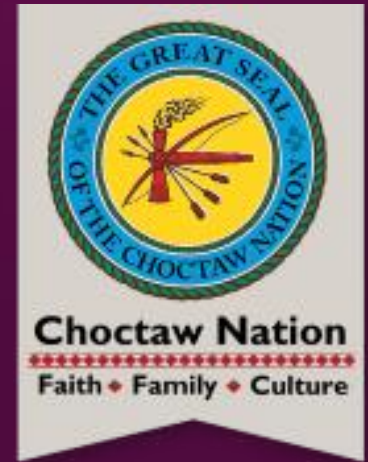
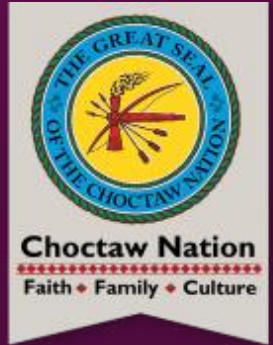


2019 American Indian and Alaska Native
National Behavioral Health Conference
Zero Suicide
May 16, 2019

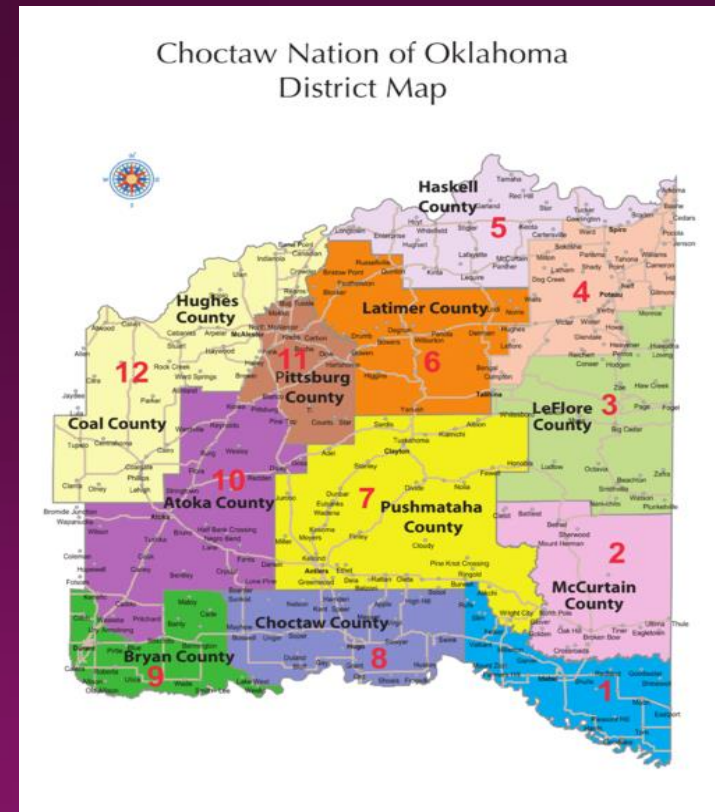
Kristie Brooks MS, LPC
Director, Behavioral Health
Choctaw Nation Health Services Authority
Principal Investigator, SAMHSA Zero Suicide



Choctaw Nation- Zero Suicide

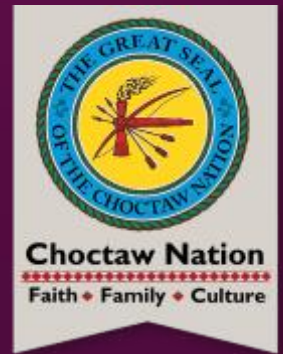


- Choctaw Nation is comprised of 125,000 square miles in Southeastern Oklahoma.
- The size of these 10 ½ counties is roughly equal to the size of the state of Vermont.
- The Choctaw Nation employs almost 10,000 individuals, 1800 of those working for the health system
- In the 10 ½ counties there are close to 60,000 members . World wide there are approximately 220,000 members.
- Choctaw Nation provides health care to all tribal members, all employees in our employee health clinics, and some family members of our tribal members.
- Choctaw Nation operates 9 clinics throughout the service area. These clinics provide multiple services. CNO also operates 1 hospital, 2 inpatient treatment facilities, 14 wellness centers, 1 Diabetes treatment facility, and 1 youth center.



Zero Suicide Team

- The CNO established the Zero Suicide team in January 2016 after attending the first IHS sponsored Zero Suicide Academy.
- The ZS committee is comprised of Behavioral Health staff, Nursing staff, EHR staff, and Administrative staff.
- CNO Behavioral Health applied for and was awarded the SAMHSA Zero Suicide grant in September of 2017.
- The Behavioral Health Director and ZS committee recruited a nurse to direct the grant, then hired two integrated counselors to implement the Zero Suicide model within the CNHSA.
- IHS – BH2I grant- Integrated care.
- These grants provide education to both staff and patients about the importance of behavioral health. Nurses and other health providers are an integral component of the ZS model.
- Through collaboration with other Behavioral Health projects, CNHSA employs 7 integrated counselors housed in 6 of our clinics and one in the ER.

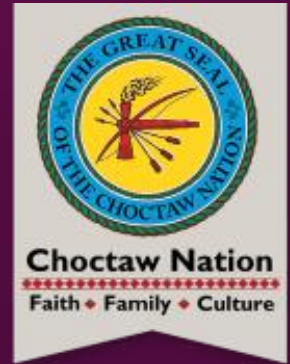


Working Together



Universal Screening

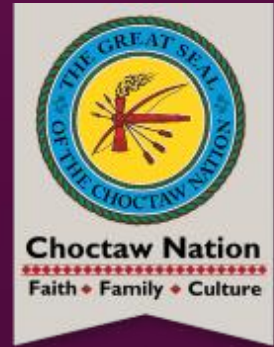
- The need for universal screening was presented to the ZS team following a cluster of suicides in the summer of 2017.
- The team, in collaboration with other projects within Behavioral health determined that PHQ-9 screening should be performed on all patients age 10 and up.
- Universal screening was then implemented throughout the CNHSA in November, 2017.
- There was concern that patients may have been lost to gaps in services if the only screening tool was an annual PHQ 2.
- The Zero Suicide team first decided to use the full PHQ 9 at every visit then after discussion, it was determined to utilize it every 3 months (or more if needed) throughout the health care system.



Let's get to work



Process of implementing Universal Screening within the CNHSA

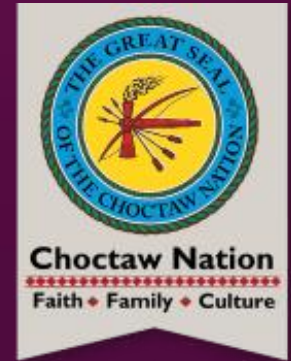


- The recommendation for universal screening was presented to both hospital and nursing administration for approval.
- The staff had strong support from every aspect of CNHSA administration making approval successful.
- The ZS committee utilized one of its team members, an EHR CAC, who built the PHQ 9 template and adjusted the reminders to alert every 3 months as opposed to annually. She also made the PHQ 9 score a vital so that providers could track the patients' score over time.
- The new policy was distributed to all staff and all staff were educated to understand the policy.
- As a result, currently, any patient with a score of 10 or more is evaluated by an integrated counselor. Further, if it was determined by the health provider that a patient needed to speak with behavioral health, with or without a score, a counselor would be called.

Uh oh...



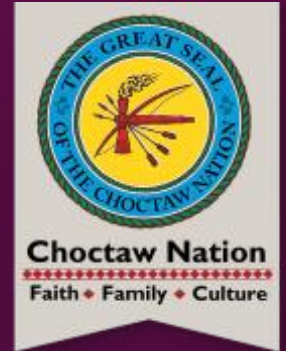
Challenges in Universal screening and the Solution to Address Them



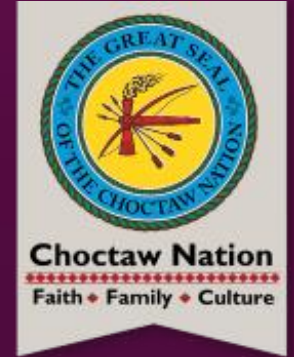
- As with any new policy, there were some challenges. Initially there was an overwhelming number of higher scores from patients needing to be evaluated.
 - By situating integrated counselors in the most populated facilities, this challenge was addressed.
- The first area to discover a high number of PHQ9 positives was the Emergency Department.
 - The ER triage sheet was slightly modified to state “Are you having any suicidal thoughts or do you feel you have behavioral health needs”.
 - An integrated therapist was then placed in the ER to assist with the positives. They now administer the PHQ 9, Columbia, and any other assessments that may be needed.
 - This counselor assists in locating and placing patients in inpatient care when needed.
 - By introducing this option in the ER, patients recognize that the CNHSA ER is a safe place and staff supports their mental health 24 hours a day.

Positive Outcomes that came from Universal Screening

- Implementation of this policy ensure that patients are better educated about behavioral health issues, thus reducing stigma to some extent.
- Screening of patients below the age of 18 allows education of the younger generation as well.
- The CNHSA staff is better educated about behavioral health and that it is an essential component of physical health.
- There was an increase in patients requesting mental health treatment. People now reach out for help. (Some may not see this as positive but it actually facilitates a reduction of stigma for Natives who have a strong cultural norm of keeping mental health issues quiet.)
- It became apparent that patients who have a history of a PHQ 9 score of 15 or more needs to be screened once a month rather than every 3 months.
- Patients now understand that when they are screened they will have physical vitals as well as behavioral health vitals.



Universal Screening Today Within the CNHSA



- Universal screening has now been in place for almost 2 years.
- There has been a significant increase in the identification of patients testing positive for the need for behavioral health intervention. It is cautiously stated that there has been a decrease in suicides and, based on survey responses, an increase in a positive mindset within the tribe.
- The CNHSA ZS committee and the Choctaw Nation of Oklahoma recommends that other tribes/organizations implement this type of process within their system.

PHQ9's...just the facts

10-18 year olds

- 2014 0
- 2015 0
- 2016 29
- 2017 2794
- 2018 5616
- 2019 1st QT 2133

101% increase from 2017 to 2018

205% projected increase from 2017 to 2019

19-99 year olds

- 2014 0
- 2015 0
- 2016 307
- 2017 17818
- 2018 28313
- 2019 1st QT 12901

58.9% increase from 2017 to 2018

190% projected increase from 2017 to 2019

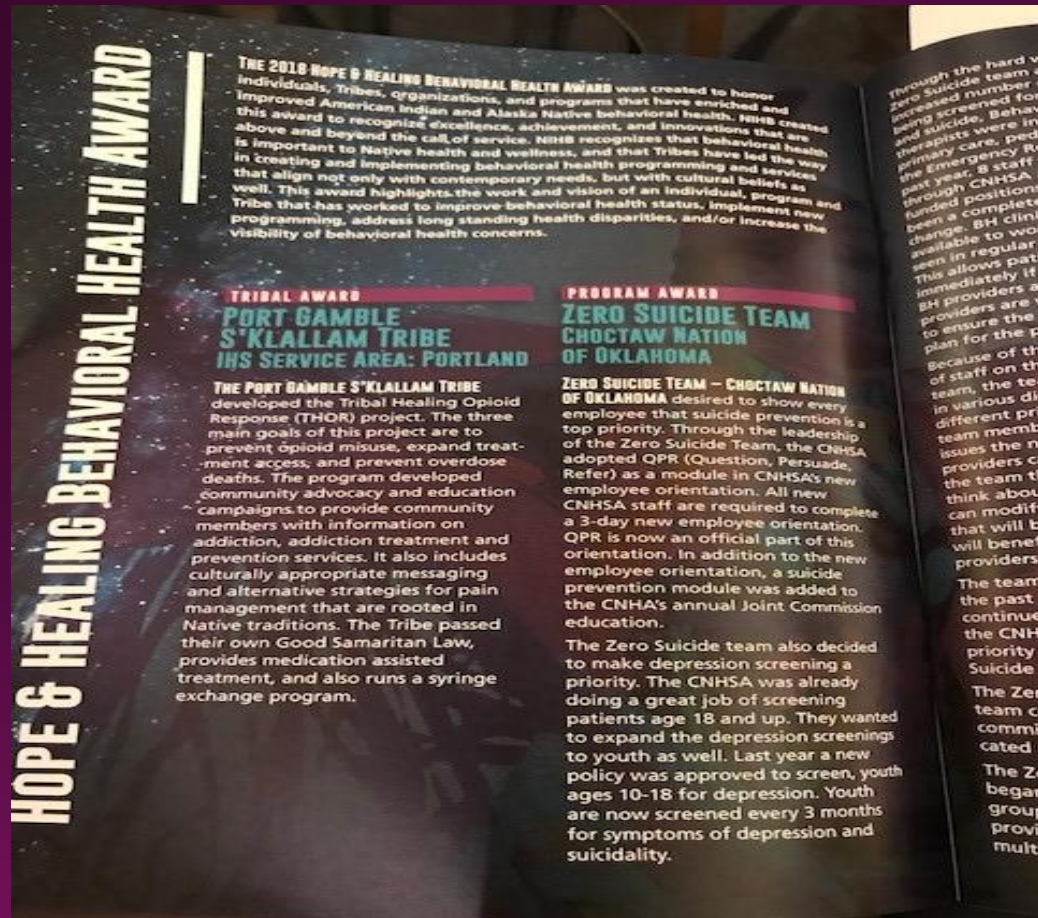
Employees and Self Care



QPR in the Workplace

- Question, Persuade, Refer – training to learn how to recognize the warning signs of suicide crisis.
- System change- employees are one of our greatest resources.
- New Employee Orientation- every employee attends a 2 day training.
- QPR was added to the orientation process on the CNHSA side in June 2015.
- June 2015 through March 2019
 - 202 trainings – 2,688 staff

NIHB 2018 Hope and Healing Behavioral Health Award



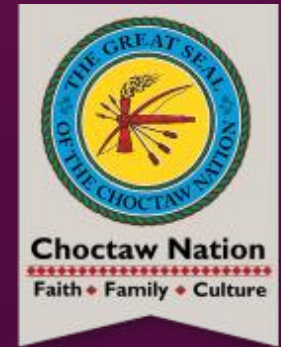
BEHAVIORAL HEALTH CONFERENCE

Promoting Connections Between Culture and Purpose

OMNI SHOREHAM HOTEL || WASHINGTON, DC



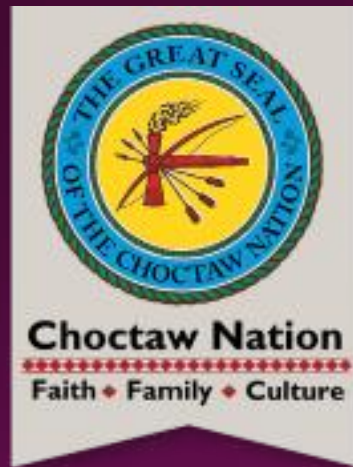
Suicide prevention proclamation



- One significant event to promote suicide awareness and prevention was having Chief Gary Batton, Assistant Chief Jack Austin Jr. and SEO Teresa Jackson sign a proclamation that designated September as Suicide Awareness month in the Choctaw Nation.
- The proclamation states that suicide prevention is a priority within the tribe and the overall goal is “Zero Suicide”



Yakoke!



Choctaw Nation of Oklahoma
www.choctawnation.com