



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Integrating Behavioral Health and Trauma-Informed Care in Primary care Settings

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Linda Ligenza, LCSW

- ◆ Licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health.
- ◆ Background in clinical, administrative and public policy work based on 30 year career with the New York State Office of Mental Health and subsequently the HHS Substance Abuse Mental Health Services Administration (SAMHSA)
- ◆ Provides technical assistance to SAMHSA-HRSA grantees on how to integrate primary care and behavioral health on behalf of the Center for Integrated Health Solutions (CIHS).
- ◆ Uses expertise in trauma and trauma-informed care to improve practices, policies, procedures and outcomes.

National Council for Behavioral Health



2500+ Behavioral Health Organizations

- **Advocacy**
- **Education**
- **Technical Assistance:**
SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

- Managed by the National Council for Behavioral Health
- Goal: To make integrated care the national standard of practice
- Provides world-class technical assistance and consultation
- Disseminates practical tools, resources, and lessons learned
- Ensure the success of SAMHSA, HRSA, and state funded PC/BH providers

Overview of Presentation

- Understanding the population we serve
- Responding to their needs
- Practical strategies to improve care
- Resources on Trauma and Integration

Understanding the Population We Serve

In the United States:

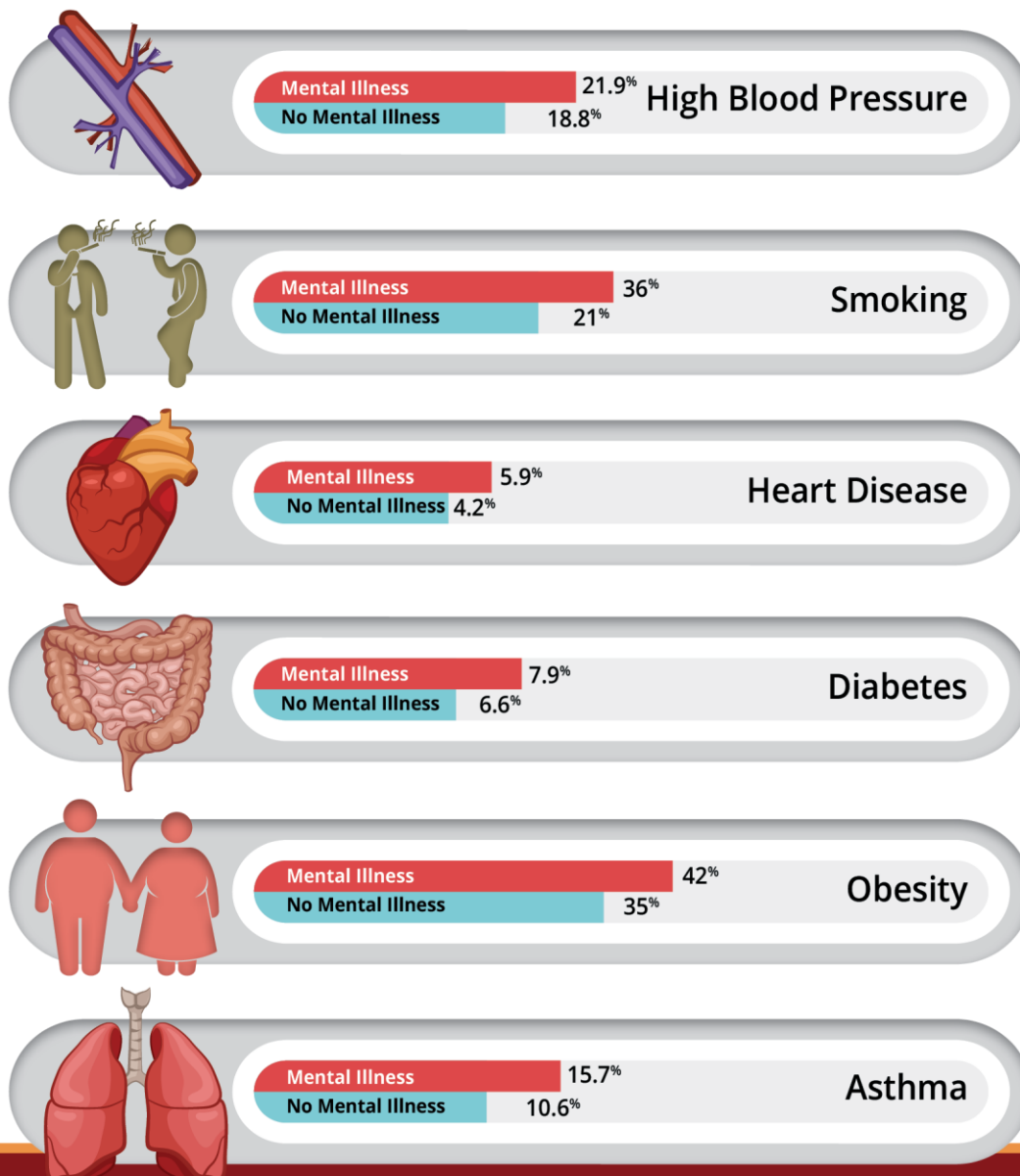
- 1 in 5 adults experiences a mental illness
 - 18% anxiety disorder
 - 7% major depressive episode
- 1 in 20 adults experiences a serious mental illness
 - 2.6% of adults live with bipolar disorder
 - 1.1% of adults live with schizophrenia
- 1 in 5 youth (13–18) experiences a serious emotional disorder at some point during their life
- Over 20 million adults experience a substance use disorder, and 50.5% had a co-occurring mental illness

National Alliance on Mental Illness (NAMI)

In Primary Care Settings:

- **High prevalence of behavioral health conditions**
 - Anxiety, depression, substance use in adults
 - Anxiety, ADHD, behavioral problems in children
 - **Prevention and early intervention opportunity**
- **High rates of co-morbid behavioral health conditions in people with common medical disorders**
 - Depression common in diabetes, heart disease, asthma
 - **Worse outcomes and higher costs if both problems aren't addressed**

The Co-occurrence of Mental Illness with Common Health Conditions



Making the Case for Integrated Care

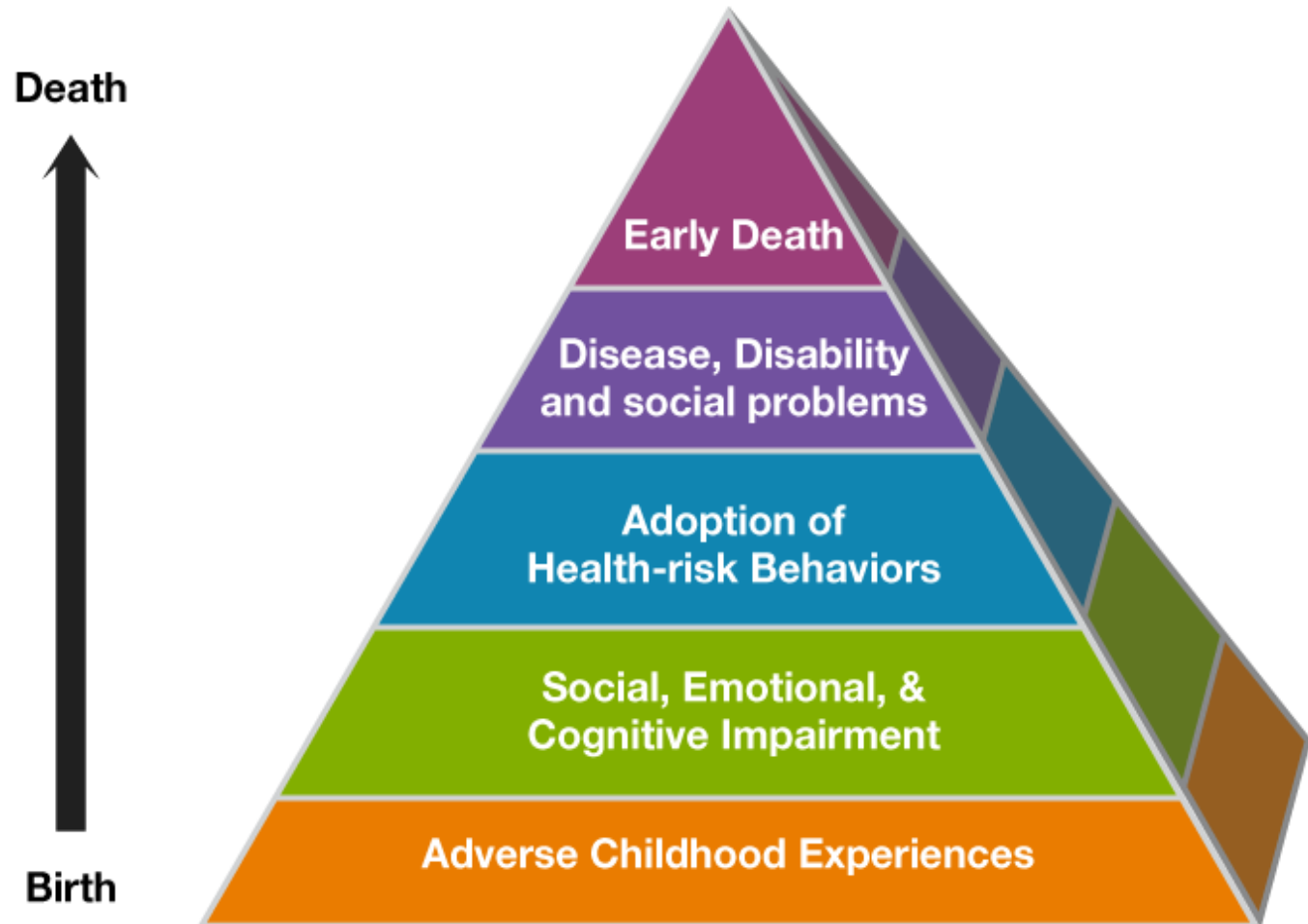
- 60% of adults and 70% of children get NO MH care
- Depression is the 3rd most common reason for a visit to a health center (after diabetes and hypertension)
- Suicide is a major public health issue
- Visits to emergency rooms involving the misuse of prescription drugs have doubled in the last five years
- Mortality rate is significantly higher among people with serious mental illness, who die 20-25 years earlier than those without these conditions

Making the Case for Integrated Care (cont.)

- 1/2 of all care for common psychiatric disorders happens in primary care settings
- Populations of color are more likely to seek or receive care in primary care settings rather than specialty behavioral health settings
- Primary Care and ED settings are not prepared to adequately address mental health disorders
- Integrated care can achieve the “Triple Aim”: lower cost, improved health outcomes, improved patient satisfaction

Adverse Childhood Experiences (ACEs) Study

https://youtu.be/v3A_HexLxDY



Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from http://apps.who.int/adolescent/second-decade/section/section_5/level5_3.php

Life-Long Physical, Social & Behavioral Health Outcomes Linked to ACEs

- **Alcohol, tobacco & other drug addiction**
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- **Diabetes**
- **High risk sexual activity, STDs & unintended pregnancy**
- Intimate partner violence—perpetration & victimization
- Liver and lung disease
- Obesity
- **Self-regulation & anger management problems**
- **Suicide attempts**
- Work problems—including absenteeism, productivity & on-the-job injury

Trauma is Characterized by:

- Loss of control
- Feeling unsafe and vulnerable
- Lack of trust
- Disrupted relationships
- Feelings of shame, blame, stigma

**Responding to their Needs:
How to Help Individuals
Heal and Recover**

Trauma-Informed Care: A Paradigm Shift

- Move from stigma, shame, blame to compassion, respect, empathy
- Ask “what happened to you?” rather than “what is wrong with you?”
- Focus on what is strong, rather than what’s wrong
- See all you do through a trauma-informed lens

It's All About the Relationship

“the patients you can build a relationship with,
you can change behavior”

Jeffrey Brenner, MD

Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice
- Cultural responsiveness

(Fallot 2008, SAMHSA, 2012)

Defining a Trauma-Informed Approach

SAMHSA's Four "R's"

Realizes the prevalence of trauma

Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce

Resists re-traumatization

Responds by fully integrating knowledge about trauma into policies, procedures, practices and settings

SAMSHA. (2014). SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD. <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Trauma-informed Approaches in PC Settings

Be respectful

Take time

Build rapport

Share information

Share control

Respect boundaries

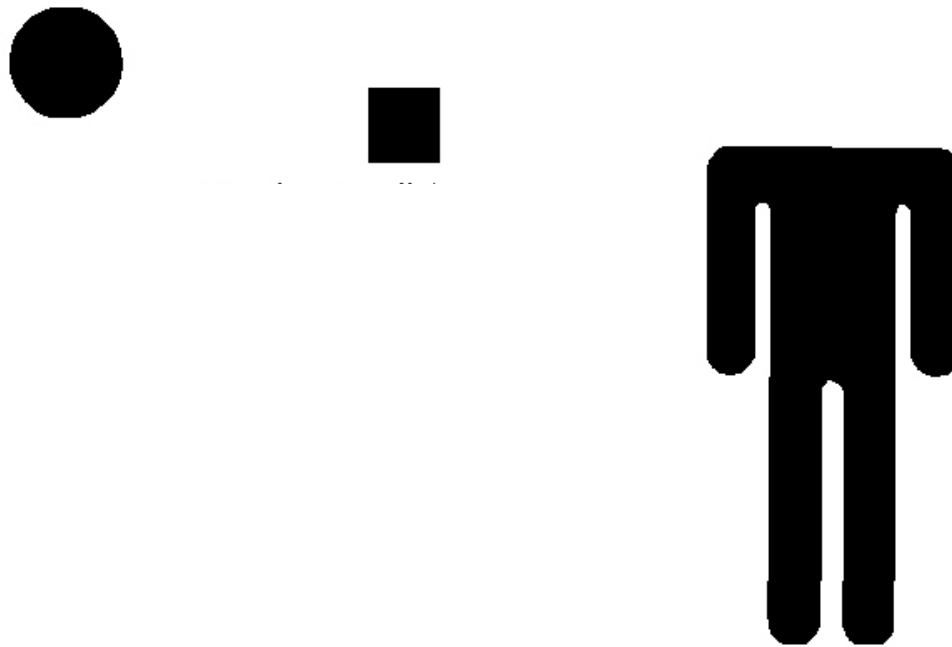
Foster mutual learning

Understand non-linear healing

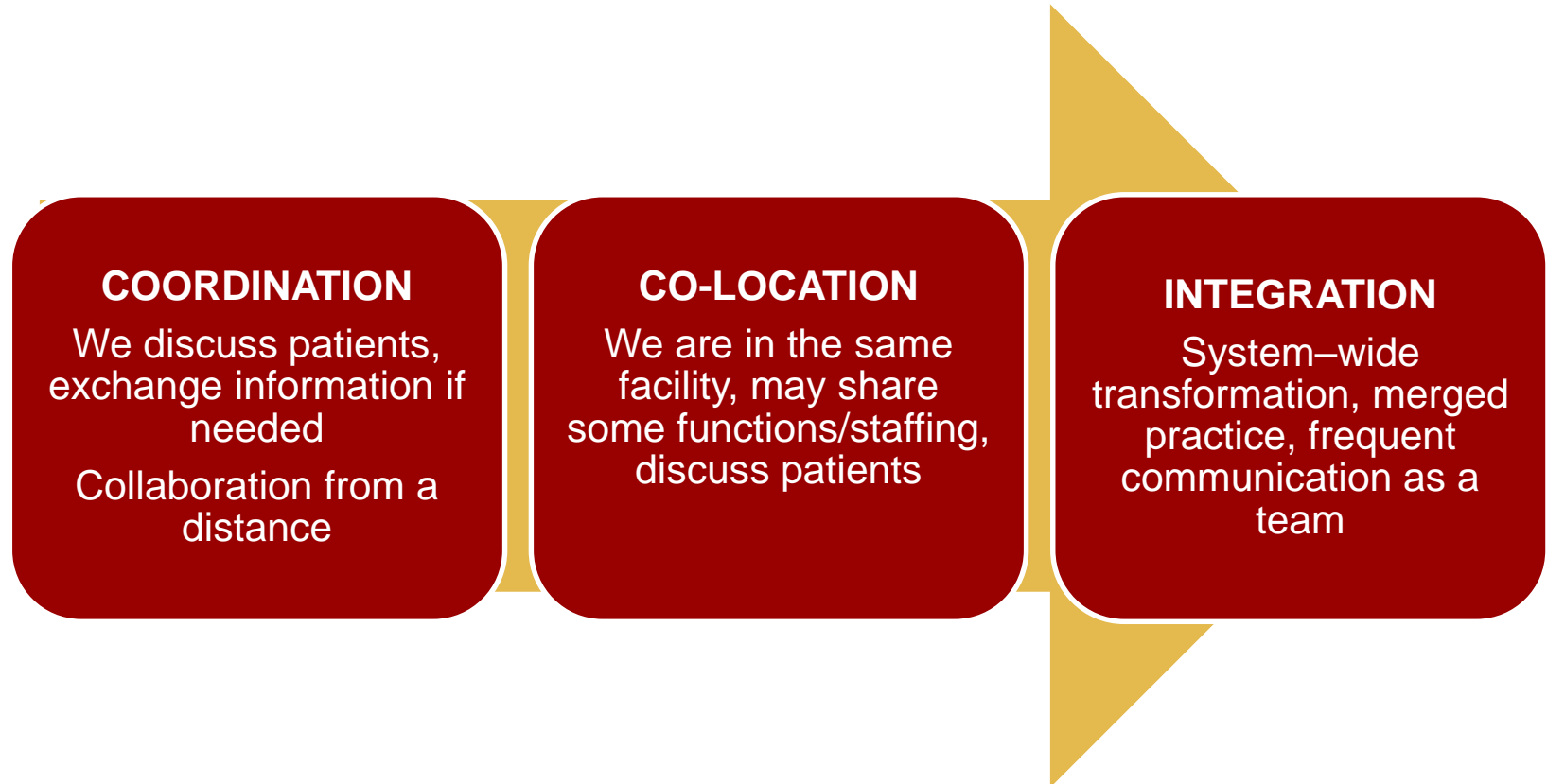
Demonstrate awareness and knowledge of trauma

Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse

Treating the 'whole person': Integrated Care



Standard Framework of Integration



Doherty et al, 2013

BH Integration in Primary Care Includes:

- Universal Screenings (MH/SU/Suicide/Trauma)
- Clinical teams with embedded behavioral health clinicians
- Prescribing with Psychiatric consultation
- Medication assisted treatment for substance use disorders
- Treatment plans that include mental health/recovery goals
- Wellness services
- Quality Improvement Measures
- Community Linkages

People Receiving Integrated Services Report:

- Improved quality of life
- Greater satisfaction with:
 - Access
 - Attention to their treatment preferences
 - Courtesy
 - Coordination & continuity of care
 - Overall care

Druss et al, Arch Gen Psychiatry. 2001; 58(9): 861-8.

Unutzer et al, JAMA. 2002; 288(22): 2836-2845.

Ell et al, Diabetes Care. 2010; 33(4): 706-713.

Practical Strategies to Improve Care

Strategies

- Develop Philosophy and Vision - Apply principles and practices of TIC and Integration
- Conduct Staff Training - Cross train all staff on behavioral health (MHFA), integration and TIC
- Use Peer Wellness Coaches – Hire peers and focus on patient wellness (WHAM) as well as staff wellness
- Employ Best Practices (e.g. warm handoffs, no wrong door)
- Revise workflows, environments, policies and procedures, communication systems (team huddles)
- Utilize a data management system (health registries, health report cards)

Philosophy and Vision

- Form a committee made up of leadership, key staff, patients
- Educate yourselves about integration and TIC principles and practices
- Gain consensus by engaging in discussions about what you want your organization to look and feel like
- Get leadership buy-in to include vision statement in organization's mission/strategic plan
- Share philosophy and vision with staff and patients

Staff Training

Utilize all available opportunities to cross train staff on:

- Impact and prevalence of trauma and principles and practices of TIC (National Council Consultants)
- Health Literacy (Case to Care Training)
- Behavioral Health (Mental Health First Aid-MHFA))
- Wellness (Whole Health Action Management-WHAM))
- Substance Abuse (Screening, Brief Intervention Referral and Treatment-SBIRT)

National Council Website: <https://www.thenationalcouncil.org/>

Peer Wellness Coaches

- Activation of self-management skills
- Empowerment and modeling
- Marketing of services
- Engagement and retention
- Wellness group leaders and co-leaders (Whole Health Action Management - WHAM)

Best Practice Approaches

- Build trusting relationships
- Create safe, welcoming and respectful environment and care
- Utilize warm handoffs and ‘no wrong door’ approach
- Share decision-making
- Use infographics, posters and brochures
- Focus on patient and staff wellness

Revise Workflows, Environment, Policies, Practices & Procedures

- Examine your environment to ensure welcoming, safe and comfortable setting
- Locate BH and PC staff in close proximity; use EHR, team huddles and meetings to enhance communication
- Workflows include comprehensive and patient focused screening, assessment, treatment and referral processes
- Policies, practices and procedures reflect TIC and integration principles and approaches

Data Management System

- Share information using EHR
- Use health registries to identify and monitor high need populations and health disparities
- Use data to step up care as needed
- Use trauma data to educate patients and staff
- Collect and monitor adherence to treatment, missed appointments, ED and hospitalization rates

Resources on Trauma and Integration

Trauma Resources

SAMHSA's Trauma Concept Paper:

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

SAMHSA's TIP 57: <http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

National Center for Post Traumatic Stress Disorder (NCPTSD):

www.ptsd.va.gov

National Child Traumatic Stress Network (NCTSN):

<http://www.nctsnet.org>

SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

Trauma: www.integration.samhsa.gov

American Psychological Association Resilience Guide:

<http://www.apa.org/helpcenter/resilience.aspx>

ACEs Too High: <https://acestoohigh.com>

AHRQ Playbook: <http://www.ahrq.gov/news/integrationacademy.html>

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and the number "202.684.7457". Below the search bar is the organization's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media icons for Facebook, Twitter, and Listserve are also present.

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[LEARN MORE](#)

TOP RESOURCES

[View Our RSS Feed](#)

FEBRUARY 24, 2014
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014
February Is American Heart Month!

CALENDAR OF EVENTS

FEB 26	Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment FEBRUARY 26-28, 2014
FEB 27	Integrating Peer Support in Primary Care FEBRUARY 27-27, 2014



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Thank You!!

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