



Behavioral Health Care Continuum Development and System Integration

Integral Care, CommUnityCare, and Central Health "connecting the islands of care" for comprehensive system performance

**Presentation to the City of Austin Public Health
Committee
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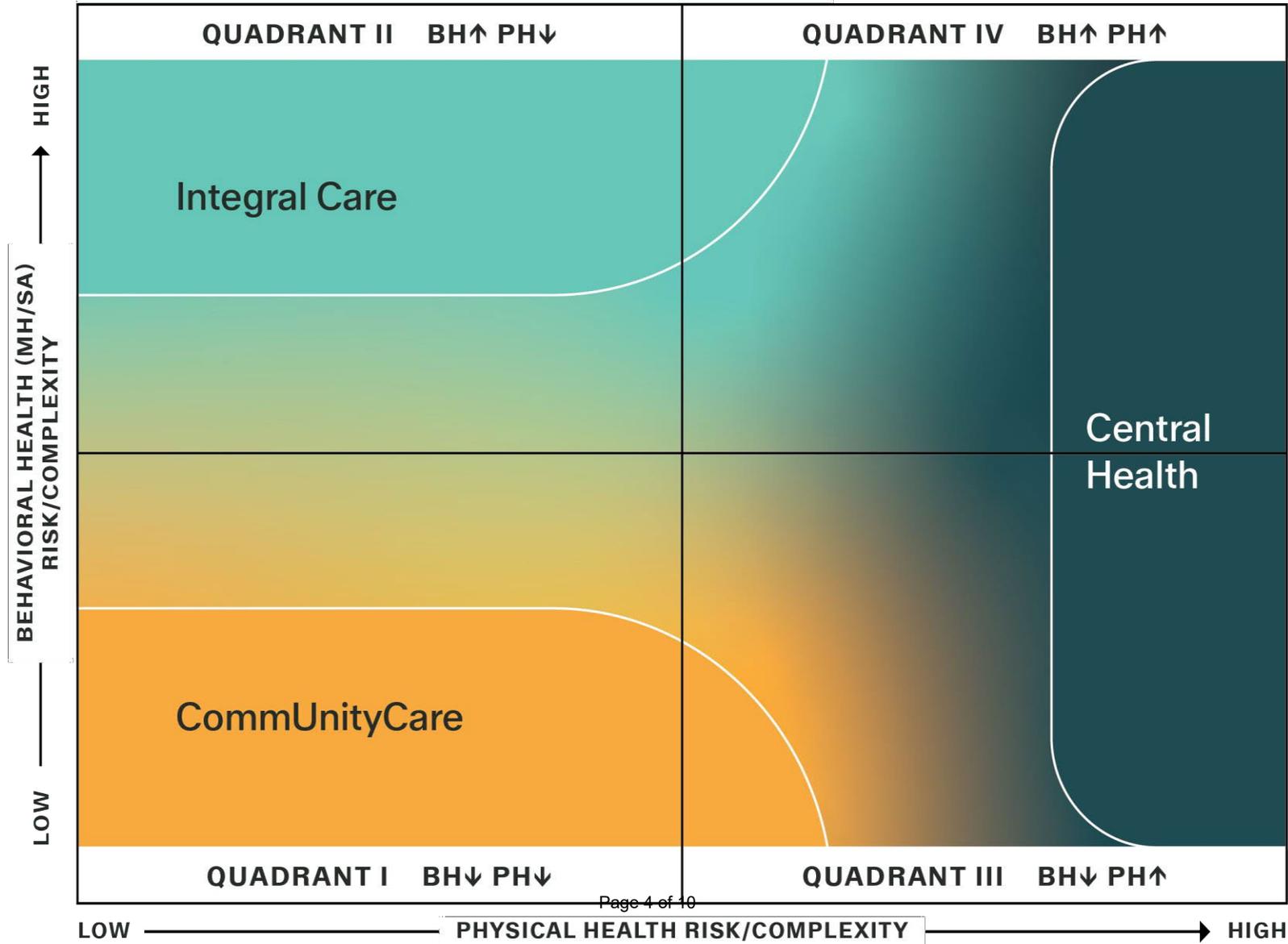
Problem Statement

Individuals with behavioral health needs across Integral Care, CommUnityCare, and Central Health may experience care that feels disconnected at times. Strengthening coordination among providers offers an opportunity to reduce duplication, ease transitions, and improve timely access to support.

Current Collaborative Efforts

TASK	PROGRESS	START	END
Governance & Coordination			
Work group identified	100%	8/19/25	8/22/25
Integrated Care Networks			
Process Improvement work group	100%	8/23/25	9/12/25
Short term facility/team	50%	8/25/25	10/1/25
Long term facility/team	50%	8/25/25	10/1/25
Crisis Continuum of Care			
CH funding bed days	100%		
CH funding services at Psych Emergency Services (PES)	100%		
Early Identification & Prevention			
CH funding Outpatient BH services	100%		
Housing + Health Models			
Permanent Supportive Housing Healthy Community Collaborative project	80%		
Equity-Focused Workforce			
TBD	0%		
Justice Diversion Pathways			
CH funding services at PES	100%		
Community Based Recovery Supports			
CH Medication Assisted Treatment contract	100%		
Data Sharing & Outcome Reporting			
Data integration	80%	8/25/25	10/4/25
Financing Innovation			
Blended funding modules	80%		

The Quadrant Collaborative Integration Model



Patient Journey Overview

A 60-Year-Old Female

Medical dx: Myasthenia Gravis and Epilepsy

Psych dx: Major depressive disorder vs bipolar II, Generalized anxiety disorder, and Chronic suicidal ideation

Initial Disclosure and Challenges

Patient first disclosed behavioral health concerns in March 2021 but declined services.

Diagnosis and Early Treatment

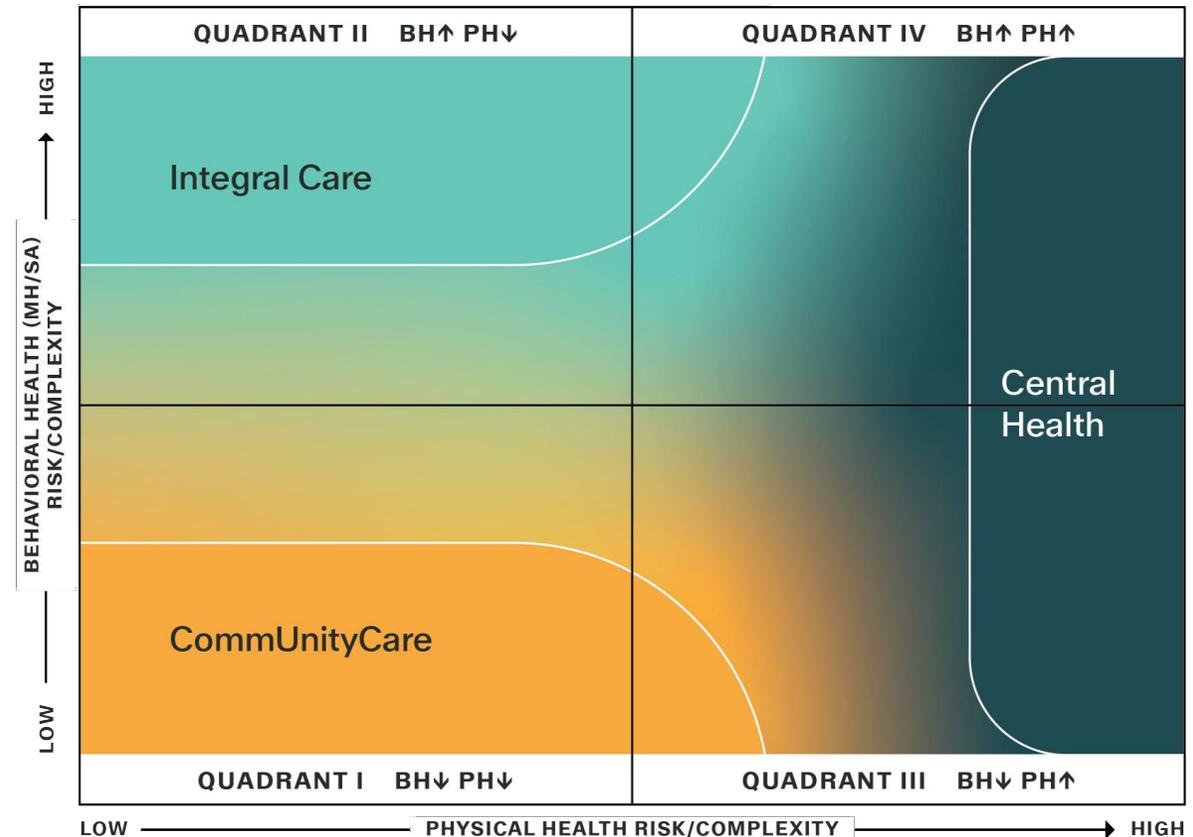
In July and October 2021, patient was diagnosed with major depression and suicidal ideation, beginning antidepressant and psychiatric care.

Disengagement and Re-engagement

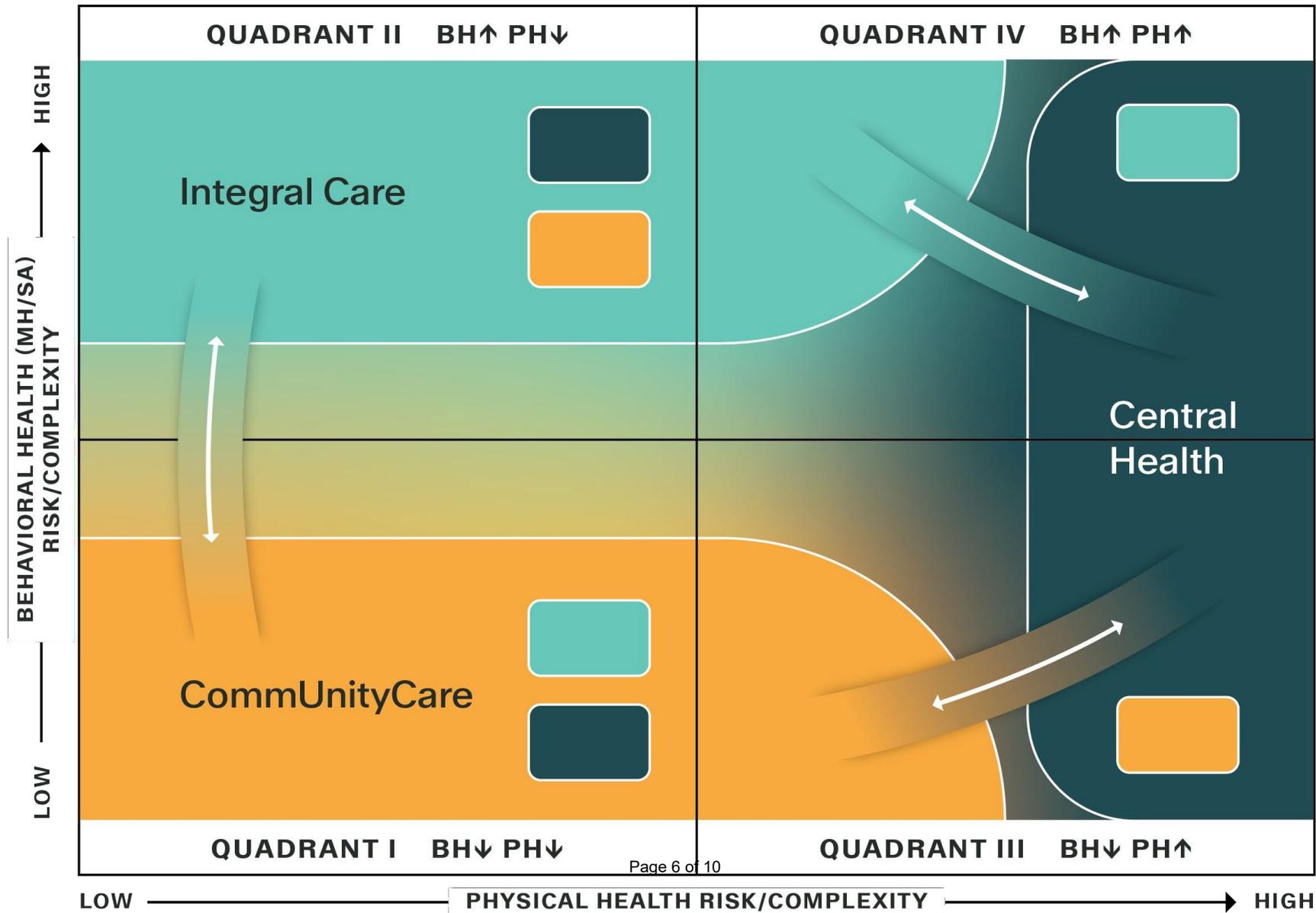
Patient disengaged from care for 2.5 years, then restarted treatment with short-term therapy referral in May 2024.

Integrated Care and Stabilization

Between July and September 2025, multiple systems coordinated to stabilize patient with active psychiatric and behavioral health support.



Future State: Connecting the Islands of Care



Coordination Activities to Date

- 1. Initial working group across the domains of mental and physical health**
- 2. Continued Planning – Connecting the Islands of Care**
- 3. Establish the “Behavioral Health Continuum Coordinating Counsel”**
 - Who: Integral Care, Central Health, and CommUnityCare**
 - What: Meet every other week**
 - How: Identify near-, medium, and long-term focus areas, activate working groups and task forces to complete activities**



Next Steps



Appendix

The Quadrant Clinical Integration Model

