**Alexis Martinez Post to Week 2 Discussion 1**

   Integrative and Collaborative Care is a growing subject that has many benefits to it. If these benefits are met, the possibilities that IC or CC brings are endless, creating an environment in which many professionals work in together under one area. This topic brings with many challenges like how to bring therapeutic needs to the patient comprising from multiple backgrounds. The unique structure and needs create a challenging environment. With we will see how this environment assist patients in need of treatment.

            One questions to look at is how teams achieve goals for individual clients. One example to look at is the Salud Family Health Centers which is a federally qualified community health center comprising of nine health care clinics that span over eight counties in North Central Colorado (Auxier, et al., 2011). The clinical variable that was created to meet therapeutic goals was real time interventions. Having a BHP present solidifies that patient receiving care instead of being forgotten (Auxier, et al., 2011). Next you have system variable, involving colocation for success (Auxier, et al., 2011). For success, the BHP must be in the flow of communication and available for both patients and PCPs, reason for this is because although 80% of clients accept treatments from PCPS, only 10% attend legitimate psychosocial treatment (Auxier, et al., 2011). There was a 4-level model implemented by the Salud’s. level 1 represents acute needs or immediate inpatient care, level 2 consists of sever or continuous mental illness, level 3 is chronic and lower severity, and level 4 are patients with temporary mental health and psychosocial problems, this includes marital difficulties, parenting problems, bereavement, employment problems, financial stress, and so forth (Auxier, et al., 2011). This supports health literacy because it always has a BHP present. This presence creates a support system in which constant communication is present for both practitioner and patient. There are other models out there such as integrated care, multidisciplinary care (Kelly & Coons, 2012).

            Some areas that provoke challenges for the models is cultural and language barriers (Kelly & Coons, 2012). Physical environments, there is a likely hood of seeing patients in examination rooms instead of consultation rooms, and your input being minimal; thus, you would be exposed to high paced pediatric settings, potential children crying, and other distractions (Kelly & Coons, 2012). Some of the challenges that are present between these models and stakeholders are various. First issue is communication, lack of daily interaction is present and poses a challenge (Soklaridis, et al., 2009). Scheduling was both beneficial and a barrier (Soklaridis, et al., 2009). Third was the flow of communication (Soklaridis, et al., 2009).

Some approaches to help fix this issue is face to face or virtual meetings (Soklaridis, et al., 2009). E-mail and electronic technology approaches are other methods, staff meetings, and electronic health records would ease reading charts (Soklaridis, et al., 2009).

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Kelly, J. F., & Coons, H. L. (2012). [Integrated health care and professional psychology: Is the setting right for you?](https://ashford.instructure.com/courses/86523/external_tools/retrieve?display=borderless&url=https%3A%2F%2Flibrary.ashford.edu%2FAccount%2FLtiLogin.aspx%3Fcustom_redirectresource%3Dhttps%3A%2F%2Flibrary.ashford.edu%2Fezproxy.aspx%3Furl%3Dhttp%253A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%252526AuthType%3Dip%2Ccpid%252526custid%3Ds8856897%252526db%3Dpdh%252526AN%3D2012-33696-001%252526site%3Dehost-live) Professional Psychology: Research and Practice, 43(6), 586–595. Retrieved from http://www.apa.org/pubs/journals/pro/

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