

**Table 14.1** Integration Models and their Goals, Population Target, Benefits, Limitations

Model / Approach	Main Goal(s)	Population Targeted	Benefits	Limitations
Co-Located therapy	Improve mental health outcomes of individual patients	Individuals who fit the MHP's scope of practice	Some increased opportunities for PCP / MHP collaboration and for access to care	Scope of problems / patients seen, MHP capacity, collaboration are all limited
Collaborative Care Model	Improve outcomes for select conditions	Typically adults with mood disorders	Increased help for the most common mental health problems	Scope of problems / patients seen, MHP capacity are all limited
Screening Brief Intervention Referral to Treatment (SBIRT)	Prevent at-risk substance use from becoming problem use	Individuals at-risk for substance use problems	Effective substance abuse prevention tool	Scope of problems seen; PCP capacity are limited
Medication – Assisted Recovery (MAR) <sup>3</sup>	Treat opioid use disorder (OUD) in primary care	Individuals with OUD	Expanded treatment options for OUD	Scope of problems seen; PCP capacity are limited
Primary Care Behavioral Health (PCBH) model	Improve PC for the entire clinic population	Entire clinic population	Goals and practices promote an easy fit with PC	No systematic tracking to ensure planned follow-up occurs

PCP Primary Care Provider

MHP mental health professional

MAR medication assisted recovery

OUD opioid use disorder (See Substance Abuse and Mental Health Services Administration 2024.)

SBIRT screening, brief Intervention, referral to treatment (See Bray, Del Boca, McRee, Hayashi, & Babor, 2017.)