

## **New Jersey Primary Care Association's Integrated Health Initiative**

Over two decades of research support the effectiveness of integrated health care in primary care settings, and currently the national agenda calls for integrated health care at community health centers and other health care entities. In this team-based model, medical and mental health providers partner to facilitate the detection, treatment, and follow-up of behavioral health and substance abuse problems in the primary care setting. It is an appropriate model for treating mild to moderate behavioral health disorders and for maintaining the treatment of severe psychiatric disorders (e.g., bipolar disorder, schizophrenia) that have been stabilized.

In the Integrated Health Initiative (IHI), two pilot sites – Project H.O.P.E. and CHEMED – are working to implement an **integrated care model** which is defined as a **systematic** approach to the management of behavioral health and substance problems in a primary care setting. The term “integrated care” denotes integration of services at the community health center level to include onsite screening, assessment and treatment, and referral and coordination for more intensive levels of care for behavioral health and substance abuse problems. This model represents a more progressive approach to health care delivery which offers behavioral health and substance abuse services onsite and in collaboration with primary health care services, and recognizes the interconnection between behavioral and physical health.

The goals of the IHI are to: (1) Effectively meet the behavioral health needs of patients, (2) Improve the physical and mental health functioning of patients and (3) Improve the efficiency of the delivery of behavioral health and substance abuse services. At the completion of the project in 2012, the project seeks the following outcomes: (1) greater information sharing among providers; (2) better coordination of care; (3) greater recognition of mind and body connection among patients and staff; and (4) greater compliance with appointments and treatment recommendations where multiple issues are being addressed.

For more information contact Bonnie Baker, Program Manager at [bbaker@njpca.org](mailto:bbaker@njpca.org), or Leslie Morris, Program Director, at [lmorris@njpca.org](mailto:lmorris@njpca.org).