Innovation Report

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

Community Health of Central Washington

Keys to Success in Integrated Care

Community Health of Central Washington's Primary Care Behavioral Health Model in Practice

Behavioral Health as a Core Primary Care Service

Community Health of Central Washington (CHCW) is implementing the Primary Care Behavioral Health (PCBH) model with strong clinical integration and alignment with strategic organizational goals. While the model itself is not unique to CHCW, the success of its application offers useful insights for health centers seeking to deepen integration and improve care delivery with benefits across clinical, financial, and workforce development domains.

Many interdependent elements have contributed to the strength and sustainability of CHCW's PCBH program, including team culture and retention, financial strength, and patient service and satisfaction.

At CHCW, behavioral health is not practiced as a separate, specialty service. Instead, behavioral health providers are embedded in the primary care environment and understood by staff, patients, and leadership as members of the core care team. This positioning is foundational to the program's success.

Behavioral Health Consultants (BHCs) work in clinics alongside primary care providers (PCPs), supporting a wide spectrum of patient needs across all ages. The program has prioritized a "take all comers, no wrong door" approach and the BHCs are highly visible and available to their care teams, which has contributed to the routine engagement from PCPs (and support staff) initiating warm handoffs.



Community Health Center of Central Washington

- **In operation for over 30 years**
- **Bold and clear vision: All people in our region should enjoy access to affordable and appropriate health care.**
- **Served over 27,000 individuals during 129,034 visits in 2023**
- **Operates 5 medical clinics, 1 dental clinic, 3 pharmacies, and senior residential care**



This normalization of behavioral health as a routine part of primary care has helped ensure wide use of BHCs across five clinic sites and led to a strong behavioral health penetration rate. Over one in four medical patients seen across CHCW annually (in a rolling 12-month measurement period) have also had a BHC visit, which is a strong indicator of clinical integration and patient access. Two clinics – Central Washington Family Medicine and Highland Clinic – have achieved over 33% penetration rates.

BHCs work alongside PCPs as core members of the medical team

Aligning Program Goals with Organizational Strategy

Another key factor in CHCW's PCBH success has been the program's alignment with the broader mission and operational goals of the health center. From its inception, PCBH leaders worked to ensure that its values, goals, and data speak directly to leadership priorities.

This alignment includes tracking and reporting performance metrics that matter to executive leadership, such as patient engagement, provider satisfaction, and financial sustainability. It has also involved consistent participation in organizational governance, with the Director of PCBH serving on the senior leadership team and contributing to quality improvement efforts across the organization.

As a result, the PCBH program is not viewed as an ancillary service, but as core business to the health center's operations and outcomes. Leadership buy-in and representation has translated into resource support, staff expansion, and long-term planning, which has enabled the program to continue growing.

"Honestly, primary care needs this. It shouldn't be a feat of places who are leading the way. It should just be an essential part. I like how that's the overall sense here at CHCW."
~ CHCW Provider

Lean Leadership and Integrated Operations

A notable aspect of CHCW's PCBH program is its streamlined leadership and operational structure. While the program serves five clinical sites and includes more than 20 providers and trainees, the core leadership team is intentionally lean. The program is jointly led by two directors: the Director of PCBH, who oversees core faculty and licensed BHCs, and the PCBH Academic Director, who manages the training and supervision structure for BHC interns and fellows, and the psychosocial curriculum for medical residents. Both directors report directly to the organization's CEO, ensuring direct alignment with executive priorities and system-wide integration.

Supporting the directors is a single management-level position that evolved from a highly effective coordinator role. The value of this position became so evident over time that it was formally restructured as a manager role with expanded responsibility. This manager works to coordinate across clinical sites, educational programs, and operational functions. Rather than building a separate administrative infrastructure, the PCBH team uses existing operational staff. This approach enables the program to remain lean and financially efficient while still supporting a complex, integrated service.

In the Moment Support and Financial Sustainability

CHCW's PCBH program strives to serve their entire community the moment they are needed. A significant portion of BHC visits (35–40%) are same-day encounters, often initiated during a medical visit as a warm handoff. This "in the moment" approach reflects the realities of primary care and enhances patient access to behavioral health support when it's most relevant.

Importantly, these visits are structured to provide immediate value. BHCs are trained not to schedule "meet and greets" or provide information-only visits. Instead, each patient encounter includes a contextual assessment, an intervention, and a goal-setting component, ensuring the visit is both billable and clinically meaningful for the patient.

This visit structure supports a financially sustainable model. By tying PCBH services to existing clinic workflows, minimizing no-show rates, and focusing on efficient, reimbursable encounters, the program contributes to the organization's bottom line. The strong BHC penetration rate further supports revenue generation through increased patient access.

Patient satisfaction data reinforces the benefits of this model. Feedback has shown that patients value the accessibility of PCBH services and frequently describe visits as helpful, even when initially hesitant to engage. The ability to address concerns immediately and within a familiar care setting appears to play a key role in this positive response. Compared to national and state benchmarks, CHCW consistently achieves top scores in the major categories of provider listening, provider explanation of care, provider knowledge of health history and provider time spent.



Core BHCs at the 2025 annual BHC retreat after engaging in a values clarification exercise

BHC Engagement, Education, and Retention

The PCBH program at CHCW is not only designed for patient access and outcomes. It is also structured to support the satisfaction and development of its behavioral health workforce. CHCW's longstanding commitment to education has made training and mentorship a routine part of attending BHC roles.

The team includes 23 behavioral health providers operating from the PCBH model, made up of both licensed providers and trainees. Licensed providers are allocated time to mentor and supervise doctoral interns and fellows and contribute to team-based learning across the organization. These roles reflect CHCW's origin as a teaching health center and its continued belief in health professions education as part of its mission.

"(The BH Consultant) is very attentive to my needs. He is very helpful if I have a concern outside of mental health and will coordinate with my other providers, keeping them in the loop. They are a very cohesive team."
~ CHCW Patient

This educational focus supports recruitment and retention. Clinicians are drawn to CHCW not only for its team-based care model but for opportunities to teach, mentor, and shape future providers. The result is a stable, engaged PCBH team, contributing to consistency in care and long-term program sustainability. Since the inception of tracking employee engagement and for six straight years, the PCBH team achieved the highest employee engagement scores of any CHCW department.

The education component of CHCW's program represents a deliberate pipeline strategy that has helped support development efforts in an environment of healthcare workforce shortages. The interns and fellows then become providers who've had valuable experience within an integrated community health center setting.

Provider Satisfaction and Team Stability



CHCW's Doctoral Internship Graduating Class of 2021 alongside Core BHCs

Primary care provider satisfaction has been a critical outcome of the PCBH program. In a 2024 survey, PCPs responded with high levels of endorsement for the PCBH team, consistently indicating that BHCs are helpful to their patients, improve treatment planning, and make their own work more manageable.

Comments from PCPs highlighted the sense of relief and support that integrated behavioral health brings to their daily practice. Several noted that the collaboration "takes a lot of stress and time off my plate," and that BHCs were "a critical part" of patient success. Others expressed appreciation for the accessibility of BHCs and their ability to engage even reluctant patients in meaningful interventions.

This level of team satisfaction has had broader workforce implications. The presence of integrated behavioral health has become a positive recruitment factor for new PCPs and is regularly highlighted by CHCW's recruitment team.

"In the future, I will never practice without a BHC partner on the team."
~ CHCW Provider

Conclusion

CHCW's implementation of the PCBH model reflects a thoughtful, organization-wide commitment to integrated care. The model's success has been shaped by strategic alignment, workforce development, and a focus on reliable team-based delivery.

The keys to the program's success include:

- Acknowledging behavioral health as a core primary care service
- Aligning program goals and metrics with organizational priorities
- Delivering timely, in the moment care that supports clinical and financial goals
- Building a robust workforce through training and professional development
- Supporting provider satisfaction and retention across the care team

Together, these elements illustrate what is possible when behavioral health is not positioned as a separate service, but as a core component of how primary care is delivered.

Washington Association for Community Health

The Association's innovation reports aim to support community health centers in leading innovation by identifying successful promising practices and communicating them to the statewide network.

Does your CHC have an innovation to share? Let us know!

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