Call for Applications: Integrated Behavioral Health Case Competition

Hosted by: Rutgers Robert Wood Johnson Medical School (RWJMS) & Medical Society of NJ (MSNJ)

Application Deadline: February 13th 2025

Competition Date: March 29th 2025

Eligibility: Open to all undergraduate and graduate students and all healthcare professionals

Submission Link: **https://forms.gle/51WqjKwYhuGejka78**

Any Questions Email: njintegratedbehavioralhealthsu@gmail.com

The Future of Medicine

Integrated behavioral health (IBH) is transforming the U.S. healthcare landscape. Across states, systems are shifting from carve-out models (where behavioral health is managed separately) to integrated carve-in models that coordinate mental, physical, and social care - particularly within Medicaid managed care and primary care settings. The evidence shows that models such as collaborative care, co-location, and care management improve access, coordination, outcomes, and cost-effectiveness for populations with high behavioral health needs.

Yet persistent barriers - fragmented financing, workforce shortages, and differing medical vs. behavioral cultures - continue to limit widespread adoption. This case competition empowers participants to bring forward innovative, systems-level solutions to overcome those barriers.

About The Competition:

The Integrated Behavioral Health Case Competition invites undergraduate, graduate students and healthcare professionals to apply their research and systems-thinking skills to identify a real-world challenge in integrated behavioral health and to design a policy-ready, systems-level solution.

Your task:

1. Identify a **gap or inefficiency** in how behavioral and physical health are - or are not - integrated (e.g., reimbursement misalignment, care coordination failure, stigma, data fragmentation, workforce shortage).
2. Develop a **policy reform or community-based initiative** that could feasibly address that gap within current needs in the state of New Jersey and broader institutional, CMS, or HHS initiatives.
3. Present your proposal in a **10-minute live pitch + 2-minute Q&A** before a panel of physicians, policymakers, and system leaders.

The top 5 winners will be invited by the **MSNJ** to meet with lobbyists and legislators working on current integrated behavioral health bills.

The top 2 winners will receive $500 prize and partnership support for their proposed initiatives!!

What We're Looking For

Each submission should address the following five components:

1. **Problem Statement & Context**
    - Define a specific systems-level issue within integrated behavioral health (e.g., siloed billing models, inequitable access for Medicaid populations, limited data exchange).
    - Describe its scope, populations affected, and relevance to institutional, state or federal policy.
2. **Systems Analysis**
    - Map the stakeholders (patients, providers, payers, agencies).
    - Explain how incentives, regulations, or cultural factors perpetuate the problem.
    - Identify leverage points for change (policy, payment, workflow, training, etc.).
3. **Proposed Solution**
    - Present a feasible, evidence-based intervention, policy reform (e.g., new Medicaid carve-in structure, data-sharing legislation), or community-based initiative (e.g., cross-training incentive program, value-based reimbursement pilot).
    - Clarify how your proposal aligns with current needs in the state of New Jersey and broader institutional, CMS, or HHS initiatives.
4. **Implementation Plan**
    - Outline a practical roadmap for launching this initiative and sustaining the program model.
    - Include potential partners, funding mechanisms, and measurable milestones.
5. **Projected Outcomes & Evaluation**
    - Describe the expected impact on access, quality, cost, and equity.
    - Suggest performance metrics (e.g., screening rates, hospital utilization, patient satisfaction, cost offsets).

Submission Requirements (250–300 words total)

Submit **one PDF** (250–300 words) to google form that includes:

- **Title**
- **Executive Summary** that concisely covers:
    - **Problem & Significance:** Define a specific systems-level challenge in integrated behavioral health and who it impacts.
    - **Evidence Base:** 1–2 key data points or citations that establish urgency or feasibility.
    - **Proposed Policy Solution & Rationale:** The intervention (e.g., payment, regulatory, workforce, data-sharing) and how it addresses root causes.
    - **Implementation & Evaluation:** Key partners, high-level steps, and 2–3 measurable outcomes/metrics you will track.

References (optional): Up to 3 citations (counted separately from the 250 - 300 words).

Note: If selected as a finalist, you will prepare a slide deck for a 10-minute pitch and 2-minute Q&A.

Helpful Resources

To support your proposal development, the following resources may serve as useful starting points for understanding current models, policy frameworks, and evidence bases in integrated behavioral health:

Policy Models
AHRQ Integrated Behavioral Health Model: emphasizes coordination across primary, specialty, and behavioral health systems to improve patient outcomes and clinician well-being.

Research
Access, Utilization, and Quality of Behavioral Health Integration in Medicaid Managed Care McConnell, K. J., Edelstein, S., Hall, J., Levy, A., Danna, M., Cohen, D. J., Unützer, J., Zhu, J. M., & Lindner, S. (2023). Access, Utilization, and Quality of Behavioral Health Integration in Medicaid Managed Care. *JAMA health forum*, *4*(12), e234593. https://doi.org/10.1001/jamahealthforum.2023.4593
Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health, A Meta-analysis Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis. *JAMA pediatrics*, *169*(10), 929–937. https://doi.org/10.1001/jamapediatrics.2015.1141
Integration of behavioral health and primary care: current knowledge and future directions Vogel, M. E., Kanzler, K. E., Aikens, J. E., & Goodie, J. L. (2017). Integration of behavioral health and primary care: current knowledge and future directions. Journal of behavioral medicine, 40(1), 69–84. https://doi.org/10.1007/s10865-016-9798-7
Structural Components of Integrated Behavioral Health Care: A Comparison of National Programs Goldman, M. L., Scharf, D. M., Brown, J. D., Scholle, S. H., & Pincus, H. A. (2022). Structural Components of Integrated Behavioral Health Care: A Comparison of National Programs. Psychiatric services (Washington, D.C.), 73(5), 584–587. https://doi.org/10.1176/appi.ps.201900623
The medical home and integrated behavioral health: advancing the policy agenda Ader, J., Stille, C. J., Keller, D., Miller, B. F., Barr, M. S., & Perrin, J. M. (2015). The medical home and integrated behavioral health: advancing the policy agenda. *Pediatrics*, *135*(5), 909–917. https://doi.org/10.1542/peds.2014-3941
Beyond the Usual Players: Evidence-Building Priorities for Behavioral Health Among all U.S. Federal Agencies Tsai J. (2024). Beyond the Usual Players: Evidence-Building Priorities for Behavioral Health Among all U.S. Federal Agencies. Administration and policy in mental health, 51(1), 14–16. https://doi.org/10.1007/s10488-023-01313-7