

Integrated Health Care: Glossary

Behavioral health – A term used to refer to both mental health and substance use.

Behavioral health specialist – A mental health or substance abuse treatment provider, such as a psychiatrist, social worker, psychologist, licensed chemical dependency counselor or psychiatric nurse.

Care management – A set of evidence-based integrated care practices in which patients are educated about their behavioral health problems and regularly monitored for their response and adherence to treatment.

Clinical barriers – Obstacles to integrating care that stem from how treatment traditionally is provided and how providers traditionally are trained in different fields.

Co-location – An integrated health care approach in which both physical and mental health providers are located in the same building or on the same premises to increase access to those services and to reduce the stigma of seeking mental health treatment. Also spelled collocation.

Comorbidity – The co-existence of two or more illnesses at the same time.

Embedded primary care – An integrated health care approach in which primary care providers and behavioral health providers are located in the same practice or clinic to improve clients' physical health outcomes. Also called co-location.

Evidence-based – A treatment practice or approach that is backed by a strong body of research evidence.

Facilitated referral – An approach in which nursing staff assist clients with accessing referrals to primary care and help coordinate their care. Also called enhanced referral.

Health promotion – The provision of information and education to empower people to increase control over and improve their health.

Integrated health care – The coordination of physical and behavioral health care.

Managed care – An approach to paying for health care in which a payer controls the costs and quality of services through a variety of techniques.

Medical model – An approach to treatment in which recovery from a mental illness is defined as the reduction of symptoms and a reduced need for treatment, as contrasted with the recovery model.

Organizational barriers – Obstacles to integrating care that stem from how physical and behavioral health care organizations traditionally are structured.

Patient registry – A log or database of all patients in a clinic or practice who have a particular illness or condition.

Policy barriers – Obstacles to integrating care that stem from laws and regulations on how physical and behavioral health care organizations can provide services and share information.

Recovery model – An approach to treatment in which recovery from a mental illness is defined as the improvement of a person's quality of life and level of functioning despite the illness, as contrasted with the medical model.

Serious emotional disturbance – Mental health problems that severely limit children's ability to function at school, at home and in the family.

Severe mental illness – Term used to refer to psychiatric disorders like schizophrenia and bipolar disorder that are associated with greater disruptions in people's ability to function.

Treatment guidelines – Descriptions of best practices for assessment or management of a health condition.

Warm hand-off – An approach in which the primary care provider does a face-to-face introduction of a patient to the behavioral health specialist to which he or she is being referred.

Wellness – A state of physical and mental well-being.

Culturally and Linguistically Competent Care: Glossary

Collecting Culturally- and Linguistically-Specific Patient Data – Under the Affordable Care Act, to the extent practicable, federal health data collections will include culturally- and linguistically-specific data on populations served. Guidance and tools have yet to be developed. This information is included as an advisory for program planners.

Culture – Attitudes and behaviors that are characteristic of a group or community.

Cultural Competence – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situation.

Culturally Competent Community Engagement – The practice of working in conjunction with natural, informal support and helping networks within culturally diverse communities, encouraging communities to determine their own needs and community members to be full partners in decision making. Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners with communities benefitting economically from the collaboration.

Culturally Competent Organization – An organization that embraces the principles of equal access and non-discriminatory practices in service delivery.

Culturally Competent Practice and Service Design – The implementation of a service model that is tailored or matched to the unique needs of individuals, children, families, organizations, and communities served. Practice is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions. The service delivery model recognizes that mental health is an integral and inseparable aspect of primary health care.

Disparity – The state or condition of being unequal or different.

Family and Consumers – The recognition that family is defined differently by different cultures. Family as defined by each culture is usually the primary system of support and preferred intervention. Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves.

Health Disparities – The differences in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in a population as compared to the health status of the general population.

Language Access – The provision of services, supports, and written material in the preferred language and/or mode of delivery or the use of interpretation and translation services that comply with all relevant Federal, state, and local mandates governing language access.

Linguistic Competence – The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Health Literacy – The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Plain Language – Writing that is clear and to the point, which helps to improve communication and takes less time to read and understand.