THE INTEGRATION OF PHYSICAL HEALTH AND BEHAVIORAL HEALTH SERVICES: THREE UNIVERSITY CASE EXAMPLES

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INTRODUCTION

A groundbreaking report from the Institute of Medicine (IOM) entitled *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001), identified pervasive problems with the quality of health care in the United States. A subsequent report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (IOM, 2006), identified the inadequacy of mental health and substance use care. According to the latter report, "improving the nation's *general* health and resolving the quality problems of the overall health care system will require attending equally to the quality problems of mental and substance-use health care." The integration or close coordination of primary and behavioral health care is essential for people with behavioral health problems.

Two "overarching recommendations" were made by IOM (2006) that describe the need for the integration of the primary and behavioral health services:

> **Overarching Recommendation 1.** Health care for general, mental, and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body. (p. 9)
>
> **Overarching Recommendation 2.** The aims, rules, and strategies for redesign set forth in *Crossing the Quality Chasm* should be applied throughout mental health and substance use (M/SU) health care on a day-to-day operational basis, but tailored to reflect the characteristics that distinguish care for these problems and illnesses from general health care. (p. 10)

Because the concept of integration is still in its infancy in behavioral healthcare, minimal progress has been made in merging behavioral health care into the general health care system. However, unique examples of integration exist at several major U.S. universities that can be used as models for integration for the general health care system.

It is also important to note that nurses in general and psychiatric nurses in particular can play a very important role in transforming behavioral healthcare so that full integration with general healthcare can become possible. Psychiatric nurses understand both worlds, and their training permits them to move among these worlds with ease. As a result, they have a mission to help span the two worlds in order to promote more effective integration of care.

What follows are three separate case studies from three universities examining the integration process and the results achieved. This work was undertaken because of the pervasive problems on college campuses with substance use and with mental health issues. In personal communications, knowledgeable directors of college behavioral

healthcare programs estimate that from 20 to 25% of incoming freshmen are receiving psychotropic medications when they matriculate at college.

The three cases were specifically chosen as examples of integration based on comments from key informants. Since each case study involved visiting the program, combined with intensive interviewing of key staff and review of procedures and practices, travel among the three sites was a factor in program selection. This work was commissioned by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, as a series of preliminary case studies that could be used to inform additional work on the topic of service integration in university settings. The primary purpose was to identify the characteristics of three case studies, rather than to conduct research that is comparative or generalizable.

UNIVERSITY OF ROCHESTER, ROCHESTER, NEW YORK

The University of Rochester is located in Rochester, NY and has a student population of approximately 4,000 undergraduate and 3,000 graduate students. Through its College, the university operates a School of Arts and Sciences, and a School of Engineering.

1. Overview and History of Current System

University Health Service (UHS) was formed in 1970. Over the next twenty years, UHS services were organized into three major components: Medical Care Section, Mental Health Section and Environmental Health & Safety. Counseling & Psychological Services, a training program run by the Psychology Department for undergraduates, merged into the Mental Health Section in 1990, and was renamed the Counseling & Mental Health Section (CMHS An internal medicine physician was appointed Director of UHS in 1994, where he continues to this date. In 1999, UHS became accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). At that time, CMHS also changed its name to University Counseling Center (UCC), while remaining a department of UHS.

UHS offers healthcare services to its student body, each of whom is assigned a primary care provider within UHS. UHS delivers 33,000 visits annually, of which 22,000 are student visits. Of these visits, 8,000 student visits plus another 1,000 indirect service visits are delivered by UCC staff, which are estimated to be generated from approximately 800 unique clients. The service is funded primarily through a student health services fee and complimented by a small amount of fee-for-service outpatient treatment paid through private/commercial insurance. When combined, these revenue sources provide sufficient capital for the service to be self-sufficient.

In addition to selected routine outpatient medical evaluation and treatment the fee also provides outpatient mental health services, including behavioral health assessments, up to 10 individual outpatient mental health visits, and unlimited group treatment. UHS and UCC services are each currently located in three different facilities that are separate from one another. University administration has approved the construction of a new service

site offering both medical and behavioral services which will be financed through UHS revenue generation.

2. Rationale for Integration

In 2001, a committee was formed to review the University of Rochester's Student Mental Health Program. This committee conducted interviews with numerous stakeholders of the CMHS program, including CMHS clinician leaders and professional staff, related university department chairs, selected university deans, pre-doctoral and post doctoral fellows representatives, undergraduate student affairs representatives, and selected members of the student body and parents of students. Among the findings which supported the need for improved service integration were increased learning disabilities/ADHD and ADA, alcohol and drug abuse dependency, the increasing role of psychopharmacology in psychiatric treatment and greater awareness of serious mental illness. The emergence of these trends has supported and propelled UHS' efforts to establish improved integration of its behavioral, substance abuse and medical services to the university population.

3. Methodology

Program leadership has been key in the integration efforts. The UHS service is composed of approximately 63 full-time equivalents (fte's). UCC staff is comprised of approximately 13 fte's, with other departments reporting to the Director representing an additional 50 fte's in other services. Additionally, staff physicians are organized under the Director and have a dotted line reporting relationship to the University of Rochester Department Of Medicine.

UCC staff includes staff psychiatrists, staff psychologists, psychotherapists, a nurse practitioner, clinical training staff and interns, and administration staff.
Methods to achieve integration occur on several fronts. UHS and UCC staff abide by the procedures of one policy manual, with particular portions directly addressing the efforts to ensure integration between behavioral, substance use and medical services. UHS instructs its staff through orientation to use a team approach when treating clients by using referrals between UCC and UHS, sharing of the client's "information sheet" and utilization of the Informed Consent documentation.

Since 2001, there have been several initiatives which demonstrate an increasing collaboration and integration of healthcare service delivery efforts. These include but are not limited to:

- Substance Use/Abuse - The Health Promotion Office (HPO) and UCC work closely together with the Dean's Office to offer BASICS, a one-on-one personal assessment provided in two sessions with the Health Educator upon the occurrence of a student needing healthcare services involving substance abuse concerns.
- Peer Health Advocacy Class - Designed to help students examine the ways in which alcohol and drug use, sexual behavior, and stress can impact the lives of college students and the college environment.

- Eating Disorder Treatment Team – Composed of a staff physician and a psychologist to provide counseling and treatment.

4. Intake Process and System

UHS has several mechanisms which, when implemented, will prompt a student to be referred to UCC for services. These include the following:

a) Any student's medical or behavioral emergency care must be coordinated through the UHS system.
b) If any student is seen in a UHS site or is taken to a hospital, and is drunk, UCC is notified and a mandatory referral is arranged.
c) UHS staff will assess for any behavioral/substance abuse issues which may be operating.
d) University of Rochester provides an amnesty program to students notifying UHS or Dean of Student Affairs office about others exhibiting dangerous behavior.

Upon completion of an intake evaluation, referral may be made to either UHS or UCC staff for further evaluation and follow up. A BASICS evaluation may be completed as part of this intake process. Students for whom mental health or substance use services are recommended can be referred to relevant treatment resources such as individual and couples therapy (10 visits are covered through the student health fee), yearlong group therapy (also covered through the student health fee) and therapy services addressing anxiety, depression, relationship difficulties, etc. Students may also use non-UCC clinical staff for extended treatment services. These are offered with special fee arrangements designed for students. UCC's services are offered weekdays, Monday through Friday, from 8:30am – 5:00pm, with evening appointments available for individual and group treatment. UCC makes after-hours access available to students by calling one of two specific phone numbers. These numbers are available 24-hours per day, all year long.

5. Results

UHS' integration efforts are generally perceived as positive, particularly within the department. Two types of reasons, in particular, support the perceived value of integrative efforts within the department. 1) It is estimated that 30% of the 800 unduplicated students who utilize UHS services annually possess some substance abuse issues. These treatment dynamics elevate the importance of shared, integrative efforts in treating these student-consumers. 2) The medical staff has expressed high positive responses to the improved medical assessment capabilities and the psychiatric training which UCC provides to them. Additionally, UCC staff is integrally involved in facilitating referrals of UCC clients and providing information about those referrals to UHS for medical services. Integration also likely facilitates a more rapid completion of assessment, enabling a speedier implementation of appropriate treatment interventions for the client.

There is evidence of the larger university's support for integration, including support from the Office of Provost for the operational budget put forth by UHS and the approval by university officials to co-locate UHS and UCC services together in a new building soon to be constructed. There are a few examples where integration faces particular barriers. This is prevalent when it comes to information sharing and physical integration.

a. Outcomes Measures

Both UHS and UCC do outcomes assessments. UCC utilizes a Provider Feedback Report – the Outcome Questionnaire (OQ)--for measuring outcomes. The tool is used with clients who are being followed through a course of 10 outpatient mental health visits. Measurements are taken at the first, fifth and tenth sessions. The three indicators measured include Symptom Distress, Interpersonal Relations, and Social Role functioning. The three measures are compared with similar measures for an average person not in treatment (Community Norm measure) and for an average college student in counseling (Outpatient Norm measure). The instrument also reports suicidality, substance abuse and workplace impulse control issues. The data can be sorted by counselor for variations in outcomes. Because of the short term nature of the standard mental health outpatient benefit (i.e. 10 visits), data is not tracked long term.

b. Performance Measures

In addition to monitoring budget and financial performance, key performance measures for UHS appear to focus on productivity. Over the past few years, the Director has made significant strides in reinforcing with clinical staff the necessity of maintaining productivity standards as a means of maintaining financial stability budgetary compliance. Productivity expectations per clinical fte within UCC is 24 hours per fte, with 4 additional hours allowed for documentation, and an additional 4 hours devoted to teaching activity for the benefit of the university. Productivity for medical staff within the UHS service operates on a similar basis, with clinical productivity targeted at 28 hours per week.

c. Quality Assurance Systems/Quality Improvement Measures

A Quality Improvement committee meets monthly and includes the department heads reporting to the Director. UHS leadership sets the Quality Improvement plan for each year. Peer reviews of cases are part of this plan. Physicians, registered nurses, and nurse practitioners each review medical record information within their respective disciplines. Peer review is completed upon the occurrence of untoward events. Customer Satisfaction is measured across all UHS services, however. A formal customer satisfaction survey is completed twice per year. One week is selected within each semester for the survey to be given to all clients. Clients are not notified in advance of when the survey will be offered. Data is compiled and reported to leadership.

6. Next Generation and Evolution of Integration

Future goals for UHS services target both medical and behavioral services. Within the medical services, better space planning, particularly with the new integrated service site planned for construction, will facilitate improved integration. UHS also plans to eventually implement a totally electronic medical record, with separate portions devoted to medical versus behavioral services. A target date for this implementation was not expressed.

UCC services also plan to use more evidenced based treatment strategies, for both consumer care and health care promotion. The Director continues to seek evidence of

truly effective healthcare promotion techniques which can effect improvements in student health care. Despite the lack of such evidence, UHS continues to devote up to10% of its budgetary resources towards health promotion. Finally, UHS plans to increase its emphasis on community prevention, not just with students but with the population as a whole. Of the entire University of Rochester population, UCC estimates treating 13%-18% through its services. Of these, 10% are estimated to receive BASICS evaluations.

CORNELL UNIVERSITY, ITHACA, NEW YORK

Cornell University is located in Ithaca, NY and has seven undergraduate colleges, a graduate school, and three professional schools in Ithaca, two medical graduate and professional units in New York City, and one in Doha, Qatar. The university enrolls over 13,000 undergraduate and over 7,000 graduate students, including medical graduate and professional students in New York City.

1. Overview and History of Current System

Cornell was one of the first universities to have healthcare services located on campus. Gannett Health Services' medical and behavioral services have been co-located in its present building structure since the 1950s. Though the services were housed 'under one roof' and reported to the same director, they were very separate operations, with separate waiting rooms, medical records areas, and support staff. There were disparate philosophies, priorities, languages, systems, standards and partnerships. Medical services were delivered according to a medical model, and behavioral according to a developmental model. Approximately 13 years ago, an Executive Director was appointed over Gannett Health Services. Under her leadership, more formal integration began to take shape.

Gannett provides primary-care medical, counseling, and health promotion services for students; episodic and occupational health services for employees; and leadership for public health initiatives. Gannett is accredited by the Accreditation Association of Ambulatory Health Care (AAAHC). Gannett delivers 86,000 visits annually with a multidisciplinary staff of 145 fte's. Services include medical services, counseling and psychological services (CAPS), health promotion, public health and administrative support services. Gannett departments and staff members operate with a central priority of providing integrated services for individual consumers/clients and for the Cornell community. The location of the facility on central campus and of most of Gannett's departments within that central facility supports this priority.

2. Rationale for Integration

Gannett's programs are based on the philosophy that the mind and body must be treated as intricately connected parts of a whole, that bio-psychosocial factors impact the development of young adults and that strategic campus initiatives are most effective when they are addressed with an integrated approach. Integration is also advanced by selected technological, university-generated, and national forces. These forces include evolving standards, laws and information technology, university expectations and national trends.

3. Methodology

Methods to achieve integration on the staff development front include staff orientation, performance reviews, joint continuing education programs, integrated case conferences, and search committees. The interdisciplinary committees implement a utilization review, a formulary review, joint operations committee meetings, and continuing education. The Gannett team espouses a comprehensive, mature approach in its mission to deliver integrated healthcare services. Specific examples include:

a) Provision of healthcare services to the community with a focus on prevention and management of infectious disease, and planning for both emergencies and crisis management.
b) An environmental approach to student health concerns, emphasizing the interface between physical and mental health concerns, and academic and social pressures. These concerns include high-risk drinking, hazing, tobacco use, and violence (e.g. sexual assault, harassment, bias-related incidents).
c) Pursuit of campus-wide mental health initiatives, supporting coordinated, high-level university thinking about medical and behavioral issues relating to community health. Examples include University Counseling and Advising Network (UCAN), Division of Student and Academic Services priority for student welfare, Council on Mental Health and Welfare, President's Council on Alcohol and Other Drugs (AOD), and the Executive Committee on Campus Health.

Implementation of integration is inherent in the structures created by Gannett to deliver its services. Examples include triage, referral coordination, primary care providers, psychiatry, pharmacy, and multidisciplinary teams (medical and behavioral). These teams include the AOD Team, community-based services, the Cornell Health Eating Program (CHEP), and a sexual health working group. Other implementation efforts are done through after-hours phone consultation, on-campus immunization clinics, sexuality counseling, consumer advocacy, victim advocacy and an alert team.

Integration exists in several important operations areas within Gannett. These include the medical records room and the share service policies. Integration is also evident in Gannett's efforts to ensure access to health care. Examples of this include financial assistance and health insurance. Gannett pursues a number of important initiatives in the area of service evaluation and research. These include Quality Improvement, performance measures, and outcomes measurements.

Gannett promotes integrated services in its communications and marketing activities. This is done through print (e.g., brochures, wallet cards, posters, newsletters, and Cornell publications), electronic (e.g., comprehensive website, e-mail newsletters, and media screens), and local media (e.g., news stories and advertisements in campus and community papers). Targeted messages speak to specific communities on health topics of interest or concern. Key to the integration efforts is the Gannett Health Services Steering Group.

4. Intake Process and System

Gannett has developed a single comprehensive Health History Form which addresses both medical and behavioral/substance abuse issues. The form is mandatory and is returned to Gannett after the student completes it. If any serious or chronic health condition is identified, the Director sends the student a letter describing applicable campus and community resources. Many students are introduced to Gannett as they seek to comply with health requirements during their first weeks on campus. Gannett staff members try to use these visits as opportunities to introduce students to the health services at Cornell.

The Gannett facility, intake and triage functions, and website all are designed to make the point of first contact as straightforward, non-threatening, and helpful as possible. Many students are referred by staff, faculty, peers, or parents who have received information from Gannett about available services, quality of care, and how to make a referral. Some students are referred to Gannett by the judicial administrator or residential program staff. Any alcohol or drug-related violation of the campus code of conduct or "house rules" in a residence hall triggers referral to Gannett and completion of the Basic Alcohol Screening and Intervention for College Students (BASICS) assessment tool. Cornell University has a medical amnesty program to facilitate the referral of students to needed services. Gannett services are offered weekdays, Monday through Friday, from 8:30am – 5:00pm, and Saturdays from 10:00am – 4:00pm. Gannett also promotes access to 24-7 phone consultation service where students can receive directions on how to address an immediate healthcare concern, make a future appointment, or receive transportation to more acute care services.

5. Results

In addition to the internal staff support demonstrated by Gannett behavioral and medical staff, there is additional evidence of the larger university's support for these efforts. Examples of this include budgetary support for Gannett and strong campus involvement. The challenges to integration that are perceived by Gannett at this time are physical space, continued pursuit of administrative support for new initiatives, gaining continued philosophical consensus on integration efforts, continual merging of diverse models, resource allocation and continuing training requirements of professional and support staff.

a. Payoffs

Gannett has identified many positive results from its priority for service integration. The current staff embraces integration as a way to provide better, higher quality, and more comprehensive services to the students treated by Gannett. Rewards for staff include professional enrichment through exposure to, and interface with, providers of services complementary to their own. Collaboration with other universities and synergies with outreach efforts and activities are positive, and the recognition and appreciation by campus leadership has been good. Improved relationships with campus and community partners and parents have been reached and cost savings have been achieved through the reduction of potentially redundant or duplicative types of systems.

6. Next Generation and Evolution of Integration

Ongoing goals for Gannett include electronic medical records, updated facilities, continued building of trust between Gannett and the various constituencies and consumer groups utilizing Gannett's services, investing in the further development of multidisciplinary teams and continuing the integration process.

NORTHEASTERN UNIVERSITY, BOSTON, MA

Northeastern University is located in Boston, MA. Northeastern's schools and colleges include The Bouvé College of Health Sciences, the colleges of Arts and Sciences, Business Administration, Computer Science, Criminal Justice, Engineering, the School of Law, and the University College. Current enrollment is almost 23,000 undergraduate, graduate and law students.

1. Overview and History of Current System

Prior to 2000, Lane Health Center (medical services) and the university's Counseling Center (behavioral services) operated separately. Efforts at integrating medical and behavioral health services began in earnest approximately five years ago, following the arrival of Northeastern's Senior Vice President for Enrollment Management and Student Affairs. In 2003, with the university administration's support, the University undertook a comprehensive review to identify problems with the university's healthcare services and the reasons behind them. The school intentionally hired an outside source to ensure that the identified recommendations were objective and unbiased. Site visits were arranged with other universities which had undertaken service integration initiatives. The process led to a solid understanding of what was ahead. Northeastern committed itself to act on the policy and structural recommendations coming from the consultant's recommendation. Among the recommendations were to restructure the Lane Health Center under Student Affairs, place an MD with managerial experience in charge of the program, the further integration of health and mental health services both for improved quality of care and for optimizing use of service space, and the combining of both programs into one facility.

University Health and Counseling Service (UHCS) places an emphasis on students connecting with a primary care practice (PCP) clinician to provide coordinated, comprehensive and individualized care to each student. A PCP at UHCS is a highly qualified nurse practitioner, physician, or physician assistant, who serves as the main contact for each student's total health care needs. UHCS offers its services to students on campus and has routine ambulatory care for both behavioral and medical needs. More acute services are referred to any of Boston's renowned hospitals. The service is not accredited by any accreditation body. Service utilization data was not available at this time.

2. Rationale for Integration

Issues needing attention included a lack of integration between Lane Health Center

and the Counseling Center, poor follow up of care, long waiting times, and a general lack of confidence in how the counseling unit was operating. The service review identified additional issues, among them a concern raised by the Student Government Association that the school did not have any sexual assault services. UHCS' goals include addressing these important issues through an effective, high quality, fully integrated service delivery system.

3. Methodology

Medical services include primary care as well as a physician position specializing in sports medicine. Behavioral health services include both mental health and substance abuse treatment. Behavioral health services available include individual counseling treatment, group treatment, and web-based sexual assault information and related links. Individual counseling treatment focuses on personal and academic concerns such as academic stress, family problems, substance abuse, anxiety, depression, etc. Students may meet with a counselor for up to 12 sessions during an academic year. Group treatments focus on relationship concerns, study skills, anger management, sexual assault, etc. All groups are free and open to Northeastern students. UHCS also offers health promotion through an RN coordinator, a learning disabilities program, and an administrative support staff. UHCS' services are funded through students' tuition and they have unlimited use of these services.

The two most prominent illustrations of integrated service delivery and care are UHCS' newly renovated treatment and administrative spaces for providing both medical and behavioral services, and the Patient Health Questionnaire submitted to the clinician upon completion by the client. Student participation in the questionnaire is voluntary and covers a range of relevant college issues. At the most senior level, the University Senior Vice-President is the key administrative champion for UHCS' integration efforts. Reporting to her is the new Executive Director of UHCS.

4. Intake Process and System

The university's website provides important information about UHCS, including services available, hours, and how to access them. UHCS encourages accessing the service by setting up an appointment to see a clinician for either behavioral or medical needs. For first time users of the service, students are encouraged to complete the voluntary Patient Health Questionnaire upon arrival. Based on the appointment and the questionnaire, the student will then be referred to a consumer associate. The questionnaire is scanned into the electronic medical record upon completion by the student. Following the initial visit treatment recommendations are discussed with the student and, if recommended by the clinician, further arrangements are made for continuing care. If a student arrives at UHCS in crisis, a triage will be immediately completed by a nurse and appropriate interventions are immediately implemented. HCS services are offered weekdays, Monday through Friday, beginning at 8:00am. Offices are open until 5:00pm on Monday, Wednesday and Friday, and until 8:00 pm on Tuesday and Thursday. The office is open on Saturday from 9:00am until 1:00pm. When the health center is closed, students are encouraged to call New England Baptist Hospital.

5. Results of Integration

Reception to integration has generally been very good by external parties, both students and school administration. Within UHCS, integration has helped to identify differences in philosophies, goals and techniques among UHCS leadership and staff. Identifying these differences has led to staff turnover, including the positions of Executive Director (formerly a non-medical individual), Medical Director and Director of Behavioral Health. These turnovers have, in turn, created opportunities to retain new staff that is more philosophically in tune with integration goals.

UHCS leadership has identified that communication with staff can facilitate more rapid 'process' development and integration results, and this has led to an environment that stresses teamwork as a way to achieve solutions. Significant opposition came from internal staff, initially from the medical side, and subsequently on the behavioral side. The issues pertained less to the concepts of integration and more to communication issues, which disrupted some long-standing systems and ways of working since many staff were independent practitioners. The service had internship and practicum training programs, with professional staff devoting significant time to supervisory activities. Dr. Mantella discussed the notion of a culture within the faculty where they received particular intellectual benefits and enjoyed a meticulous lifestyle afforded by the UHCS service environment. Fiscal parameters have prompted a significant downsizing of those activities, resulting in more staff devoted to productive clinical service.

UHCS' integration efforts have been greatly supported by the student body, university administration, and in particular, the Student Affairs Board and its Chairman. UHCS' major focus at this time pertains to staffing as there are a number of direct care staff positions vacant at this time. As positions become filled and leadership more seasoned, the focus will shift and additional integrative activities will become more feasible. Achievement of the aforementioned goals, especially those pertaining to integration, will become more feasible when staff who can implement them are recruited.

a. Outcomes Measures.

A data management/outcomes measurement system is a key goal for new management personnel as they join the UHCS staff.

b. Performance Measures/Quality Improvement/Quality Assurance

These issues and supporting systems are objectives for the coming year. Achievement will become more feasible with the completion of staffing plans and recruitment of key staff to drive implementation of these activities.

6, Next Generation and Evolution of Integration.

Specific goals related to service delivery and integration include but are not limited to the development and updating of policies and procedure, bi-monthly staff meetings, and the formal implementation of peer review processes.

SIMILARITIES AMONG INTEGRATED SYSTEMS

There are significant similarities in the three integrated systems that are worth noting:

- All three schools stress the collaboration between the behavioral and medical staffs as a method of accomplishing goals. Both sides also provide open access to medical records for relevant staff at all three schools.
- The counseling and primary care services at all three schools use some type of Inferred Consent Documentation and make referrals based on this information.
- The three schools' services fully comply with HIPAA regulations.
- All three schools have had initial problems when integrating (specifically from the behavioral counselors), but two have overcome these obstacles while the third is currently resolving issues.
- All three schools have solid relationships with administrative structures of the university, and all three have or are currently building a "same site" facility where medical and behavioral problems can be treated together.

This work shows that the IOM vision of an integrated primary-behavioral healthcare system is not only possible within a university health system, but also that it can be made to work both clinically and financially. We hope that this work stimulates similar work in other university settings. Since one cannot generalize results from the university to community care systems, research of the type reported here is also urgently needed in the latter settings

We also hope that this work will stimulate discussion in the community of psychiatric nurses regarding integration models and the role that psychiatric nurses can play in bridging the worlds of behavioral health and primary care. Although this topic is "old" for the psychiatric nursing community, perhaps dating back more than 25 years, success at achieving integration that addresses both clinical and financial issues is "new", and the university results are both promising and exciting.

10/6/06

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