

# Facilitated Integrated Care Success with Co-Occurring Disorders

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# Presentation References

- Baron, K. G., Lattie, E., Ho, J., & Mohr, D. C. (2013). Interest and use of mental health and specialty behavioral medicine counseling in US primary care patients. *International Journal of Behavioral Medicine*, 20(1), 69–76. [doi:10.1007/s12529-011-9211-4]
- Beacham, A. O., Herbst, A., Streitwieser, T., Scheu, E., & Sieber, W. J. (2012). Primary care medical provider attitudes regarding mental health and behavioral medicine in integrated and non-integrated primary care practice settings. *Journal of Clinical Psychology in Medical Settings*, 19(4), 364–375. [doi:10.1007/s10880-011-9283-y]
- Bentley, K. J., & Walsh, J. (2014). *The social worker and psychotropic medication: toward effective collaboration with clients, families, and providers*. Brooks/Cole. Belmont, CA
- Carroll, V. K., Rado, J. T. (2009). Is a medical illness causing your patient's depression? *Current Psychiatry*. 8(8), 43-54
- Deavers, F., DePesa, N., Mitchell, J., Mazza, A., & Cassisi, J. (2015). Integration of Behavioral Health and Medical Services: Using Patient Experience as a Guide. *Journal of Patient Experience*, 2(2), 6–13. [doi:10.1177/2374373515615976]
- Dickinson, W. P. (2015). Strategies to Support the Integration of Behavioral Health and Primary Care: What Have We Learned Thus Far? *The Journal of the American Board of Family Medicine*, 28(Supplement 1), S102–S106. [doi:10.3122/jabfm.2015.S1.150112]
- Grazier, K. L., Smiley, M. L., & Bondalapati, K. S. (2016). Overcoming Barriers to Integrating Behavioral Health and Primary Care Services: *Journal of Primary Care & Community Health*. [doi:10.1177/2150131916656455]
- Stahl, S. M. (2017). *Stahl's essential psychopharmacology: the prescriber's guide*. Cambridge University Press. New York, NY

# Welcome!

## INTRODUCTIONS





# Welcome!

HealthFirst

FQHC

PCMH

Integrated Primary Care &  
Behavioral Health



# Agenda

- Why Integrated Care
- Integrated Care: What is it?
- Case Study Successes
- Beginnings: Co-located Silos
- Transitions: Barriers and Breakthroughs
- Progression: Where We are Now and Where We Can Go...

Expert  
Widely recognized  
knowledge  
for decision



# Integrated Care

## Why Integrated Care?

- Typical story of patient care...
- Anyone?



# Integrated Care

## Why Integrated Care?

- Depression #1 Diagnosis
- 50%-70% Depression & Anxiety in Primary Care
- PCPs are de Facto, yet not set up to treat psych issues
- 75% show no improvements
- <20% Receive Counseling
- Inadequate, Sporadic Referrals



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knowledge  
for decision



# Integrated Care

## 2017 HealthFirst Statistics

Patient Count: 8049

Diagnosed with Mental Illness: 4873

*60% of patient population in this Primary Care environment have a mental illness co-occurring with their medical issues.*

Table 1|: 2017 Patient Behavioral Health Diagnosis

Diagnosis	Patient Count	% of Patients (8049)
Depressive disorders	1992	24.8%
Anxiety disorders	1995	24.8%
Panic disorder	263	3.3%
Posttraumatic stress disorder	161	2%
Bipolar disorder	184	2.3%
Substance use disorders	278	3.5%
<b>Totals</b>	<b>4873</b>	<b>60%</b>



# Integrated Care

## Why Integrated Care?

- Evidence Based
  - 80+ Clinical Studies
- Collaborative Teams lead to:
  - Improved Patient Outcomes
  - Significant Reduction of Depression/Anxiety
  - Reduced Stigma
  - Improved Patient Satisfaction



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# Integrated Care

What are your thoughts?

Let's Develop a Collaborative  
Definition of Integrative Care



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# Integrated Care

## Definitions:

*The connection of behavioral health and medical services interwoven to produce a tightly integrated, on-site care team who works together to deliver a comprehensive service to their patients.*



Grazier et al. (2016)

# Integrated Care

## Definitions:

*Care rendered by a practice team of primary care and behavioral health providers, working together with patients and families and using a systematic and cost-effective approach to provide patient-centered care.*



Dickenson (2015)

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for decision



# Beginnings

- Barriers to Integrated Care



# Beginnings

- Barriers to Integrated Care





# Beginnings

- Barriers to Integrated Care





# Beginnings

- Barriers to Integrated Care







# Beginnings

- Barriers to Integrated Care



# Beginnings

- Barriers to Integrated Care



# Beginnings

- Barriers to Integrated Care





# Beginnings

- Barriers to Integrated Care





# Beginnings

- Barriers to Integrated Care



**Silos**

*“ We stay on our own side of the building.”*

- *I do my thing; You do yours*
- *No Coordination*
- *No Communication*
- *Referrals were suggestions*

# Beginnings

- Barriers to Integrated Care

*“Their answer is always more medications”*

~ SW

*“I don’t think they can help you”*

~ PCP



Trust & Rapport

- *I do my thing; You do yours*
- *No Coordination*
- *No Communication*
- *Referrals were suggestions*



# Beginnings

- Barriers to Integrated Care

*“She never even says  
hello” ~PCP*

*He is always so  
dismissive and rude”*

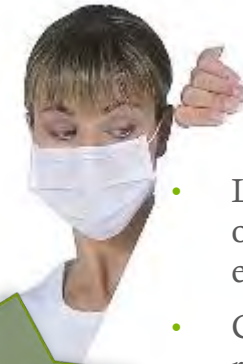
*~ SW*



# Beginnings

- Barriers to Integrated Care

- Counselors were seen as resource support and case managers
- Counselors were viewed as support staff and not as providers



Understanding  
& Respect

- Lack of knowledge of other discipline's education & training
- Confusion about roles and responsibilities
- Lack of implementation of bio-psychosocial theoretical frames to actual practice and patients.





# Beginnings

- Barriers to Integrated Care



Segmented  
Practice



*“We mind as well be in different buildings, or for that matter, all in separate private practices.”*

- Doctors did doctor things
- Nurses did nurse things
- Counselors did counseling things
- Nutritionists did nutrition things
- Management did management things

# Beginnings

- Barriers to Integrated Care

*Neither Mel Gibson or  
Russell Crow work  
here*



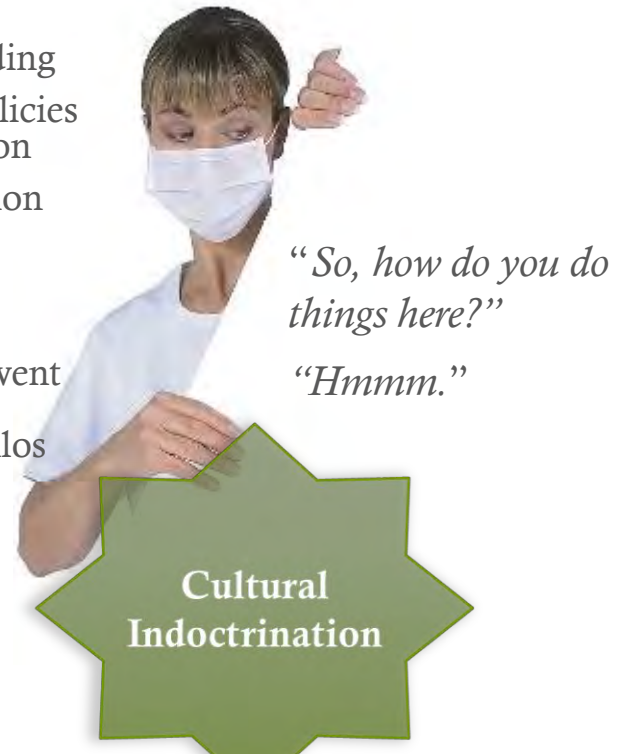
Influencer &  
Champion



# Beginnings

- Barriers to Integrated Care

- No onboarding
- No clear policies of integration
- Vague mission statement
- No vision statement
- New hires went into their respective silos



# Transitions

- Pathways to Integrated Care

First things First:  
Develop a Plan of Action



# Transitions

- Plan of Action

1. Become the Champ
2. Facilitate Socialization
3. Build Understanding & Respect
4. Build Trust & Professional Rapport
5. Break Down Silos
6. New Hire Cultural Indoctrination
7. Integrate Care Teams



# Transitions

- Become the Champ

*“Health service delivery research has identified the importance of a strong, pervasive leadership, a champion for the cause”*

Grazier et al. (2016)



# Transitions

- **Facilitating Socialization**

- After all, I am the “*social*” worker...
- I just started talking to people and facilitating conversation
- I was making friends first!
  - This led to better sharing of patient information and enhanced patient care



# Transitions

- **Facilitating Socialization**

- *Creating relationships that lead to practice wide friendly socialization was and is the most important, crucial first and ongoing step to working closely together as an integrated care team.*



*My 1<sup>st</sup> integrated care success story*





# Transitions

- Understanding & Respect

- Learning the different medical and health care degrees/licenses
- Learning the different roles and responsibilities of the differing medical and health care workers
- Educating coworkers about differing counseling degrees, licenses, roles, responsibilities



# Transitions

## Health Care & Counseling Degrees/Licenses

- MD
- DO
- Psychiatrist
- NP/APRN
- PA
- CNL
- BSN
- RN
- LPN
- LNA
- MA
- RD
- Psychologist
- LICSW
- MSW
- BSW
- MLADC
- LADC
- CRSW
- LCMHC
- LMFT
- OT
- BHOT
- PT
- Case Worker

# Transitions

- Understanding & Respect

- Opened the door to more patient case discussions
- PCPs Started to ask questions related to their patient's mental health
- PCPs started to refer patients for counseling services
- Reframed views: counselors now respected as clinical providers



*The benzodiazepine  
policy & referrals for  
anxiety and panic*



# Transitions

- Building Trust & Rapport

- Health Care Terminology
- Basic understanding of diseases that effect mental illness and associated medications
- Basic understanding of psychotropic medications



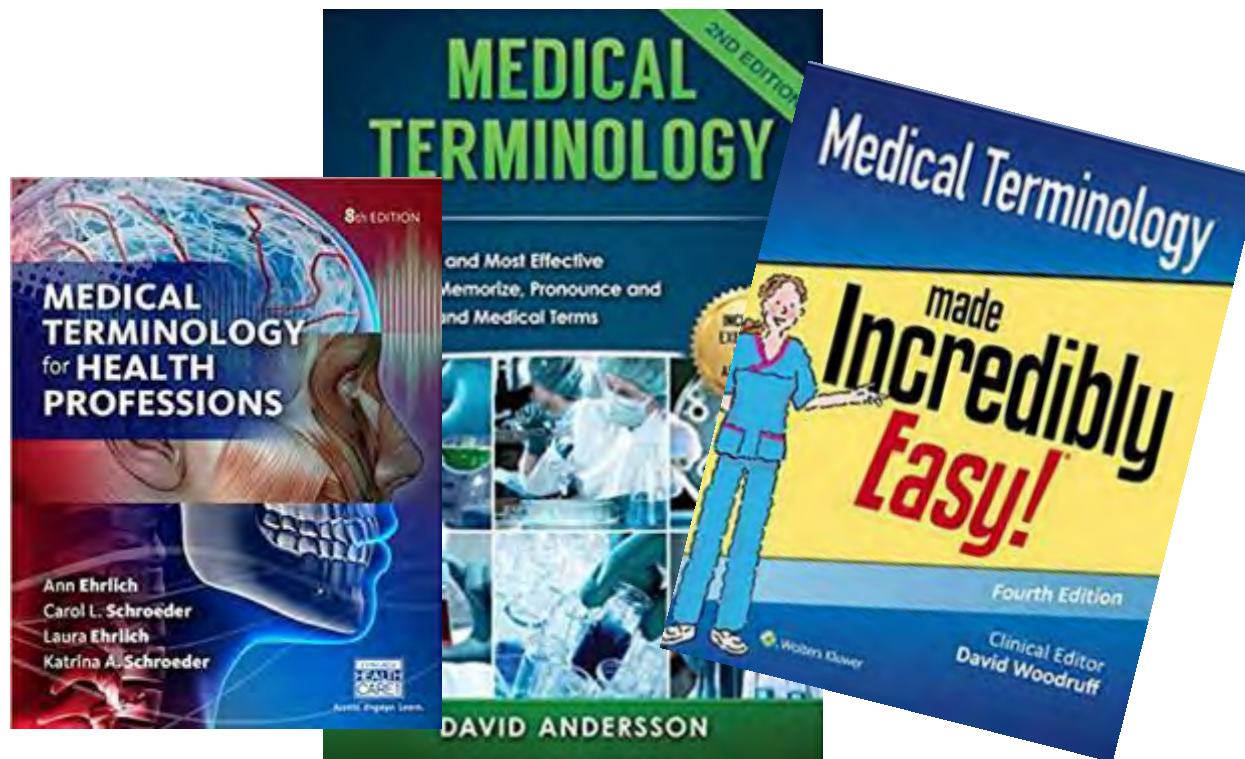
*As the medical providers became more educated about what I did; I needed to become more comfortable with what they did...*



# Transitions

*Building Mutual Trust & Professional Rapport*

## Basic Overview Health Care Terminology



# Transitions

*Building Mutual Trust & Professional Rapport*

## Basic Overview of Health Care Terminology

- **A1c**
  - Diabetes Test
  - Hemoglobin Test to tests three-month average of plasma glucose concentration
- **Lipids**
  - Fatty acyls
  - Triglycerides
  - Lipoproteins HDL/LDL
- **TSH**
  - Thyroid-stimulating hormone
  - Check functioning of thyroid
- **CMP**
  - Comprehensive Metabolic Panel
  - A snapshot of body chemistry and functioning
  - Liver, Kidneys, Electrolytes, Blood Protein
- **CBC**
  - Complete Blood Count
  - Tests for various medical issues associated with blood cells and platelets
- **PCP**
  - Primary Care Provider
- **NSAIDS**
  - Anti-inflammatory (ibuprofen)
- **HPI**
  - History of Presenting issue
- **ROS**
  - Review of Systems
- **CC**
  - Chief Complaint
- **DOB**
- **DX**
  - Diagnosis
- **HX**
  - History
- **PE**
  - Psychical exam
- **RX**
  - Prescription
- **Vitals**
  - BP; O2Sat; Temp; HR
- **MAT**
  - Medicated Assisted Treatment
- **BH**
  - Behavioral health

# Transitions

*Building Mutual Trust & Professional Rapport*

## Medical Conditions that can Mimic/Cause Anxiety or Depression

- **Thyroid Issues**
  - Can mimic anxiety or depression
  - TX: Levothyroxine
- **Estrogen levels in women**
  - Can mimic anxiety disorder
  - TX: Hormone Therapy
- **Streptococcal**
  - Can cause tics and OCD like symptoms
  - TX: Antibiotics
- **Respiratory Conditions**
  - Can mimic anxiety or panic
  - TX: Multiple TX depending on condition
- **Tumors**
  - Can cause depression or anxiety
  - TX: Chemotherapy; Surgery
- **Diabetes**
  - Can mimic anxiety or depression
  - TX: DPP-4 inhibitors; Insulin; sulfonylureas; Non-sulfonylureas; SGLT-2 inhibitors
- **Vitamin B12 Deficiency**
  - Can cause anxiety and panic symptoms
  - TX: B12
- **Stroke**
  - Can cause depressive and anxious symptoms
  - TX: Multiple TX depending on condition

# Transitions

*Building Mutual Trust & Professional Rapport*

## Medical Conditions that can Mimic/Cause Anxiety or Depression

- **TBI**
  - May cause anxiety or depression symptoms
  - TX: anti-inflammatories; diuretics; anti-seizure
- **Wilson's Disease**
  - Can mimic schizophrenia or anxiety
  - TX: agents to help release copper
- **Cushing's Syndrome**
  - Can mimic depression
  - TX: ketoconazole, mitotane, metyrapone
- **Addison's Disease**
  - Mimics Major Depression
  - TX: Hormone/Steroids
- **Huntington's Disease**
  - Can mimic major depression and anxiety
  - TX: Tetrabenazine; Antipsychotic; Chorea suppression drugs
- **Parkinson's Disease**
  - Can cause depression
  - TX: Levodopa; Carbidopa
- **Lyme Disease**
  - Depression symptoms
  - TX: Antibiotics
- **Neurosyphilis**
  - Can cause depression
  - TX: Antibiotics



# Transitions

- Building Trust & Rapport



*Deeper knowledge  
base leads to better  
patient care*

- Jaundice
- Stroke
- Lyme
- Thyroid



# Transitions

- Building Trust & Professional Rapport

## Psychotropic Basics

- Depression Medications
- Anxiety Medications
- ADHD Medication
- Mood Stabilizers
- Antipsychotics
- Addiction Medications



# Transitions

- Building Trust & Professional Rapport

Psychotropic Basics:  
Antidepressants

- Cyclics
- MAOIs
- SSRIs
- SNRIs
- Atypicals



# Transitions

*Building Mutual Trust & Professional Rapport*

## Cyclic Antidepressants

- ◆ Amitriptyline
- ◆ Amoxapine
- ◆ Clomipramine
- ◆ Desipramine
- ◆ Doxepin
- ◆ Imipramine
- ◆ Maprotiline
- ◆ Nortriptyline
- ◆ Protriptyline
- ◆ Trimipramine

*These have mostly been replaced by newer medications like SSRI, SNRI, Atypicals, although some are still in use.*

## Indications & Side Effects

- ◆ Depression
- ◆ Nerve Pain
- ◆ Anxiety
- ◆ OCD

### **Side Effects May Include:**

Constipation; Dizziness; Tachycardia; Delirium; Urine Retention; Impaired Memory; Seizures; Sweating; Irregular Heartbeat; Dry Mouth; Headache; Insomnia; Drowsiness; Sexual Dysfunction; Weight Gain or Loss; Tremors; Drop in BP when standing up.

- Increased Risk of SI; Cyclic Overdosing

# Transitions

*Building Mutual Trust & Professional Rapport*

## Monoamine Oxidase Inhibitors      Indications & Side Effects

- ◆ MAOIs
  - ◆ Phenzelzine (Nardil)
  - ◆ Selegiline (Emsam)
  - ◆ Tranylcypramine (Parnate)
  - ◆ Isocarboxazid (Marplan)

*Monoamine Oxidase Inhibitors have mostly been replaced by newer medications like SSRI, SNRI, Atypicals due to drug and food interactions & multiple side effects*

- ◆ Depression
- ◆ Anxiety
- ◆ Panic Disorder
- ◆ Social Phobia

### **Side Effects May Include:**

Weakness; Fainting; Mood Changes; Confusion; Agitation; Muscle Stiffness; Dry Mouth; Headache; Insomnia; GI Pain; Nausea; Drowsiness; Sexual Dysfunction; Loss of Appetite; Weight Gain; Tremors; Blurred Vision; Eye Swelling; Shivering; High Blood Pressure; Irregular Heartbeat; Fever; Twitching; Hallucinations; Light Sensitivity; Rash; Itchiness

\* Increased risk of SI; Risk of OD

# Transitions

*Building Mutual Trust & Professional Rapport*

## SSRIs

- ◆ Citalopram (Celexa)
- ◆ Escitalopram (Lexapro)
- ◆ Fluoxetine (Prozac)
- ◆ Paroxetine (Paxil)
- ◆ Sertraline (Zoloft)
- ◆ Vilazodone (Viibryd)

## Indications & Side Effects

- ◆ Depression (MDD; Dysthymia)
- ◆ Anxiety (GAD; Social Anxiety)
- ◆ Panic Disorder
- ◆ OCD
- ◆ PTSD
- ◆ Eating Disorders
- ◆ Premenstrual Dysphoric Disorder

### **Side Effects May Include:**

Agitation; Restlessness; Nausea; Dry Mouth; Headache; Insomnia; Drowsiness; Sexual Dysfunction; Loss of Appetite

\* Increased risk of SI; Risk of hypomania/mania if suffering with Bipolar

# Transitions

*Building Mutual Trust & Professional Rapport*

## SNRI

- ◆ Desvenlafaxine (Pristique)
- ◆ Duloxetine (Cymbalta)
- ◆ Venlafaxine (Effexor)

## Indications & Side Effects

- ◆ Depression (MDD; Dysthymia)
- ◆ Anxiety Disorders (GAD; Social Anxiety)
- ◆ Panic Disorder
- ◆ OCD
- ◆ Chronic Pain
  - ◆ (Nerve Pain; Fibro; Musculoskeletal)
- ◆ Menopausal Syndrome

### Side Effects May Include:

Nausea; Dry Mouth; Headache; Sweating; Elevated BP; Insomnia; Tiredness; Constipation; Decreased Sexual Functioning; Loss of Appetite; Restlessness

\* Increased Risk of SI; Panic Attacks; Hallucinations;  
Risk of hypomania/mania if suffering with Bipolar

# Transitions

*Building Mutual Trust & Professional Rapport*

## Atypicals

- ◆ Bupropion (Wellbutrin)
  - ◆ NDRI (norepinephrine/dopamine)
- ◆ Mirtazapine (Remeron)
  - ◆ Alpha 2 Antagonist; NaSSA (noradrenaline / specific serotonergic agent; Dual serotonin/norepinephrine agent)
- ◆ Trazadone (Desyrel)
  - ◆ SARI (Serotonin 2 antagonist/ reuptake inhibitor)
- ◆ Vortioxetine (Trintellix)
  - ◆ Bimodal SSRI, & mixed agonist and antagonist directly on serotonin (5-HT) receptors

## Indications & Side Effects

- ◆ Depression (MDD; Dysthymia)
- ◆ Anxiety Disorders
  - ◆ (GAD; Social Anxiety)
- ◆ Panic Disorder
- ◆ Insomnia

### Side Effects May Include:

Nausea; Dry Mouth; Headache; Sweating;  
Disorientation; Confusion; Tiredness; Hair loss;  
Restlessness; Decreased Sexual Functioning;  
Tremors; Loss of Appetite; Blurred vision

\* Increased Risk of SI



# Transitions

- Building Trust & Professional Rapport

Psychotropic Basics

- Antianxiety Medication



# Transitions

*Building Mutual Trust & Professional Rapport*

## Benzodiazepines

- ◆ Alprazolam (Xanax)
- ◆ Clonazepam (Klonopin)
- ◆ Diazepam (Valium)
- ◆ Lorazepam (Ativan)

There is a long list of Benzodiazepines. These are some of the most common.

## Indications & Side Effects

- ◆ Anxiety Disorders
- ◆ Panic Disorder
- ◆ Insomnia
- ◆ Alcohol Withdrawal
- ◆ Seizures
- ◆ Muscle Relaxant

### Side Effects May Include:

Drowsiness; Anterograde Amnesia; Slower Thinking; Hypotension; Apnea; Slowing Heart Rate; Blurred/Double Vision; Respiratory Depression; Cardiac Arrhythmias

- \* Risk of Dependence, Tolerance, Withdrawal
- \* Risk of Abuse

# Transitions

*Building Mutual Trust & Professional Rapport*

## Antianxiety

- Buspirone
  - Anxiolytic
  - Serotonin 1A partial agonist; serotonin stabilizer.

## Indications & Side Effects

- Anxiety Disorders
- Depression

Side Effects May Include:

Dizziness; Headache; Nervousness; Insomnia;  
Upset Stomach; Nausea

# Transitions

*Building Mutual Trust & Professional Rapport*

## Antianxiety

- ◆ Hydroxyzine
  - ◆ Antihistamine

Not addictive\*

## Indications & Side Effects

- ◆ Allergic Reactions
- ◆ Insomnia
  - ◆ (Helps you feel sleepy/relaxed)
- ◆ Anxiety
  - ◆ (Helps you feel sleepy/relaxed)

Side Effects May Include:

Dizziness; Drowsiness; Blurred Vision;  
Constipation; Dry Mouth

# Transitions

- Building Trust & Professional Rapport

Psychotropic Basics

- ADHD



# Transitions

*Building Mutual Trust & Professional Rapport*

## Stimulants

- ◆ Methylphenidate (Ritalin, Concerta)
- ◆ Amphetamine (Adderall)
- ◆ Lisdexamfetamine (Vyvase)
- ◆ Dextroamphetamine (Dexedrine)
- ◆ Dexmethylphenidate (Focalin)

## Indications & Side Effects

- ◆ ADHD
  - ◆ Hyperactivity
  - ◆ Impulse Control
  - ◆ Inattentiveness
  - ◆ Problems w/ Concentration

### Side Effects May Include:

Dizziness, lightheadedness, drowsiness, tiredness, stuffy nose, dry mouth, constipation, diarrhea, fever, nausea, headache, stomach pain, loss of appetite, weight loss, insomnia

\* Risk of Dependence, Tolerance, Withdrawal

\* Risk of Abuse

# Transitions

*Building Mutual Trust & Professional Rapport*

## Non Stimulants

- ◆ Atomoxetine (Strattera)

## Indications & Side Effects

- ◆ ADHD
  - ◆ Hyperactivity
  - ◆ Impulse Control
  - ◆ Inattentiveness
  - ◆ Problems w/  
Concentration

### Side Effects May Include:

Dizziness, lightheadedness, drowsiness, tiredness, stuffy nose, dry mouth, or constipation, nausea, headache, stomach pain, loss of appetite, weight loss, insomnia, menstrual cramps, irregular menstruation

# Transitions

*Building Mutual Trust & Professional Rapport*

## Non Stimulants

- ◆ Guanfacine (Intuniv)
- ◆ Clonidine (Kapvay)

## Indications & Side Effects

- ◆ BP Medications
  - ◆ Lowers BP
- ◆ ADHD
  - ◆ Hyperactivity
  - ◆ Impulsivity
  - ◆ Distractibility

### Side Effects May Include:

Dizziness, lightheadedness, drowsiness, tiredness, stuffy nose, dry mouth, or constipation, nausea, headache, stomach pain



# Transitions

- Building Trust & Professional Rapport

Psychotropic Basics

- Mood Stabilizers
- Antipsychotics



# Transitions

*Building Mutual Trust & Professional Rapport*

## Mood Stabilizers

- ◆ Carbamazepine (Tegretol)
- ◆ Lamotrigine (Lamictal)
- ◆ Valproate (Depakote)

\* *anticonvulsives, anti-epileptics*

## Indications & Side Effects

- ◆ Manic Moods
- ◆ Seizures
- ◆ Headaches

Side Effects May Include:

Dizziness, tiredness, constipation, vomiting, nausea, upset stomach, dry mouth

# Transitions

*Building Mutual Trust & Professional Rapport*

## Mood Stabilizers

- ◆ Lithium

*Anti-manic agent*

## Indications & Side Effects

- ◆ Bipolar Mania/Hypomania
- ◆ Major Depression
- ◆ Schizophrenia
- ◆ Impulsivity & Aggression

Side Effects May Include:

Fatigue, diarrhea, nausea, dizziness, muscle weakness, euphoria, increased urination, persistent thirst, tremor, acne, rash

# Transitions

*Building Mutual Trust & Professional Rapport*

## Antipsychotics

- ◆ Aripiprazole (Abilify)
- ◆ Asenapine (Saphris)
- ◆ Clozapine (Clozaril)
- ◆ Olanzapine (Zyprexa)
- ◆ Quetiapine (Seroquel)
- ◆ Risperidone (Risperdal)
- ◆ Ziprasidone (Geodon)

## Indications & Side Effects

- ◆ Bipolar Disorders
- ◆ Schizophrenia
- ◆ Schizoaffective Disorder

### Side Effects May Include:

Dizziness, lightheadedness, drowsiness, tiredness, dry mouth, constipation, nausea, vomiting, weight gain, weakness, confusion, flat affect, tardive dyskinesia, elevated blood sugars, fever, muscle stiffness, irregular heartbeat, darkened urine

# Transitions

- Building Trust & Professional Rapport

Psychotropic Basics

- Addiction Meds



# Transitions

*Building Mutual Trust & Professional Rapport*

## Addiction Medications

- ◆ Naloxone (Narcan)

Opioid Agonist that binds to Mu receptors and can reverse the effects of opioid overdose.

## Indications & Side Effects

- ◆ Opioid Overdose

Side Effects May Include:  
Allergic reaction; Chest pain; Seizures

May induce withdrawal symptoms: sweating, nausea, vomiting, elevated heart rate, BP changes, tremors

# Transitions

*Building Mutual Trust & Professional Rapport*

## Addiction Medications

- ◆ Naltrexone (Vivাত্রol)
  - ◆ Opioid Antagonist
  - ◆ Prevents effects & decreases desires
- ◆ Buprenorphine (Subutex)
  - ◆ Opioid Agonist-Antagonist
  - ◆ Prevents withdrawal symptoms
- ◆ Suboxone
  - ◆ (Naloxone & Buprenorphine)
  - ◆ Prevents withdrawal & effects & decreases desires

## Indications & Side Effects

- ◆ Opioid Dependence
- ◆ Alcohol Dependence
- ◆ Pain Management

### Side Effects May Include:

Dizziness, lightheadedness, anxiety, restlessness, drowsiness, tiredness, constipation, nausea, headache, stomach cramps, insomnia

\*May induce mild opioid withdrawal.

\*\*Risk of Dependence, Tolerance, Withdrawal

# Transitions

*Building Mutual Trust & Professional Rapport*

## Addiction Medications

- ◆ Methadone
  - ◆ Opioid

*Reduces withdrawal symptoms and treats pain w/o narcotic effects of a high*

## Indications & Side Effects

- ◆ Chronic Pain
- ◆ Opioid Dependence

### Side Effects May Include:

Nausea, constipation, vomiting, rash, itching, anxiety, restlessness, lightheaded, sexual problems, labored breathing

\* Risk of Dependence, Tolerance, Withdrawal

\*\* Risk of OD



# Transitions

*Building Mutual Trust & Professional Rapport*

## Addiction Medications

- ◆ Disulfiram (Antabuse)
  - ◆ Alcohol Antagonist
  - ◆ Blocks the processing of alcohol in the body

## Indications & Side Effects

- ◆ Alcohol Dependence

### Side Effects May Include:

Dizziness, tiredness, acne, headache, metallic taste in mouth, impotence, vision issues, issues with liver, hepatitis

**\*\* DO NOT TAKE WITH ALCOHOL:** Can produce serious side effects including: respiratory difficulty, vomiting, sweating, heart palpitations, cardiovascular collapse, heart attack, convulsions, unconsciousness, death.

# Transitions

*Building Mutual Trust & Professional Rapport*

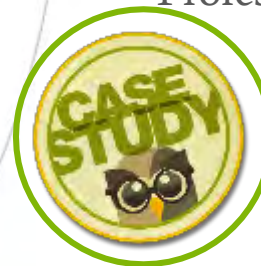
## Test Your Knowledge

- ◆ *The treating PCP is an APRN, but she needs to consult the DO about any contraindications between the DPP-4 inhibitor, the SSRI, the Levothyroxine, and the naltrexone. The patient is slightly agitated and started taking Fluoxetine five days ago. The MA needs to check Lipids and A1-C, then the patient needs to meet with the BHOT to go over the functional plan and review any recent behavioral activations of pain. Patient has her MAT visit next week with the MD and follow-up one week after with the PA. Remember to put in the schedule for the LPN to do vitals.*

# Transitions

- Break Down Silos

- Become the Champ ✓
- Facilitate Socialization ✓
- Build Understanding & Respect ✓
- Build Trust & Professional Rapport ✓



*Janus*



# Janus

**DX: AUD; Bipolar I**

37-year-old Caucasian female presented to HF Primary Care Provider for a hospital follow-up after emergency department visit for acute intoxication and alcohol poisoning.

Emergency treatment included stabilization and detoxification.



CASE  
STUDY



# Progression

- Integrative Care Teams

- Office Proximity
- Open Door Policy
- Multi-Disciplinary Team Meetings
- Acute Multi-Provider Patient Care
- Warm Patient Handoffs
  - Scheduled & Unscheduled
- Collaborative Patient Scheduling



# CASE STUDY



## Successes

- **Mac**
  - Co-occurring AUD & Anxiety
  - Vivatrol; Zoloft; Counseling
- **Dominic**
  - Co-occurring OUD, CUD & Depression
  - Suboxone; Counseling
- **Jim**
  - Co-occurring OUD, AUD, SUD & ADHD
  - Vivatrol; Counseling



On a daily bases....

# Progression

- **Integrated Agency**

- Integration extends beyond PCP and BH Providers
- All departments; All personnel
  - Cross department, cross discipline team meetings.
  - All agency staff meetings
  - Staff representation from each department at management and operations meetings
  - Agency wide open door policy: all departments; all staff



# Progression





# Progression

- **Cultural Indoctrination**

- Clear expectations about integrative, collaborative care in employment listings and during pre-hire interviews
- Integrative team meetings with new hires prior to offering a position
- Communicate a clear vision of integration to new hires as part of on-boarding process
- Establish new hire excitement and buy-in right from the start
- Indoctrinate new hires in integrative, collaborative modality from day one



# Progression

- Cultural Indoctrination

Cultural Indoctrination goes beyond just the agency...

- Adopt an integrative, collaborative mindset when connecting with outside agencies, personnel and providers.
- Openly discuss the integrated framework when outside agency
- Education of interns/students



# Progression

- Future Directions

What we are doing

- HRSA BHWET Grant
  - MSWs & CMHCs
  - OT
  - PSYCH-NP
  - Potential: RN; PT
- Multidisciplinary Agency
  - Hiring Diverse Disciplines
  - Consultants & Outside Experts
  - Integrative Programs
- Community Meetings
- Community Education
- Agency to Agency Open Door





# Progression

- Collaborative Peer Meeting

- WHO IS WELCOME

- Clinicians: BH, Medical; SU
- Key Agency Staff
- Educational Institutions & Professors
- Students & Interns

- WHERE

- HealthFrist Family Care Center
- 22 Strafford St, Laconia, NH

- WHEN

- Thursday
- February 21, 2019
- 9AM – Noon



Counts for LICSW, LADC, MLADC Peer Collaboration hours. Coffee & Snakes will be available



# Progression

- Reframing Integration

*Integration is an Eco-Systematic, Holonic Framework of Reciprocity between Multidisciplinary Professionals, Agencies, Institutions, and Community.*

*Integration is not something to be done; it is a way of being! It is not a task; it is the culture and mode of operations of all departments and every person in an agency, and it extends beyond...*



# Progression

- Discussion



Thank You For Your Participation

# Facilitated Integrated Care Success with Co-Occurring Disorders

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