

# Co-Occurring Disorders in Primary Care: An Integrated Approach

Robin Landwehr, DBH, LPCC

Integrated Care Director

Spectra Health

March 15, 2023



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email [casey.morton@und.edu](mailto:casey.morton@und.edu).

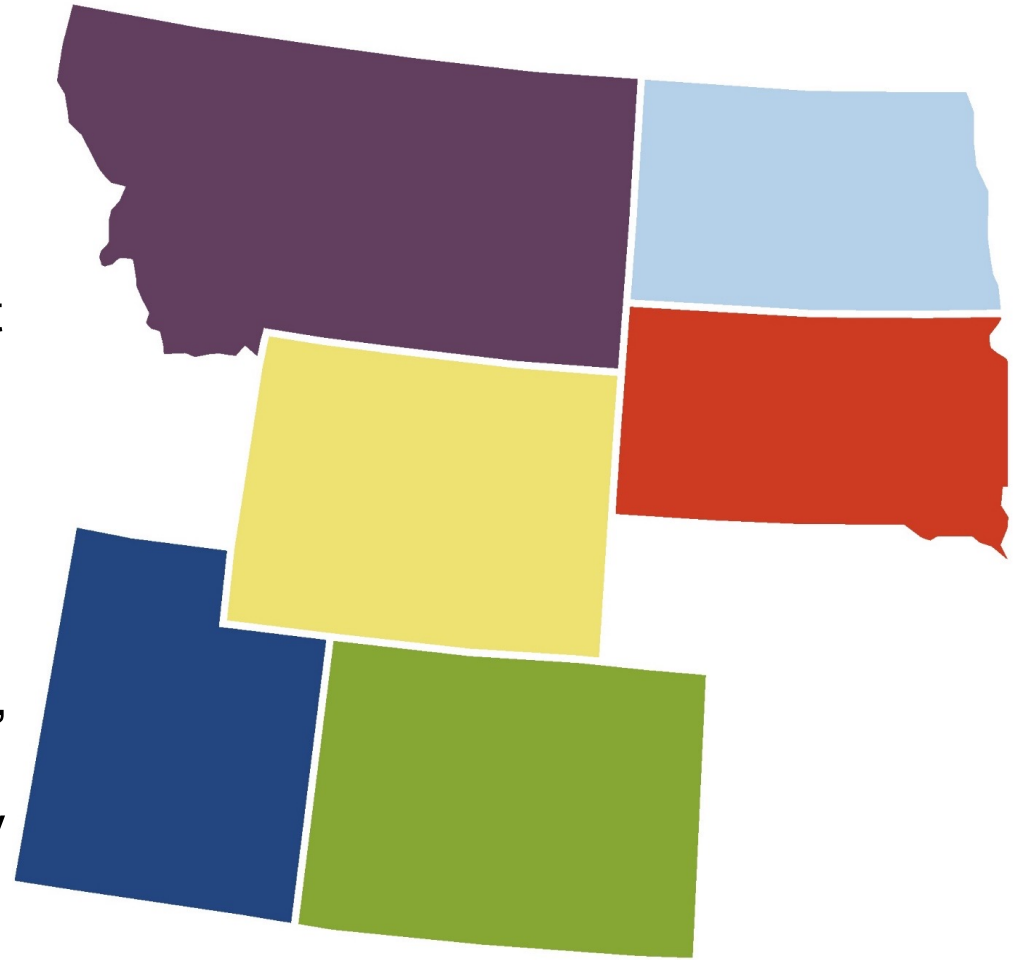
At the time of this presentation, Miriam Delphin-Rittmon served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Robin Landwehr and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

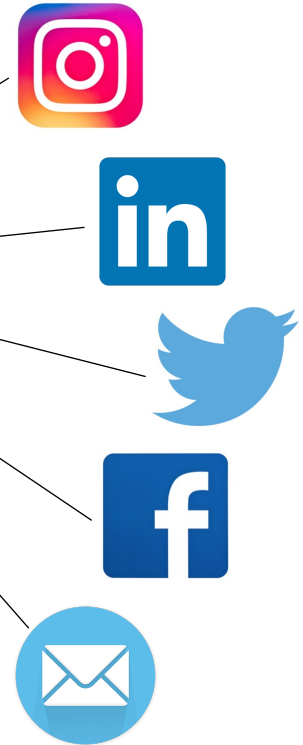
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# Stay Connected

---

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



# Co-Occurring Disorders in Primary Care: An Integrated Approach

Robin Landwehr, DBH, LPCC

Integrated Care Director

Spectra Health

March 15, 2023



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Objectives

- What are co-occurring disorders?
- What is integrated care and why should we do it?
- Who belongs on your integrated team, and how does it function
- How do we screen and treat co-occurring disorders in an integrated setting?



# Co-Occurring Disorders

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive Compulsive and Related Disorders
- Personality Disorders
- ADHD
- Trauma and Stressor Related Disorders



- Alcohol Use Disorder
- Nicotine Abuse
- Substance Use Disorders
  - Benzodiazepines
    - Xanax
    - Klonopin
    - Ativan
    - Valium
  - Stimulants
    - Amphetamines
    - Cocaine
    - MDMA (Molly)
  - Opioids
    - OxyContin
    - Heroin
    - Fentanyl
    - Morphine
    - Hyrdocodone
  - Hallucinogens
    - LSD
    - MDMA
    - Marijuana

# Can't Forget Other Co-morbidities

Individuals who experience co-occurring disorders are also more likely to have/experience

- Heart Disease (along with depression very dangerous)
- Diabetes
- Obesity
- COPD
- Homelessness/Incarceration/Trauma

\*Estimated that people with severe mental illness will die 10-25 years earlier than the people without it. Add to this an SUD/AUD.

# What is “Integrated Care?”

- “the systematic coordination of general and behavioral healthcare.”

NO WRONG DOOR



# Why Do Integrated Care?

- **67% of individuals with a behavioral health disorder** do not get behavioral health treatment<sup>1</sup>
- **30-50% of referrals** to behavioral health from primary care don't make first appt<sup>2,3</sup>
- Two-thirds of primary care physicians reported **not being able to access** outpatient behavioral health for their patients<sup>4</sup> due to:
  - Shortages of mental health care providers
  - Health plan barriers
  - Lack of coverage or inadequate coverage
- **Depression goes undetected** in >50% of primary care patients<sup>5</sup>
- **Primary Care is a great place to help, but integration is key**

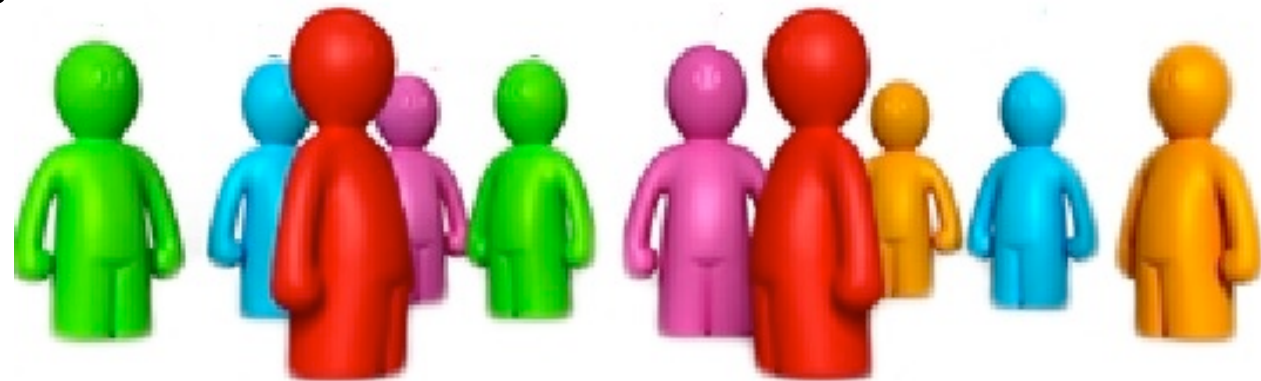
• Sources: <sup>1</sup>Kessler et al., NEJM. 2005;352:515-23. <sup>2</sup>Fisher & Ransom, Arch Intern Med. 1997;6:324-333. <sup>3</sup>Hoge et al., JAMA. 2006;95:1023-1032. <sup>4</sup>Cunningham, Health Affairs. 2009; 3:w490-w501. <sup>5</sup>Mitchell et al. Lancet, 2009; 374:609-619. <sup>6</sup>Schulberg et al. Arch Gen Psych. 1996; 53:913-919

# Why do Integrated Care for Co-occurring Disorders?

- It works
  - Patients get MH/SUD treatment AND chronic disease management and preventive care they were likely neglecting. “I am the healthiest I have been in a long, long, time.”
  - Regain their families
  - Get jobs and maintain employment
  - Are able to get stable housing
  - Less likely to be in situations that a dangerous
  - “I can drive without worrying about the cop behind me.”
  - Less entanglements with the criminal justice system
  - May lead to less hospital stays
  - SAVING LIVES

# Disciplines-(examples)not all-inclusive...

- RNs
- LPNs
- APRNs
- Social Workers
- Therapists
- Behavioral Health Consultants
- Chiropractors
- Psychologists
- LACs
- Physicians
- PA-Cs
- OTs
- PTs
- Peer Support Specialists



# How Communication Occurs

- MOUD Meetings (Monthly)
- Morning Huddles (Daily)
- SW/BH meetings (Monthly)
- Collaborative Care Meeting (Weekly)
- All Provider Meetings (Quarterly)
- All nurses know how to do intakes with MOUD patients
- All providers prescribe medications for MOUD

# SBIRT (screening, brief intervention, referral to treatment)

- **SBIRT CONSISTS OF THREE MAJOR COMPONENTS:**
- **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting
- **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services
- <http://www.integration.samhsa.gov/clinical-practice/SBIRT>



# Screening Tools

Find one you are comfortable with, such as:

- (for substance use/SBIRT):

AUDIT, MAST, CAGE-AID, ASSIST

- PHQ-2/9 Symptom Checklist
- GAD-7
- Mood Disorder Questionnaire

-Practice Team (Team-Based Care)

-Use Data for Population Mgt.

-Care Planning and Self-Care Support

-Referral Tracking and Follow-up

-Implement Continuous Quality Improvement

# MOUD Models in Primary Care (Chou R, Korthuis PT, Weimer M, et al.)

## (Primary Components)

- Pharmacological therapy (Buprenorphine, Naltrexone)
  - Not Methadone- this can only be distributed at a licensed and accredited opioid treatment programs
- Coordination/Integration of SUD treatment and other medical psychological needs
- Psychosocial services/Interventions – Critical
- Provider and community education interventions – decrease stigma, increase providers, improve staff buy-in (Project ECHO)

# Treatment Types

- MOUD
- Motivational Interviewing
- Focused Acceptance and Commitment Therapy
- CBT
- Group Therapy
- Solution-Focused

# Integration: An Evolving Relationship

## Consultative Model

- Psychiatrists sees patients in consultation in his/her office – away from primary care

## Co-located Model

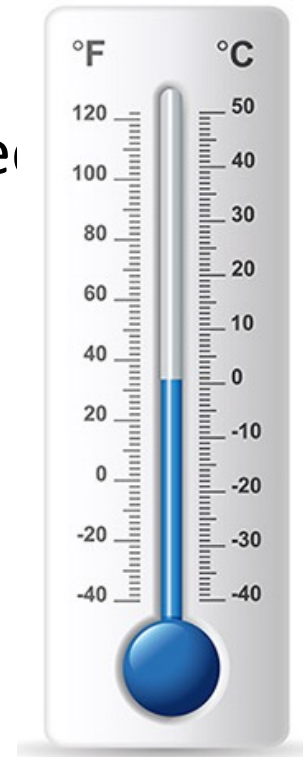
- Psychiatrist sees patients in primary care

## Collaborative Model

- Psychiatrist provides caseload consultation about primary care patients; works closely with primary care providers (PCPs) and other primary care-based behavioral health providers (BHP)

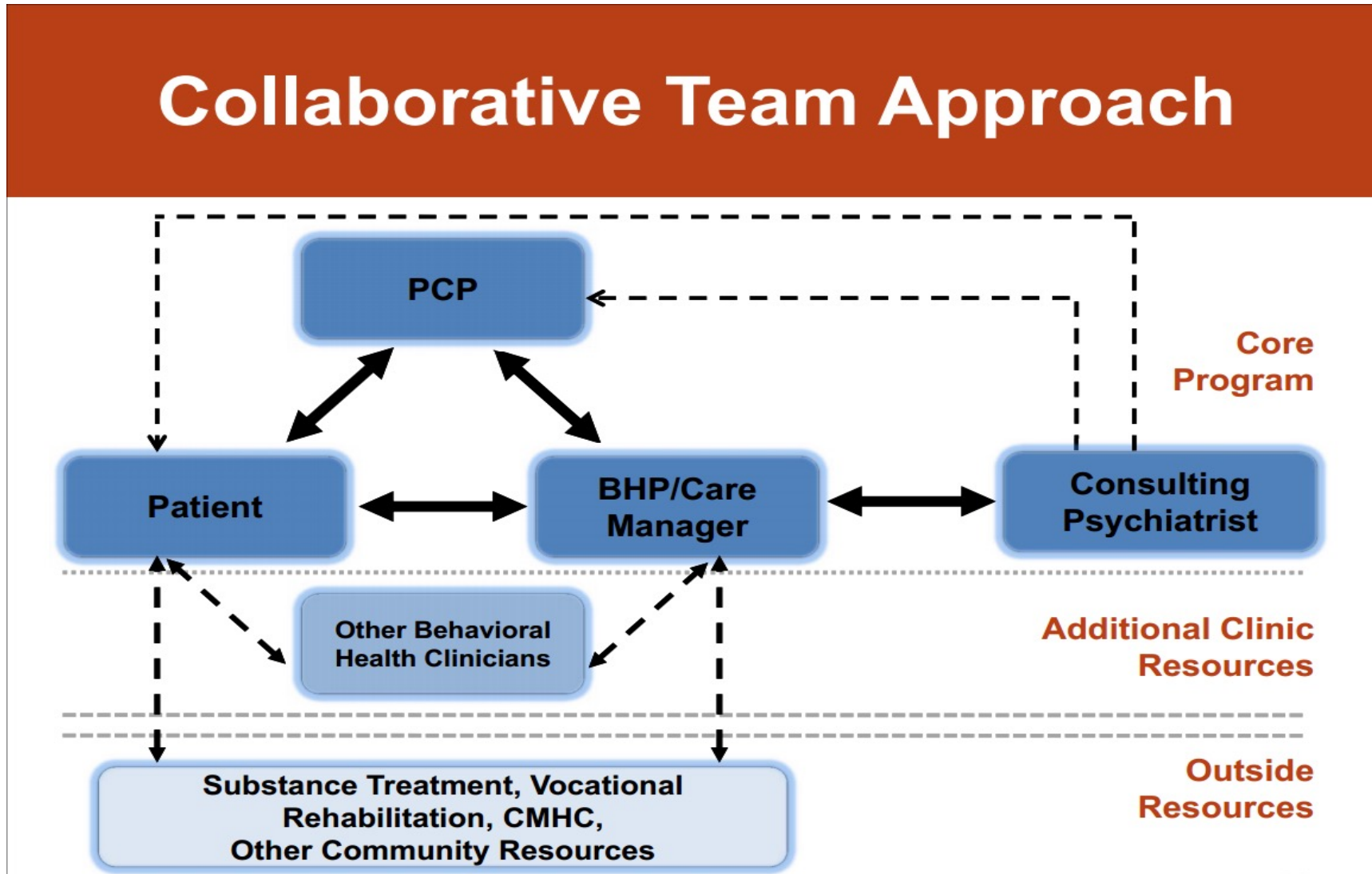
# Collaborative Care

- Collaborative Care is a specific type of integrated care that operationalizes the principles of the chronic care model to improve access to evidence based mental health treatments for primary care patients.
- Collaborative Care is:
  - **T**eam-driven collaboration and Patient-centered
  - **E**vidence-based and practice-tested care
  - **M**easurement-guided treatment to target
  - **P**opulation-focused
  - **A**ccountable care



# Collaborative Care

Collaborative care *optimizes* all behavioral health resources



**TABLE 6. STAGES-OF-CHANGE CHARACTERISTICS AND STRATEGIES**

<b>STAGE</b>	<b>CHARACTERISTICS</b>	<b>STRATEGIES</b>
<b>Precontemplation</b>	The person is not even considering changing. They may be "in denial" about their health problem, or not consider it serious. They may have tried unsuccessfully to change so many times that they have given up.	Educate on risks versus benefits and positive outcomes related to change
<b>Contemplation</b>	The person is ambivalent about changing. During this stage, the person weighs benefits versus costs or barriers (e.g., time, expense, bother, fear).	Identify barriers and misconceptions Address concerns Identify support systems
<b>Preparation</b>	The person is prepared to experiment with small changes.	Develop realistic goals and timeline for change Provide positive reinforcement
<b>Action</b>	The person takes definitive action to change behavior.	Provide positive reinforcement
<b>Maintenance and Relapse Prevention</b>	The person strives to maintain the new behavior over the long term.	Provide encouragement and support

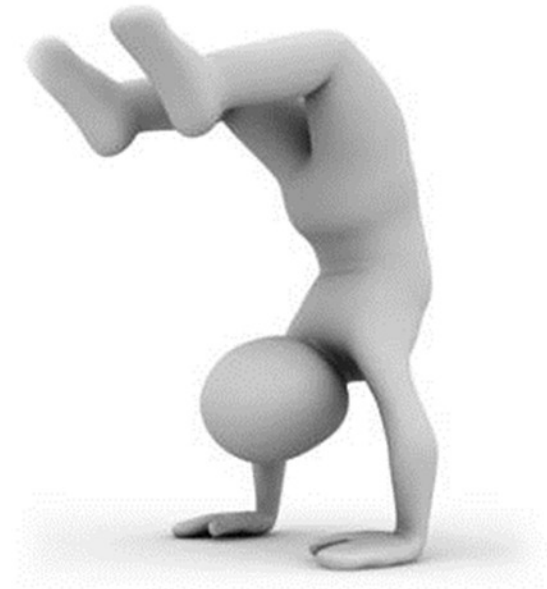
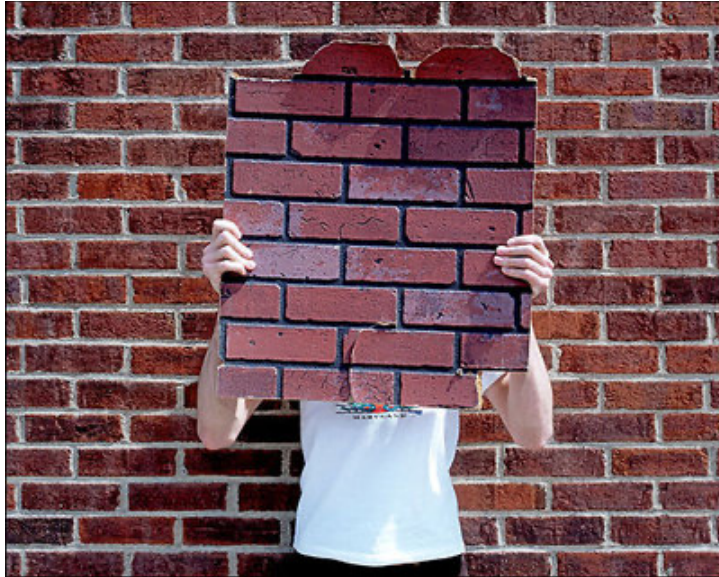
Source: Zimmerman et al., 2000; Tabor and Lopez, 2004

# Caseload Review

MRN	Name	Status	Date follow up due	Actual contact	PHQ-9	% change	GAD-7	% change
1236	Robert Sled	Active	2/1/17	2/4/17	15	0%	11	0%
			2/15/17	2/15/17	13	-13%	11	0%
			3/9/17	3/10/17	15	0	9	-18%
			3/23/17	3/23/17	13	-13%	6	-45%
			4/6/17	4/7/17	12	-20%	7	-36%
			4/20/17	4/20/17	11	-27%	7	-36%
			5/04/17	5/04/17	9	-40%	6	-45%



# What type of organization does it take for this type of model to be successful?



We couldn't possibly...

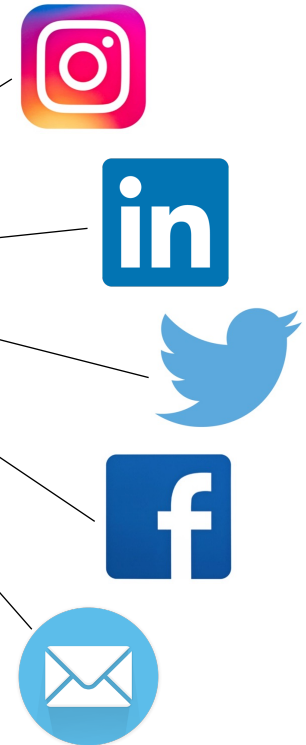
- Fill in the blank \_\_\_\_\_

Questions

# Stay Connected

---

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



# Co-Occurring Disorders in Primary Care: An Integrated Approach

Robin Landwehr, DBH, LPCC

THANK YOU!



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration