Integrated care is defined by the effort to treat the physical health of patients alongside the mental health of patients. How integrated care is delivered varies by setting and by providers, however, well defined **Models** of integrated care have emerged in the last decade for integrating behavioral health services into primary care clinics. Some clinics choose to create their own ways of integrating services outside of these models, and these are then called **Programs**. Programs are specific to clinics and do not generalize to other situations. More recently programs have emerged to integrate primary medical care into behavioral health settings. These are still emerging and being studied. Both programs and models can also be described as having a certain reach or **Population Penetration** into the population. Some models, such as the PCBH model have broad penetration in that almost any patient of a clinic can be impacted by the model whereas the other models by their focus only impact a subset of the clinic population.

**Key & Definitions:**

**MeHAF Level:** refers to the degree of integration of physical and mental/behavioral health at a particular site compared to usual care as defined by the domains of the MeHAF tool ([http://www.mehaf.org/content/uploaded/images/tools-materials/ssa%20surveyjanuary2015.pdf](http://www.mehaf.org/content/uploaded/images/tools-materials/ssa%20surveyjanuary2015.pdf)).

**Program:** refers to a site-specific effort to increase the level of integration (that is not defined by a model) compared to usual care. This effort is not generalizable to other sites and is not evidence-based.

**Model:** refers to a discrete, well defined, empirically validated, replicable set of characteristics and pathways which systematically apply studied strategies using a defined workforce to achieve integrated care.

**Population Penetration:** refers to the extent to which a model reaches the population of a site and is represented by the Four Quadrant metric ([http://www.integration.samhsa.gov/resource/four-quadrant-model](http://www.integration.samhsa.gov/resource/four-quadrant-model)).


**The Models**

- **PCBH**
  A Behavioral Health Consultant works alongside a primary care provider providing real-time support to patients and the medical team to any patients with need in the clinic that day.

- **SBIRT**
  A bachelor’s or master’s level worker screens patients for substance abuse conditions and provides brief intervention to those patients who screen positive.

- **Collaborative Care**
  A consulting psychiatrist and care manager provides support for prescribing practices of primary care providers for the care of depression.