

PBHA
Panhandle Behavioral
Health Alliance

presents

**Mental Health & Substance Use Disorders in
Primary Care: Prevention & Early
Intervention**

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The Complexity Challenge

- Individuals with complex multiple issues have the poorest outcomes in multiple domains.
 - Most likely to cost a lot of money, most likely to be homeless, most likely to die.
 - Often experienced as misfits rather than as priorities to serve.
- Is your system or organization designed to welcome people with complexity as a priority for care?

The Hope Challenge

- In order for our system to inspire people and families with serious challenges and multiple issues, we need to be in the hope business.
- Hope: Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.

Is your system/organization designed to inspire hope for people with complex needs?

Integrated Systems of Care

- Complexity is an expectation, not an exception.
- ALL services are designed to welcome, engage, and provide integrated services to individuals and families with multiple complex issues (MH, SUD, DD, BI, health, trauma, housing, legal, parenting, etc.)

Transformation

- Involves EVERY system, subsystem, and sub-sub-system in a common process to achieve a common vision, with EVERY dollar spent and EVERY policy, procedure and practice.
- In a provider agency, that means the agency as a whole, every program in the agency, and every person delivering care is working toward a common vision.

Comprehensive, Continuous Integrated System
of Care: **CCISC**

- All programs in the system become welcoming, hopeful, strength-based (recovery- or resiliency-oriented), trauma-informed, and complexity-capable.
- All persons delivering care become welcoming, hopeful, strength-based, trauma-informed, and complexity-capable.
- 12-Step Program of Recovery for Systems

Person-centered, Resiliency-/Recovery-oriented
Complexity Capability

Each program organizes itself, within its mission and resources, to deliver integrated, matched, hopeful, strength-based, best-practice interventions for multiple issues to individuals and families with complex needs who are coming to the door.

Person-centered, Resiliency-/Recovery-oriented
Complexity Competency

Each person providing clinical care is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with complex needs that are likely to already be in their caseloads.

Person-centered, Resiliency-/Recovery-oriented
Complexity Capability

- CCISC Program Self-assessment Tools:
COMPASS-EZ™, COMPASS-ID™,
COMPASS-PH/BH™, COMPASS-Prevention™
- System of Care Tool: SOCAT™
- 12 Steps for Programs toward SOC principle-driven care
and Complexity Capability

Person-centered, Resiliency-/Recovery-oriented
Complexity Competency

- CCISC Clinician Self-assessment Tool: CODECAT-
EZ™
- 12 Steps for Staff Developing
Complexity Competency

Is this your vision?

If so, how do you get there?

How do we get there clinically?

Research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.

As a system or organization, how do we get there?

Quality Improvement

- Recovery process for systems
- Horizontal and vertical quality improvement partnership
- Empowered Change Agents
- Anchoring value-driven change into the “bureaucracy”
- Serenity Prayer of System Change

Vision-driven Quality Improvement Challenge

- How well is your system, agency or program organized to empower staff as partners in vision-driven quality improvement?
- How well are you organized to build inspiration:
 - In the face of complex challenges in your program?
 - To provide services that effectively and efficiently match the complex challenges of your clients?

Principles Made Simple

Principle #1
Complexity is an expectation.

- Welcome people with complexity as priority customers.
- Remove access barriers that make it hard to be welcomed.
- See all the complex issues: integrated screening and documentation.

Principle #1 continued
Seeing the Issues

- Screening and identification of MH issues:
 - <https://www.integration.samhsa.gov/clinical-practice/screening-tools>
 - PHQ-2, PHQ-9, GAD-7, MH Screening Form III
 - Patient Stress Questionnaire (depression, anxiety, PTSD, alcohol)
 - AC-OK (MH, SUD, trauma)
- Screening and identification of SUD issues:
 - NIDA-modified ASSIST, AUDIT, DAST, CAGE-AID
 - Brief Addiction Monitor for monitoring
 - Opioid Risk Tool for individuals prescribed opioids

Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

- Hopeful goals for a happy life.
- Work with all your issues step by step over time to achieve success.
- Build on strengths used during periods of success.

Principle #3

All people with complex issues are not the same.

- Different programs have different jobs.
- Primary care may provide treatment for some patients, with or without consultation (medications, SBIRT), and refer others
- BH consultation in primary care can be provided on site or off site, in person or by telehealth, to the provider and/or patient
- All health and BH programs partner to help each other with their jobs, and their populations
- 4-Quadrant model (HI/HI, HI/LO, LO/HI, LO/LO) for MH/SA and MH-SA/PH may help with service mapping and matching.

Principle #4

For people with complexity, all the co-occurring conditions are primary.

Integrated multiple primary condition-specific best practice interventions are needed.

Interventions may include medication, motivational intervention, illness management, and/or cognitive-behavioral skills for each condition

Principle #5

Parallel process of hopeful progress
for multiple conditions

- Recovery/resiliency/self-determination of the *person* with one or more conditions.
- Progress involves:
 - Addressing each condition over time.
 - Moving through stages of change for *each* condition.
- Integrated services involve stage-matched interventions for *each* condition.

Principle #5 (continued)

Stages of Change

Issue-specific, not person-specific.

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.
- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

Principle #5 (continued)

Stages of Change

- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.
- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.

Principle #5 (continued)
Stages of Change

- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.
- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

Principle #6

Adequately supported, adequately rewarded,
skill-based learning for each condition.

- Small steps of practical learning
- Self-management skills and “asking for help” skills (for both medication and non-medication interventions)
- Rounds of applause for each small step of progress

Principles Made Simple
Summary

Welcoming, empathic, hopeful, continuous,
integrated recovery and support partnerships

- Addressing multiple primary issues
- Providing adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue, condition, and disorder
- Moving toward goal of a happy, meaningful life

What will be your next small step of success as a system, agency or program?

And let's give each other a round of applause!!!

PBHA
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Q&A

1. Provide feedback via email (survey link)
2. For more information on the PBHA Integrated Care Learning Community, please contact:
 - Shree Veeramachaneni, Executive Director, PBHA shree@panhandlebehavioralhealthalliance.org
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