Defining Comprehensive Care for the Whole Person

Alaska Addiction Treatment Professionals Conference
April 18, 2023

Vision
Empowering recovery and well-being for all.

Mission
Harnessing science, love and the wisdom of lived experience, we are a force of healing and hope for families and communities affected by substance use and mental health conditions.
YOU ARE INVITED TO:

• Be yourself.
• Honor your thoughts, feelings and behaviors and those of others.
• Consider the notion that we are all learners, and we are all teachers.

OBJECTIVES

• Describe the value of whole person, integrated care
• Explain how trauma informed and responsive services support care for the whole person
• Explore models that support the delivery of whole person care
OVERVIEW OF CO-OCCURRING DISORDERS

Co-occurring disorders is a term used to describe the existence of both a mental health disorder and a substance use disorder in the same individual.

These disorders do not have to occur simultaneously for a person to be considered to have co-occurring disorders; the person may be currently experiencing symptoms of only one disorder or neither.

WHY WHOLE PERSON, INTEGRATED CARE?
**CO-OCCURRING DISORDERS: PREVALENCE, 2021**

Adults with Past-Year Substance Use and Any Mental Illness (AMI) vs. Services Received for Substance Use and Any Mental Illness

- AMI Only
- SUD Only
- Both
- No Treatment
- MH Only
- SUD Only
- Both

**RECEIPT OF SUBSTANCE USE TREATMENT**

Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year:
Among Adults Aged 18 or Older with Past Year Illicit Drug or Alcohol Use Disorder and Any Mental Illness; 2021

- No Treatment 8.2 Million Adults (47.5%)
- SU Tx or MH Services 9.0 Million Adults (52.5%)
- Both SU Tx and MH Services 1.2 Million Adults (13.0%)
- MH Services, but no SU Tx 7.6 Million Adults (94.0%)

MH = mental health; SU Tx = substance use treatment.
Note: The percentages may not add to 100 percent due to rounding.
PERCEIVED NEED FOR SUBSTANCE USE TREATMENT
Among People Aged 12 or Older with a Past Year Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility in The Past Year, 2021

- 447,000 Felt They Needed Treatment and Made an Effort to Get Treatment (1.1%)
- 837,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (2.1%)
- 39.5 Million Did not Feel They Needed Treatment (96.8%)

40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an illicit drug or alcohol use disorder were classified as needing substance use treatment.

WHOLE PERSON HEALTH
The systematic coordination of physical health, behavioral health, and social determinants of health for one service recipient

#Integratedhealthcare  #Integratedcare
WHAT IS INTEGRATED, WHOLE PERSON CARE?

- Substance use services into a mental health treatment setting
- Mental health services into a substance use treatment setting
- Behavioral health services into a primary care setting
- Primary care services into a behavioral health setting


THE VALUE OF COLLABORATIVE EFFORTS

If you want to go quickly, go alone.

If you want to go far, go together.

An African Proverb
WHY ARE WE HERE TODAY?

MISSION

CONSIDER SARAH

• Sarah is a 37-year-old single woman who presented to New Hopes intensive outpatient treatment center following a referral from a recent hospitalization following an overdose. She is currently unemployed and lives with a friend.

• Medical records show she has been prescribed antidepressants for the past 8 years, since she was 29. She relates a significant trauma history consisting primarily of physical and emotional abuse from her parents who both experienced depression and substance misuse.

• Sarah was also referred to a mental health outpatient clinic and is scheduled for an assessment in 5 weeks. Her previous mental health providers stopped working with her because of missed appointments and recurrent no shows.
CURRENT STATE

• Models of integrated care are effective in bringing together substance use interventions, mental health interventions, and medical care to improve outcomes for individuals with multiple and, sometimes, complex concerns

• Implementation strategies exist to guide integration

• Integration is an ongoing process

......Gaps in integration efforts persist

ELEMENTS OF A SYSTEM OF INTEGRATED CARE

- Infrastructure
- Culture and environment
- Access to care, screening, and assessment
- Care delivery
- Care coordination
- Workforce
- Workforce training and development

Presented by: Randi Moberly, PhD, CADC
ELEMENTS OF PRACTICE

- Trauma informed care
- Engagement and person-first approaches
- Integrated behavioral health care
- Integrated primary/medical care
- Recovery supports
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TRAUMA

TRAMUA IS CAUSTED BY...

...an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Source: Substance Abuse and Mental Health Services Administration (2014)
ADVERSE CHILDHOOD EXPERIENCES (ACES)

ADVERSE CHILDHOOD EVENTS (ACES)

Presented by: Randi Moberly, PhD, CADC
ADVERSE CHILDHOOD EVENTS (ACES)

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

Chronic Health Conditions
- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

Mental Health Conditions
- Depression

Health Risk Behaviors
- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior

Social Outcomes
- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

THREE REALMS OF ADVERSE CHILDHOOD EXPERIENCES

Household
- Divorce
- Incarcerated family members
- Physical and emotional neglect
- Domestic violence
- Bullying

Community
- Record heat & droughts
- Wildfires & smoke
- Record storms, flooding & mudslides
- Sea level rise

Environment
- Natural disasters
- Tornadoes & hurricanes
- Volcano eruptions & tsunamis
- Earthquakes
- Pandemic

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STRESS RESPONSE SYSTEM

Amygdala
- Inhibits inappropriate actions

Hypothalamus

Hippocampus
- Empathetic understanding
- Planning effective responses
- Decision-making
- Inhibits inappropriate actions

Prefrontal cortex
- FAWN
- FREEZE
- FIGHT
- FLIGHT

THE NEUROBIOLOGY OF TRAUMATIC STRESS
THE “HIJACKED” BRAIN

**FLOOR AND CEILING FOR EMOTIONS**

Hyper-arousal: highly charged, fight, overwhelm, anxiety, panic, racing thoughts, anger

Hypo-arousal: body/brain shut-down, numbing, feeling spacey, not present, dissociation

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Trauma-informed practice is a way of working that recognizes the prevalence and impact of trauma on the lives of those accessing your services.

The goal of trauma-informed systems is to:

- Avoid re-traumatizing individuals
- Support safety, choice, and control

= Promote healing

TRAUMA INFORMED CARE (TIC):
CORE PRINCIPLES

TIC as a part of integrated, whole person services

Source: Substance Abuse and Mental Health Services Administration (2014).
Throughout an organization, staff and the people they serve feel physically and psychologically safe.

Source: Substance Abuse and Mental Health Services Administration (2014).
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COLLABORATION AND MUTUALITY

- Partnering and leveling of power differences between staff and clients and among organizational staff.
- Demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.
- Everyone has a role to play; one does not have to be a therapist to be therapeutic.

PEER SUPPORT AND MUTUAL AID

- Everyone’s situation is unique, but no one is alone.
- Developing environments where:
  - Rules are transparent and enforced,
  - Power is shared equally,
  - Everyone can contribute, and
  - Contributions are recognized.
- Language is inclusive.
- Healthy relationships are modeled.
EMPOWERMENT, VOICE, AND CHOICE

- Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills are developed.
- The organization fosters a belief in resilience.
- Clients are supported in developing self-advocacy skills and self-empowerment.

Source: Substance Abuse and Mental Health Services Administration (2014).

CULTURE, HISTORY, AND GENDER MATTER

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Source: Substance Abuse and Mental Health Services Administration (2014).
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VICARIOUS TRAUMA AND COMPASSION FATIGUE

You have too many “cases”, so you try to speed things up whenever you can.

Working with persons with histories of trauma is not easy work.

You start to hear the commonality, which makes it feel exhausting to listen to the “same story” over and over.

Professional Quality Of Life Scale (PROQOL)

WHAT CAN WE DO?

• Treat everyone with universal precaution

• Assume that the person has experienced trauma even if you do not know their personal history

• Actively communicate about being trauma informed

• Consider the implications of the work you do with the outcomes that are experienced by the individuals we support
MODELS TO SUPPORT DELIVERY OF WHOLE PERSON, INTEGRATED CARE

MODELS OF INTEGRATED CARE

- Co-Location Models
- Certified Community Behavioral Health Centers
- Primary Care Behavioral Health (PCBH)
- Integrated “Collaborative” Care (CoCM)
- Federally Qualified Health Center
### COORDINATED CARE
**KEY ELEMENT: COMMUNICATION**

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
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</thead>
<tbody>
<tr>
<td><strong>Minimum Collaboration</strong></td>
<td><strong>Basic Collaboration at a Distance</strong></td>
</tr>
<tr>
<td>Behavioral health, primary care and other healthcare providers work:</td>
<td></td>
</tr>
<tr>
<td>In separate facilities, where they:</td>
<td></td>
</tr>
<tr>
<td>Have separate systems</td>
<td>Have separate systems</td>
</tr>
<tr>
<td>Communicate about clients <em>only rarely</em> and under compelling circumstances</td>
<td>Communicate <em>periodically</em> about shared clients</td>
</tr>
<tr>
<td>Communicate, driven by provider need</td>
<td>Communicate, driven by specific client needs</td>
</tr>
<tr>
<td><em>May</em> never meet in person</td>
<td><em>May</em> meet as part of larger community</td>
</tr>
<tr>
<td>Have limited understanding of each other’s roles</td>
<td>Appreciate each other’s roles as resources</td>
</tr>
</tbody>
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Adapted from *Standard Framework for Levels of Integrated Healthcare.* (2019, August 2).

### COLOCATED CARE
**KEY ELEMENT: PHYSICAL PROXIMITY**

<table>
<thead>
<tr>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Collaboration Onsite</strong></td>
<td><strong>Close Collaboration with Some System Integration</strong></td>
</tr>
<tr>
<td>Behavioral health, primary care and other healthcare providers work:</td>
<td></td>
</tr>
<tr>
<td>In same facility, not necessarily same offices, where they:</td>
<td>In same space within the same facility, where they:</td>
</tr>
<tr>
<td>Have separate systems</td>
<td>Share some systems</td>
</tr>
<tr>
<td>Communicate <em>regularly</em> about shared clients, by phone or e-mail</td>
<td>Communicate in person as needed</td>
</tr>
<tr>
<td>Collaborate, driven by need for each other’s services and more reliable referral</td>
<td>Collaborate, driven by need for consultation and coordinated plans for specific client needs</td>
</tr>
<tr>
<td>Meet <em>occasionally</em> to discuss clients due to proximity</td>
<td>Have <em>regular</em> face-to-face interactions about some clients</td>
</tr>
<tr>
<td>Feel part of a larger yet non-formal team</td>
<td>Have a basic understanding of roles and culture</td>
</tr>
</tbody>
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Adapted from *Standard Framework for Levels of Integrated Healthcare.* (2019, August 2).
### INTEGRATED CARE
**KEY ELEMENT: PRACTICE CHANGE**

#### LEVEL 5
Close Collaboration Approaching Integrated Practice

- Behavioral health, primary care and other healthcare providers work:
  - In same space within the same facility (some shared space), where they:
    - Actively seek system solutions together or develop work-a-rounds
    - Communicate *frequently* in person
    - Collaborate, driven by desire to be a member of the care team
    - Have regular team meetings to discuss overall client care and specific issues
    - Have an *in-depth* understanding of roles and culture

#### LEVEL 6
Full Collaboration in a Transformed/Merged Integrated Practice

- In same space within the same facility, sharing all practice space, where they:
  - Have resolved most or all system issues
  - Communicate *consistently* at the system, team and individual levels
  - Collaborate, driven by shared concept of team care
  - Have formal and informal meetings to support integrated model of care
  - Have roles and cultures that blur or blend

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### TRADEOFFS AND ADVANTAGES

<table>
<thead>
<tr>
<th>Minimal Collaboration</th>
<th>Integrated</th>
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<tbody>
<tr>
<td>Practices can make autonomous, more timely decisions</td>
<td>All or almost all system barriers resolved, allowing providers to practice as high functioning team</td>
</tr>
<tr>
<td>Each provider has autonomy</td>
<td>Opportunity to truly serve the whole person</td>
</tr>
<tr>
<td>Maintains each practice’s basic operating structure, so change is not a disruptive factor</td>
<td>Shared knowledge base of providers increases and allows each professional to respond more broadly and adequately</td>
</tr>
<tr>
<td>Readily understood as a practice model by clients and providers</td>
<td>All patient needs addressed as they occur</td>
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*Adapted from Standard Framework for Levels of Integrated Healthcare. (2019, August 2).*
CHOOSE YOUR STEPS TO INTEGRATED, WHOLE PERSON CARE

- What services are needed?
- What services would your patients engage with?
- What licensing barriers exist?
- What infrastructure challenges exist?
- What is the level of readiness for the organization, program and workforce?
- Who are your potential partner organizations and community providers?
- What are the major barriers and major opportunities?

ORGANIZATIONAL READINESS CHECKLIST: IMPLEMENTATION

1. Assemble a team
2. Incorporate data for self-assessment
3. Prioritize domains, if in preliminary stages of integration
4. Perform an environmental scan and consider the potential for external supports
5. Define goals for the next 6 to 12 months, laying out expectations by quarter
6. Determine necessary resources and commitments
7. Determine attainability of goals and necessary resources

Source: Adapted from Chung, H., et al (2020)
Reconsider Sarah

Connection and Meaning....

Make an Impact

Presented by: Randi Moberly, PhD, CADC
REMEMBER…

There are as many pathways to recovery as there are people.
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