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 you 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
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 Zemmmali
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/](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

What’s one thing that you’re excited about that has happened in your MAT program in the last three months?
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
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.
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

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


Prevalence of Psychosis

• Incidence of psychotic symptoms in the general population: 4.8% - 8.3%

• Odds ratio for the risk of psychotic symptoms:

<table>
<thead>
<tr>
<th></th>
<th>Cocaine</th>
<th>Amphetamine</th>
<th>Cannabis</th>
<th>Opioid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild UD</td>
<td>17.1</td>
<td>14.8</td>
<td>6.5</td>
<td>6.0</td>
</tr>
<tr>
<td>Moderate UD</td>
<td>47.0</td>
<td>35.3</td>
<td>25.1</td>
<td>10.1</td>
</tr>
<tr>
<td>Severe UD</td>
<td>114.0</td>
<td>∞*</td>
<td>26.8</td>
<td>19.7</td>
</tr>
</tbody>
</table>


How does this work?

**Medicaid** (Federal Program)

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

- "Medical Benefit" Managed Care Plans
  - Medical Care
  - Medications: Prescribed in primary medical
  - State pharmacy benefit
  - Covered by HealthPlan

- "Behavioral Health Benefit" Mental Health Plans
  - Behavioral Health
  - "Mild to Moderate" Mental Illness
  - "Serious Mental Illness"
  - Alcohol and Other Drug
  - Counseling contracted out

Counseling contracted out
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**

### PHQ-9 Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Total

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

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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- Dx Criteria for Major Depressive Disorder:
  - Episodic states of depressed mood and/or inability to enjoy usual things
  - Last >2 weeks
  - Characterized by:
    - Sleep disturbances
    - Difficulty concentrating
    - Inability to enjoy things
    - Deflated self-attitude
    - Low Energy
    - Psychomotor changes
    - Suicidal thoughts

*Symbols not better explained by a substance-induced disorder
A DIFFERENT KIND OF ASSESSMENT: USING BEHAVIORAL HEALTH MEASURES

**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

*Medications

*Counseling

*Support

*When appropriate

Source: https://www.samhsa.gov/treatment
OTHER MODELS OF CONSULTATION

**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 (e.g., Autism) → Regional Centers
  • Substance Induced Disorders

• Severe impairment or high risk suicidality should be referred for specialty care
Co-occurring substance use and SMI
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

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 following week.

<table>
<thead>
<tr>
<th>Week</th>
<th>Activity</th>
<th>Date(s) / time(s)</th>
<th>Note(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
21. Planning a day’s activities
22. 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
41. Going to a party
42. Thinking about buying things
43. Playing golf
44. Playing soccer
45. Flying kites
46. Having discussions with friends
47. Having family get-togethers
48. Riding a motorbike
49. Sex

50. Playing squash
51. Going camping
52. Singing around the house
53. Arranging flowers
54. Going to church, praying (practicing religion)
55. Losing weight
56. Going to the beach
57. Thinking I’m an OK person
58. A day with nothing to do
59. Having class reunions
60. Going ice skating, roller skating/blading
61. Going sailing
62. Travelling abroad, interstate or within the state
63. Sketching, painting
64. Doing something spontaneously
65. Doing embroidery, cross stitching
66. Sleeping
67. Driving
68. Entertaining
69. Going to clubs (garden, sewing, etc.)
70. Thinking about getting married
71. Going birdwatching
72. Singing with groups
73. Flirting
74. Playing musical instruments
75. Doing arts and crafts
76. Making a gift for someone
77. Fishing
78. Buying CDs, tapes, records
79. Watching boxing, wrestling
80. Planning parties
81. Cooking, baking
82. Going hiking, bush walking
83. Writing books (poems, articles)
84. Sewing
85. Buying clothes
86. Working
87. Going out to dinner
88. Discussing books
89. Sightseeing
90. Gardening
91. Going to the beauty salon
92. Early morning coffee and newspaper
93. Playing tennis
94. Kissing
95. Watching my children (play)
96. Going to plays and concerts
97. Daydreaming
98. Planning to go to school
99. Health Management Associates

56
Engaging your 5 Senses

- What am I hearing right now?
- What am I seeing right now?
- What am I feeling right now? Touching?
- What am I smelling right now?
- What am I tasting right now?

Self-Soothing with 5 Senses

Find a pleasurable way to engage each of your five senses. Doing so will help you soothe your negative emotions.

<table>
<thead>
<tr>
<th>Sensory Modality</th>
<th>Activity Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Go for a walk somewhere nice and pay attention to sights</td>
</tr>
<tr>
<td>Hearing</td>
<td>Listen to something enjoyable such as music or nature</td>
</tr>
<tr>
<td>Touch</td>
<td>Talk a warm bath or get a massage</td>
</tr>
<tr>
<td>Taste</td>
<td>Have a small treat – it doesn’t have to be a full meal</td>
</tr>
<tr>
<td>Smell</td>
<td>Find some flowers or spray a perfume or cologne you like</td>
</tr>
</tbody>
</table>

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 bail) 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 THERAEPY 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, Involving Others)

<table>
<thead>
<tr>
<th></th>
<th>a) Pros (+)</th>
<th>What makes this a good choice?</th>
<th>a) Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>b) Pros (+)</td>
<td>What makes this a good choice?</td>
<td>b) Cons</td>
</tr>
<tr>
<td>c)</td>
<td>c) Pros (+)</td>
<td>What makes this a good choice?</td>
<td>c) Cons</td>
</tr>
<tr>
<td>d)</td>
<td>d) Pros (+)</td>
<td>What makes this a good choice?</td>
<td>d) Cons</td>
</tr>
</tbody>
</table>

v. 9/1/2010
5. Choice of solution:

6. Action Plan (Steps to achieve solution):

Write down the tasks you completed.

a)

b)

c)

d)

Pleasant Daily Activities.

Date         Activity

Rate how Satisfied it made you feel (0 – 10)
(0 = Not at all; 10 = Super)

Next appointment: _______________________

Calm Breathing

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 “tone 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 hyperventilating; 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.
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 difficulty 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.
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.
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. Conduct diagnostic assessment for a co-occurring depressive disorder
E. Start weekly psychotherapy sessions
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
El Dorado Community Health Center
STEPS Program

Patient Demographics:

- Rural
- 88% Caucasian
- Low income
- Medi-Cal insured
STEPS believes in providing options for care.
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

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

2018
• 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 PARTNERSHIP
- Integration of legal services
- Immigration
Food Insecurity

Legal Services (once weekly)

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) 409-8941

For your convenience, please bring your cart or reusable bags

The Center is an equal opportunity provider.
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**INFORMATION**
If you’re interested in any of the services listed below, give us a call at (213)784-9191.
Monday - Friday 8:30am - 5:00pm

Follow @TheWellnessCenter on Instagram for more information!
BHI: Treating Depression and Anxiety in Primary Care

The Collaborative Care Model

Effective Collaboration

Informed, Activated Patient

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
Any team member identifies pt w/ PHQ-9 > 9

Pt agrees to BHI referral?

Document that pt declines, PCP cont to engage

Use PH9 score and clinical judgement to refer

Pt could benefit from psychosocial assessment, visits w/ SW for counseling

Mental health issues are mild and/or situational

CMA schedules into MCW template for brief interventions and referrals, PCP refers to TWC

PCP messages Team Psych 3 for integrated behavioral health consult

Mental Health issues more complex, require further eval for diagnosis, medication adjustment

CMA schedules w/ CSW for ongoing psychosocial evaluation, treatments and referrals
BHI Case Conferencing

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

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<tr>
<th>III. FOLLOW-UPS / CLOSING THE LOOP</th>
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<tr>
<td>1) “Needs full PHQ-9 at upcoming PC app”</td>
<td>Diana</td>
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<tr>
<td>- Message PCP and CMA</td>
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<tr>
<td>2) “Needs BHI follow up for PHQ-9”</td>
<td>Diana</td>
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<tr>
<td>- Diana to message RN Care Manager for phone PHQ-9</td>
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<tr>
<td>3) “Medication Recommendation”</td>
<td>Diana, Patrick</td>
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<td>- Write in specific medication recommendation:</td>
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<td>“Per Dr. Baumgart, recommend: increase Lexapro to 20mg po daily”</td>
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<td>- Dr. Baumgart to cosign (to ensure note seen in ORCHID provider view)</td>
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<td>- Forward Ad Hoc form to:</td>
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<td>- CMA and PCP Teamlet</td>
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<td>4) “Refer/Reschedule to PC Integrated Psych”</td>
<td>Diana</td>
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<tr>
<td>- Refer to Team Diagram for assigned Psych Provider</td>
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<tr>
<td>- Message Venna Lopez to schedule patient for next available visit</td>
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<td>5) “Needs PCP app”</td>
<td>Diana</td>
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<tr>
<td>- Identify PCP</td>
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<td>- Refer to Team Diagram for CMA</td>
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<td>- Forward Ad Hoc form to team CMA to schedule PCP appointment</td>
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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
- Down titration --> withdrawal
- Uncovered anxiety & depression
- Referred to psychiatry for comanagement
- Eventually titrated off full-dose opioids & started on suboxone
Q&A Discussion
Q&A Discussion

Brian Hurley, MD
Medical Director of Substance Abuse Prevention and Control,
LA County Department of Public Health

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Alcohol and Drug Counselor
El Dorado Community Health Center

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

Jose Gonzalez, MD
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 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

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

Juan Carlos Piña
He/Him/His
Program Manager
juancarlos@careinnovations.org

Lydia Zemmali
She/Her/Hers
Program Coordinator
lydia@careinnovations.org
Thank you!