While reading Social Work and Integrated Health Care: From Policy to Practice and Back, I was reminded of silicon chips that connect an infinite number of entities, integrating information at a central component where memory is stored and information is processed and evaluated—all to be sent back to the entities connected. Using this analogy, I envisioned social work’s role in health care integration as the central component in an evolutionary approach to health care delivery. The idea of integrated health care as an evolutionary approach is discussed throughout the text, with emphasis on the history of health care in the United States. Manuel & Barrenger (2018) discussed how past United States health care policies influenced out-of-control costs, low quality/effectiveness, and the ultimate creation of the Patient Protection and Affordable Care Act (ACA) of 2010. Together, the book chapters provide a logical evidence-based framework for integrated health care as the gold standard for best practices in health care delivery.

Stanhope and Straussner have selected and edited an excellent collection of articles from experts in the field of integrated health care who focus on the inner and outer workings of health care delivery. The authors provide works regarding creating policy; understanding, defining and utilizing connections to community and its cultural values; and designing effective integrated health care organizations, programs and practices. This book is comprehensive regarding the consideration, understanding, and utilization of screening mechanisms and practice protocols; in sync with the values, ethics, and competencies outlined by the Substance Abuse and Mental Health Service Agency (SAMHSA) and the Council on Social Work Education (CSWE). Compiled in three parts and 17 chapters, the book provides a show-and-tell about integrated health care and social work’s role in the process. In Chapter 1, Stanhope offers readers an overview on the inefficiency of the health care system and how the fragmentation of health care has led to poor quality of care. Chapter 2, “Integrated Health Care Models and Frameworks,” discusses both the medical and biopsychosocial models and introduces the reader to the chronic care model (CCM) and the recovery model, both of which the authors maintain can be “extended by adopting tenets of prevention, public health, and wellness” (p. 30), all of which are person-centered—a hallmark of social work practice that underscores the primary role of social work in integrated health care delivery.

Material in this text systematically explains how health care disciplines intersect and provide integrated care in organizations that have policies and procedures designed to acknowledge and respect the consumers’ understanding of their own issues. These organizations provide a framework that guides and assists consumers to take responsibility for their care in concert with their primary care doctor and/or behavioral health worker. Emphasis on consumer concept of care and health outcomes provides data that guide organizational approaches to care. A chapter focused on evaluation is provided and provides a schema for assessing process and outcome evaluation of integrated health care.
The book is logically edited, beginning with an introduction by Darla Spence Coffey, president and chief executive officer of CSWE, discussing the need for a workforce that understands the history of health care policy and history’s impact on the creation of the ACA, associated organizational structures, evidence-based practices, and evaluation methods.

As a director of a master’s of social work program with a specialization area of practice in behavioral health, I was delighted to find an edited work that speaks to every aspect of social work and integrated health care. Since 2016, when our program began, we have worked to create a comprehensive curriculum that provides a systematic framework and approach to integrated health care, encompassing policy, practice, and evaluation. Social Work and Integrated Health Care: From Policy to Practice and Back not only explains how to create an integrated health care system, it also provides social work students, faculty, and professionals with an understanding of roles and provides tools for each level of system development and implementation. The book covers the need for a trained workforce and effective practices used by a trained workforce such as the “warm handoff” (p. 118); Motivational Interviewing (MI); and Screening, Brief Intervention, Referral to Treatment (SBIRT). For students, academics, and professionals alike, the text includes an in-depth use and glossary of associated integrated health care nomenclature and acronyms. An understanding of integrated health care verbiage expedites communication, training, and ultimate delivery of integrated health care services and is essential for a trained workforce.

This text is rich with information on every page regarding all aspects of integrated health care. The authors provide case vignettes and examples, making this book a must-have for any academic program focused on integrated health care and all professionals involved in integrated health care delivery.