

# Destigmatizing Mental Illness through Integrated Care



Choctaw Nation Health  
Services Authority (CNHSA)

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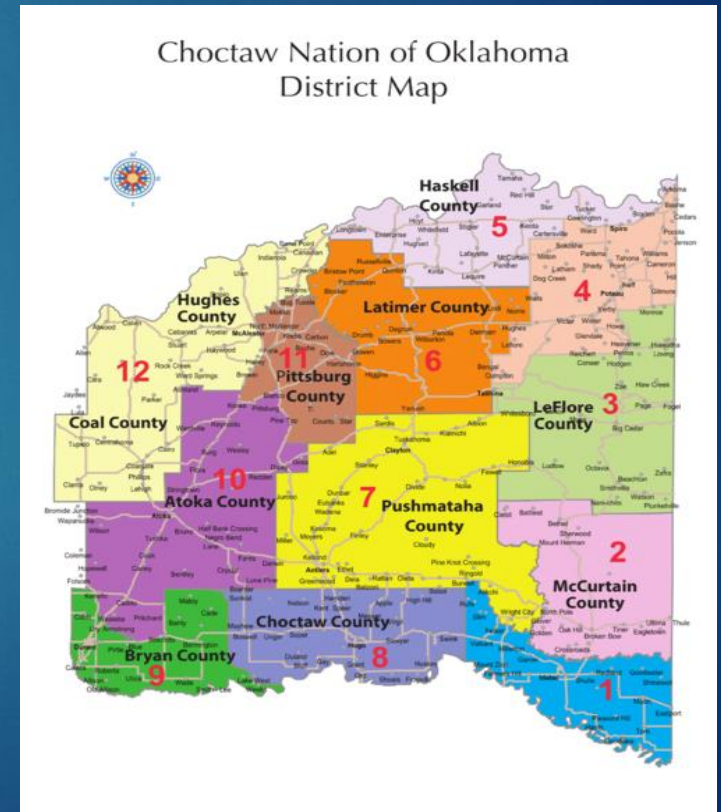
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# Choctaw Nation



**Choctaw Nation**  
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Faith ♦ Family ♦ Culture

- ▶ 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.





# Objectives for Our Time Together

- Explore perceptions of Integrated Care: assumptions, expectations, possibilities
- Explore CNHSA's implementation of Integrated Care: successes, challenges, mountain tops, "I-fell-flat-on-my-face-s"
- Dialogue and Collaboration: What are *your* thoughts?



# What is Integrated Care?

The care that results from a **practice team** of **primary care** and **behavioral health** clinicians, **working together** with patients and families, using a systematic and cost-effective approach to provide **patient-centered care** for a defined population

Definition provided by  
Agency for Healthcare Research and  
Quality, Department of Health and Human  
Services (2019)  
<https://integrationacademy.ahrq.gov/node/3158>)

# Goals of Integrated Care Model

- ▶ Address the whole person; holistic care
- ▶ Increase access to care
- ▶ Focus attention on education and prevention
- ▶ Patient-centered wellness vs. Provider-centered pathology
- ▶ Evidence-based practices
- ▶ Ensure effective screening, assessment and follow-up for depression and suicidal ideation
- ▶ **Reduce the stigma of mental illness**

# Zero Suicide Team How it all began...

- ▶ 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

# Our Integrated Team

## Talihina Hospital

- ❖ One Therapist for day staff (Departmental)
- ❖ One Therapist at Diabetes Wellness Center (**Grant**)
- ❖ One Therapist in Emergency Department (**Grant**)

## Rubin White Health Clinic

- ❖ One Therapist (**Grant**)

## McAlester Health Clinic

- ❖ One Therapist (**Grant**)

## Durant Regional Medical Center

- ❖ One Therapist (**Grant**)

## Idabel Health Clinic

- ❖ One Therapist (**Grant**)



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# What Our Integrated Therapists Do



- ▶ Provide care for patients with positive depression screenings and/or suicidal ideation
- ▶ Offer brief counseling services when appropriate
- ▶ Provide assessment, referral, education (substance use, smoking cessation, domestic violence)
- ▶ Ensure a continuum of care for patients who are referred
- ▶ Serve as a liaison with medical services: reduce silos, increase collaboration, and build rapport

# Behavioral Health Residency Program



- ▶ Instructing residents on integrated care model and benefits of utilizing integrated therapist with treatment planning
- ▶ Identifying behavioral health challenges: signs and symptoms of moderate behavioral health diagnosis
- ▶ Treatment of severe behavioral health challenges, liaison between PCP and Psychiatry
- ▶ Medication management: follow-up, side effects, results



# Behavioral Health Residency Program Faculty

- ▶ Asking difficult questions and receiving difficult responses
  - ▶ Trauma
  - ▶ Abuse
  - ▶ Homicidal /Suicidal Ideation
- ▶ Assessment of suicidality and treatment
  - ▶ Ideation
  - ▶ Plan or Intent
  - ▶ Columbia Suicide Severity Rating Scale

# Role Playing



- ▶ Present residents with scenarios that occur within the Hospital, Clinic and ER
  - ▶ Through role playing resident will be equipped to handle crisis situations
  - ▶ Able to identify signs and symptoms related to suicidality
  - ▶ Comfortable talking with their patients about difficult topics
  - ▶ Appropriate responses to patients' experiences
  - ▶ Expressing empathy

Reduced **wait times** for psychiatric care  
and decrease in **overall visits**



SUCCESS

Improved  
**intervention and  
treatment** for  
depression and  
suicidal ideation

Increased **rapport**  
and **communication**  
between behavioral  
health and primary  
care

Increased **awareness** of behavioral  
health and **training** of medical staff



# Positive Change!



- **Universal Screening:** PHQ-9 and Policy/Procedures
  - Collaboration with EHR/RPMS
  - Administration and Governing Board Approval
  - Timelines: Every 3 months
  
- **Training of Nurses and Providers** on PHQ-9 and Columbia Suicide Severity Risk Scale

# PHQ9's...Just the Facts



## 10-18 year olds

▶ 2014	0
▶ 2015	0
▶ 2016	29
▶ 2017	2794
▶ 2018	5616

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

58.9% increase from 2017 to 2018

190% projected increase from 2017 to 2019

# NAILED IT !



- Be careful what you do in the ER
- Not everyone loves your trainings as much as you do
- “Dear Behavioral Health,  
I don’t know what you’re talking about.

Love,  
Primary Care”

## From RESISTANCE to RELIANCE

Nomenclature:  
Consensus of  
terms



Data  
Collection  
and  
Reporting

Sustainability: Grants, billing, system buy-in,  
adequate staffing