Preparing Addictions Counselors to Work in Integrated Treatment Setting

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Outline

- Definition of integrated primary care and behavioral health
- Levels of integration at health care sites (SAMHSA Levels of Integration)
- Determining levels of integration
- Describing the competencies needed to work within integrated healthcare settings
- Strategies to enhance addictions counselors competencies
Expected Outcomes:

- 1. Determine the level of integration at clinical internship sites
- 2. Describe the competencies required for addictions counselors to work in integrated healthcare settings
- 3. Design seminars to enhance the competencies in integrated care for addictions counselors.
What is Integrated Care?
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- The care that results from a practice team of primary care and behavioral health clinicians working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.
Why integrated care?

- Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.
Advantages

- Access –
- Reduced Stigma
- View patient as a whole
- Broadened skill set
Policy
Confidentiality

- The section of the HIPAA Reference states that behavioral health and primary care organizations can share information for the purposes of care coordination

- https://www.integration.samhsa.gov/operations-administration/confidentiality
Relevance of the Addictions Professional in the Primary Care Setting

- Improve the ability for the patient to enter treatment
- One stop shop – coordination of care
- Improvement for the patients overall health
- Become the go-to-person as the expert in SUD (make referrals, resources for families, navigate the system)
- Educator – patients and Primary care staff
Levels of Integration at Health Care Sites
## SAMSA Levels of Integration

<table>
<thead>
<tr>
<th>Level</th>
<th>Proximity</th>
<th>Systems</th>
<th>Communicate</th>
<th>Meet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Separate facilities</td>
<td>Separate</td>
<td>Rarely as provider needs</td>
<td>Maybe never</td>
</tr>
<tr>
<td>II</td>
<td>Separate facilities</td>
<td>Separate</td>
<td>Periodically as patient needs</td>
<td>As larger community</td>
</tr>
<tr>
<td>Co-Located Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Same facility</td>
<td>Separate</td>
<td>Regularly by phone or email</td>
<td>Occasionally to discuss cases</td>
</tr>
<tr>
<td>IV</td>
<td>Same facility</td>
<td>Some shared</td>
<td>Regularly in person as needed</td>
<td>Regular on some patients</td>
</tr>
<tr>
<td>Integrated Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Some shared space</td>
<td>Partially integrated</td>
<td>Frequently in person</td>
<td>Regular team meetings</td>
</tr>
<tr>
<td>VI</td>
<td>Share all space</td>
<td>Fully integrated</td>
<td>Consistently as individuals &amp; team</td>
<td>Team meets on systems &amp; patients</td>
</tr>
</tbody>
</table>
Coordinated Care

- Level 1 -- Minimal Collaboration Behavioral health and primary care providers work at separate facilities and have separate systems. Providers communicate rarely about cases. When communication occurs, it is usually based on a particular provider’s need for specific information about a mutual patient.

- Level 2 — Basic Collaboration at a Distance Behavioral health and primary care providers maintain separate facilities and separate systems. Providers view each other as resources and communicate periodically about shared patients. These communications are typically driven by specific issues. For example, a primary care physician may request copy of a psychiatric evaluation to know if there is a confirmed psychiatric diagnosis. Behavioral health is most often viewed as specialty care.
Co-Located Care

- **Level 3 — Basic Collaboration Onsite** Behavioral health and primary care providers co-located in the same facility, but may or may not share the same practice space. Providers still use separate systems, but communication becomes more regular due to close proximity, especially by phone or email, with an occasional meeting to discuss shared patients. Movement of patients between practices is most often through a referral process that has a higher likelihood of success because the practices are in the same location. Providers may feel like they are part of a larger team, but the team and how it operates are not clearly defined, leaving most decisions about patient care to be done independently by individual providers.

- **Level 4 — Close Collaboration with Some System Integration** There is closer collaboration among primary care and behavioral healthcare providers due to colocation in the same practice space, and there is the beginning of integration in care through some shared systems. A typical model may involve a primary care setting embedding a behavioral health provider. In an embedded practice, the primary care front desk schedules all appointments and the behavioral health provider has access and enters notes in the medical record. Often, complex patients with multiple healthcare issues drive the need for consultation, which is done through personal communication. As professionals have more opportunity to share patients, they have a better basic understanding of each other’s roles.
Integrated Care

- **Level 5 — Close Collaboration Approaching an Integrated Practice** There are high levels of collaboration and integration between behavioral and primary care providers. The providers begin to function as a true team, with frequent personal communication. The team actively seeks system solutions as they recognize barriers to care integration for a broader range of patients. However, some issues, like the availability of an integrated medical record, may not be readily resolved. Providers understand the different roles team members need to play and they have started to change their practice and the structure of care to better achieve patient goals.

- **Level 6 — Full Collaboration in a Transformed/Merged Practice** The highest level of integration involves the greatest amount of practice change. Fuller collaboration between providers has allowed antecedent system cultures (whether from two separate systems or from one evolving system) to blur into a single transformed or merged practice. Providers and patients view the operation as a single health system treating the whole person. The principle of treating the whole person is applied to all patients, not just targeted groups.
Determining Levels of Integration

- Student Assessment Survey of Agency
- Agency Assessment of Integrated Care Status
Core Competencies of Integrated Care

- Interpersonal Communication
- Collaboration & Teamwork
- Screening & Assessment
- Care Planning & Care Coordination
- Intervention

- Cultural Competence & Adaptation
- Systems Oriented Practice
- Practice-based Learning & Quality Improvement
- Informatics
Interpersonal and Interprofessional Communication

- active listening
- conveying information in a jargon-free, non-judgmental manner
- using terminology common to the setting and discipline in which care is delivered
- adapting to the preferred mode of communication of the consumers and families served.
Collaboration and Teamwork

- understand and value the roles and responsibilities of other team members
- express professional opinions and resolving differences of opinion quickly
- providing and seeking consultation
- foster shared decision-making.
Screening and Assessment

- risky, harmful or dependent use of substances
- cognitive impairment
- mental health problems
- behaviors that compromise health
- harm to self or others
- abuse, neglect, and domestic violence
- co-occurring conditions
Care Planning & Care Coordination

- The ability to create and implement integrated care plans, ensuring access to an array of linked services and the exchange of information among consumers, family members and providers.

- assist in the development of care plans, whole health and wellness recovery plans
- match the type and intensity of services to consumers’ needs
- provide patient navigation services
- implement disease management programs.
Intervention

- motivational interventions
- health promotion and wellness services
- health education
- crisis intervention
- brief treatments for mental health and substance use problems
- medication assisted treatments (MAT).
Cultural Competence & Adaptation

- identifying and addressing disparities in healthcare access and quality
- adapting services to language preferences and cultural norms
- promoting diversity among the providers working in interprofessional teams.
Systems Oriented Practice

- understanding and educating consumers about healthcare benefits
- navigating utilization management processes
- adjusting the delivery of care to emerging healthcare reforms.
Practice-based Learning & Quality

- identify and implement evidence-based practices
- assess treatment fidelity
- measure consumer satisfaction and healthcare outcomes
- recognize and address errors in care
- collaborate with other team members on service improvement
Informatics

- efficiently and effectively use electronic health records
- employ computer and web-based screening, assessment and intervention tools
- utilize telehealth applications
- safeguard privacy and confidentiality.
How We Teach and Assess the Competencies

- Provide monthly Seminars on topics related to integrated care competencies
- Workshops conducted by experts in the field
- Expose students to integrated care settings via internship or practicum
- Online Trauma course that addresses issues pertinent to both mental health and addictions counseling students.
- Sharing of experiences between mental health and addictions counseling students
Building Resources

- Textbooks
- Online resources
- Opus
- Development of additional integrative internship agreements
- Interprofessional Relationships
Developing Seminars
Topics to Consider

- Behavioral Health professional as a member of the health care team.
- Recognizing the importance of a multidisciplinary perspective in the treatment of addictions.
- Skills related to consultation within the integrated health care team.
- Selection of appropriate and evidence-supported interventions.
- Identify co-occurring medical and mental health and/or addiction conditions.
- Referral system.
- When to treat and when to refer.
Topics to Consider (cont.)

- Motivational Interviewing (MI)
- Medication Assisted Treatment (MAT)
- Cognitive Behavioral Therapy (CBT)
- Biblio Therapy (Book Referral)
- Adverse Childhood Experiences (ACE)
- Trauma-Informed Care
- Screening, Brief Intervention, and Referral to Treatment (SBRIT)
Assessment

- Documentation of clinical hours need to include integrated care activities
- Self-Assessment (Pre & Post)
- Submitting an integrative care treatment plan
- Evaluation of competencies by site supervisor
Questions? Comments?
References