Key Considerations and Lessons Learned Through Integrated Care Planning

This tip sheet was developed in connection with, and inspired by, the webinar titled **A Discussion of Lessons Learned through Integrated Care Concept Planning: Behind the Curtain** held on August 26, 2025, with acknowledgements to: David Coe; Angela Futrell, MSN; and Shannon Lea, MPH.

To view this webinar recording, please visit the events page for the Center of Excellence for Integrated Health Solutions (CoE-IHS) webpage or the Primary Care Development Corporation website.

Initiating Integrated Care Concept Planning

To demonstrate commitment and active support of integrated care initiatives, organizations should consider:

Assessing Current State

Implement strengths, weaknesses, opportunities and threats (S.W.O.T.) analysis to assess organizational readiness, and discuss the desired future state.

- Use structured tools, such as the Comprehensive Health Integration (CHI) Framework assessment, to evaluate how well services are integrated across clinical care, operational processes and care coordination.

Building Capacity

Host trainings for leaders AND care team members to provide insight into what an integrated care model would mean for the organization. Engaged leadership and care delivery teams are critical to integrated care concept planning and implementing a successful integrated care delivery model.

Who should attend?

- C-Suite
- Clinic Operations
- Primary Care
- Behavioral Health
- Nursing
- Front Desk
- Billing and Coding
- Information Technology
- Pharmacy

What should you do?

- Teach the clinical model
- Discuss differences in care models
- Provide evidence
- Share positive stories
- Encourage feedback
- Express hope
- Normalize uncertainty/need to adjust to new care models

NATIONAL COUNCIL for Mental Wellbeing

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Primary Care Development Corporation

Fostering Organizational Growth

Develop leadership and workforce by empowering team members to implement rapid tests of change.[1]

Leverage team members who:

- Are committed to excellence and quality
- Are flexible and willing to try new ideas
- Are attentive to detail
- See the big picture
- Enjoy change
- Enjoy teamwork
- Want to make a difference
- Excel at communication

Use Case - Integrated Care Concept Planning Between Behavioral Health and Primary Care Organizations in Virginia

The Why [2,3]

- Virginia ranks **26th** in the nation for adults in frequent mental distress.
- **15.7%** of Virginians report their mental health was not good 14 or more days in the past 30 days.
- There was one primary care physician per **1,340** people in Virginia. This ranged from one physician per **13,940** people to one physician per 340 people across counties in the state.
- There was one mental health provider per **380** people registered in Virginia. This ranged from one provider per **22,360** people to one provider per 50 people across counties in the state.

The Who

Colonial Behavioral Health (CBH)[4]

Colonial Behavioral Health is a Community Services Board that provides behavioral health services in Virginia.

Per their 2024 annual report:

3,557* community members received care

66,304* total interactions between CBH staff and individuals, families and groups served

43,164 total number of individual, family and groups appointments

825 children and adolescents (ages 0-17)

2356 adults (ages 18-59)

376 older adults (ages 60+)

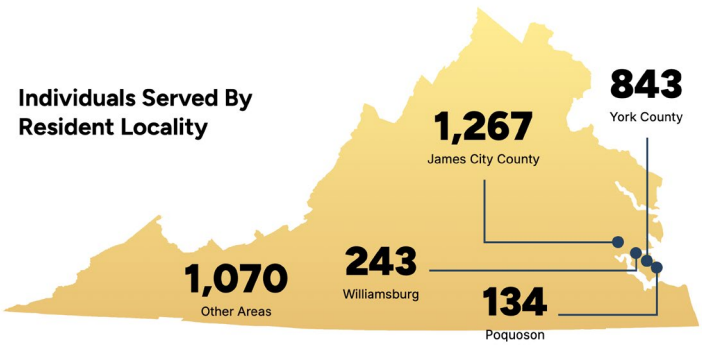
* *includes face-to-face and telehealth services (video and telephone contacts)*

509 individuals received developmental disability services

1,550 individuals received emergency or other services

1,459 individuals received mental health services

296 individuals received substance use disorder services



Southeastern Virginia Health System (SEVHS)5

SEVHS is a Federally Qualified Health Center that has provided services to its community for over 40 years, ensuring access to primary care, women's health, behavioral health, and other wraparound services.

12 sites

25,000 patients served annually

The How

Integrated Care Concept Planning

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

The Impact of Initial Training[6]

A total of four, half-day, integrated and team-based care training sessions were delivered; team members participated in one of the sessions.

- To guide planning, consensus building, and implementation efforts, the organizations are participating in:
  - **89%** reported an increase in knowledge
  - **64%** reported an improvement in skills
  - **100%** indicated they were somewhat or very likely to implement what they learned

What's Next

How will CBH and SEVHS continue with integrated care planning?

Together they will ideate, develop, implement, and refine care delivery models to provide services that link the **physical**, **behavioral**, and **social needs** of the individuals in their catchment areas

Key Takeaways

Flexibility is critical in integrated care concept planning. Prioritize the ability to pivot.

Success in **implementing integrated care initiatives** is a team effort. Actively pursue opportunities to shadow, role model, coach, and problem-solve together.

Data can both be **quantitative** and **qualitative**; both are impactful when conveying the big picture and are essential to integration implementation success.

Progress isn't always linear. Prioritize team sharing and learning.

References

1. Institute for Healthcare Improvement. (n.d.). Model for Improvement: Testing Changes. Retrieved June 24, 2026, from https://www.ihi.org/library/model-for-improvement/testing-changes
2. America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, United Health Foundation. (2024). *Frequent Mental Distress*. https://www.americashealthrankings.org/explore/measures/mental_distress
3. County Health Rankings & Roadmaps. (2025). *Virginia*. https://www.countyhealthrankings.org/health-data/virginia?year=2025
4. Colonial Behavioral Health. (2024). *FY2024 annual report*. https://www.colonialbh.org/media/ilqbuhoj/cbh-fy2024-annual-report.pdf
5. Southeastern Virginia Health System. (n.d.) *About us.* Retrieved June 24, 2026, from https://sevhs.org/who-we-are/
6. National Council for Mental Wellbeing, Center of Excellence for Integrated Health Solutions. (2025, August 26). Post-event participant survey results for "*A discussion of lessons learning through integrated care concept planning: Behind the curtain*" [Unpublished internal data].