Hello, everyone, this is Melody Riefer with Recovery to Practice Initiatives brought to you by SAMHSA, with support from Advocates for Human Potential. We are really glad that you are here today.

Before we get started, let me go through a couple of technical bits of information so that you'll be comfortable during the webinar. First of all, it's probably helpful to know that the views, opinions, and content expressed in this representation don't necessarily reflect the views, opinions, and policies of the Center for Mental Health Services or the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services. Our presenters are experts and will be able to speak to you from both their work and personal experience.

Some tips for the webinar room…I know that you're looking at a couple of different pods, and I wanted to explain to you what you can do with those. There is a "Topics and Technical Questions" pod, and that's where we would like for you to pose any questions that you have for the presenters or for the technical team. If you need support, if you can't hear this…although that was silly to say…if you're experiencing some bad sound, just let our tech people know; and they will work with you to improve it. If you can't see the slides move, just let our tech team know; and they'll be able to help you as well. Remember, questions for the presenters go in that same box…so tech and topic questions, just type them in and we will refer to those during the Q&A section of the webinar.

The "Chat" pod, which is participant chat, is where we would love for you to check in, say hello to each other, maybe where you're from, perhaps even what your role is…if you work in the behavioral health field or if you're an advocate. Also, feel free to share ideas about this topic or other topics that you're interested in hearing about. We want to be able to meet your needs.

Speaking of that, we offer Continuing Education credits for attending this webinar. At the conclusion, you'll see a link to click in order to access either an attendance certificate or to be able to take the quiz to get the Continuing Education credit. That's a free credit, so that can really be helpful as you are working on meeting the expectations of your profession.

Now, before we get started, I want to ask you a quick question: When you think of the words "integrated care," what other words come to mind? We'd love to know what you think. What does integrated care mean? Is it a positive thing? Just in general, what are your responses?

What's going to happen is we're going to create a list populated by all the attendees; and it will give us an idea about what you're thinking, what your assumptions are as you come into the webinar, but also how broad or narrow you see those terms…"integrated care."

I see that we have some responses coming from our participants. All you have to do is click in the box that's made available for your response, type in your words, hit "Enter," and we'll be able to see your responses. You can also see what other people are writing, and perhaps that triggers a response for you.

I'm going to give it just a couple of more seconds for you to type in a word or two. You probably don't have time to put in a thesis.

Okay, thank you for your participation. We're going to move forward and get into the meat of the subject, if you will.

This webinar is actually the final for a series of four webinars, where we've taken a pretty deep look at recovery-oriented practices and integrated care settings. We know that integrated care is an important part of the direction that healthcare is going, and we want recovery-oriented practices to continue to exist in that integrated system. So that's why we're taking this time to look at the lessons. This webinar, the final of four, brings together the lessons, some resources, and some tools; and we are able to pull the body of knowledge together.

Our expert speakers today include Jerry Koch, who is a Certified Peer Specialist at Lynn Community Health Center. He is going to be able to put the face of the provider and person with personal experience in being in and working with an integrated healthcare center.

Laura Galbreath, who I think just might be the most experienced person in terms of talking about and preparing for implementing integrated healthcare and is a consultant now with a number of agencies and organizations. She'll be able to bring to this some significant knowledge and history around how integrated care has come to be and what it means for us as providers, as professionals in the behavioral health field.

So I am really glad that we have these folks to guide us through our presentation today. Welcome both of you. Thank you for your time and your talent. I'm going to turn this over to Jerry and Laura as they begin exploring this topic with us. Thank you.

Hi, thank you. It's a pleasure to be with you today. We're really excited about this conversation and look forward to hearing some of your questions when we have the Q&A and some of the things you have to share in the Chat.

Jerry and I are going to talk a little bit about his experience with integrated care. So we've got some kind of interview questions, if you would, that we thought Jerry would be great at sharing his experience with integration…both at his organization and in his role.

Jerry, I really thought we could kick this off by really looking at what do integrated services look like at a high level for individuals that are receiving services at Lynn Community Health Center?

Hi, thank you, Laura.

I'm actually very lucky to work in a place that actually has primary care and behavioral health in one building, which is not very common. But because of that, over the past couple of years we've been really pushing to have coordination between therapists and medical doctors to be able to kind of both work towards the same goal with the patients. And it works both ways. People who come in to see primary care sometimes have struggles with high blood pressure and stuff, and sometimes that's due to a lifestyle situation going on that medical doctors don't know, that they share with their therapists, and vice versa. So it's really nice to have them working together so that both and all providers know the person's goals and can help reinforce that. And it's been amazing to be able to do that completely.

That's great; so you're located in the same building, right down the hall from each other…primary care clinicians as well as your mental health team and yourself and others.

Yeah, a lot of the times, like if I'm in a meeting with a person doing some coaching and they bring up a particular issue, I can quickly send a message to…whether it be their medical doctor or their therapist. And we can actually bring them in on the meeting in the moment and kind of see what we can do to work to resolve that issue.

That's great. And given kind of your own personal experience as a certified peer support specialist, I think we're all curious…how did you bridge that connection between your mental health recovery and how it connects with your physical health and your wellness?

Well, for a long time I had really big issues with depression, PTSD…I'm bipolar, so a lot of emotional ups and downs with mood swings and things like that really prevented me from reaching out to primary care or being uncomfortable going to doctors and hospitals and things like that.

I was lucky enough to have a therapist who cared enough, on their own, to contact my primary care and kind of reach out to them *for* me. As a result, I was able to have a co-visit between my therapist and my primary care, which was a lot easier to be able to open up and be comfortable. As a result of that, I was able to get more comfortable with the PCP and get a lot of medical issues resolved that I had been

pushing off due to not being comfortable; and some of them were very serious. I had cancer issues that probably would have killed me if I hadn't made the effort to actually get that done, which wouldn't have happened if I hadn't had integrated care.

That's amazing, and I think we hear so many of those stories when we talk to providers and people that have received integrated services…of kind of once they got that connection and how they were able to address things that had been kind of sitting there untreated, unrecognized, for quite a long time.

So you've been able to make this connection, and it's really benefitted you personally. Now that you're in this role as a peer support specialist how, as a professional, are you supporting others in making that same connection for them around their recovery goals and their health and wellness?

Well, one benefit of being a peer is I can easily relate and share my past experiences. I don't have to worry about telling people what my issues were in the past and how I overcame them. So a lot of the times, I will offer to go with them to their appointments…both primary care and behavioral health…to kind of give them the motivation and moral support to stand up for themselves. And sometimes if they don't want me to go there, I'll sit down and help them fill out what we call a "shared decision-making tool."

That's where we sit down and have a meeting, and the person decides what exactly they want to address at their next meeting. And we'll fill it out from what questions do you want to ask…like why is this procedure being done, what issues you're having. All of our providers, both behavioral health as well as primary care, are familiar with this tool. So if they don't feel comfortable speaking up, we fill it out beforehand. And they hand it to their doctor when they go to their meeting, and that's going to be the focus of that meeting.

That's great because I think in a recovery-oriented system of care, we're seeing much more use of these decision aids…which are great. And now it sounds like you guys are using those not just for somebody when they're meeting with their psychiatrist or therapist, but also when they're meeting with their primary care provider around their health. So that's great that's it's being used across the board, if you would.

As you think about – I'm sorry, go ahead.

No, I was just saying I agree completely.

As you think about our audience, we've got probably a very broad audience…I'm seeing from the list clinicians, people with lived experience, administrators. What's kind of one tip or step that you would like to share with the attendees around kind of how they can support the integration of physical health and wellness as part of their recovery-oriented system of care?

Well, one thing that it's going to take is a lot of patience because nothing changes over night; sometimes it takes years before something actually changes. But one thing that I would suggest is ask a lot of questions. If you don't know what a provider's specialty is or what a medical doctor's specialty is, ask…because if you're a medical doctor and the person that you're seeing is having a mental issue or has schizophrenia or something, then there might be a behavioral health professional that is specialized in that particular treatment that you can connect them with. But if you don't ask the questions, then you're not going to know.

And it only takes one person to take the time to connect both behavioral health and primary care…to actually start that integration and kind of spread that around and encourage that. A lot of doctors, especially medical doctors, if the people don't show up to their appointments multiple times, they just stop rescheduling them. But they never care to dig, or they don't think to dig, and find out what the underlying cause is for them not showing up. They just kind of write them off.

My job as a peer and as an advocate is to dig a little deeper, ask those questions, find out what it is that's preventing them from coming and trying to get them reconnected. So for everybody to have patience and ask questions, I think, is the most important thing.

That's great. Before moving on, I just want to ask one other question; and then we're going to have a Q&A towards the end so folks will be able to ask some more questions of Jerry and his experience and his organization and what they're doing.

I'm just curious, informally one of the benefits of being together in the same building…primary care and behavioral health…is that you get to informally know each other; and you're having conversations around the water cooler or the coffee machine in the morning. Has that helped in terms of breaking down some of those barriers between all the different types of professionals working in the organization to kind of…if you're close, you can spend some time getting to know one another so that you're less fearful of asking those type of questions?

Oh, absolutely…and the team that I work on, we actually took it one farther. The entire team met up outside of work and did a paint night where we all just kind painted a portrait that we decorate one of the offices in our building and just kind of gave us time to sit around and have dinner and talk to each other and get to know each other more. And since then, I know probably very little about the medical profession because I'm more behavioral health side. But I go out to breakfast with a couple of our medical doctors on a regular basis, just to kind of check-up or check-in and just kind of say "hi" and get to know each other. That's been very beneficial in breaking things down and getting to know each other and knowing what we can go to each other with.

That's a great tip. I think it doesn't always have to be as formal as we think it is in terms of communication. Those informal communications is a valuable tool as we try to integrate these services.

Well, I'm going to dive into some slides here just to orient you to some of the things that we've seen in terms of some lessons learned and how to tackle some of the barriers and a few resources. We won't be able to go super in-depth…but touch on some things, do some follow-up, and certainly for you to be able to follow up with Recovery to Practice Team for any other assistance that you may need.

Here we talk about no wrong door to recovery. We talk a lot about meeting people where they're at in terms of their recovery, both in terms of their readiness for treatment but also where they're at…be it in an outpatient clinic, a hospital, school system…wherever we can find people to be able to support them in their recovery from mental illness and addiction.

We feel certainly the same way when we think about no wrong door to health and wellness. I do think it's somewhat of a new thing as we talk about integration. We assume that people are meeting and having a primary care doctor just because it's on an insurance card or we have it on file that there's a doctor's phone number. The second question I always advise people to ask is when is the last time the person saw that doctor.

On average, when behavioral health agencies and provider organizations survey their patients, the average is about five-plus years when they do that kind of survey. So folks that are engaged in their recovery, it's a wonderful opportunity to then engage them in their whole health…which is really all intertwined. And we're all trying to increase access because what we end up doing is when we increase access, we improve quality and ultimately outcomes. And that's what we're all about…making sure that people have a life in the community that they can lead.

So you all may have seen this slide before…some of the information, the data, around integrated care, the comorbidities between physical health and if you have a mental illness. And if you don't have a mental illness, the gap is huge in terms of the comorbidity, the complexity that adds. So you may be like, oh, well, I know this is great information that has been shared or that you have. The question I always ask is you may be aware of some of this data around the comorbidities and how people are dying prematurely because of physical health illnesses, not because of mental illness.

Do your colleagues know that information? Do community partners understand the health disparity that is occurring with people with mental illness…your Board members and I think most importantly the

individuals that are receiving services at behavioral health organizations? They may not fully grasp that there are these underlying health conditions and how it's impeding them as they try to reach their recovery goals.

[Pause]

Hi, folks. It sounds like we just lost sound. We're going to attend to that technical challenge if you would give us just one moment, and we'll see if we can get Laura back on the line.

[Pause]

For those of you who are entering that you lost sound, that's really true; you did. It's not a technical glitch on your end. It appears as though the presenter lost the connection.

She has called back in and is available and can continue.

Laura, thank you so much. We're glad to have you back.

[Pause]

Oops, except that we don't hear you. We'll give this just a second. Did you somehow get on mute? Our technical team is looking at that.

[Pause]

Okay, folks, while she's continuing, I'm going to continue with the slides. We know through a lot of research that there *is* a correlation between physical illness and mental illness…that people who have a diagnosis will also have an increase in the physical conditions that people experience. So if you look at the image on your screen there, I know it's small; but basically the takeaway is that the red lines are bigger than the blue lines.

The red lines show the occurrence rate of these physical conditions across people who have a mental illness. So people who have high blood pressure…more people with a mental illness have high blood pressure. More people with a mental illness smoke. More people with a mental illness have heart disease, diabetes, obesity, and asthma. Now, those are quite complex as to why, but the reality is they are still true.

I think that Laura might be available. So I'm going to stop talking and see if she is.

Laura?

Yes, can you hear me?

Absolutely, oh, we're glad to hear you! So I just wrapped up the complexity issue, but I didn't talk about how having both makes a more complex recovery and the need for more involvement with care providers. I think you're heading into that in terms of ethnicity as well.

Exactly, so as we think about recovery and the needs of people from diverse racial and ethnic backgrounds and minorities, you can see here that a majority of them…especially with limited English proficiency…often seek behavioral health assistance with their primary care provider. That's why making sure that we do integration bi-directionally…so be it bringing primary care into behavioral health or behavioral health into primary care settings, it's critically important. So there's a great opportunity as behavioral health providers better imbed themselves into primary care settings, hospital settings, that they're able to bring these principles of recovery to the work that they're serving, which I think will have a huge impact, especially among folks that don't traditionally access traditional behavioral health services.

I think one last thing here is that there are lots of adapting models being tested, implemented, to provide seamless coordination and quality integrated healthcare. So I think there are some great resources out there in terms of some of the practices that are being revamped, if you would, to make sure that they address diverse audiences.

So as you think about integrated care and recovery, definitely be thinking about what are some of the changes or adaptations that need to be made to your integration model so that recovery is fully embedded and appropriate for the folks that you're serving or the needs in your community.

Here is a definition that's widely used for integrated care. There are a couple of components that I think are important…especially for those of you that are very familiar with the recovery principles. When we see here the care and individual experiences are results of a team, both primary care and behavioral health clinicians working together…important to note with individuals and families…and using a systematic and cost-effective approach to provide person-centered care for a defined population.

I think audiences may not understand what some of the recovery-oriented principles are. So when you think about integrated care, you're behavioral health providers working in a primary care setting, a medical clinician or a physician may think of recovery and think of not the journey and what we've kind of brought and defined it in behavioral health, but recovery from an illness, from an infection. So being able to have clearer definitions around what it is we're trying to do around the type of services we're trying to provide, what is recovery is critically important for both sides of the integration continuum. So I think that's critical.

Another reason that the terminology is important is because it can mean different things to different people. I think it was a great question at the beginning asking about what do you think of when you think of integrated care. Some of you mentioned health homes…maybe because in your state, you've implemented integrated health homes as part of kind of a policy initiative. A lot of researchers you'll see in the literature reviews talk about collaborative care, which is a very specific model for doing integrative behavioral health in a primary care setting.

Or your agency may have heard of something called patient-centered healthcare home…very similar to health homes or medical homes. So making sure that as we talk about integration and bringing recovery principles, we're talking about the same thing because there's a strong alignment between all of these; but then, there are slight differences…be it a clinical model versus a policy or a funding mechanism…so very critical to be able to do that.

I think it's really important as we communicate and think about implementing integrated care that we talk about what's working. And there is lots of evidence…both in terms of research, practice, providers across the country that are developing and sharing outcomes, both in terms of health outcomes…the improvement in blood pressure, database, cholesterol…that's happening from integrated care. Also just kind of as a result of how this ties into recovery, I think it's important as we think about the principles that lead to some of these outcomes.

Of the providers that I've worked with, I think the ones that have been the most successful in integrated care really do bring some of those recovery principles to bear around hope…hope both for recovering from a mental illness but also hope that I can control my database, that I can stop smoking, that acknowledge histories of trauma and how that might impact somebody's ability to access their healthcare. So providers that are really doing this well are bringing these kind of elements together as they do integrated care.

I think it's important from kind of a larger system's level, as we talk about all these different initiatives and things that you may be seeing in your community trying to improve the healthcare, that there's a strong alignment. What I shared here on this slide is from a report that looks at some of the core elements of an initiative that is trying to serve people that are both on Medicare and Medicaid. What amazes me is that these core elements are directly aligned with what we see in recovery principles, what we see in integrated care.

So as you look at implementing all these different things, how can we find that common thread throughout so that if you have a team-based approach to your integrated care…kind of how Jerry was talking about his team and how they communicate…that's applicable in terms of their integration, support in terms of their recovery practices, as well as something that may be going on more broadly for dual-eligible health homes. So trying to make those connections between all these different quality improvement changes that we're trying to make is a critical tool that you can have as you try to do this system's change.

So it's a really important lesson learned from providers so you're not duplicating efforts within your organization. And also burnout…you know, folks get burned out with so much change that's happening; so how we can reduce that is going to go a long way.

The next thing I want to share with us is something to remember…that as we work to bring recovery principles to integrated care in primary care setting, a hospital partnership, whatever that may be, one of the terminologies that we hear a lot in quality improvement is what is the value added…and not to forget that. In behavioral health, we bring a lot of value added to both integration and larger changes that we're trying to do to support people's recovery and their whole health.

We are behavior change experts. We know how to help people to make those decisions that will make improvements in their lives. We're actually able to leave a clinic and go out to somebody's home and do a visit…community-based case management. Strong connections to community resources…I think no one like behavioral health has been able to connect all the different social services that are available in the community to try to really maximize the support for folks.

And then the ability to implement discharge plans in somebody's home…be it somebody coming out from a stay in a psychiatric inpatient or in a hospital inpatient…being able to be there to be able to help them when they get home address their needs. So thinking about the work that we do with recovery and integration and what's that value-added service has been critically important as we move forward to implement these changes.

I want to spend just the next few minutes talking about some of the four areas that I see in terms of providers and what's really worked well for them in terms of some of their lessons, and share some resources and tools based on these different areas.

The first one, we're going to be talking about a culture of health. And I think it depends through which lens do you view the world of health and kind of that culture of health. So if you think about an integrated clinic where you may be working or may be receiving services, what does that look like for you? If I think about a new consumer or client who is coming in, does the name of the organization infer that they do whole health? Does the website list the wide range of services…both in terms of mental health and primary care that's available? These are small things that, depending on your lens, you're going to see and be able to tell that the organization is really committed to a culture of wellness.

The next couple of slides I'm sharing are based on some work that's been done by SAMHSA and the Center for Integrated Health Solutions on a culture of wellness and some steps as an organization we can take to make those cultural changes. So even if you're not able to have full funding to imbed a full clinic, there are things that you can do within your organization that will shape the philosophy, those shared values, that can influence policies and procedures so that you can build that culture of health, wellness, and recovery. I think this is just noting what are some of those values there.

So when we look at organizations that have built a culture of wellness, we really see that they've focused it with being able to have an agency-wide wellness team…so who is dedicated to the folks that are really looking at these different elements of wellness. We have one provider that had a team that did some amazing work in terms of implementing some policies, some wellness programs for clients. But then all of a sudden they realized…wait, we still serve pizza, soda, and donuts at staff meetings and at events with our clients. That's not a culture of health and wellness. So making those small changes even there was something that they were able to bring attention to.

And certainly system wide focus of leadership is critical…if it's not from the top down being able to help support staff and being able to have time to participate in those teams or to be able to make those changes…critically important. Just like with implementing a recovery-oriented system of care, workforce development is huge. How do we make sure that people have the knowledge? If we've done a look at our records and we see that half of the patients that we're serving in a program have diabetes but the staff don't know what an A1C is, that's going to make it difficult for them to be able to help them with their health and wellness goals. So how are we helping ourselves and our colleagues understand some basic health literacy and some communication skills?

I mentioned a little bit in terms of communication skills about language and messaging. We've seen a lot of folks…really nice doctors that seem really smart but felt really challenged working with a population they didn't know to communicate with. So how do we help them to be successful and teaching them in understanding the language of recovery and helping them so that they can do what they're great at and get the outcomes that they're hoping to achieve and to support people in their health?

Organizational policies…what are we requiring of our case managers around recording health goals in treatment planning documents? I think one of the most interesting developments that has happened is around workforce wellness. As organizations have integrated primary care, they've added) wellness and nutrition courses, dieticians, all of a sudden staff are saying…what about us, we could really benefit from some of this wellness programming…so thinking about how does workforce wellness fit in this as well.

Lastly, when you think about a culture of wellness and integration, the next step is really around team-based care…the next biggest barrier I would say, but also one of the most important lessons learned in providers that have successfully integrated care. And as you may have noticed on the other slides, whether it be something around dual-eligible, imbedded in the definition of integration is a team-based approach.

So really, as you see in this picture, how do we help the behavioral health staff working directly with the medical staff to be person-centered; and how do they work together so that we can achieve the outcomes?

It's to be expected of providers now. I would say more and more, payers are moving to this model because they see that it does work. But there are lots of hurdles in terms of making sure that the team composition is correct, communication, your electronic medical records…all those details that can somehow get in the way of strong, team-based care.

This list of some of the elements for integrated care teams I think is critically important. It's from a report that the SAMHSA Center for Integration released looking at the organizational commitment. I think one of the leading ones I see is the third bullet around the processes of communication. What's that day-to-day workflow? How does someone like Jerry, if he's heard from a client that they're really having problems adhering to their medical treatment plan, how does he go about communicating? Is it a red flag in the system of the physician down the hall, like he was sharing? Or is it in a daily huddle, where we take 10 minutes in the morning to go through any issues that are occurring with the folks that we're going to see that day. So all those little things around the processes of communication are huge and I think really key as we think about developing that integrated team.

And critical to that is professional development. All of us need some additional training; so it's okay to say that I may need some health literacy information to understand what A1C is…that a primary care provider may need to know a little bit more about folks who are experiencing schizophrenia, bipolar, other conditions, and how that impacts their ability to follow what the doctor is prescribing and the comorbidities. What are those evidence-based practices and adaptations that are being developed for different populations that may be in your community?

So there is a lot, lot going on right now in terms of continuing education…both for individual professions as well as for organizations, teams. There's a lot out there. I think the hardest part is actually just filtering through and finding the right training and materials that are best for you and your organization.

Before I go into tools, the one thing I do want to say here too is I never want to underestimate the power of the success norms. So whether or not you're fully integrated or fully have implemented all of the recovery-oriented pieces and principles that you'd like to develop, being able to share those stories…like you heard from Jerry of his personal success or the success of folks that have benefitted from any of your programming, be it as simple as a health fair or as complex as being able to show that you reduced A1Cs across a population of patients over a period of time…those success stories are critical to making sure that we continue to improve, that staff is inspired, that funders know that we're focused on outcomes.

So I'm going to stop here. We only have a few minutes left before we go into Q&A to hear from you and what are some of your thoughts on this topic. But I wanted to share a couple of links that you'll be able to access with the PDF. There are a lot of tools to help you. I mentioned the Organizational Culture of Wellness Assessment. That's a great piece that you'll be able to find here under "Tools." What are some of those essential elements of the team…being able to dive in? And I think if nothing else, these are great things not just for you to read, but for you to be able to share with your colleagues…to pass it along on a group listserv to your coworkers, or maybe for consumers to be able to review as part of an upcoming group…lots of ways to get this great information and these tools out. There's just a wealth of them.

And what I've shared here are a couple of pieces around ream communication…both in terms of sample scripts of how do I, as a behavioral health clinician, become introduced to a patient in an exam room; how do we help that physician be able to bring us in and talk to a patient about their drinking or some of the behavior changes that need to occur to support their medical treatment?

Also individuals…you'll see here techniques for communication tools, service manuals, and certainly lots coming out from the Recovery to Practice Initiative…so just a wealth of information there that you can access. But these are just a few of the pieces I wanted to share with you as you think about a couple of the key areas that we've seen that are critical for successful integration that bring in the recovery principles…everything from having that culture of wellness to making sure that you have a strong team-based care system in place, that folks are getting the training that's needed across the board for every member of the team and the organization, and that you are sharing some of those success stories…like you heard from Jerry in the beginning of our discussion today.

With that, I'm going to stop there and look forward to some discussion.

Melody?

[Pause]

Sorry, folks…I got so excited, I forgot to unmute myself. I wanted to thank you all for your information and for helping us understand not only some of the technical back and forth and definitions and policies and things like that, but also putting that really wisely under the understanding that we're talking about real people and real lives.

So, Jerry, your sharing your example of being able to get a diagnosis early enough to receive effective care…I mean, I think that's exactly why this move towards integrated health is important.

I want to move into some questions. These came from the participants during your presentations. I'm not going to specify who needs to answer necessarily because I'm interested in what you think, but I'm wondering…based on what you know, do general healthcare doctors have any extra training or understanding about behavioral health issues? Because some people fear that they're going to be treated differently if they disclose that they have a mental illness.

Jerry, do you want to share your experience with that first?

Sure, from my experience with the people that I work with here, we do have medical professionals that have a behavioral health background, though it was by their own choice. I don't believe, as far as to my knowledge, that medical professionals are required or really even offered behavioral health training if they don't themselves ask for it.

Yeah, and I think all medical professionals or physicians do receive some basic training in mental health; but I wouldn't say it's the kind of training that will help them in terms of that day-to-day interaction with folks. And there is still a lot of stigma out there, so it's understandable that some people are fearful of disclosing to their doctor about their mental illness or their addiction. But it's so critically important to their health outcomes.

And we are seeing a lot of changes. This move towards integration is not just affecting the behavioral health community. It's really affecting primary care, hospital settings. And doctors want that behavioral health clinician to be part of their team so that they know they have somebody they can turn to as a partner to come in and be helpful…to fill those gaps where they don't necessarily feel comfortable or know how to communicate as well.

And also integration, I think…being able to have the primary care staff actually at the mental health center means that the mental health center has done their due diligence to try to hire primary care folks that are sensitive, that are understanding, that are patient. So that becomes a safe place for people to be able to get that primary care and know that they're not going to be kind of re-stigmatized, and they don't have to be fearful, and they know that it's a safe place for them to get that medical attention that they need.

I appreciate both of your responses. I think that's exactly why looking at integrated care as a team approach is so important…because each of the team members can carry a different kind of level of expertise and then, ultimately, that is moved towards benefiting the person receiving services. So thank you for that.

It also makes me think of four months ago, our very first webinar about integrated health, we had folks presenting; and one of the presenters worked as a mental health professional in a general healthcare practice. And it was through her presence there that folks were able to tap into some resources.

Another question that came up is do you all know of, or can you say something about, a way to make sure that recovery principles stay important and valued in a more medically-focused healthcare system?

(Multiple voices) Oops, I'm sorry, Laura.

No, please go ahead.

I was going to say, I don't think there is any way to absolutely guarantee that. Ultimately we are human beings, and it's up to each one of us to have our own perspective and make our own decisions. But with that being said, it does take just one person to spread that around or initiate that mode of thinking and to create that change within an organization…no matter how long it might take for that change to occur.

Yeah, and I think we've seen folks do it very grassroots in terms of putting up the principles all around the facility, of folks bringing it up in team meetings as a topic, using patient examples and consumer stories to kind of communicate that. But we've also seen it as formal as putting it in performance reviews so that people have to kind of address how they're taking the principle and using it as part of their integrated services. So it could be as informal or as formal as you'd like, and I think that's where it's great. If you can have a team that's looking at this across the organization and it's not just one person, with the support of the leadership you can do a lot of great creative things to both educate and continuously reinforce.

So around the issue of educating physical health providers in person-centered…or, as one of our participants said today, kind of preferring the term "person-driven" care…how would you go about helping doctors or other professionals come to understand person-centered or person-driven care?

Jerry, do you have any thoughts from your education and work with the clinicians at your organization?

Having meetings or lunches or more informal communication between primary care and behavioral health definitely opens the door. But we do have…at least here…we have an integrated care meeting once a week, where both me as well as the medical professionals discuss certain patients or what's going on that week. But that particular meeting, getting the behavioral health providers and the medical providers in one spot every single week, just kind of reinforces that.

Yeah, another thing…we have found that we always like to hear from our colleagues, our peers, correct? So we have also found that when you find a champion…or I know when I was at SAMHSA's Center for Integrated Health Solutions, we had some primary care docs that were real champions…that go it. I mean, they *really* got the recovery principles. So we would tap into them to do a half-hour or one-hour phone call with physicians at another organization. So how can we tap into those folks that really get it and have them be a resource to educate and guide other physicians? It's tremendously impactful.

Laura, that's interesting because we kind of have put the word "peer" into a box and think that it means just people who have experienced walking through the behavioral health system. But really, the word existed before that and was used by a lot of people. For instance, with peer supervision…so doctors would get together and do peer supervision together because they understood each other. They had a shorthand language. And therapists…like I can remember when I was in social work school, we were all encouraged to join peer supervision groups; and that was where you were among equals.

And I think that teams do that in team meetings. They may not *call* it a peer meeting, but they're doing that kind of colleague-to-colleague information sharing.

Jerry, when you talked about having breakfast with the doctors, it was like that's perfect! Because somebody asked about how do you help elevate the peer specialist as an expert among all these other experts? So I'm wondering if either of you have some other thoughts about how we help elevate people's impact when serving on a team?

Well, for me personally, when I first started working here at this organization, I was very lucky that I wasn't really opposed or didn't have as many obstacles as some organizations do. They were already open-armed with welcoming me. But I made it a point to go to all the different team meetings and meet all the different providers on the different teams and kind of share what I bring to the table or what services I could offer. I did that probably for the first three months, so pretty much everybody in this organization had met me at some point or another…just to kind of get it out there.

Yeah, one tip that we've used I think a lot with, like, social workers, but I also think it's very applicable to peers, is being able to as you develop that relationship with the primary care document or the primary care medical staff, be able to almost say, hey, who is your toughest patient? Who really frustrates you…that whatever you try is not working or they're not following through? And then for you to be able to say, hey, can I spend some time with that person next time they're here meeting with you?

And to kind of show that impact that a peer can have by offering some support, helping them with their goal, maybe finding out what are some of the underlying challenges as to why they're not able to take some of that advice from the physician…so being able to kind of show what you're capable of, especially with that patient that keeps them up at night, has been a really interesting strategy that folks have used to kind of show, huh, wow, I wouldn't have thought of using someone like Jerry in that way. And then that happens, and you're going to get lots of phone calls afterwards.

That's great…so really inserting yourself as someone who showed them that you're the problem solver.

You know, I can't thank you all enough. Laura, you talked about the 10 principles of recovery. And I think it's *really* clear when we look that home, health, community, and purpose are *absolutely* the key places where we want to build recovery and why integrated care is so important.

We are happy to be a part of Recovery to Practice. We want *all* professionals who work in behavioral health to have access to this kind of great information. So please know that we have online resources available. Doctors can get a free course for CMEs, which is almost unheard of. And we want people to have access to this. We have recordings and resources for all of our previous webinars. We have newsletters that come out on a quarterly basis.

We're starting a new series in October, which is -- can you believe it, that's next month -- but on homelessness. And we're going to do three webinars during the fall about homelessness and its impact on recovery. I hope that you all will join us and bring your friends, bring your team, get the provider that doesn't *get it* to attend with you so that they can have exposure to some of this information.

You can register now for the upcoming webinars. You can get the newsletter. You can click the link to get your Continuing Education credit; you want to do that. And we have a new site that's newly organized. It's still at the same place on the SAMHSA website. Check it out and learn more about us. We're happy you're with us. We're happy that you're part of our team bringing recovery to folks. Have a great day!

Jerry, Laura, thank you for your expertise.

We will be talking to you all soon, bye-bye.

Thank you very much for having me.