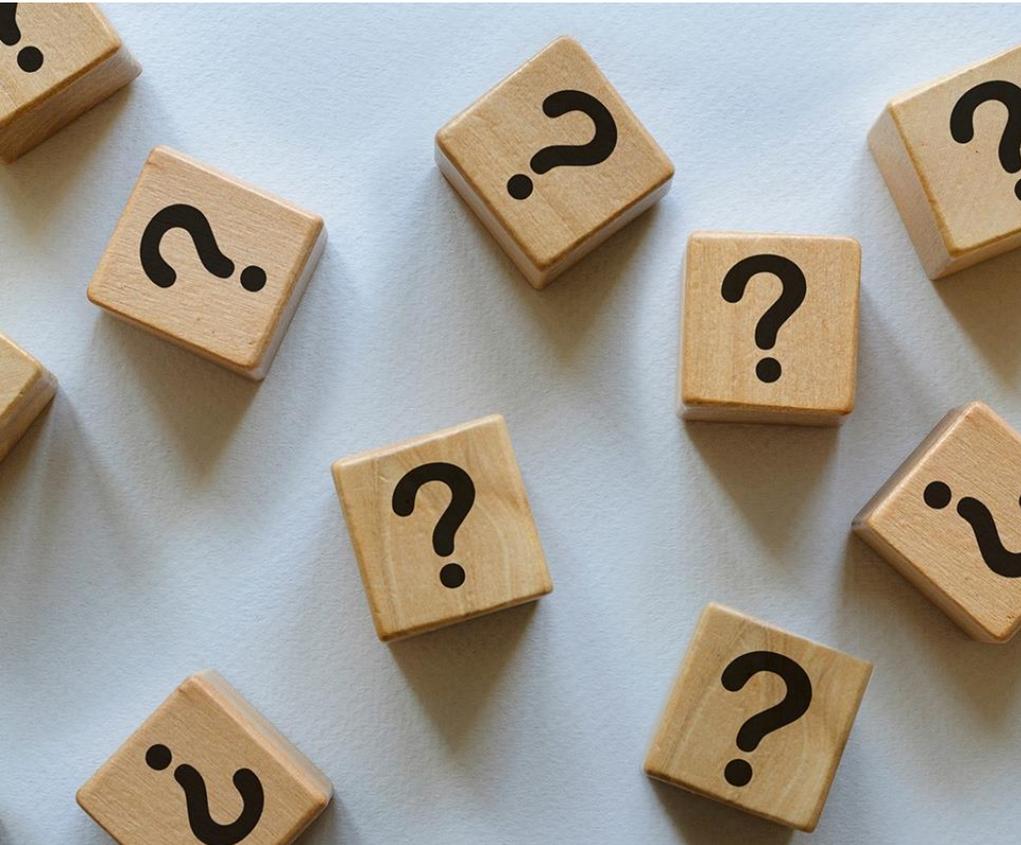
Diversify funding streams and look for low/no-cost resources and supports.

Champion enhanced reimbursement opportunities for integrated care with your state's primary care association (PCA) and state Medicaid office.

Participant Share-Out: Financial/Revenue System (1)

- Have clinical staff been trained on documentation to support reimbursement for integrated care and service expansion? If not, when will this take place?

- Have coding and billing staff been trained on integrated care and service expansion codes to optimize reimbursement? If not, when will this take place?

Participant Share-Out: Financial/Revenue System (2)

- Has your health center collaborated with your state's PCA, state Medicaid office, or other payors to negotiate reimbursement structures for integrated care/service expansion?

- What strategies were/will be planned to diversify funding streams to enable/enhance integrated care service delivery?

Systems: Quality and Evaluation

Quality/ evaluation systems enable your health center to create your ideal care model, demonstrate value, and enhance funding.

Train clinicians and support staff in quality improvement and evaluation activities
Train your quality staff in the foundations of integrated care and MH/SUD health service expansion.
Establish an interdepartmental team to create efficient and impactful data collection, process improvement, and reporting practices.
Collaboratively identify process and outcome measures to track care delivery, value, revenue generation, and health outcomes.
Use data and reports to create engagement, support, and buy-in for integrated care. Use results to celebrate wins and refine processes.

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Participant Share-Out: Quality/Evaluation

- How have clinical, quality, and HIT staff collaborated to create effective documentation and quality/evaluation processes?

- What additional or alternate data metrics are you now collecting related to mental health/substance use and/or integrated care? How are these data utilized?

- How have, or will, process improvement systems be integrated at your health center?

Putting it All Together: A Pathway for Expanding MH/SUD Services

1 Identify Integration/ Expansion Goal →
2 Assess Agency Readiness →
3 Educate Staff & Clinicians on the Model

4 Develop Common Language, Staff Functions →
5 Orient & Train Staff; Inform Patients & Community →
6 Review & Revise Workflows, Processes, Pathways

Obtain Support/Resources
Admin/Operations

Seek Efficiencies/ Maximize Reimbursement
HIT & Finance

Evaluate & Plan
Quality & Evaluation

Participant Share-Out: Reflection on CoP (1)

- What have been your main takeaways from this CoP?

- Which of the systems strategies have you implemented, or will you implement, at your health center?

  - What has been the result so far?

- What other mental health/substance use disorder strategies, approaches, and best practices have worked best with your patients?

Participant Share-Out: Reflection on CoP (2)

- Which CoP tools, resources, or information have you found the most helpful?

- To what extent did you apply the PDSA cycle during (or do you plan to after) your participation in the CoP?

- What additional questions, resources, or supports would help with your integration/expansion efforts?

Q&A

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.

You must complete the assessment to claim continuing education credit.

Thank you for your time!

https://www.surveymonkey.com/r/CoP6Session8

Thank You!

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Questions? Reach out via the BPHC Contact Form

Sign up for the *Primary Health Care Digest*

Resources

- Agency for Healthcare Research and Quality. (n.d.). *The Academy: Integrating Behavioral Health & Primary Care.* https://integrationacademy.ahrq.gov/

- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Evidence-Based Practices Resource Center.* https://www.samhsa.gov/libraries/evidence-based-practices-resource-center

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