

A New Paradigm: Whole Person Care at CPC Integrated Health

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Keywords: integrated care, behavioral health, social detriments of health, integrated healthcare

Abstract

The complex needs of individuals facing mental health and substance use challenges call for a comprehensive, integrated approach to care that goes beyond traditional, fragmented models. CPC Integrated Health's Whole Person Care model exemplifies an innovative approach, beginning with a behavioral health foundation and then incorporating primary care elements. This model addresses behavioral health, physical health, and social determinants of health (SDOH) in a single, cohesive framework. By leveraging Family Nurse Practitioners (FNPs) and care managers who specialize in medical coordination within behavioral health settings, CPC creates a supportive and trauma-informed environment where clients feel safe, respected, and empowered to address all facets of their health.

Through its Integrated Care Program, CPC has achieved measurable improvements in client outcomes, including reductions in emergency room visits, substance use and enhanced quality of life. This model not only bridges gaps in care but also sets a precedent for integrated care led by behavioral health. CPC's experience highlights the potential for behavioral health-centered care to serve as a foundation for holistic health improvements, offering a transformative blueprint for other organizations and policymakers seeking sustainable, client-centered solutions to complex health challenges.

Introduction

The complex needs of individuals with behavioral health and substance use challenges demand a comprehensive, interconnected approach to care. For decades, fragmented services have failed to address the whole person, often overlooking the interplay between behavioral, physical, and social determinants of health. At CPC Integrated Health, we believe that every individual deserves access to coordinated, whole-person care that supports their unique and individualized journey to recovery. As one of the first and largest Certified Community Behavioral Health Clinics (CCBHCs) in New Jersey, CPC Integrated Health is at the forefront of innovative models of care with its Integrated Care Program. This program exemplifies a compassionate commitment to improving lives by treating the entire person, not just isolated symptoms or disorders.

A Unique Path in Whole Person Care: CPC's Integrated Health Model

In the field of integrated care, CPC Integrated Health offers a distinctive approach by leading first with behavioral health and then incorporating primary care elements—a strategy rarely seen

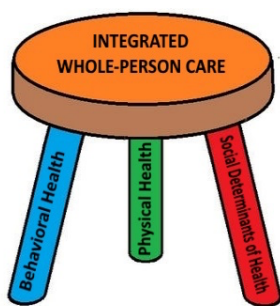
among behavioral health agencies. In our region, many integrated care models begin with primary care as the hub, later adding ancillary support for behavioral health concerns. In contrast, CPC's model builds on a foundation of behavioral health, integrating primary care elements into this base to create a seamless, supportive framework for clients with significant mental health and addiction concerns.

This approach offers a crucial advantage: clients who experience serious behavioral health and substance use challenges are often already engaged in behavioral health settings. CPC's clients already feel safe, respected, understood, and connected in our treatment environment, especially compared to traditional primary care environments, which, to our population, can feel stigmatizing and lack trauma-informed practices. By starting with a behavioral health first model, CPC creates a transformative bridge for clients to begin addressing their primary care needs within a familiar setting where they feel comfortable and supported.

Through the expertise of Family Nurse Practitioners (FNPs) and specially trained physical health care coordinators based directly within these behavioral health settings, CPC provides a holistic approach that seamlessly addresses behavioral health, social determinants of health, and individualized medical care coordination as part of a cohesive and comprehensive support network.

As a behavioral health-centered agency, CPC's model exemplifies primary care integration that aligns all aspects of health—behavioral, medical, and social—rather than addressing these in isolated silos. This approach not only broadens access to truly integrated care for clients but also sets a precedent for other behavioral health organizations, demonstrating how behavioral health can effectively lead to integrated, whole-person care.

The Need for Whole-Person Care in Behavioral Health



Individuals with serious mental illness (SMI) or substance use disorders (SUD) are often burdened with additional physical health issues and social challenges that complicate their recovery. Studies show that people with SMI face a significantly higher risk of chronic health problems and shorter life spans, largely due to physical health conditions compounded by barriers to accessing primary and preventive care. Addressing these issues requires a “three-legged stool” approach to health: **behavioral health, physical health, and social determinants of health**. If any one of these components is neglected, the path to stability and wellness becomes uncertain.

For clients at CPC, this means care that goes beyond traditional behavioral health treatment and support. We provide a wide range of services for assistance in housing, employment, and education, empowering clients to overcome any obstacles that could hinder their recovery journey. By expanding our services to incorporate support for physical wellness and medical conditions, we help clients navigate an often complex and, at times, challenging healthcare landscape, from finding specialists to managing insurance benefits and coordinating with primary care providers.

A New Model of Whole Person Care: CPC's Integrated Care Program

CPC's Integrated Care Program brings together an array of resources for individuals managing behavioral health conditions. This program has shown promising results in terms of outcomes and cost-effectiveness. It not only supports clients' mental health and substance use needs but also addresses physical health and a vast array of social factors through a fully coordinated team of healthcare, care management, and social service providers.

Key elements of the Integrated Care Program include:

- **Behavioral Health Services:** Individual, group, and family therapy using the latest evidence-based treatment practices, psychiatric evaluation and medication monitoring, Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD), and ongoing holistic support for co-occurring mental health and substance use conditions.
- **Physical Health Integration:** Consultation from Family Nurse Practitioners (FNPs) to provide education and coordinate for clients' physical health needs. FNPs work alongside behavioral health providers to provide guidance, review medical records, and advocate for clients with other healthcare providers. They help identify necessary physical and medical health follow-ups, review notes and test results, and advocate directly with community medical providers on behalf of clients. For example, in the case of a client who suffers from Diabetes, CPC's Family Nurse Practitioners might provide education directly to the client, guide the behavioral health team on how to support the impact on the client's mental health, and coordinate with the client's endocrinologist to ensure the best outcome.
- **Comprehensive Social Determinants of Health Support:** Assistance with housing, employment, transportation, and other key social factors that impact health outcomes and quality of life. This includes robust coordination, clear communication, and active collaboration both within the agency and across the broader community service provider network. This essential aspect of the program is further elaborated on in the next section.

The Impact of Care Management on Whole-Person Health

At the heart of CPC's Integrated Care Program is the care management team, which plays a pivotal role in aligning all aspects of a client's health—behavioral, physical, and social. Care management at CPC isn't just a support service; it is the cornerstone of a whole-person, integrated approach to healthcare. Care managers act as advocates, coordinators, and guides, addressing each client's unique needs and ensuring that every piece of their care is coordinated seamlessly and in a timely manner. This hands-on, personalized approach ensures clients can focus on their wellness journey without being overwhelmed or stalled by the complexities of the greater healthcare system.

Care managers at CPC take on various essential tasks to simplify clients' healthcare experiences:

- **Comprehensive Care Coordination:** They serve as liaisons between clients and healthcare providers, ensuring clear communication among all parties involved. For instance, if a client sees multiple specialists and a psychiatrist, the care manager ensures that each provider is aware of the client's full medical picture, helping to prevent potentially dangerous overlaps in medication or treatment. Care managers may even accompany clients to appointments as needed to provide support and advocacy.
- **Reducing Fragmentation:** Fragmented care can leave clients feeling lost. In a traditional system, a client might see a psychiatrist who prescribes medication for mental health, while a primary care provider prescribes a sleep aid, with limited communication between the two. Such scenarios can lead to potentially dangerous interactions, duplicate treatments, or overlooked side effects. CPC's care managers bridge these gaps, maintaining an integrated view of each client's care plan while enhancing real-time communication and building strategic relationships.
- **Alleviating Administrative Burdens:** For clients with limited resources or complex life situations, managing healthcare logistics can be extremely overwhelming. CPC's care managers support clients in scheduling appointments, arranging transportation, and navigating insurance complexities, such as prior authorizations or coordinating benefits. This helps clients avoid delays in accessing needed services and eliminates the stress of handling these tasks independently.
- **Health Literacy and Self-Advocacy in Integrated Care:** Health literacy—the ability to understand and use health information effectively—is essential for clients managing mental health and addiction challenges. In this model, we emphasize empowering clients with the skills needed to navigate healthcare confidently. Our staff are extensively trained to support clients in developing self-advocacy and health literacy skills, which enhances not only their immediate access to care but also fosters long-term health engagement. This approach equips clients to become proactive healthcare participants with positive impacts that extend across their lifespan and into future generations. To optimize the healthcare experience, case managers work closely with clients before medical appointments, preparing them to advocate for themselves, ask questions, and engage fully. Techniques like role-playing and the teach-back method ensure clients leave their medical appointments with a clear understanding and greater confidence in managing their health.

Beyond logistics, care managers are also instrumental in identifying and addressing the **social determinants of health** needs that significantly impact well-being. Many clients in the behavioral healthcare system face barriers like housing instability, unemployment, or food insecurity, which can hinder their recovery and wellness goals. Care managers at CPC work to connect clients with resources for housing, employment support, educational programs, and community services, offering a well-rounded approach that helps remove obstacles to progress. This proactive support empowers clients to build stability in all areas of their lives, laying a much stronger foundation for long-term health.

Real-World Examples: The Care Management Difference

The role of care management extends beyond routine tasks, actively transforming client outcomes through personalized support:

- **Coordinated Care for Complex Cases:** Consider a client who struggles with both chronic pain and substance use disorder. Chronic pain often requires specialized care, but without proper coordination, pain management can conflict with substance use treatment. A CPC care manager would review the client's medical history and consult with both pain and behavioral health specialists in order to create a balanced care plan that addresses pain without compromising addiction recovery. This integrated approach helps clients achieve relief while maintaining stability in their recovery journey.
- **Navigating Treatment and Preventive Care for Stigmatized Conditions:** Clients often delay essential health screenings or preventive care due to stigma or past negative experiences. For example, a person with a mental health diagnosis may avoid seeing a primary care provider out of fear of being judged. CPC care managers advocate for these clients, accompanying them to appointments if necessary, preparing them for discussions with providers, and ensuring they feel supported. This advocacy helps break down stigma-related barriers and encourages proactive health management.
- **Holistic Support During Life Transitions:** For clients dealing with life transitions—such as re-entering the workforce, changing housing, or adjusting to a new community—care managers offer stability and guidance. They might help clients develop new routines, apply for job training programs, or locate affordable housing options. This comprehensive support allows clients to navigate significant life changes with confidence, reducing the likelihood of setbacks in their mental health or substance use recovery.

Care Management: More Than Support—It's Empowerment

CPC's care management team provides more than just logistical support; they help clients become informed healthcare consumers and advocates for their own health. By guiding clients through each step of their care, CPC care managers foster a sense of agency and resilience. Clients learn how to communicate effectively with providers, understand treatment options, and manage follow-up appointments independently. This empowerment not only builds trust in the care process but also equips clients with lifelong skills to navigate healthcare confidently.

Reducing Client Burdens and Enhancing Accessibility

CPC's Integrated Care Program greatly reduces the burden on clients who already face significant inequities based on racial, ethnic, and economic factors. Many of our clients have limited resources, and the program helps them navigate complex healthcare systems without needing to arrange costly and complicated logistics. Without integrated care, a client might need to find transportation to a specialist office that lacks public transit access, wait for hours, arrange childcare, pay a co-pay they cannot afford, and receive vague directions for follow-up care—compounding an already challenging experience. This model also reduces the stigma that clients often encounter in healthcare systems. Care managers help demystify and support every step of the process, empowering clients to manage their own health effectively.

Case Study: Troy's Journey to Health and Stability

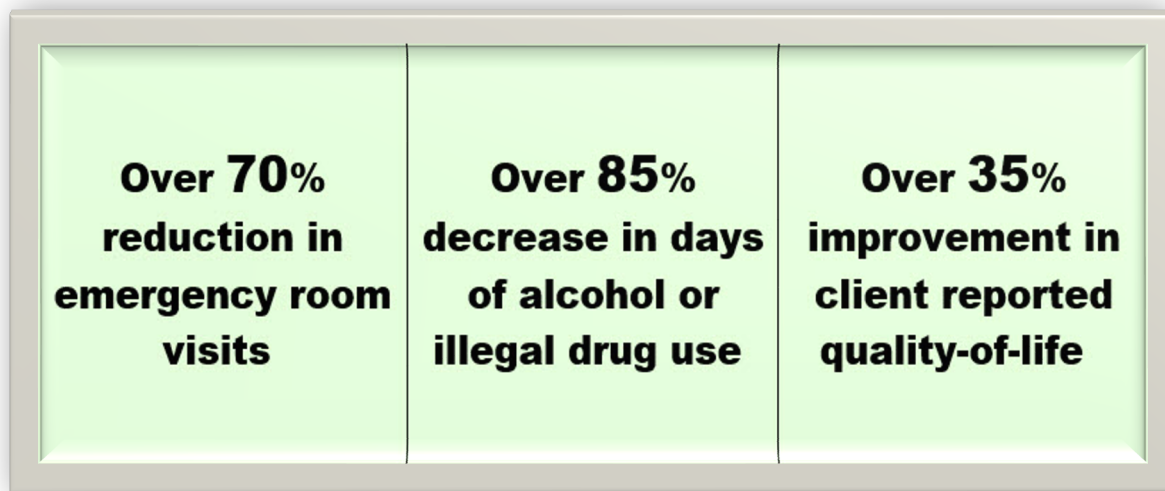
Troy's story demonstrates the profound impact of CPC's integrated, whole-person model of care. A person with Opioid Use Disorder (OUD), Troy struggled with heroin addiction for years, attempting recovery on his own without success. When he turned to CPC for help, he was introduced to a care team comprising a case manager, therapist, and medical provider. Together, they crafted a comprehensive plan that included Medications for Opioid Use Disorder (MOUD) to ease withdrawal symptoms and reduce cravings, marking a pivotal moment in Troy's recovery journey.

As Troy progressed in his treatment, he revealed underlying depression, which CPC's medical team addressed with medications that helped stabilize his mood. Through continued therapy and the support of his care team, Troy gained a renewed sense of control over his life and began reconnecting with his family and community.

During his treatment, Troy's CPC providers discovered he had unmanaged type 2 diabetes, a condition he previously treated through sporadic and often distressing emergency room visits. Troy's care manager recognized that his diabetes management was hindered by stigma and fear of judgment, especially due to his MOUD treatment. CPC provided Troy with a letter advocating for his medical needs, which he shared with a new primary care provider. Reading the letter, Troy felt empowered, overcoming previous feelings of stigma. His appointment went well, and for the first time, Troy felt supported and seen by his provider. Grateful for the care he received through CPC's Integrated Care Program, Troy expressed that he had been neglecting his physical health needs but now felt hopeful about maintaining them moving forward.

Positive Outcomes: Data Supporting CPC's Integrated Care Program

The data speaks for itself: clients participating in CPC's Integrated Care Program have experienced. There was an over **70% reduction in emergency room visits**, an over **85% decrease in days of alcohol or illegal drug use**, and an over **35% improvement in client-**



reported quality of life. These outcomes translate to both financial savings and enhanced quality of life for clients who no longer endure the trauma and stigma often associated with frequent ER visits and hospitalizations.

This model also demonstrates cost-effectiveness by reducing unnecessary hospitalizations, duplicate bloodwork, and unplanned emergency interventions. Clients with both physical and mental health needs tend to have higher hospital readmission rates and costs, but CPC's program addresses these challenges through proactive, integrated care. Instead of a client seeing four different providers, each ordering separate tests, CPC's care management ensures that all necessary health information is shared and redundancies are avoided.

Reducing Barriers, Supporting Staff, and Expanding Access to Care

CPC's Integrated Care Program is also designed to reduce burnout among staff members who are able to work in a cohesive, interdisciplinary team. This collaborative environment empowers clinicians, who feel more effective in their roles by being able to address the full scope of client needs. CPC also trains clinicians on how to communicate with healthcare providers, ensuring they can advocate for clients confidently.

For example, a client might miss several Intensive Outpatient Program (IOP) sessions due to untreated chronic joint pain that makes traveling and sitting through sessions difficult. Without intervention, frustration could build up, with clinicians feeling powerless to help with physical issues and the client experiencing a cycle of missed care. However, CPC's approach enables a care manager to step in, review records, set up a consultation, arrange transport, and follow up with all providers involved. This client-centered coordination gives clients tools to be informed healthcare consumers and supports them in taking active control of their health journey. As the saying goes, *"Give a man a fish, and you feed him for a day; teach a man to fish, and you feed him for a lifetime."*

Policy Implications and the Future of Integrated Care

CPC Integrated Health's experience demonstrates the potential of whole-person, integrated care models to meet the needs of complex populations. As policymakers and healthcare providers search for sustainable solutions to America's behavioral health crisis, our model offers a compelling example of what can be achieved with comprehensive support systems. By leveraging the CCBHC framework, CPC is paving the way for a new standard in behavioral health care—one that recognizes the value of collaboration across medical, behavioral, and social services.

This is an exciting time for integrated care. Advances in addiction treatment, neuroscientific research, and funding opportunities are aligning to create new possibilities for interprofessional collaboration. CPC's model not only helps individuals on a personal level but has the potential to transform community health outcomes and serve as a template for other healthcare providers nationwide.

Conclusion: Empowering Clients for Lasting Change

The work at CPC Integrated Health goes far beyond providing care; it is about fostering empowerment, resilience, and self-efficacy within each individual. Our Integrated Care Program teaches clients how to navigate the complexities of the healthcare system, communicate their needs, and access resources in a way that builds lasting confidence and independence. This is not just about addressing immediate health concerns but equipping individuals with the tools and skills they need to pursue a meaningful, healthy life well into the future.

Through CPC's holistic, whole-person approach, clients learn to become informed healthcare consumers, advocates for their own well-being, and active participants in their recovery journey. By addressing all facets of health—behavioral, physical, and social—CPC's approach instills a sense of hope and possibility, helping clients to break down barriers that might once have seemed insurmountable. The skills they acquire extend into their relationships, careers, and community engagement, enabling them to thrive in every aspect of life.

Furthermore, CPC's impact doesn't end with individual clients; it extends to families and communities. By involving families in the care process, CPC strengthens support systems, helping to ensure that the changes clients make are sustainable. This approach models a new paradigm in healthcare, one where holistic, integrated care can drive lasting transformation for entire communities, ultimately breaking cycles of generational health disparities and fostering stronger, more resilient populations.

The Integrated Care Program serves as a model for healthcare systems nationwide, demonstrating that when individuals are given the support to address all aspects of their health, they can achieve remarkable outcomes. CPC's work is setting a new standard in behavioral health and community care, with a commitment to seeing every person who walks through our doors as a whole individual deserving of compassionate, effective, and empowering care. We are not just teaching clients how to manage their health today—we are giving them the foundation for a lifetime of wellness and fulfillment, showing that change is possible, and providing a pathway to a brighter, healthier future.