

# Innovation in Behavioral Health (IBH) Model: Delivering Coordinated, Whole-Person Care

2024-2032

## Julia's Journey with IBH

Julia is living with bipolar disorder and opioid use disorder, high blood pressure, and diabetes. She has a trusted relationship with her behavioral health provider, who is participating in the IBH Model. As part of IBH, her behavioral health provider puts together a care team to address Julia's behavioral, physical, and social needs.

### Behavioral Health Care

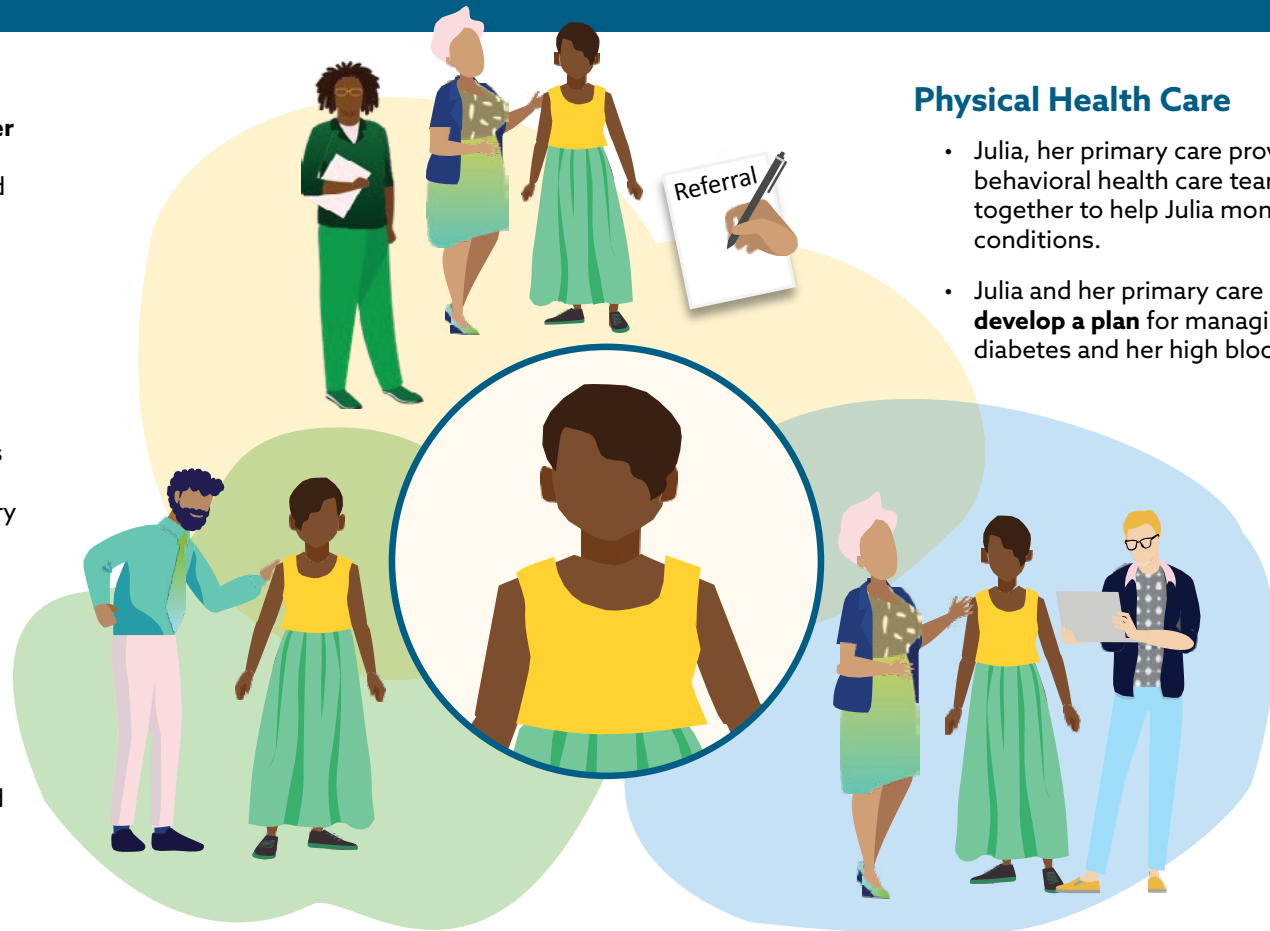
- Julia visits her **behavioral health provider** and they talk about how managing her bipolar disorder, opioid use disorder, and diabetes has become overwhelming.
- Her behavioral health provider performs a routine physical health screening and assesses health-related social needs such as food security, employment and housing status.
- Her behavioral health provider convenes a **care team** that includes a case manager, peer-support advocate, primary care provider, and a community social services organization. Julia and her care team create a plan that fits Julia's needs and preferences.

### Community Support

- A community organization assists with Julia's health-related social needs by helping her sign up for a healthy food program to better manage her diabetes and high blood pressure.
- Julia's case manager also helps to connect her with resources.

### Physical Health Care

- Julia, her primary care provider, and behavioral health care team work together to help Julia monitor her conditions.
- Julia and her primary care provider **develop a plan** for managing her diabetes and her high blood pressure.



### Julia's Outcomes under the IBH Model

Julia has a care plan that fits her needs and preferences. As a result, she feels less overwhelmed. She feels respected and heard by her care providers. She is eating healthier, feels more confident in managing her bipolar disorder and opioid use disorder, and her diabetes and high blood pressure are now under control.