

An Integrated Approach to Primary Care Behavioral Health Part 2

Robin Landwehr

January 15, 2024



Mountain Plains (HHS Region 8)

MHTTC

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

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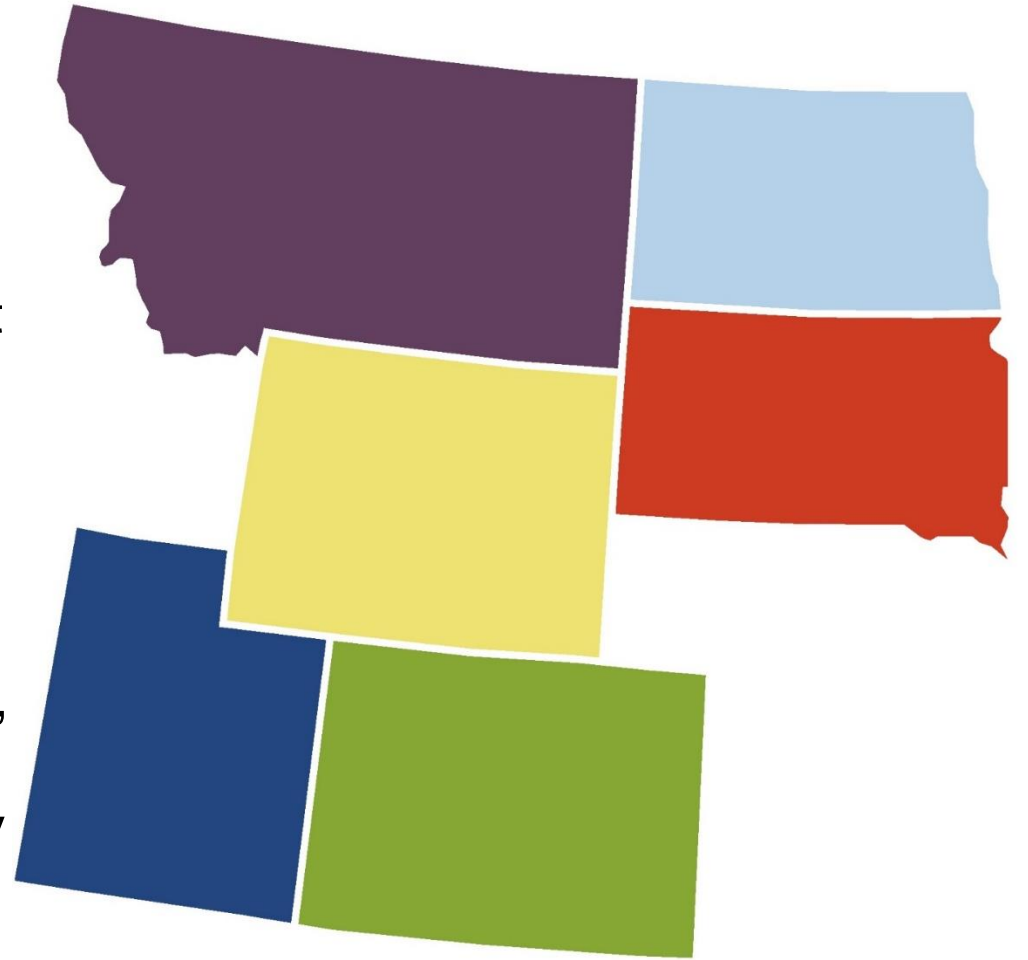
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The Mountain Plains Mental Health Technology Transfer Center

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

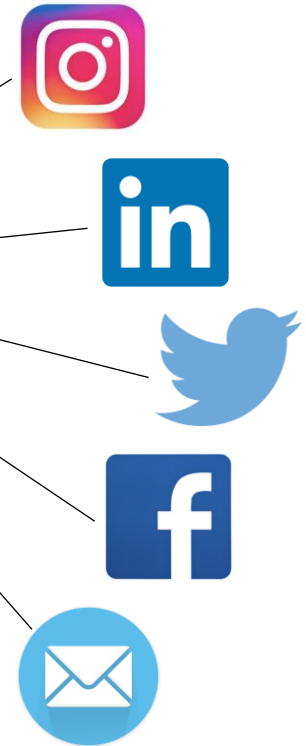
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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An Integrated Approach to Primary Care Behavioral Health (PCBH)

Presenter

Robin Landwehr, DBH, LPCC, NCC



Mountain Plains (HHS Region 8)

MHTTC

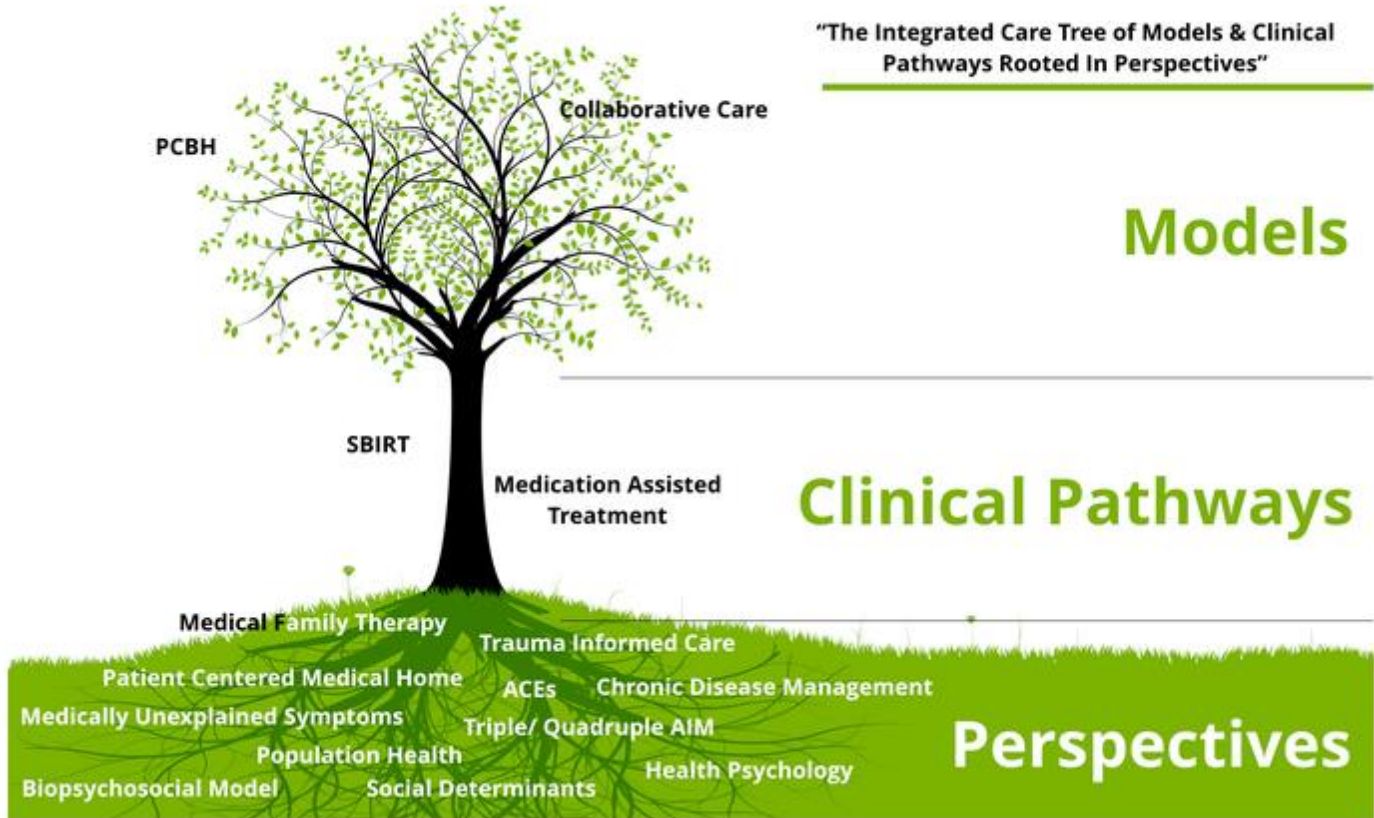
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SAMHSA
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Services Administration

Objectives

- Part Two
- What is Integrated Care and why should we do it?
- What is the Primary Care Behavioral Health (PCBH) Model
- Organizational Readiness
- Considerations for implementation
- Mix and Match

Integrated Care



Behavioral Health and Patient Services

Staff awareness and patient wellness starts HERE.

- Good communication
- Safety and Support



What is SBIRT?

- **Screening**
 - Universal, quick assessment for use/severity
 - Occurs in a variety of settings (e.g., public health, primary care settings, social service)
- **Brief Intervention**
 - Brief motivation and awareness-raising
 - 1-5 visits with a BHC, lasting using 20-30
- **Referral to Treatment**
 - Specialty care
 - 5-12 sessions

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult



PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

Yes No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: Severity score: _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)



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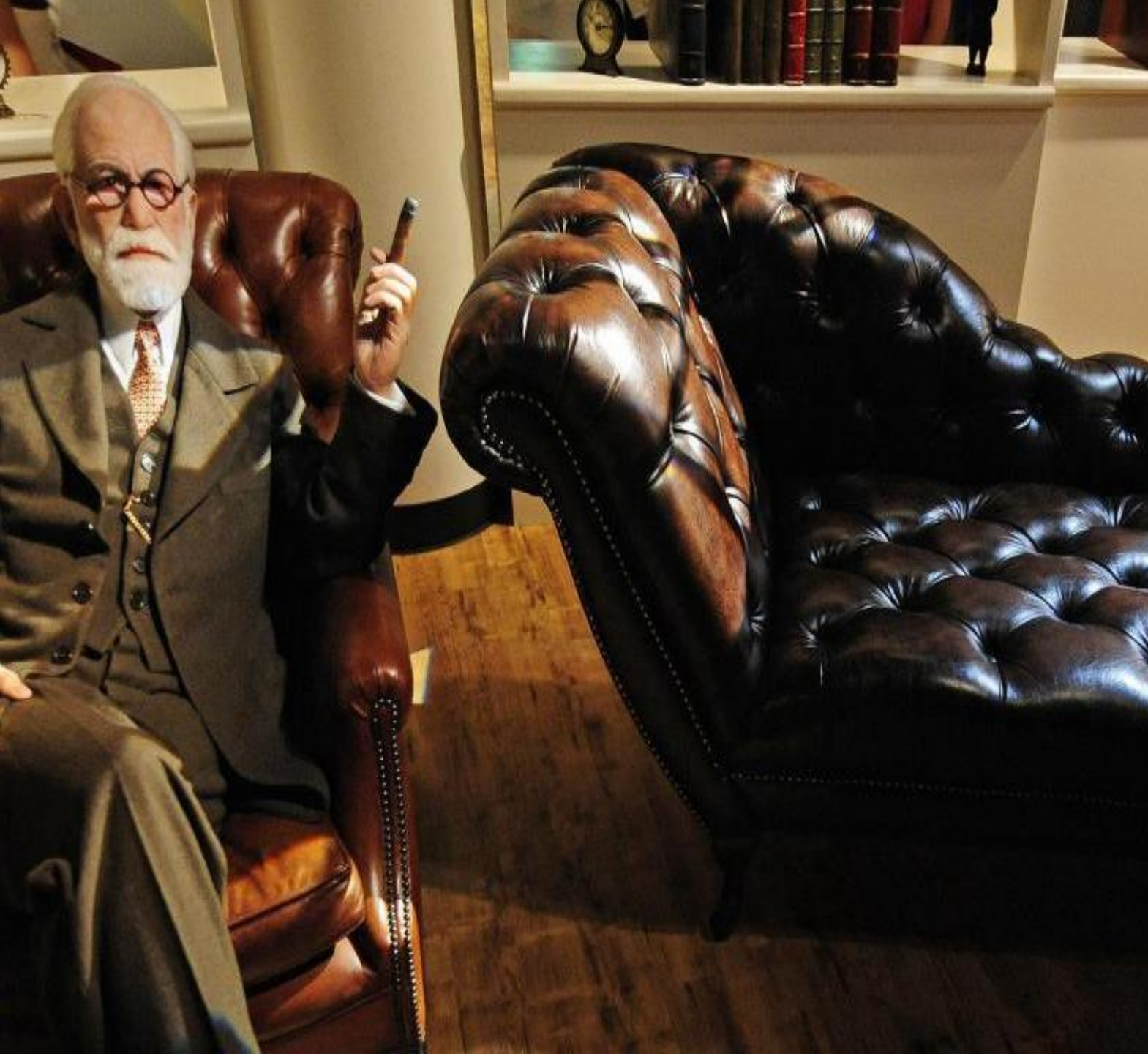


Behavioral Health Consultant Tasks

- 7:45 AM Team Huddle
- Scrub schedule for the day
- Someone on the BH team will carry the 6-911 crisis phone
- BHC may start seeing patients right away or preparing for patients (medical and dental)
- BHC receives referrals about patients to f/u with. This may include patients recently hospitalized or need a referral.
- BHC may have half-hour scheduled appointments
- PRAPARE Visits

Behavioral Health Consultant

- The Counseling You Always Wanted to do.
 - Accessibility, episodic services. Any BHC will do!
 - BHC throughout the life cycle
 - Ability to f/u during routine appointments. Change of focus can take place easily
 - Model matches research regarding length of service
 - “In a naturalistic study of over nine thousand clients in therapy, a large majority ended treatment by the fifth session and the modal number of psychotherapy visits was *just one* (Brown & Jones, 2005)” from Strosahl, Robinson, & Gustavsson, 2012).
- *Over 80% of primary care patients accept referrals for BH *in PCP office*, outside specialty BH results in fewer than 10% acceptance of referral



What does a brief BH visit look like?

- 15-20 minutes MAX
- Warm hand-off if possible
- Contextual interview
 - Love
 - Work
 - Play
 - Health
 - Time, Trigger, Trajectory
 - Workability
- Create a meaningful intervention
- Create a follow-up plan
- Inform PCP about the plan

Love, Work, Play and Health

Love	Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends?
Work	Do you work? Study? If yes, what is your work? Do you enjoy it? If not working, are you looking for work? If not working and not looking for a job, how do you support yourself?
Play	What do you do for fun? For relaxation? For connecting with people in your neighborhood or community?
Health	Do you use tobacco products, alcohol, illegal drugs? Do you exercise on a regular basis for your health? Do you eat well? Sleep well? (If patient has chronic disease) Do you find it difficult to manage your health problems? Do you have a doctor you like?

Three T'S and Workability

Time	When did this start? How often does it happen? What happens before/ after the problem? Why do you think it is a problem now?
Trigger	Is there anything—a situation or a person-- that seems to set it off?
Trajectory	What's this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently.... Getting worse? Better?
Workability	What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you?

Behavioral Health Consultation Menu

Referral Problem	Possible Interventions
1. Attn-Focus-Hyper	<input type="checkbox"/> With PCP, assess using Adult ADHD Self Report Scale (ASRS, V 1.1) <input type="checkbox"/> Address parenting issues <input type="checkbox"/> Homework plan <input type="checkbox"/> Address related behavioral problems <input type="checkbox"/> Teach focusing skills
2. Adherence	<input type="checkbox"/> Explore beliefs, world view regarding treatment plan <input type="checkbox"/> Address barriers <input type="checkbox"/> Build in social support, if possible
3. Anger	<input type="checkbox"/> Teach present moment skills <input type="checkbox"/> Explore triggers and address <input type="checkbox"/> Explore values as they relate to others impacted by angry behavior
4. Anxiety	<input type="checkbox"/> Teach present moment/Relaxation skills <input type="checkbox"/> Explore cognitions (catastrophizing) <input type="checkbox"/> GAD Screener <input type="checkbox"/> Panic attack interventions
5. Chronic Pain	<input type="checkbox"/> Shift focus from pain avoidance to pain acceptance/ QOL <input type="checkbox"/> Skills for pain management (for example, pacing) <input type="checkbox"/> On-going support of behavior change directed by patient's values <input type="checkbox"/> PACING for Pain

6. Cognitive Impairment	<input type="checkbox"/> Assessment (MoCA, Mini Mental) <input type="checkbox"/> Safety and social support planning <input type="checkbox"/> Support and planning with caregiver(s)
7. Depression Symptoms	<input type="checkbox"/> Behavior Activation Plan <input type="checkbox"/> Depression Relapse Planning <input type="checkbox"/> MDQ for bipolar/Mood Tracker <input type="checkbox"/> Suicide Risk Assessment
8. Diabetes	<input type="checkbox"/> Assess strengths and weaknesses regarding self-management <input type="checkbox"/> Explore recipes with patient at Diabetes.org <input type="checkbox"/> Address barriers to adherence to treatment <input type="checkbox"/> Handouts (self-foot exam, dining out, during Ramadan, for truck drivers, exercise plans, etc).

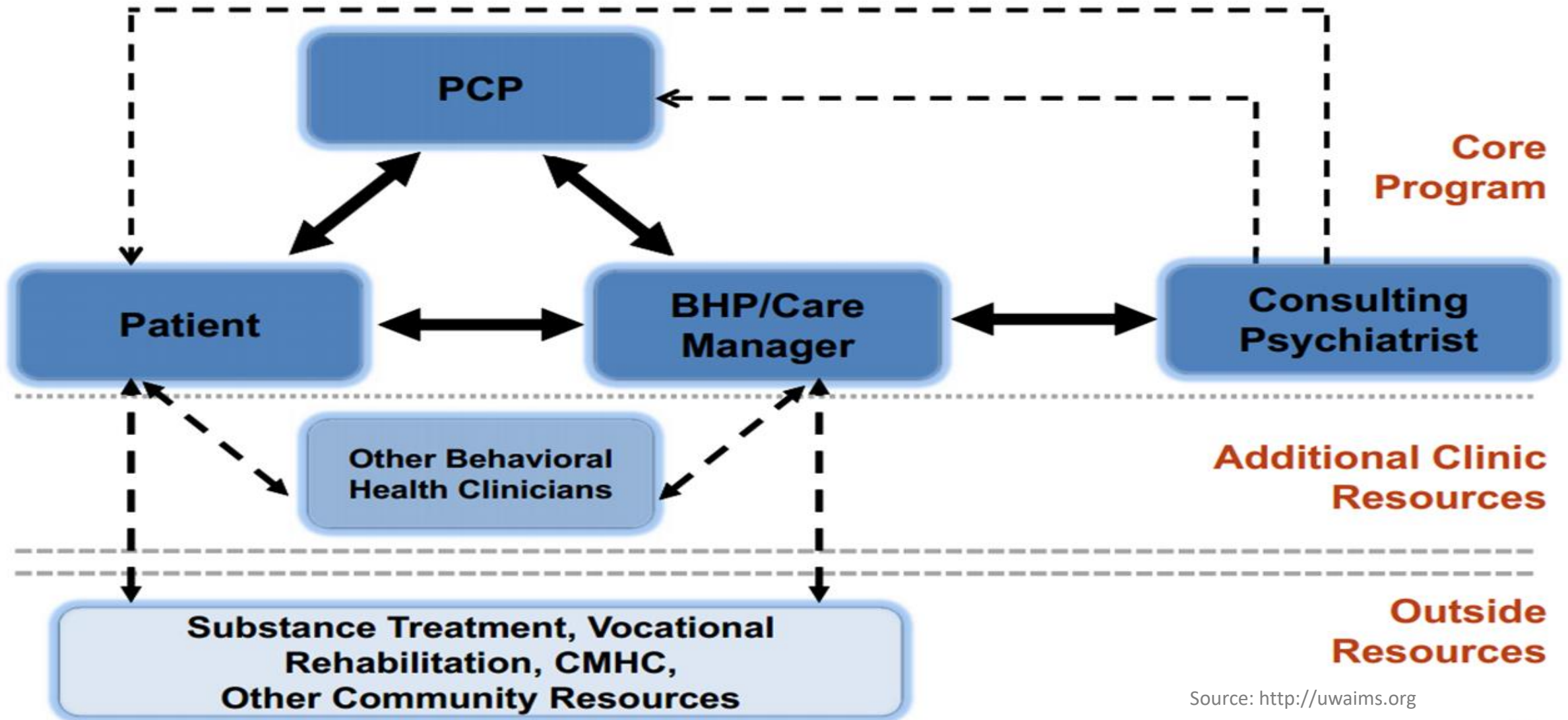
9. Domestic Violence	<input type="checkbox"/> Coordination with CVIC <input type="checkbox"/> Safety Planning
10. Eating Disorders	<input type="checkbox"/> SCOFF Quick Assessment for Eating Concerns (5 questions) <input type="checkbox"/> Psychoeducation <input type="checkbox"/> Coordination with specialty therapy services
11. Exercise/diet	<input type="checkbox"/> Diet/exercise logs, carb counters, good and cheap food, etc) <input type="checkbox"/> Disease-specific exercises plans (American College of Sports Medicine) <input type="checkbox"/> Behavior Modification

12. Grief	<input type="checkbox"/> Encouragement of active experience of grief <input type="checkbox"/> Connection with others (for example, grief group or friends and family members)
13. Headaches	<input type="checkbox"/> Migraine Symptom Guide <input type="checkbox"/> Handout on Headache types (English and Somali) <input type="checkbox"/> Address contributing factors (for example, hydration, high stress, poor sleep, inadequate relaxation skills) <input type="checkbox"/> Migraine Diary
14. Hypertension	<input type="checkbox"/> Teach relaxation skills (particularly progressive muscle relaxation) <input type="checkbox"/> Explore recipes at heart.org <input type="checkbox"/> Encourage increase in playful and restorative activities <input type="checkbox"/> Support gradual support of an exercise program, as approved by PCP
15. Sleep Problem	<input type="checkbox"/> Sleep Book program (can be done in brief) <input type="checkbox"/> Sleep Restriction training <input type="checkbox"/> Sleep Diary /Sleep Hygiene <input type="checkbox"/> Relaxation training <input type="checkbox"/> Nightmare rescripting and exposure
16. Stress	<input type="checkbox"/> Stress reduction training <input type="checkbox"/> Problem solving skills <input type="checkbox"/> Crisis coping skills
17. Substance Misuse/Tobacco	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Harm reduction <input type="checkbox"/> Motivational Interviewing
18. Sexual Health	<input type="checkbox"/> Communicating Sexual Needs Worksheet <input type="checkbox"/> Fenway safe sex brochure

Treatment for Alcohol and Substance Use Disorders

- Screening Brief Intervention Referral to Treatment (SBIRT) model for several concerns
- Medications for the treatment of opioid use disorder/alcohol use disorder
 - Vivitrol
 - Buprenorphine (Suboxone)
- Licensed Addiction Counseling
- Brief behavioral visits during medical visits to address co-occurring concerns

Collaborative Team Approach



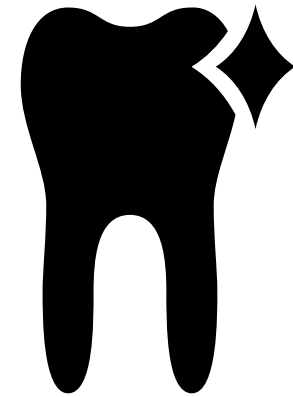
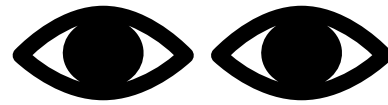
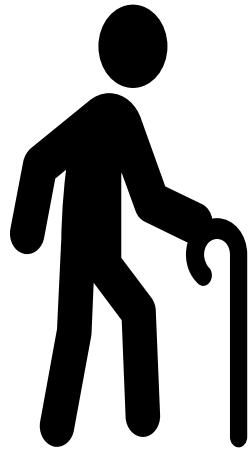


Social Services Care Coordination

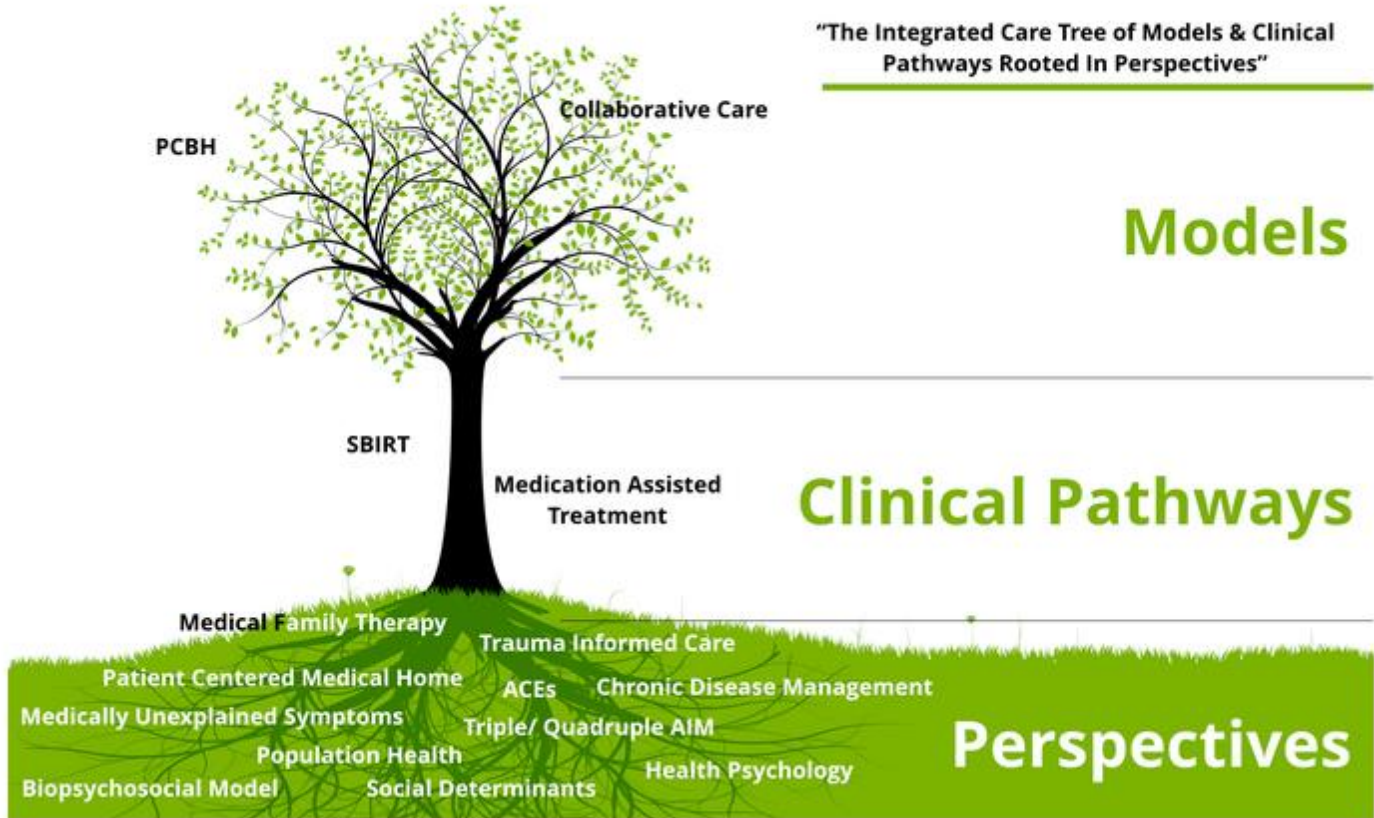
- **Certified Application Counselors**
- **Discount Program Enrollment**
- **Insurance Enrollment**
- **Prescription Assistance**
- **Housing Navigation**
- **Transportation Assistance**
- **Application Assistance**
- **Community Referrals**
- **Advanced Care Planning**
- **Community Engagement**



Services can start anywhere..



Integrated Care



Don't take my word on it..

- As a provider working in an integrated setting, I feel supported and like I'm not working in a vacuum or a silo.
- In times of crisis (like SI) it is REALLY nice to know someone else will be there to help make a judgment call and assist with safety planning. Not everyone needs to go to the ER (which is how I operated prior to working in an integrated setting).
- If a patient presents and is highly anxious, the BHC can go in and in a few minutes get the person feeling grounded and more ready to talk to me about other things. It keeps my schedule on track because I can do other things while the BHC is in the room.
- They have helped patients address insomnia, weight loss, setting pain management goals, and dealing with diet changes. There is really no end to how they can contribute to helping a patient meet their goals.
- I won't work in any other type of setting.



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- Beachy Bauman Consulting: <https://www.beachybauman.com/>
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- Primary Care Behavioral Health [Primary care behavioral health - Wikipedia](#)

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