

# Stronger Together

## Session 1

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No matter how brilliant your mind or strategy, if you're playing a solo game, you'll always lose out to a team.

*- Reid Hoffman*





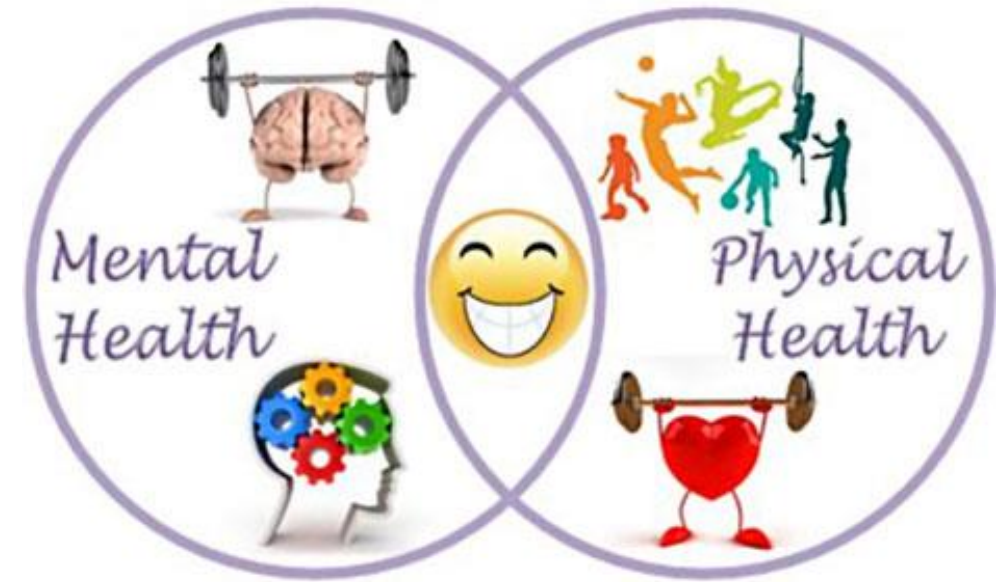
# Agenda

- *Four Part Training About the Importance of the entire Primary Care Team (and community partners) for successful Integration.*
- A brief overview of the PCBH Model
- Some data – the MH crisis
- Patient Support Staff
- Paraprofessionals

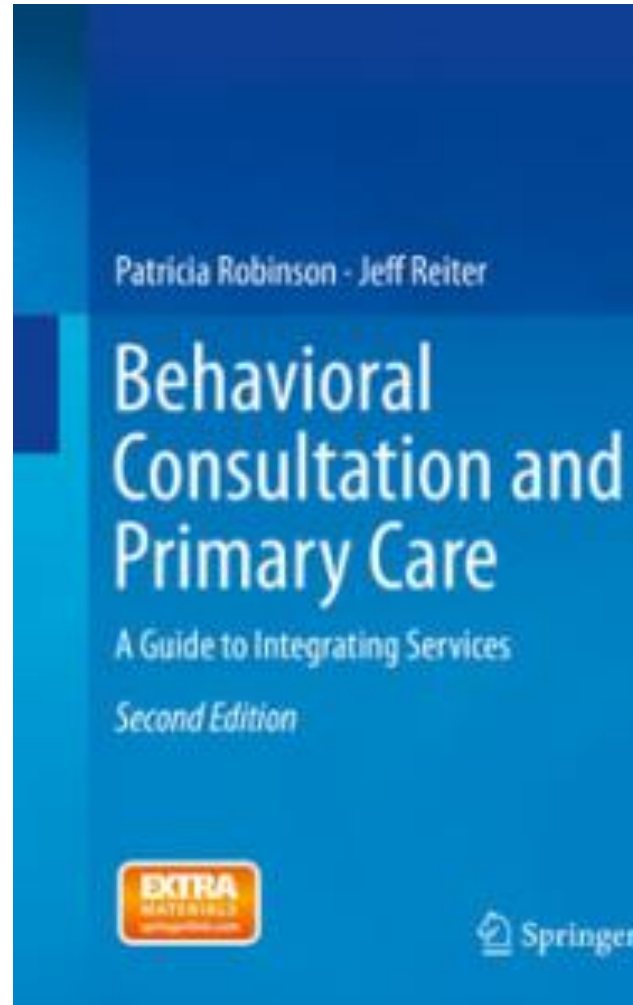


# Why Integration to Primary Care?

- ❑ It's care over a person's lifetime.
- ❑ It's preventative.
- ❑ It's destigmatizing.
- ❑ It's mission-driven in creating access and addressing barriers.
- ❑ It's LOGICAL.



# The Blue Book



# One-Stop Shop

- ❑ Where do you go when you don't feel well?
- ❑ Mental Health symptoms are often felt in your body.
- ❑ *This is the right place.*





# The Warm Hand Off



- ❑ Meeting a patient need in real time
- ❑ WHO takes the priority
  - ❑ PLEASE INTERRUPT!
- ❑ Anyone could receive a WHO
  - ❑ Behavioral Health
  - ❑ Primary Care
  - ❑ Care Management/ACA
- ❑ Not just a “meet and greet”
  - ❑ You may never see this person again

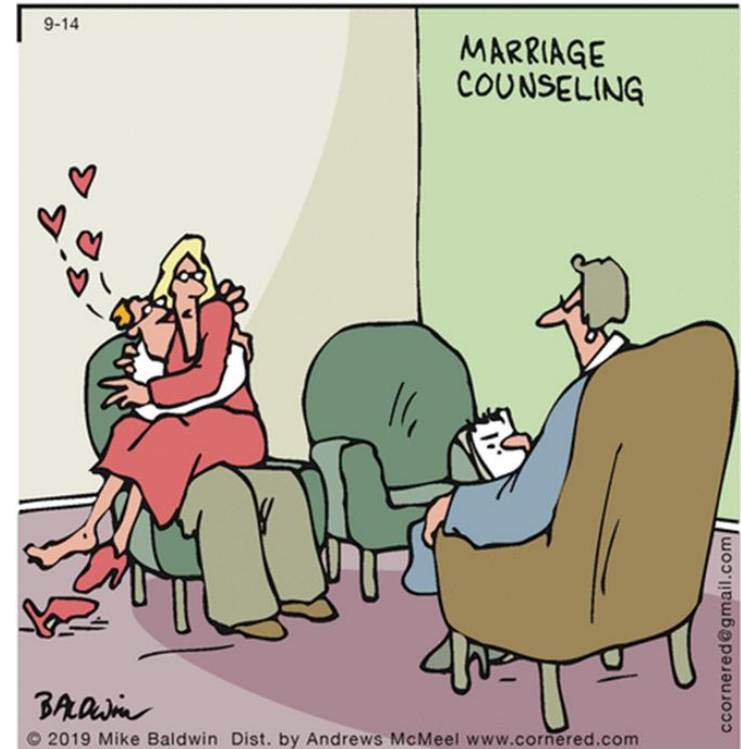


# One at a Time

- ❑ The mindset of how we deliver our interventions/therapy modality
- ❑ Each session is complete in and of itself
- ❑ Patients come back when it makes sense for them to return
- ❑ This is a Primary Care Mindset!
  - ❑ Address what needs to be addressed
  - ❑ Then ask – do we need to follow up again?
- ❑ We can do meaningful work for this moment – this could be a radical, ripple effect for the patient.

## Cornered

by Mike Baldwin



“He’s been like this ever since we got your bill.”

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# JEDI

## ❑ Justice, Equity, Diversity, Inclusion

- ❑ To practice this – everyone needs individualized treatment
- ❑ What does the patient need
- ❑ When we say you need \_\_\_ sessions for 50 minutes, are we robbing them of their agency?

## ❑ Patients come to us for our expertise, but they are the experts on themselves

- ❑ It empowers patients to manage their behavioral health needs
- ❑ Instills hope

## ❑ Highlight this in your elevator speech

- ❑ “Some people get what they need in one visit. Some people decide to come back for follow up to learn more skills.”



# GATHER: Non-Negotiables

- ❑ **Generalist:** “Can do” attitude. Treating any patient regardless of severity or diagnosis...
- ❑ **Accessible:** Warm Hand Offs, Same Day Appointments. “Please Interrupt!”
- ❑ **Team-Based:** Participate in meetings – the patient is the responsibility of the entire team.
- ❑ **High Production:** Many, short visits per day.
- ❑ **Education:** For both team-members and the patient.
- ❑ **Routine:** Normalize and de-stigmatize BH care as a part of your physical healthcare.



# The Crisis (HRSA)

- In 2022, about 59 million U.S. adults (23% of all U.S. adults) had a mental illness.
  - Nearly half of them did not receive treatment.
- 6 in 10 psychologists do not accept new patients.
- The national average wait time for BH services is 48 days.
- In 2021, 60% of female high school students reported persistent feelings of sadness or hopelessness and nearly 25% reported having made a suicide plan.
- Treatment rate for major depressive episodes among adolescents increased from 41% in 2021 to 57% in 2022.
- The rate for adults that have received treatment for depressive episodes was 62% in 2021.



# Workforce Shortage (HRSA)

**Table 3. Percentage of U.S. Rural and Urban Counties Without Behavioral Health Providers, 2021**

Profession	Rural Counties	Urban Counties
Psychiatric mental health nurse practitioner	69%	31%
Psychologist	45%	16%
Social worker	22%	5%
Counselor	18%	5%

Source: Data Briefs by WWAMI Rural Health Research Center at the University of Washington.



# People vs. Cows...

- ❑ Montana has a total of 56 counties.
- ❑ Thirty-four of those counties are considered rural.
- ❑ Forty-six of those counties have 6 or fewer people per square mile, so they are designated as "frontier".
- ❑ In 2019, there were 2 cows to every 1 person in Montana







# Roles of the Team

- ❖ Everyone on staff in the clinic has a purpose and role in providing quality patient care and experience
- ❖ No role is small
- ❖ Everyone needs to be “bought in” to the mission and values of your clinic



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# Patient Access/Support



- ❑ Could be staff on the phones, scheduling appointments, or checking patients in for appointments
- ❑ Sets the stage for the appointment
- ❑ Gives patient necessary screeners and succinctly, efficiently describes them if asked
- ❑ How a patient is greeted
- ❑ How their privacy is respected
- ❑ Being looked in the eye and smiled at
- ❑ Seen and respected





# Sets the Stage

- ❖ If check in goes poorly...
  - ❖ The patient comes to therapy/medical frazzled and irritable
  - ❖ They may forget what we are working on and instead be frustrated by their experience
  - ❖ They may not return for care
- ❖ When check in goes well...
  - ❖ Patient enters session feeling seen and respected
  - ❖ They are easier to engage quickly
  - ❖ They feel safe and cared for in the clinic



# The Front Lines

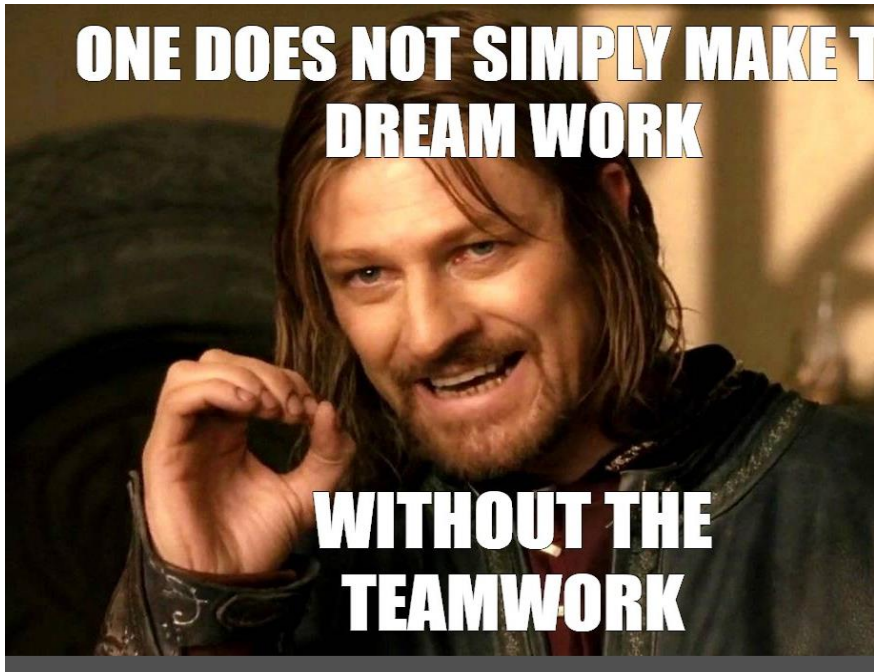
## Accessibility

- ❑ Patient support are often the first touch a patient has with the clinic
  - ❑ Walk Ins; Cold calls
- ❑ They de-escalate patients all day about a variety of topics
  - ❑ Billing questions; struggles to get scheduled; crisis calls
- ❑ They manage multiple schedules and personalities...
  - ❑ How possessive are we of our schedules?
- ❑ They are expected to triage constantly sometimes with little guidance or support





# Strong Patient Support = Strong BH



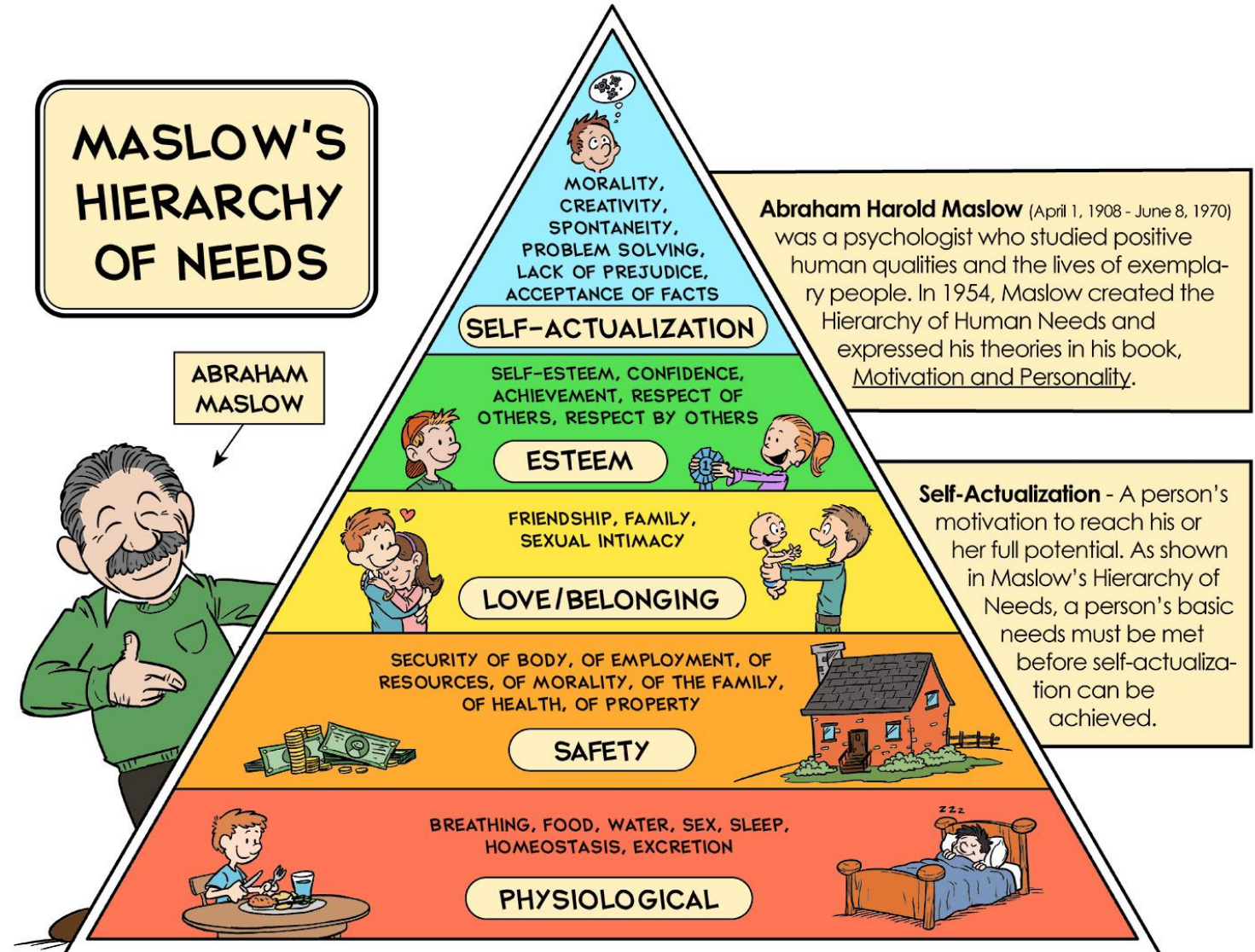
## ■ GATHER

- Generalist – What if they have a SUD and I’m not an LAC?
- Education – How can you help your patient support team with de-escalation? Is there a tip or a script you can provide to support the staff?
- Within HIPAA and scope of practice, how can you support the team as they support your patients?
- Access – Do you see your patients – even if they are late? But what if they missed 5 appointments? Or 2?
- But what if I already saw 10 people today?
- **ROLE MODEL** the principles of Integration



# Social Determinants of Health

- ❑ Team-Mates that complete SDH Screeners
- ❑ Paraprofessionals such as Care/Case Managers, Community Health Workers, Peer Supporters, Navigators, etc
- ❑ We often say we need more therapists – but what we mean is we need CASE MANAGERS and RESOURCES



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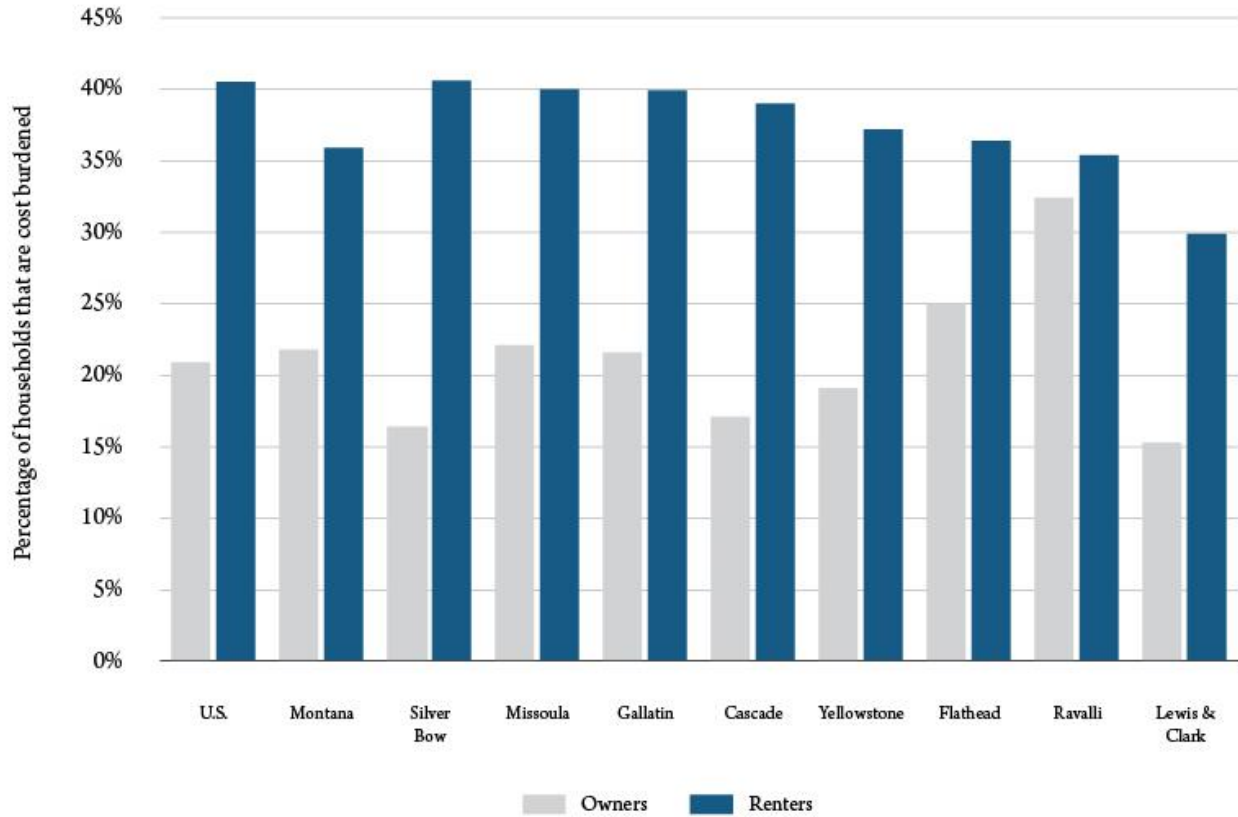


# Connecting You to Health Insurance



Medicaid Unwinding...

[Cover Montana – Connecting you to health insurance coverage \(covermt.org\)](https://covermt.org)



## Montana's Unaffordable Housing Crisis | Montana Business Quarterly



# Leverage



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- ❑ Peer Supporters have been shown to have a positive effect in reducing stigma related to BH, increasing awareness of BH, improving treatment engagement, and allowing licensed behavioral health providers to focus on more complex behavioral health needs.
- ❑ Community health workers have been shown to be effective in using their community ties to improve health outcomes, reduce the cost of care, and address social determinants of health.





# Scope...

- ❑ Varies by training, area, needs, supervision, support etc
- ❑ Motivational Interviewing
- ❑ Behavioral Activation
- ❑ Social Determinants of Health – Resourcing
- ❑ Phone Call Follow Ups/Support; Home Visits
- ❑ Screeners
- ❑ CSSRS; Caring Cards
- ❑ Chart Scrubbing
- ❑ Paperwork
- ❑ Triaging – Listening – Supporting – Caring – NORMALIZING

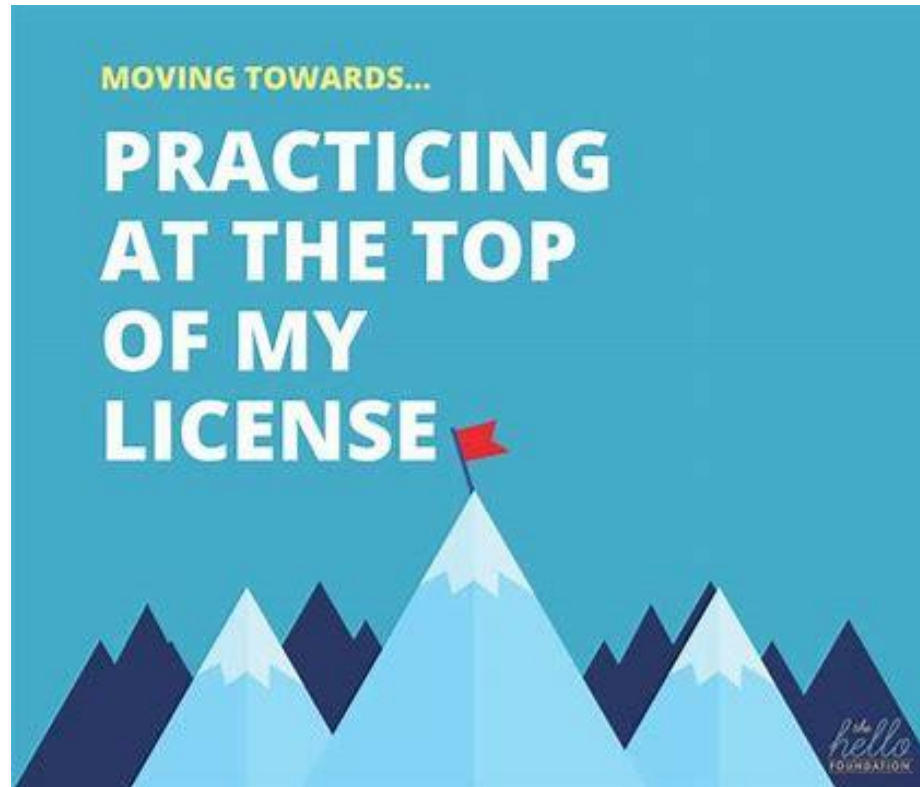


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# Clinical Support



- Frequent touches by the clinic
  - PC Appointment; Warm Hand Off; BH Appointment; Phone Call
  - Care Managers allow for work at the top of your license – High Production; Rapid Results
- Team-Work – Follow up regarding goals and needs – Calling when patient misses appointment



# Role Model Trust!

- ❑ Entry Level Work as a Social Worker often includes the HARDEST WORK
  - ❑ Sometimes we forget this...
  - ❑ How can we support Paraprofessionals as they support US as part of the Integrated Team?
- ❑ The medical model may not realize how HARD we all worked in MH to get to a place of licensure; and how HARD our paraprofessionals are working now...
  - ❑ AND how CAPABLE they are!



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# GATHER

- Everyone in the clinic matters to quality patient care.
- We are all a part of the Integrated Team – Not just the BH Providers.
- Workforce shortage means we may need to be creative to meet patient needs.
- Role Model the mission and vision – EDUCATE!



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Suggestions?  
Comments?  
Questions?





# Resources

[Integrating Behavioral Health Into Primary Care | AAFP](#)

[What is Integrated Care? - Collaborative Family Healthcare Association \(cfha.net\)](#)

[Quick Facts and Statistics About Mental Health | Mental Health America \(mhanational.org\)](#)

[2024 Issue Brief: The Role of Primary Care in Behavioral Health - Montana Healthcare Foundation \(mthcf.org\)](#)

[Behavioral Health Workforce 2023 Brief \(hrsa.gov\)](#)

[People vs. Cows - Prairie Populist](#)

[FREE Training for Individuals and Systems - The Columbia Lighthouse Project](#)

[Montana's Unaffordable Housing Crisis | Montana Business Quarterly](#)

