



A Q&A on Integrated Healthcare and Co-Occurring Disorders by GVHC therapist, Angela Otto, LAC

Integrated Healthcare at GVHC

1. How does Greater Valley approach healthcare and offer services to the community?
 - a. Greater Valley can provide services to the “whole” person, meaning that we offer primary medical services, dental services, behavioral health, including addiction services, psychiatric services, and even pharmacy services, all on an outpatient basis. This is referred to as integrated care, which is exciting to be a part of as an addiction counselor. If a person comes in for an annual exam, or needs dental work, and then confides that they need counseling, all these things can be a part of their treatment program.
2. What is different about integrated health care?
 - a. It’s a change from segregated care that has left health care feeling fragmented and disconnected from each service, not to mention expensive for the community and individuals. Integrated care is a strategy that allows our community, and really the whole healthcare system, to move from a “sick care system” to a genuine “health care system” which offers a more holistic approach. This enables clinicians and empowers patients to get all their needs met. It’s kind of a “one stop shop” if you will.
3. How do you and your colleagues play into this integrated care system?
 - a. Clients are able to be referred for addiction or co-occurring treatment whenever they meet with a part of the integrated team. This means that if a person is able to confide in their pharmacist or dentist that they’re experiencing addiction issues, they are able to be seen easier and with less barriers than they might experience in a non-integrated office. This is empowering not only for the clinicians, but also for patients that are unsure how to get help or what help even means.

Co-occurring Program

1. So, what is a co-occurring disorder?
 - a. A co-occurring disorder is when a person is diagnosed with a substance use disorder as well as a mental health diagnosis. We are finding more and more that trauma is a leading cause of abuse when it comes to substances. Treating the whole person, as we do in integrated care, mean, that we treat the mental health as well as substance use.
2. What does care look if a person calls in for help with a co-occurring issue?
 - a. They may be asked some questions on whether they feel their primary issue is substance use, at which point they'll either be scheduled with me, a licensed addiction counselor or with Ann McWilliams, a co-occurring therapist. A co-occurring therapist has a license to treat mental health as well as addiction. After being seen for an evaluation, they may enter a treatment group, they may be seen individually, or if they need more intense services, we can offer a referral for inpatient services.
3. How does your program use the integrated care approach for clients with a co-occurring disorder?
 - a. There are a so many different avenues that a person with a co-occurring disorder can be served at Greater Valley, but first I'd like to note that we are very lucky to be connected to Sykes pharmacy, which is now a part of Greater Valley Health. Sykes has a great MOUD program (Medications for Opioid Use Disorder) and pharmacists in general that can aide people who utilize medications as a part of their recovery program. In addition to this we have Ann McWilliams going to the Hungry Horse clinic every Thursday to offer services to clients who are being seen by the physician there. We also utilize psychiatric and medication management services for clients.

Philosophies in the treatment of addiction and co-occurring disorders

1. What kind of approach do you take towards addiction treatment that folks should know about?
 - a. Greater Valley utilizes what is known as harm reduction when approaching the treatment of addiction and co-occurring disorders. This means that we don't cut off services when a person is unable to abstain completely, we continue to work with them to find a solution that works for

their life and their goals. This made sense to us as being a part of an integrated care team. We want people to stay alive and stay safe long enough to get the care they need to live healthy lives, and sometimes that starts with lessening the harm caused by substance use, which is really what harm reduction is.

2. What is an example of a harm reduction strategy that people might relate to?

a. Harm reduction is more common than some might think. Nicotine patches are one example, along with nicotine gum. While you're still getting nicotine delivered into your bloodstream, it reduces the harm substantially when you compare it to smoking cigarettes. With alcohol there are folks who have found that drinking water while drinking helps them. If a person is unable to abstain completely and is unwilling to be hospitalized due to withdrawal potential, we can work on cutting back slowly, with a physician on an outpatient basis, rather than stopping abruptly, which can empower some people to move towards abstinence. Medications are often used to reduce harm. We have Methadone, suboxone, and other medications that can reduce cravings and improve a person's chances at recovery as well. Narcan is another medication has been a controversial subject recently. Narcan is a life-saving drug that is used to interfere with an opiate overdose and saves so many lives. Really, anything that helps save lives or reduce harm caused by substance use is harm reduction.

3. Tell us about how harm reduction is good for the community?

a. First, it's important to state, though it may be obvious to most, that the war on drugs has not worked and has cost Americans millions of dollars to attempt to criminalize a medical health problem. Harm reduction is good for the community because we can see that it saves money, lives, and families. There are less cases of HIV infection, viral hepatitis, and other blood-borne infections, such as endocarditis. This saves on the cost of healthcare, and people tend to stay alive long enough to become productive members of their communities again, holding job and spending paychecks at other businesses. Families can be reunited, trust can be restored, and growth happens when people stay alive long enough to recover. Recovery is the community, and

the community is what gives individuals the ability to recover. I think our co-occurring program at Greater Valley Health is just that: a part of the Flathead that offers recovery. As a fifth generation Montanan, I can't imagine a greater way to honor my community and my family.