ROOTS That Build Resilience and Rooted Mothers

A Referral Partner You Can Trust With Your Most Vulnerable Clients

PRIMARY
BEHAVIORAL HEALTH

Compassion Rooted - Community Driven - Healing Focused

Who We Are

We're the level of structured group care you don't have time to build in-house, for the patient who's stable enough for home, but not stable enough for once-a-week.

Kim McClure, RN , Founder

Kim brings two decades of hands-on caregiving experience to Primary Behavioral Health, having worked her way up through roles as a CNA, in hospital settings, in hospice care, and in nursing before earning her administrator's license. That progression through nearly every level of direct patient care shapes how she leads the organization today: with a clinical, patient-first standard that puts quality of care above everything else, and a firsthand understanding of what families are going through at every stage of a health crisis.

Dr. Natalie Yates, Clinical Supervisor

Dr. Yates is a Clinical Social Worker and Creative Play Psychotherapist with 13 years in the field and a Doctorate in Family Interventions from Walden University. She was recognized as Social Worker of the Year in 2011. Her clinical approach integrates Cognitive Behavioral Therapy with play therapy techniques, and she works across individual, couples, family, and group modalities, giving her oversight a depth that spans the full range of care ROOTS clients may need.

Miranda Johnson, MSW, LCSWA

Outpatient Therapist. Miranda completes the comprehensive clinical assessments that shape every client's Person-Centered Plan and facilitates group therapy within the program. Her approach is trauma-informed, culturally responsive, and strength- based, with a clinical focus on childhood trauma, intergenerational trauma, and complex PTSD, as well as grief in its many forms, not only the loss of a person, but the loss of a relationship, a career, a season of health, or a future someone once imagined. She holds a particular commitment to supporting women through pregnancy, postpartum, and generational patterns, and she believes healing works best as a collaborative process.

Octavia Harris, Marketing & Referral Relationship Partner

Octavia is a marketing and storytelling specialist and your direct point of contact for referrals, managing the relationships that keep communication flowing between your practice and our clinical team from intake through discharge. Before moving into marketing, she worked as a Qualified Professional leading group therapy for children from kindergarten through fifth grade and authored a full-year cognitive behavioral therapy curriculum from scratch for that program, giving her clinical fluency in group treatment that shapes how she communicates the ROOTS program to referral partners today.

ROOTS That Build Resilience

A clinically facilitated 12-week referral option for adults who need support more than once a week

1. Who It Serves

- Adults with mood disorders who need more structured support
- Step Up clients whose symptoms are escalating despite weekly outpatient care
- Step Down clients returning home after inpatient, PHP, or ER stabilization
- High functioning adults managing depression or anxiety while still trying to hold everything together

2. Why It Matters

- Weekly therapy is not always enough when symptoms intensify
- The days after discharge carry high risk when follow up support is delayed
- Structured group care helps reduce gaps between crisis and stability
- Referral partners need a trusted bridge that protects continuity of care

3. What ROOTS Offers

- 12 week intensive outpatient program meeting three mornings each week
- Evidence informed support using CBT, DBT informed skills, and Motivational Interviewing
- Small group care led by licensed clinicians with progress tracked throughout treatment
- Coordination with existing therapists, prescribers, and referring providers

4. When to Refer

- When a client is doing the work and still sliding
- When discharge is complete but weekly therapy alone is not enough yet
- When a patient needs a defined higher level of support without losing their current therapist
- When you want a structured next step with direct communication from intake through discharge

> *We're the step-up, not a switch. We work alongside your therapist, not instead of them.*

What ROOTS That Build Resilience is?

ROOTS That Build Resilience is a 12-week intensive outpatient program (IOP) for adults with mood disorders, meeting three mornings a week. The program uses evidence-informed approaches, including CBT, DBT-informed skills, and Motivational Interviewing, delivered in a small group setting led by licensed clinicians.

- Weeks 12
- Three mornings a week
- Licensed clinicians
- Small group setting

Who ROOTS Serves

Step-Up Clients

Adults already in outpatient care (weekly therapy, psychiatrist, or PCP) whose symptoms are escalating despite treatment. They need a higher level of structured support for a defined period before returning to routine outpatient care.

Step-Down Clients

Adults recently discharged from inpatient psychiatric care, a PHP, or an ER visit following a mental health crisis. Stable enough for home, not yet ready for weekly therapy alone; they need a structured bridge to prevent relapse.

High-Functioning Adults

Adults who appear fully functional externally, working, showing up, caring for others, while privately managing depression or anxiety, often for years without treatment.

Family Members

Spouses, partners, adult children, or close friends supporting someone with a worsening mood disorder, often the first to recognize the need for a higher level of care.

Referral Partners

Outpatient therapists, psychiatrists, PCPs, hospital discharge planners, case managers, EAP coordinators, and crisis-unit staff who refer clients into the program and receive them back afterward.

Rooted Mothers

A clinically facilitated referral option for women who need more than awareness

1. Who It Serves

- Women in pregnancy, postpartum, and motherhood
- Women of all backgrounds carrying depression, anxiety, trauma, overwhelm, and generational stress
- Women who need a clinically supportive, responsive space where they feel understood

2. Why It Matters

- Many women are identified as struggling but never start treatment
- Emotional safety and cultural fit help women stay engaged in care
- Families need a bridge between awareness and actual clinical support

3. What Rooted Mothers Offers

- Licensed clinical facilitation
- Trauma informed and generational pattern aware care
- Group support with warmth, structure, and accountability
- Coordination alongside existing providers and community supports

4. When to Refer

- When a patient screens fine or borderline but something in the room tells you it is more
- When a woman needs more than education, peer support, or a resource list
- When you want a structured next step that supports continuity of care

“She is not falling through the cracks because no one cares. She is falling through because no one built the net for her specifically.”

Program Structure

Referral Received

Referral comes in from a PCP, case manager, school, or hospital discharge. Intake staff logs it and reaches out within 24 to 48 hours to schedule.

Comprehensive Clinical Assessment

A full clinical assessment is completed and a Person-Centered Plan (PCP) is built from that session.

Client Onboarding

Clients receive a Client Rights manual, emergency contact paperwork, group expectations and schedule, and transportation setup if needed.

Group Start

Most new clients start on Monday, allowing them to meet the full team and learn the office flow together; however, we can make placements based on needs.

Active Programming

Clients attend group therapy for the full 12-week program, and then we re-assess. Progress is tracked against the Person-Centered Plan goals, with a mid-program review to confirm continued fit.

Step-Up Pathway

If clinical needs intensify, the client may be referred for psychiatric hospitalization, with a full safety evaluation completed.

Step-Down Pathway

If the client is stabilizing, they transition to outpatient individual therapy, with continued referral relationships for warm hand-offs and coordination with the original referring provider.

Coordination With Referring Providers

ROOTS coordinates directly with each client's existing therapist and prescriber at intake, at mid-program, and at discharge.

INTAKE

The care team identified, and communication began.

MID-PROGRAM

Progress and continued fit are reviewed.

DISCHARGE

Client returns to their original provider.

Clients are returned to their original referring provider once their 12-week episode of care is complete, unless their time needs to be extended. ROOTS is a structured bridge, not a replacement for existing outpatient relationships.

How to Refer

01

Contact Our Team

Call or fill out the referral page on our website with the client's name, contact information, and reason for referral.

02

We Complete Intake

Our team contacts the client, reviews eligibility, verifies benefits, completes intake, and determines service fit.

03

Coordination & Follow Through

We support continuity of care and provide referral communication throughout treatment.

Insurance & Service Area

ACCEPTED

Trillium Health Resources
Alliance Health
Commercial insurance plans
Medicare Advantage plans
State health plans
Private pay

SERVICE AREA

Greensboro, High Point, Winston-Salem, Burlington, Asheboro, Kernersville, Thomasville, and Lexington. Telehealth is available statewide in North Carolina.

REFERRAL CONTACT

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With Gratitude