Welcome!

Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.

Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.

Naming

Add Your Organization

Represent your team and add your organization's name to your name.

Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please: rename yourself.

Addiction Treatment Starts Here: Learning Network Caring for Patients with Co-Occurring SUD and Other Mental Health Conditions

October 28, 2021 | 12-1:30pm (PST)

CCI CENTER FOR CARE INNOVATIONS

+

DHCS

Agenda

1. Welcome & Introductions
2. Challenges & Strategies
3. Clinic Experiences
4. Case Review Examples
5. Q&A Discussion
6. Feedback & Closing

Welcome & Introductions

CCI Program Team

Meaghan Copeland
She/Her/Hers
Program Manager

Juliane Tomlin
She/Her/Hers
Sr. Program Manager

Michael Rothman
He/Him/His
Executive Director

Juan Carlos Piña
He/Him/His
Program Manager

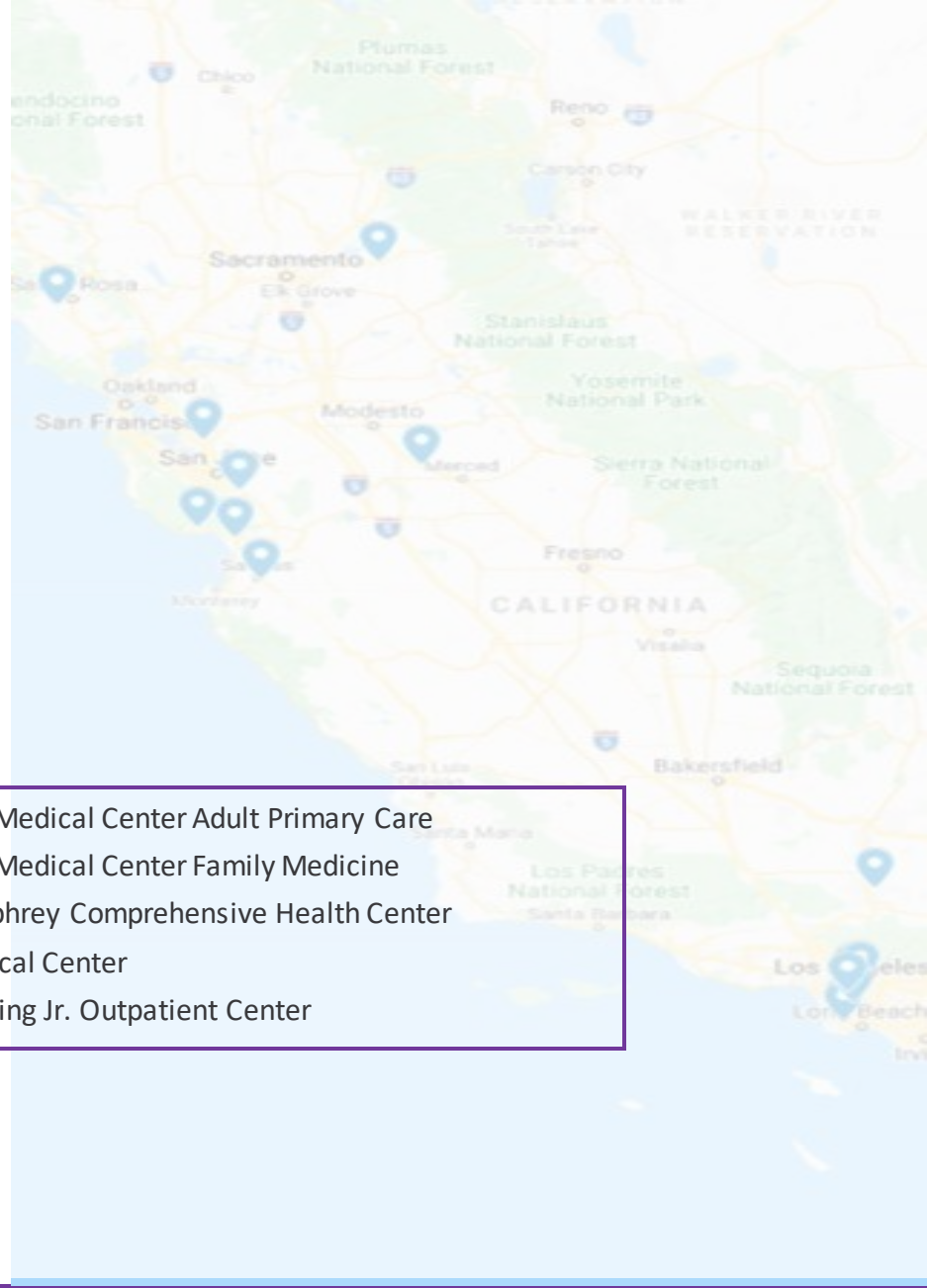
Kristene Cristobal
She/Her/Hers
Program Consultant

Lydia Zemmali
She/Her/Hers
Program Coordinator

ATSH Cohort At a Glance

- Bartz Altadonna Community Health Center
- Bay Area Community Health
- County of Santa Cruz Health Services Agency
- El Dorado Community Health Center
- Family Health Centers of San Diego
- Livingston Community Health
- Los Angeles Christian Health Center – Joshua House Clinic
- Los Angeles Department of Health Services
- Salud Para La Gente
- School Health Clinics of Santa Clara County
- Valley Health Associates
- West County Health Centers

- Harbor – UCLA Medical Center Adult Primary Care
- Harbor – UCLA Medical Center Family Medicine
- Hubert H. Humphrey Comprehensive Health Center
- LAC + USC Medical Center
- Martin Luther King Jr. Outpatient Center



Upcoming Activities

1. Learning Network Newsletter – November 30

2. ATSH Peer Forums – *newly added: dates for SUD Counselors/Navigators Forum and Behavioral Health Staff Forum*
   - https://www.careinnovations.org/events/atsh-peer-forums-registration/

3. Save the Date!
   - Next Quarterly Webinar: March 8, 2022, 12-1:30pm

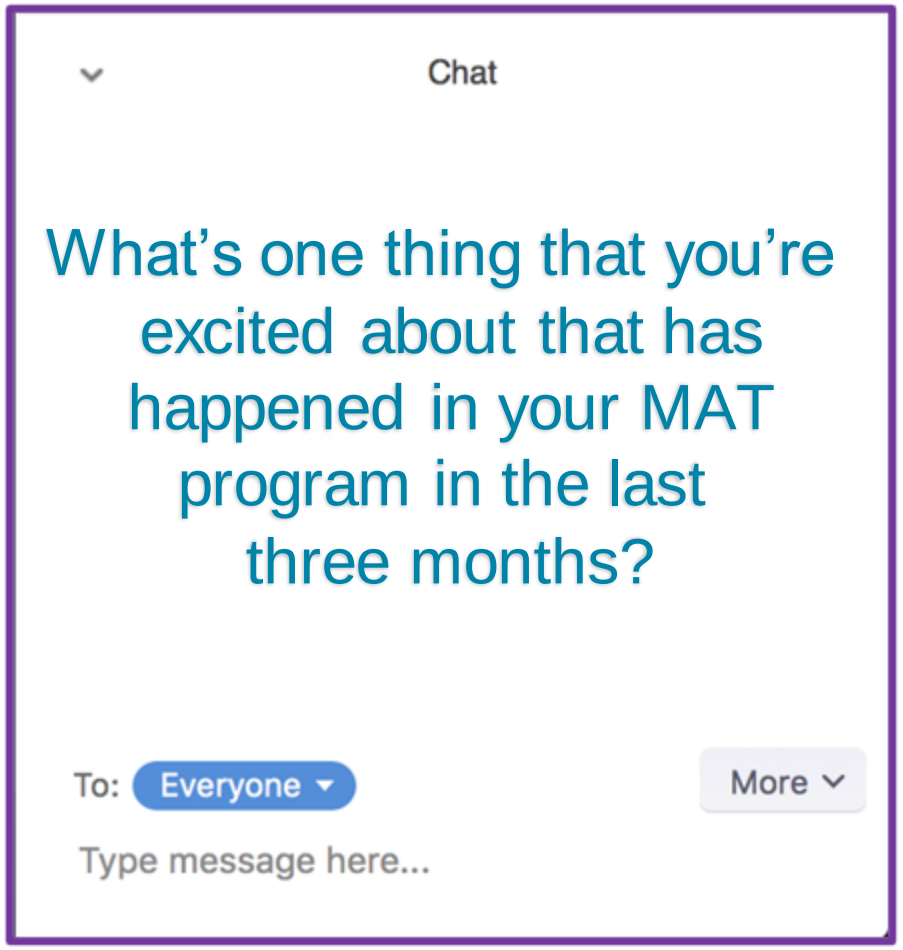
Today's Objectives:

1. Learn about the challenges and strategies associated with patients with co-occurring SUD and other mental health conditions.

2. Review cases, their implications and takeaways that address:
   - Collaborative care psychiatry
   - An integrated psychiatry model

3. Discuss clinical and behavioral strategies through case questions and answers.

Anchor Question



Challenges & Strategies

Poll Questions

1. What proportion of your patients with OUD/StUD have co-occurring mental health disorders?

*

2. How confident are you in managing mental health conditions in your patients with OUD/StUD?

*

3. How do you integrate mental health treatment in your clinic?

Caring for Patients with Co-Occurring SUD and Other Mental Health Conditions

Brian Hurley, M.D., M.B.A., DFASAM
Medical Director, Substance Abuse Prevention and Control
County of Los Angeles Department of Public Health
Assistant Professor of Addiction Medicine
UCLA Department of Family Medicine

Brian Hurley, M.D., M.B.A., DFASAM

No disclosures

Introduction: Case Presentation

- Mr. Brown is a **34 year-old** male with opioid use disorder (1g heroin IV daily for over a decade) who was just started on bup/nlx daily two weeks ago by his PCP. He's up to 16mg/4mg and stopped using heroin over a week ago. He has returned for a follow-up visit and reports a history of several years of difficulty sleeping, depressed mood, low appetite, not enjoying things other than heroin, decreased subjective concentration ability, deflated self-attitude, and ongoing low energy. His PHQ-9 Score is 19.
- He denies that these symptoms are debilitating, has no suicidal thoughts, and has no prior involvement with any mental health treatment.
- He's not interested in antidepressants but is interested in counseling.

Doc Brown, Back to the Future, Universal Pictures

Introduction: Case Presentation

Which of the following is the best next step?

A. Refer to an outside specialty mental health clinic
B. His PCP should prescribe an antidepressant
C. Send to the emergency room
D. Conduct diagnostic assessment for a co-occurring depressive disorder
E. Start weekly psychotherapy sessions

Click to add text

Doc Brown, Back to the Future, Universal Pictures

Epidemiology

- Lifetime Risk in the general population:
  - 30.3% Alcohol Use Disorder
  - 29.9% Major Depressive Disorder
  - 18.4% Specific Phobia
  - 13.0% Social Phobia
  - 10.3% Other Substance Use Disorder
  - 10.1% Post-traumatic Stress Disorder
  - 9.0% Generalized Anxiety Disorder
  - 8.7% Separation Anxiety Disorder
  - 6.8% Panic Disorder
  - 4.1% Bipolar Disorder
  - 3.7% Agoraphobia
  - 2.7% Obsessive-Compulsive Disorder

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, *62*(6), 593-602.

Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human genetics*, *131*(6), 779-789.

Prevalence of Psychosis

- Incidence of psychotic symptoms in the general population: 4.8% - 8.3%
- Odds ratio for the risk of psychotic symptoms:

	Cocaine	Amphetamine	Cannabis	Opioid
Mild UD	17.1	14.8	6.5	6.0
Moderate UD	47.0	35.3	25.1	10.1
Severe UD	114.0	∞*	26.8	19.7

Nuevo, R., Chatterji, S., Verdes, E., Naidoo, N., Arango, C., & Ayuso-Mateos, J. L. (2010). The continuum of psychotic symptoms in the general population: a cross-national study. *Schizophrenia bulletin*, *38*(3), 475-485.

Smith, M. J., Thirthalli, J., Abdallah, A. B., Murray, R. M., & Cottler, L. B. (2009). Prevalence of psychotic symptoms in substance users: a comparison across substances. *Comprehensive psychiatry*, *50*(3), 245-250.

How does this work?

Medicaid (Federal Program)

Medi-Cal (State Medicaid Program)
Funds: Federal, State, County

"Medical Benefit"
Managed Care Plans

Medical Care

Behavioral Health

Medications:
Prescribed in primary medical

State pharmacy benefit

Covered by HealthPlan

"Mild to Moderate" Mental Illness

Counseling contracted out

"Behavioral Health Benefit"
Mental Health Plans

Serious Mental Illness

Alcohol and Other Drug

COMMON BEHAVIORAL HEALTH PRESENTATIONS

AMERICAN PSYCHIATRIC ASSOCIATION

Common outpatient psychiatry presentations

- Mood disorders
- Anxiety disorders
- Substance use disorders
- Psychotic disorders
- Cognitive disorders

Common primary care presentations

- Depression
- Anxiety
- Unexplained physical symptoms
- Somatic presentations & somatoform disorders
- Acute and chronic distress
- Adjustment disorders
- Pain

Screening Tools

- PHQ-9

NAME:_____ DATE:_____

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 figety 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	0	1	2	3
add columns		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. 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 _____

S – I – G – E – C – A – P – S

- Dx Criteria for Major D
- Episodic stat… …ility to epi…
- …
- C…
- Sle… …entrating
- Inab… …ite Changes
- Defla…
- Low En…
- Psychomotor changes
- Suicidal thoughts

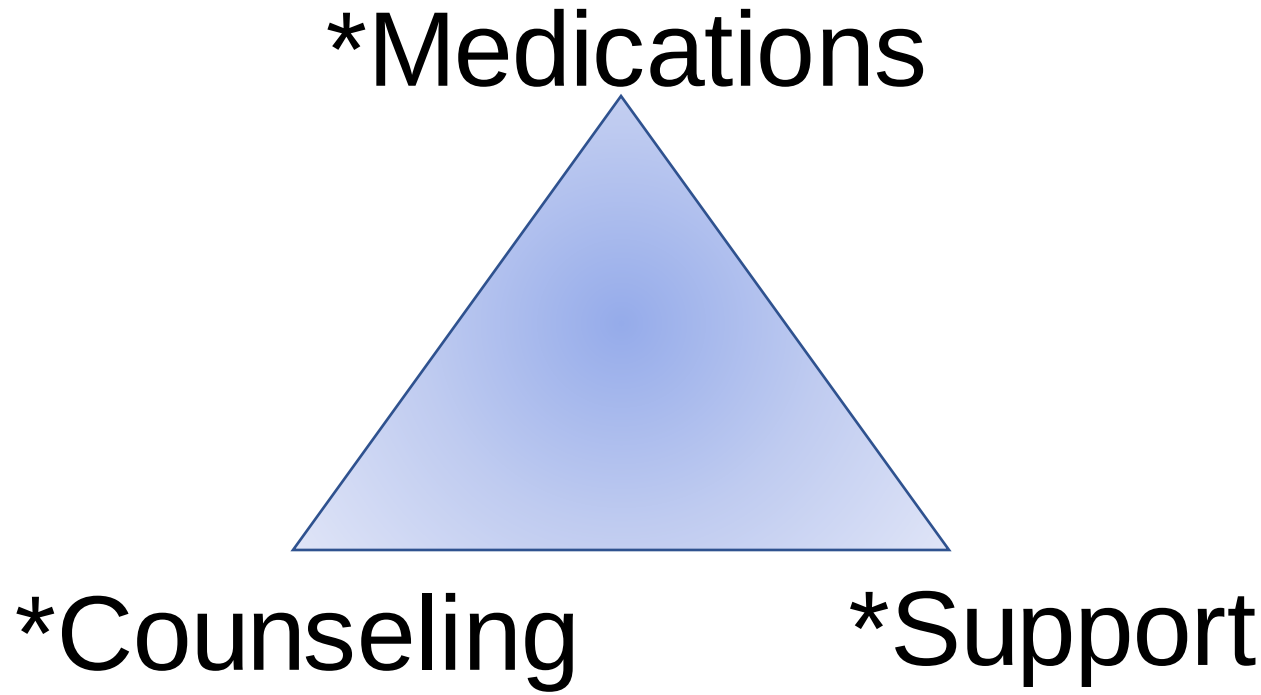
*Symptoms not better explained by a substance-induced disorder

A DIFFERENT KIND OF ASSESSMENT: USING BEHAVIORAL HEALTH MEASURES

AMERICAN PSYCHIATRIC ASSOCIATION

- **Depression Scale**
  - PHQ-9
- **Anxiety Scale**
  - GAD-7
- **PTSD Screen**
  - PCL-5
- **Alcohol Screen**
  - AUDIT-C
- **Drug Screen**
  - TAPS
  - CRAFFT
- **Bipolar Screen**
  - CIDI
  - MDQ

Core Components of Depression Treatment



*When appropriate

Source: https://www.samhsa.gov/treatment

OTHER MODELS OF CONSULTATION

AMERICAN PSYCHIATRIC ASSOCIATION

Traditional Consultation

- Limited access
- Limited feedback
- Expensive
- One Pass

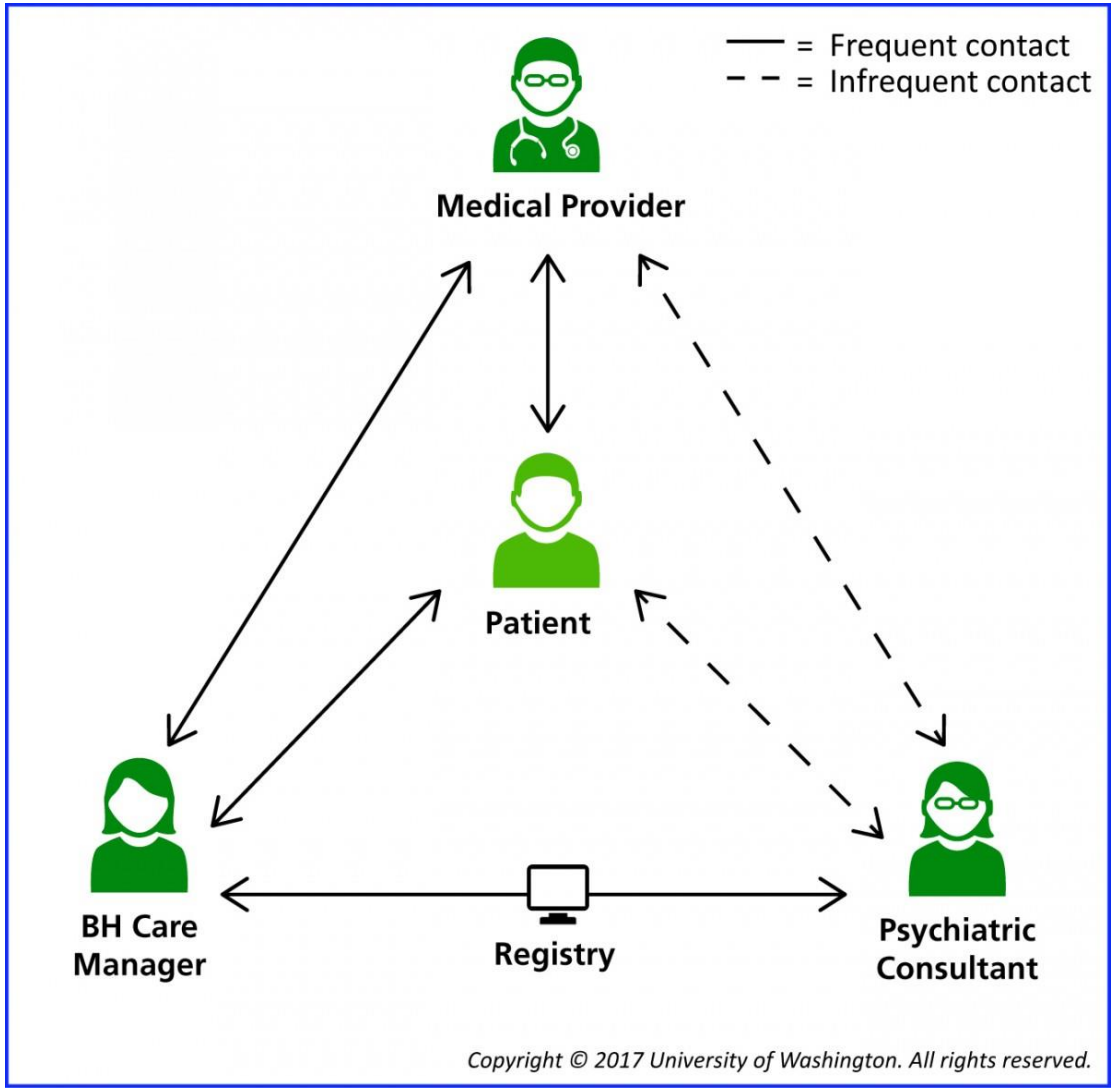
Co-Location

- Access and interaction
- Better communication
- Long waitlists and limited available providers
- Limited ability for follow through

Behavioral Health Consultant

- Solidly grounded in a clinical practice culture
- Generalist BHP
- Rapid access to brief behavioral interventions
- Limited evidence base

Collaborative Care Team



AIMS Center, University of Washington. https://aims.uw.edu/collaborative-care/team-structure

The Strategy for Primary Care Co-Occurring Disorder Management

- Diagnostic Assessment for depression, dysthymia, adjustment disorder, and common anxiety syndromes
- Focused on those with MILD to MODERATE depression based on functional impairment. Severe symptoms are okay if patient sufficiently functional to participate
- Examples of functional impairment
  - Unable to leave the house
  - Unable to participate in check-in visits
  - Significant suicidality
  - Requires recurrent psychiatric hospitalizations

Roles

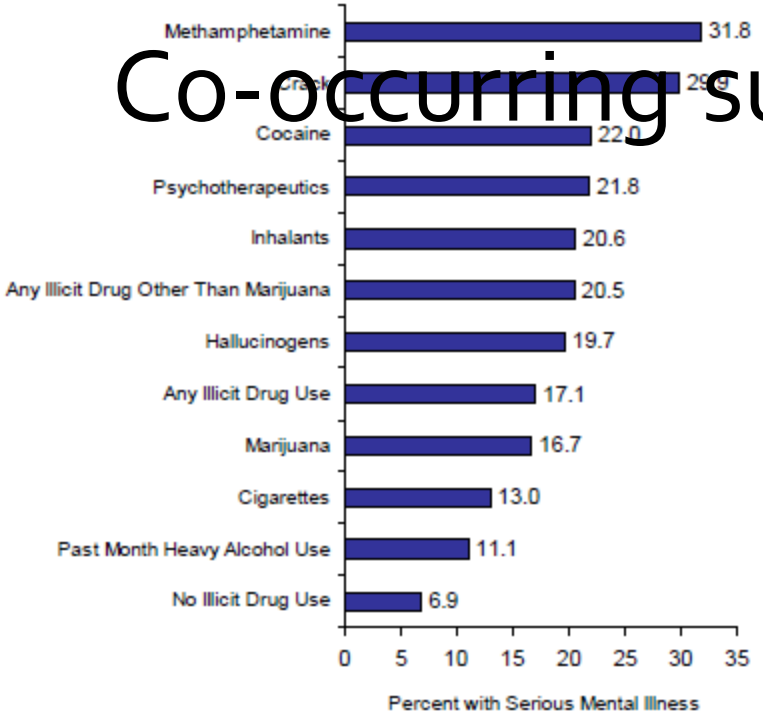
- Team Huddles with LCSWs / CSWs / MCWs, can include PCPs (as available)
- LCSWs and LPHAs – Can provide clinical direction, support, perform diagnostic assessments, and perform ongoing PHQ-9s, Behavioral Activation, Problem Solving, Motivational Interviewing, Brief Interventions
- MCWs can also perform ongoing PHQ-9s, Behavioral Activation, Problem Solving, Motivational Interviewing, Brief Interventions
- PCPs – Prescribe Medications
- Psychiatrists – Offer Consultation

When to Refer

- Patients already connected to specialty care should be supported through their specialty care connection.
- Patients with Serious Mental Illnesses should be referred for specialty care
  - Bipolar Disorder
    - History of mania, hospitalization for mania or psychosis, ‘have you ever been so happy that people in your life have been worried about how happy you are?’
  - Severe Mental Illnesses
  - Schizophrenia
  - Developmental Disorders (eg Autism) → Regional Centers
  - Substance Induced Disorders
- Severe impairment or high risk suicidality should be referred for specialty care

Co-occurring substance use and SMI

Figure 9. Serious Mental Illness, by Type of Substance Used among Adults Aged 18 or Older: 2002



Epstein J., Barker, P., Vorburger, M., & Murtha, C. (2004). Serious mental illness and its co-occurrence with substance use disorders, 2002 (DHHS Publication No. SMA 04- 3905, Analytic Series A-24). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies

Stimulants and Psychosis

- Patients with SUD and psychosis have a longer duration of untreated psychosis
- Antipsychotic 12-week response data:
  - 27% of psychotic patients with SUD were responders
  - 35% of psychotic patients without SUD
- SUDs negatively influence response to antipsychotic medications, both typical and atypical antipsychotics

Green, A. I., Tohen, M. F., Hamer, R. M., Strakowski, S. M., Lieberman, J. A., Glick, I., ... & HGDH Research Group. (2004). First episode schizophrenia-related psychosis and substance use disorders: acute response to olanzapine and haloperidol. Schizophrenia Research, 66(2-3), 125-135.

Labs

- Order:
  - CBC, CMP, TSH with reflect to FT4, T3
- Consider lipid panel, A1C, B12, Folate, Vit D, FTA-ABS (or RPR), HIV, Hepatitis

Medication: Sertraline

- A daily oral medication
- Side effects: headache, upset stomach, tremor, and decreased libido / anorgasmia
- Takes 6-8 weeks to fully kick in
- Starts at 50mg daily. If tolerated and ongoing symptoms, recommend increasing to 100mg daily after two weeks
- If pt worried about side effects, start at 25mg daily, but increase as tolerated (as quickly as every two weeks)

Medication: Bupropion

- Bupropion XL, a daily oral medication
- Side effects: tremor, insomnia, headache, upset stomach, tremor
- (No decreased libido / anorgasmia). Helpful in tobacco smokers! Can help with weight loss
- Takes 6-8 weeks to fully kick in
- Starts at 150mg daily. If tolerated and ongoing symptoms, increases to 300mg daily after two to four weeks
- Contraindicated in sz disorder

Medication: Prazosin

- Prazosin, taken only at night or twice daily
- alpha-1 adrenergic receptor blocker
- Side effects: headache, dizziness, low blood pressure
- Reduces intensity of dreams / nightmares and helps reduce hypervigilance
- Start at 1mg but patients often need higher doses. Go up by 1-2mg each week. Doses as high at 20mg daily are well tolerated when slowly titrated.
- Contraindicated in low blood pressure

Positive Activities For Behavioral Activation

The goal of behavioral activation is to incorporate reward-oriented behavior into your daily routine. Below is a chart of positive activities for you to record. Each week record 3 activities to try. the date and time you intend to complete the activity, and any notes including things like how the activity made you feel if you enjoyed the activity following week, what you will try differently, and if you will continue the activity in the

Begin with filling out week 1 and at the end of each week record activities to dai1y over or new activities to try for the following week.

Week l

Activity	Date(s) / time(s)	Note s

Week 2

Activity	Date(s) / time(s)	Note s

Week 3

Activity	Date(s) / time(s)	Note s

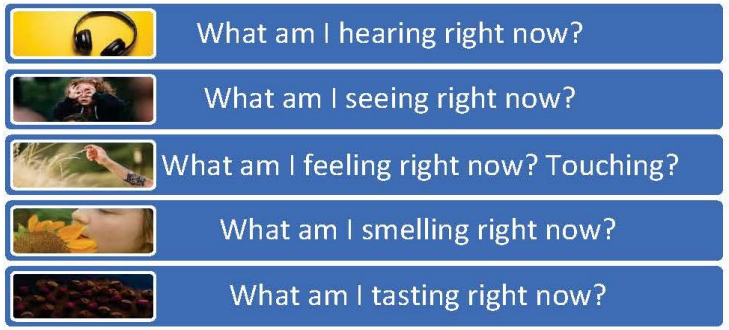
Week 4

Activity	Date(s) / time(s)	Note s

Fun Activities

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Going for a holiday
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day's work
12. Recalling past parties
13. Buying household gadgets
14. Lying in the sun
15. Planning a career change
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Spending an evening with good friends
22. Planning a day's activities
23. Hobbies (stamp collecting, model)
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Card and board games
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying (practicing religion)
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. A day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Doing something spontaneously
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing, etc.)
73. Thinking about getting married
74. Going birdwatching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking, bush walking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty salon
94. Early morning coffee and newspaper
95. Playing tennis
96. Kissing
97. Watching my children (play)
98. Going to plays and concerts
99. Daydreaming
100. Planning to go to school

Engaging your 5 Senses



Self-Soothing with 5 Senses

Self-Soothe With 5 Senses	
Find a pleasurable way to engage each of your five senses. Doing so will help you soothe your negative emotions	
Vision	Go for a walk somewhere nice and pay attention to the sights
Hearing	Listen to something enjoyable such as music or nature
Touch	Talk a warm bath or get a massage
Taste	Have a small treat – it doesn't have to be a full meal
Smell	Find some flowers or spray a perfume or cologne you like

Have Fun and Explore What You Like

- ✓ **Explore your taste**—Can it be a strong sense that is distracting? Do you like hard things or chewy things? Do you like strong flavors (ginger or peppermint) or soft flavors (camellia)?
- ✓ **Explore your sense of touch**—Do you like holding hard things (a pine cone) or soft squishy things (a ball) or furry things (a pet or a toy)?
- ✓ **Explore what you listen to?** What music is distracting and uplifting? Is it Rock and Roll with a beat or classical with a melody? Maybe you like listening to waves or rain instead of music?
- ✓ **Explore your sense of smell**—Do you like lavender or peppermint? Maybe pine or soap?
- ✓ **Explore your sense of sight**—what is soothing? A mountain vista? A bird? A pattern?

PROBLEM-SOLVING THEREAPY WORKSHEET

Name:_____Date:_____Visit #: _____

Review of progress during previous week:
Rate how Satisfied you feel with your effort (0 – 10) (0 = Not at all; 10= Super):____Mood (0-10): _____

1. **Problem:**

2. **Goal:**

3. **Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, InvolvingOthers)**

a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

5. Choice of solution: **6. Action Plan (Steps to achieve solution):** a)	**<u>Write down the tasks you completed.</u>**
b)	
c)	
d)	
Pleasant Daily Activities. **Date Activity**	**<u>Rate how Satisfied it made you feel (0 – 10)</u>** **(0 = Not at all; 10 = Super)**

Next appointment: _____

CALM BREATHING

AnxietyBC®
Resources. Results. Relief.

What is "calm breathing"?

Calm breathing (sometimes called "diaphragmatic breathing") is a technique that helps you slow down your breathing when feeling stressed or anxious. Newborn babies naturally breathe this way, and singers, wind instrument players, and yoga practitioners use this type of breathing.

Why is calm breathing important?

- Our breathing changes when we are feeling anxious. We tend to take short, quick, shallow breaths, or even hyperventilate; this is called "overbreathing".
- It is a good idea to learn techniques for managing "overbreathing", because this type of breathing can actually make you feel even more anxious (e.g., due to a racing heart, dizziness, or headaches)!
- Calm breathing is a great portable tool that you can use whenever you are feeling anxious. However, it does require some practice.

Key point: Like other anxiety-management skills, the purpose of calm breathing is not to avoid anxiety at all costs, but just to take the edge off or help you "ride out" the feelings.

How to Do It

Calm breathing involves taking smooth, slow, and regular breaths. Sitting upright is usually better than lying down or slouching, because it can increase the capacity of your lungs to fill with air. It is best to 'take the weight' off your shoulders by supporting your arms on the side-arms of a chair, or on your lap.

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)
2. Hold your breath for 1 or 2 seconds
3. Exhale slowly through the mouth (for about 4 seconds)
4. Wait a few seconds before taking another breath

About 6-8 breathing cycles per minute is often helpful to decrease anxiety, but find your own comfortable breathing rhythm. These cycles regulate the amount of oxygen you take in so that you do not experience the fainting, tingling, and giddy sensations that are sometimes associated with overbreathing.

Helpful Hints:

- Make sure that you aren't hyperventitating; it is important to pause for a few seconds after each breath.
- Try to breathe from your diaphragm or abdomen. Your shoulders and chest area should be fairly relaxed and still. If this is challenging at first, it can be helpful to first try this exercise by lying down on the floor with one hand on your heart, the other hand on your abdomen. Watch the hand on your abdomen rise as you fill your lungs with air, expanding your chest. (The hand over your heart should barely move, if at all.)

Rules of practice:

- Try calm breathing for at least five minutes twice a day.
- You do not need to be feeling anxious to practice – in fact, at first you should practice while feeling relatively calm. You need to be comfortable breathing this way when feeling calm, before you can feel comfortable doing it when anxious. You'll gradually master this skill and feel the benefits!
- Once you are comfortable with this technique, you can start using it in situations that cause anxiety.

Half Smile Exercises

Half-Smile When You First Awake In The Morning

Use the seconds before you get out of bed to take hold of your breath. Inhale and exhale three breaths gently while maintaining a half-smile. Follow your breaths.

Half-Smile During Your Free Moments

Anywhere you find yourself sitting or standing, half smile. Look at a child, a leaf, a painting on a wall, or anything that is relatively still, and smile. Inhale and exhale quietly three times.

Half-Smile While Listening to Music

Listen to a piece of music for 2 or 3 minutes. Pay attention to the words, music, rhythm and sentiments of the music you are listening to (not your daydreams of other times). Half smile while watching your inhalations and exhalations.

Half-Smile When Irritated

When you realize "I'm irritated," half smile at once. Inhale and exhale quietly, maintaining a half-smile for three breaths.

Half-Smile In A Sitting Position

Sit on the floor with your back straight, or on a chair with your two feet touching the floor. Half-smile. Inhale and exhale while maintaining the half-smile. Let go.

ASA
American Sleep Association®

www.SleepAssociation.org

Top Sleep Hygiene Tips

Getting good sleep is important in maintaining health. There are several things that you can do to promote good sleep, and ultimately Get Better Sleep.

Sleep hygiene is defined as behaviors that one can do to help promote good sleep with behavioral interventions.

Sleep hygiene tips:

Maintain a regular sleep routine

- Go to bed at the same time. Wake up at the same time. Ideally, your schedule will remain the same (+/- 20 minutes) every night of the week.

Avoid naps if possible

- Naps decrease the 'Sleep Debt' that is so necessary for easy sleep onset.
- Each of us needs a certain amount of sleep per 24-hour period. We need that amount, and we don't need more than that.
- When we take naps, it decreases the amount of sleep that we need the next night – which may cause sleep fragmentation and diffulty initiating sleep, and may lead to insomnia.

Don't stay in bed awake for more than 5-10 minutes.

- If you find your mind racing, or worrying about not being able to sleep during the middle of the night, get out of bed, and sit in a chair in the dark. Do your mind racing in the chair until you are sleepy, then return to bed. No TV or internet during these periods! That will just stimulate you more than desired.

- If this happens several times during the night, that is OK. Just maintain your regular wake time, and try to avoid naps.

Don't watch TV or read in bed.

- When you watch TV or read in bed, you associate the bed with wakefulness.
- The bed is reserved for two things – sleep and hanky panky.

ASA
American Sleep Association®

www.SleepAssociation.org

Top Sleep Hygiene Tips - PART 2

Do not drink caffeine inappropriately

- The effects of caffeine may last for several hours after ingestion. Caffeine can fragment sleep, and cause difficulty initiating sleep. If you drink caffeine, use it only before noon.
- Remember that soda and tea contain caffeine as well.

Avoid inappropriate substances that interfere with sleep

- Cigarettes, alcohol, and over-the-counter medications may cause fragmented sleep.

Exercise regularly

- Exercise before 2 pm every day. Exercise promotes continuous sleep.
- Avoid rigorous exercise before bedtime. Rigorous exercise circulates endorphins into the body which may cause difficulty initiating sleep.

Have a quiet, comfortable bedroom

- Set your bedroom thermostat at a comfortable temperature. Generally, a little cooler is better than a little warmer.
- Turn off the TV and other extraneous noise that may disrupt sleep. Background 'white noise' like a fan is OK.
- If your pets awaken you, keep them outside the bedroom.
- Your bedroom should be dark. Turn off bright lights.
- Have a comfortable mattress.

If you are a 'clock watcher' at night, hide the clock.

Have a comfortable pre-bedtime routine

- A warm bath, shower
- Meditation, or quiet time

Introduction: Case Review

- Mr. Brown is a **34 year-old** male with opioid use disorder (1g heroin IV daily for over a decade) who was just started on bup/nlx daily two weeks ago by his PCP. He's up to 16mg/4mg and stopped using heroin over a week ago. He has returned for a follow-up visit and reports a history of several years of difficulty sleeping, depressed mood, low appetite, not enjoying things other than heroin, decreased subjective concentration ability, deflated self-attitude, and ongoing low energy. His PHQ-9 Score is 19.
- He denies that these symptoms are debilitating, has no suicidal thoughts, and has no prior involvement with any mental health treatment.
- He's not interested in antidepressants but is interested in counseling.

Doc Brown, Back to the Future, Universal Pictures

Introduction: Case Presentation

Which of the following is the best next step?

A. Refer to an outside specialty mental health clinic.
B. His PCP should prescribe a antidepressant
C. Send to the emergency room
D. <u>Conduct diagnostic assessment for a co-occurring depressive disorder</u>
E. Start weekly psychotherapy sessions

Doc Brown, Back to the Future, Universal Pictures

Questions?

- bhurley@ucla.edu

Interested in more? Come to:

- AAAP Annual Meeting (Virtual! Dec 2021) https://www.aaap.org
- ASAM Annual Meeting (Florida in April 2022!) https://www.asam.org
- CSAM Annual Meeting (San Diego in 2022!) http://csam-asam.org

Q&A Discussion

Brian Hurley, MD

Medical Director of Substance Abuse Prevention and Control,

LA County Department of Public Health

Clinic Experiences

Clinic Experience #1

Susan Scott, MS, LAADC
Alcohol and Drug Counselor
El Dorado Community Health Centers

EDCHC
El Dorado Community Health Centers

EL DORADO COMMUNITY HEALTH CENTER

STEPS
Supportive Treatment Empowering Personal Success

EL DORADO COUNTY

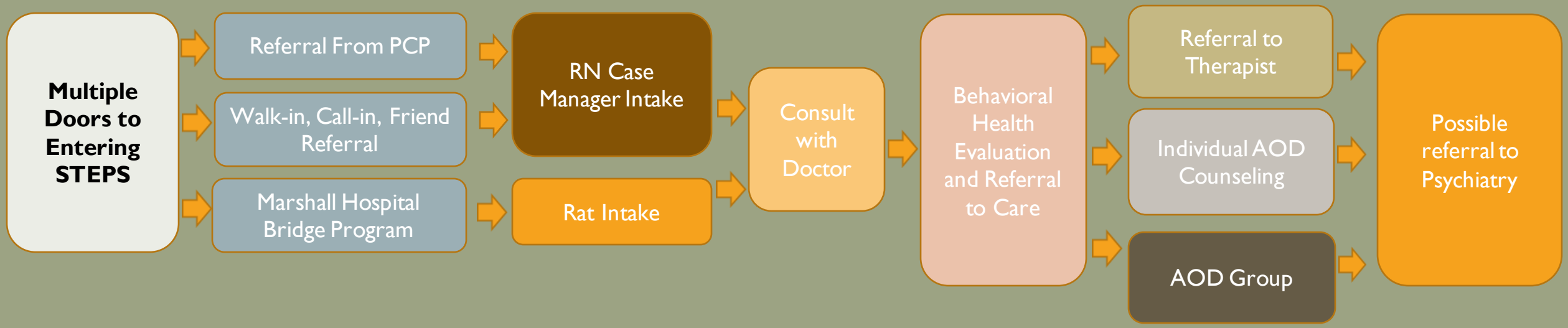
El Dorado Community Health Center
STEPS Program

Patient Demographics:

- Rural
- 88% Caucasian
- Low income
- Medi-Cal insured

STEPS
Supportive Treatment Empowering Personal Success

PATIENT FLOW CHART



STEPS believes in providing options for care.

BEHAVIORAL HEALTH PROGRAM

STEPS
Supportive Treatment Empowering Personal Success

STEPS Behavioral Health Team

Psychiatrist – Denise Kelleher, MD
STEPS Program Manager – Kevin Caskey LCSW
Psychologist – Lisa Barry PhD
Addiction Counselor- Susan Scott LAADC
Therapist – Chris Weston – AMFT

STEPS Huddle
STEPS Team meets daily for one hour to discuss patients of the day with all medical and behavioral health staff.

QIRC
Quality Improvement Response Committee

Meets monthly to discuss specific Co-occurring patients with psychiatric needs and problem behavior

Referral to higher level of psychiatric care if needed, with continued connection to MAT services

Clinic Experience #2

Jose Gonzalez, MD
Assoc. Program Dir.
Internal Medicine Program
LAC+USC Medical Center,
Keck Hospital of USC

LAC+USC MEDICAL CENTER

Karla Gonzalez, MD, MPH
Medical Director
LAC+USC Adult West Clinic

Behavioral Health Integration

LAC+USC Adult East and Adult West Clinics

Timeline

2016
- **Social Work** moves into primary care – referrals for SBDOH issues begins

2017
- **Psychiatry** integrated – provides support for patients with complex mental health issues

2018
- BHI staffing plan assigned to primary care - **MCW, SUD-C, CHW**
- Official launch of Integrated Behavioral Health Pilot - AIMS Model used to improve integration of CSW, MCW, CHWs and the use of psychiatric consultants
- Late 2018 - Launch BHI Case Conferencing

2019
- Process and workflow improvements, data sources are more reliable and used to drive change
- *ATSH Wave 2 Grant*

2020
- Case conferencing revamp (with psychiatry and addiction services)
- Integration of **Medical-Legal Community Partnership**
- *CAFP Education Grant for Resident Education*

2021
- COVID recovery - SBDOH
- ATSH Learning Network
- *Advancing Behavioral Health Equity in PC Grant*
- Co-location of Medical Legal Community Partnership

LAC+USC BEHAVIORAL HEALTH INTEGRATION INITIATIVES

SOCIAL NEEDS

Homelessness
Food Insecurity*
Transportation

SUBSTANCE USE

Tobacco Use
Alcohol Use
Medications for Addiction Treatment (Buprenorphine for OUD)

INTEGRATED PSYCHIATRY & COLLABORATIVE CARE

Weekly Case Conference
Psych consultant + Social Work Staff

HEALTH HOMES

Complex Care Management
RN Care Manager
Social Worker
Medical Case Worker
Community Health Worker

MEDICAL-LEGAL PARTNER-SHIP

Integration of legal services

Immigration

Food Insecurity

Legal Services (once weekly)

LOS ANGELES REGIONAL FOOD BANK
Fighting Hunger. Giving Hope.

LAC+USC MEDICAL CENTER

Mobile Food Pantry

a farmers' market on wheels

CARES, in collaboration with the Los Angeles Regional Food Bank is inviting all families to our facility to receive FREE healthy foods!

What: **Food distributed may include:** Fresh fruits and vegetables, canned meats, beans, soups, rice, pasta, sauces, grains and other perishable items.
You can expect to receive approximately 25-40 lbs of food

Where: **LAC + USC Medical Center, Outpatient Department (Building B)**
2010 Zonal Avenue Los Angeles, CA 90033 (2nd floor entrance)

When: **Distribution is once a month from 11:00am - 2:00pm**
Upcoming pantry dates:

- **January 29**
- **February 20**
- **March 19**

FOR MORE INFORMATION PLEASE CALL: (323) 409-6941

For your convenience, please bring your cart or reusable bags

This is an equal opportunity provider.

Wellness Center

BHI:Treating Depression and Anxiety in Primary Care

The Collaborative Care Model

Informed,
Activated Patient

Effective Collaboration

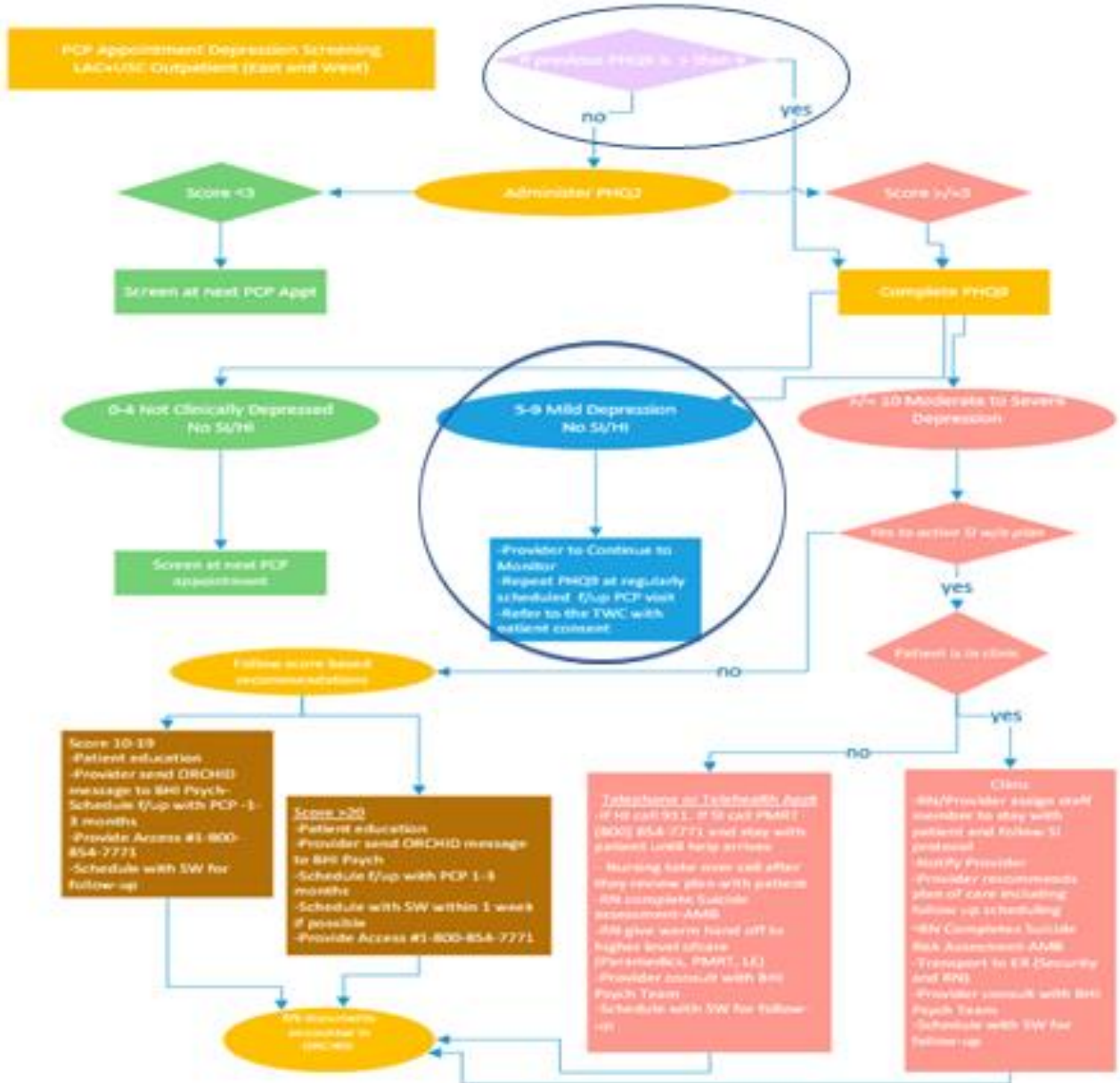
PRACTICE SUPPORT

PCP supported by Behavioral Health Care Manager, SUD counselor, Medical Case Worker, etc.

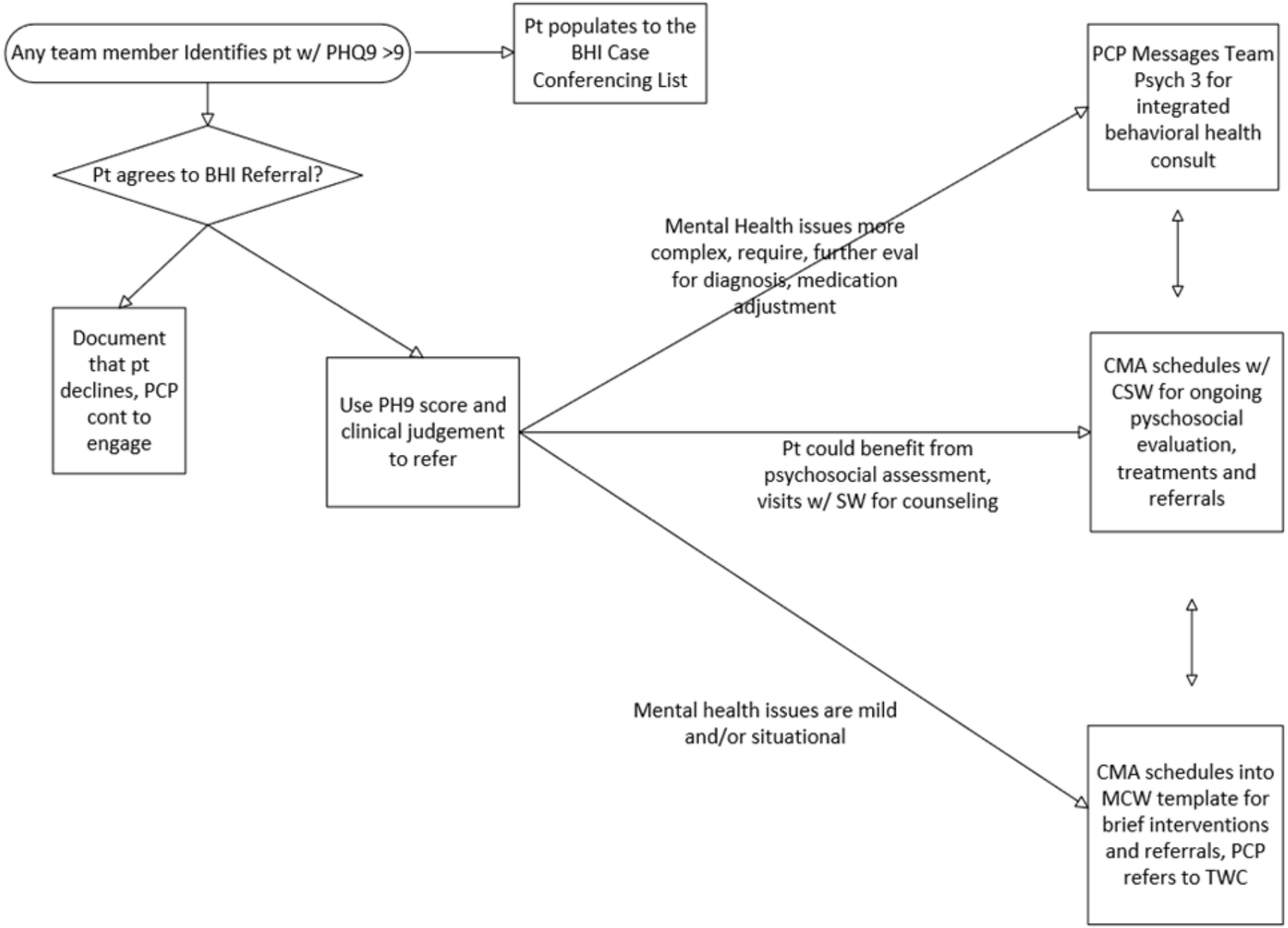
Measurement-based Treat to Target

Psychiatric Consultation

Caseload-focused Registry review



Revised 8/4/21 TES, KG, TK


Any team member Identifies pt w/ PHQ9 >9
Pt populates to the BHI Case Conferencing List
Pt agrees to BHI Referral?
Document that pt declines, PCP cont to engage
Use PH9 score and clinical judgement to refer
Mental Health issues more complex, require, further eval for diagnosis, medication adjustment
PCP Messages Team Psych 3 for integrated behavioral health consult
Pt could benefit from psychosocial assessment, visits w/ SW for counseling
CMA schedules w/ CSW for ongoing pyschosocial evaluation, treatments and referrals
Mental health issues are mild and/or situational
CMA schedules into MCW template for brief interventions and referrals, PCP refers to TWC

BHI Case Conferencing

- BH Manager-*Psychiatric Consultant, MCW, CSW
- Make recommendations to PCP
- Get scheduled for a follow up PHQ9

III. FOLLOW-UPS/ CLOSING THE LOOP	
1) "Needs full PHQ-9 at upcoming PC appt" - Message PCP and CMA	Diana
2) "Needs BHI follow-up for PHQ-9" - Diana to message RN Care Manager for phone PHQ-9	Diana
3) "Medication Recommendation" - Write in specific medication recommendation: *"Per Dr. Baumgart, recommend: increase Lexapro to 20mg po daily"* - Dr. Baumgart to cosign (to ensure note seen in ORCHID provider view) - Forward Ad Hoc form to: - CMA and PCP Teamlet	Diana Patrick
4) "Refer/Reschedule to PC Integrated Psych" - Refer to Team Diagram for assigned Psych Provider - Message *Vania Lopez* to schedule patient for next available visit	Diana
5) "Needs PCP appt" - Identify PCP - Refer to Team Diagram for CMA - Forward Ad Hoc form to team CMA to schedule PCP appointment	Diana

Case Reviews

Case Scenario#1 Adult West

- 51 YO M w/ glycogen storage disease leading to chronic pain, poor attention and concentration, and ?depression, also w/ paranoia
- Pt initially referred for depression and paranoia-->Adderall titrated by Psych, and norco titrated by PCP--> Improvement in depressive, paranoia stable, PCP to continue following
- Pt referred again for titration of Adderall-->symptoms improved, referred back to PCP

Case Scenario #2

- 54yo F w/ gastroparesis resulting in severe abd pain, N/V placed on fentanyl patch 100ucg & dilaudid 4m PO q6º #110
- Downtitration --> withdrawal
- Uncovered anxiety & depression
- Referred to psychiatry for comanagement
- Eventually titrated off full-dose opioids & started on suboxone

Q&A Discussion

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Brian Hurley, MD
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Assoc. Program Dir. for Internal Medicine Program
LAC+USC Medical Center,
Keck Hospital of USC

Feedback & Closing

Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.

5 – Excellent
4 - Very Good
3 - Good
2 - Fair
1 – Poor

2. Please select the number that best represents your response to the statement: "Today's session was a valuable use of my time."

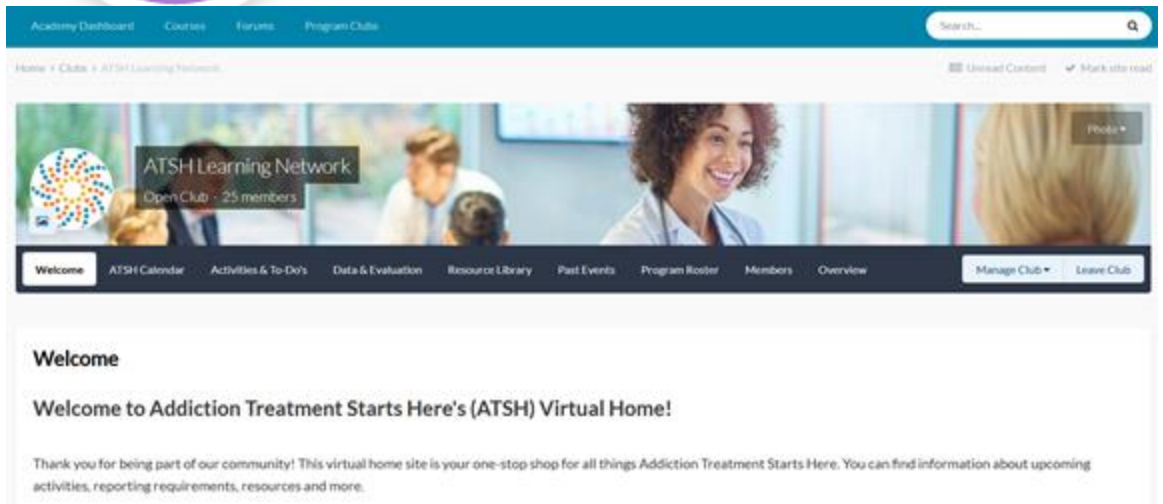
5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

3. Please select the number that best represents your response to the statement: "I can apply learnings from today's webinar to my MAT work."

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

Stay Connected

The Club



Access program activities, reporting requirements, the resource library and more! Sign in or create an account here: https://academy.careinnovations.org/

Listserv

The ATSH Listserv is a great place to stay connected, ask questions of your peers and share resources that may help other teams' MAT programs.

Send an email to: addiction-treatment-starts-here@googlegroups.com

Questions

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He/Him/His

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Lydia Zemmali

She/Her/Hers

Program Coordinator

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Thank you!
CCI
CENTER FOR CARE
INNOVATIONS