



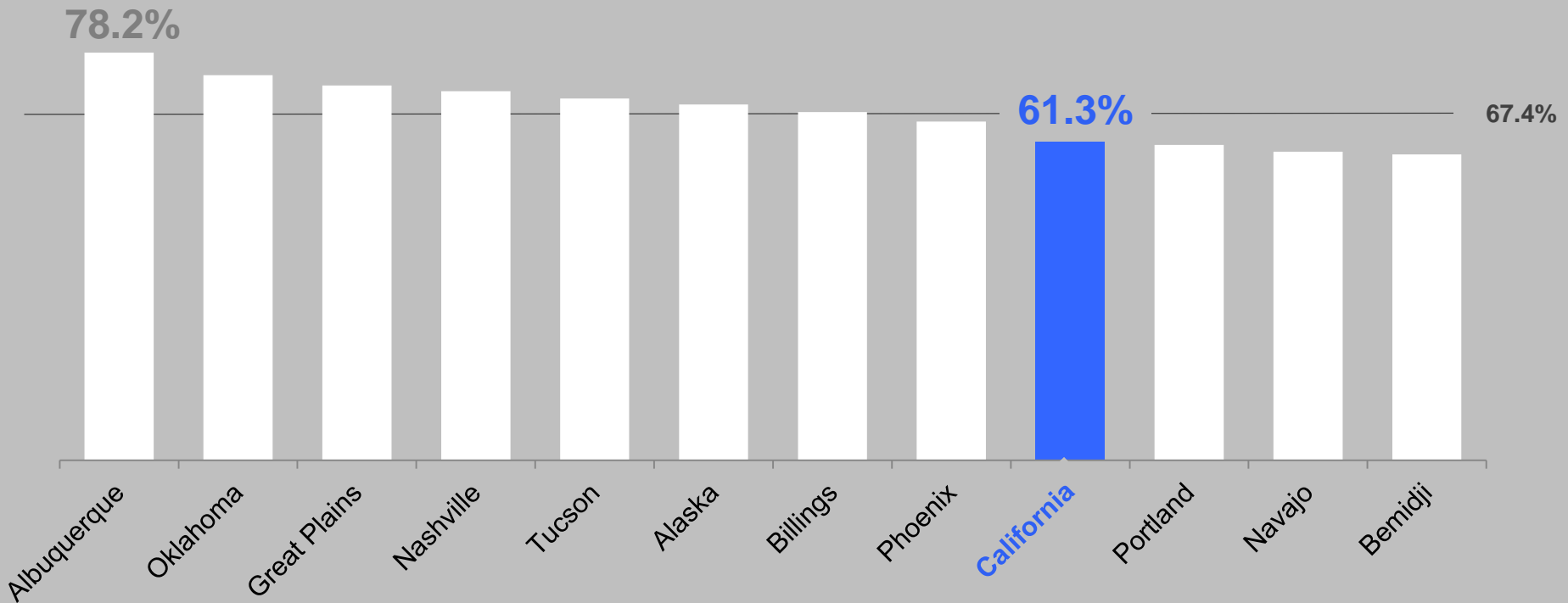
What We Learned from the Highest Performing Indian Health Care Programs in the Nation

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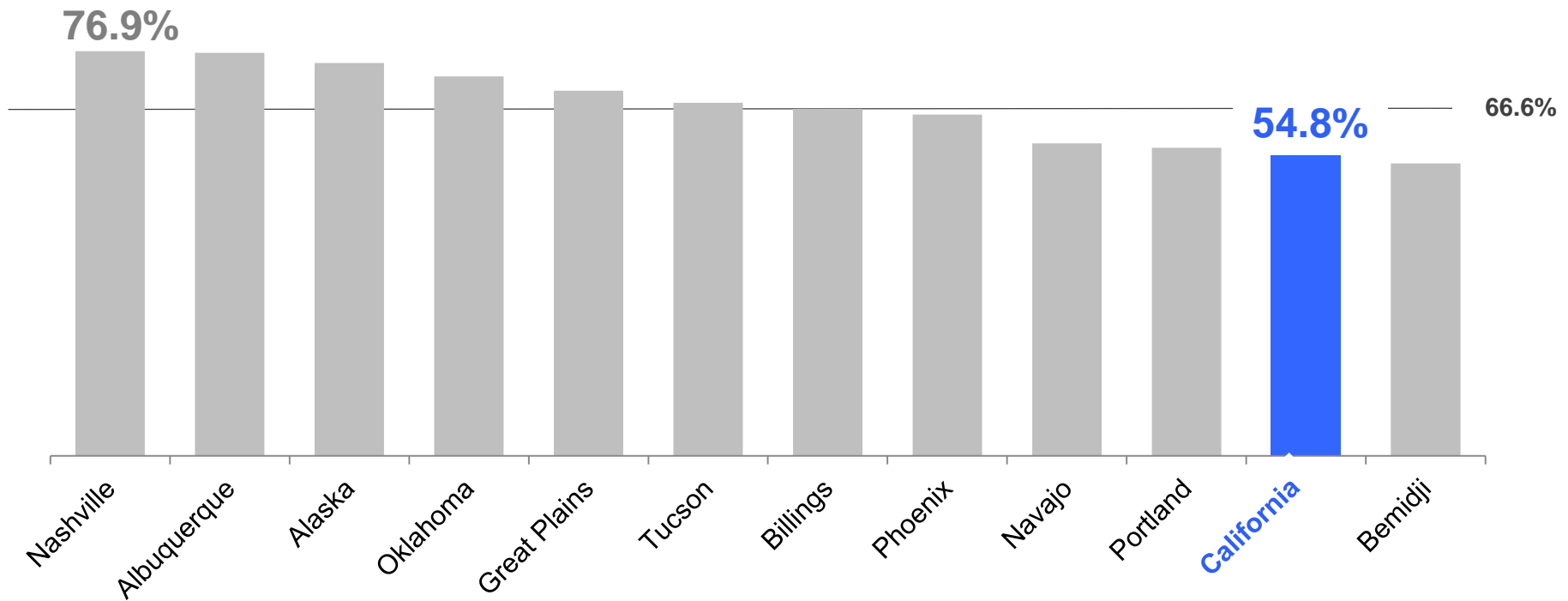
2015 National GPRA Report

Depression Screening – AI/AN Patients (Ages 18 and Older)



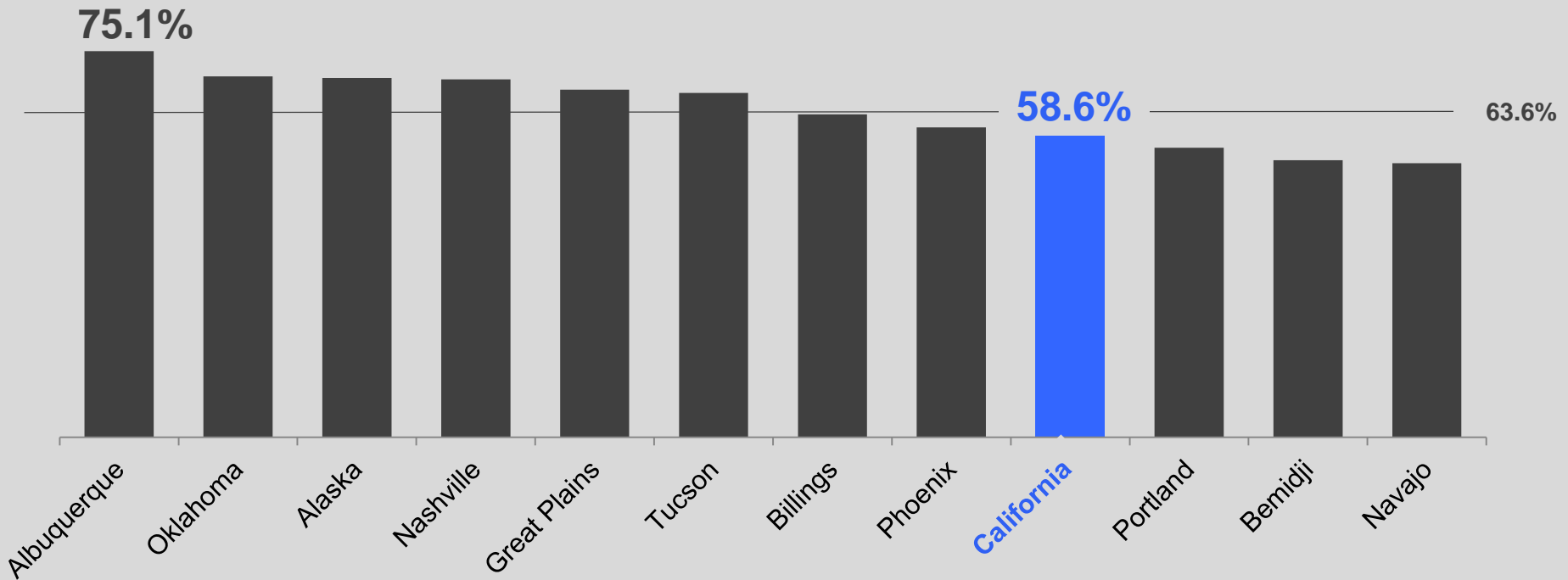
2015 National GPRA Report

Alcohol Screening – AI/AN Women (Ages 15 to 44)



2015 National GPRA Report

DV/IPV – AI/AN Women (Ages 15 to 40)



2015 National GPRA Report

Drug Use Measure



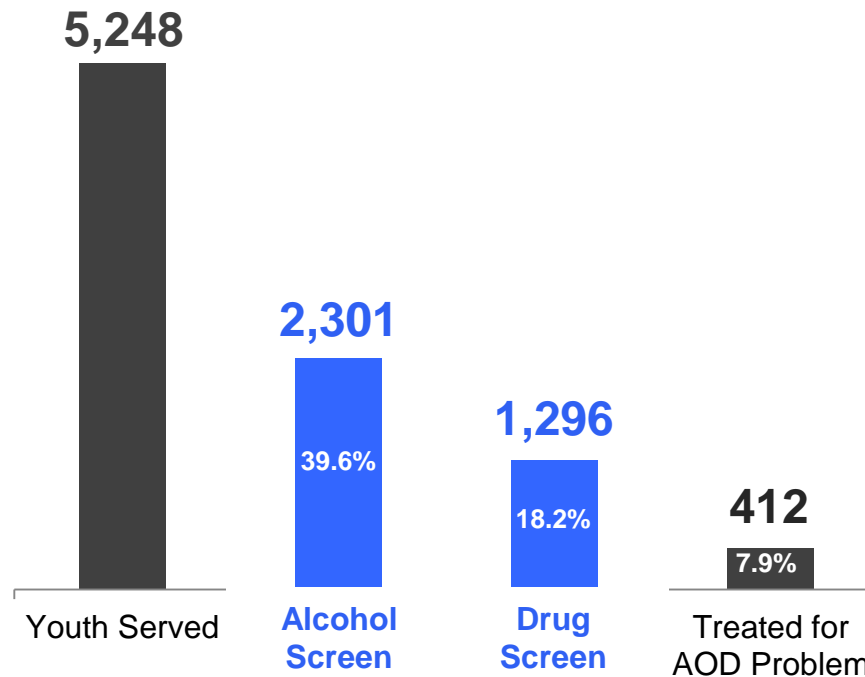
2015/2016 California Evaluation Project

Program	Total Youth Served	Alcohol Screen (%)	Drug Screen (%)
1	129	32.5%	0%
2	1,448	21.1%	0%
3	71	70.4%	0%
4	177	25.4%	0%
5	534	16.7%	0%
6	454	13.4%	0%
7	377	67.9%	1.3%
8	148	25.0%	9.5%
9	970	55.6%	15.5%
10	54	31.5%	31.5%
11	262	43.5%	43.5%
12	1,001	100%	100%



2015/2016 California Evaluation Project

Number of Youth Screened and Treated (Ages 12 to 17)



Why Screening Matters

*“...large scale surveys show that exposure to drugs during adolescence is more closely related with addiction than is exposure during adulthood. Compared with people who don’t drink until they’re 21, those who began drinking before age 14 are **seven times** more likely to binge drink as teenagers and **five times** more likely to develop a substance abuse or dependence disorder sometime in their life...Parents should keep their teenagers away from alcohol, tobacco, and other drugs at all ages, but **it is especially crucial to do so when they are younger than fifteen.**” – Lawrence Steinberg*

*“The Neuroscience of Addiction” *Nature Neuroscience* 8 (2005), 1429-30.*

*“Age at Drinking Onset and Alcohol Dependence: Age at Onset, Duration, and Severity, *Archives of Pediatric and Adolescent Medicine*. 160, no. 7 (2006).*



Why Screening Matters

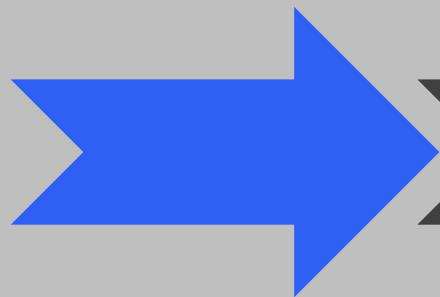
- Mood disorders (depression, bipolar disorder).
- Substance abuse disorders (alcohol or drug dependence).
- Most anxiety disorders (generalized anxiety disorder, panic disorder).
- Obsessive-compulsive disorder.
- Most impulse control disorders (conduct disorder, oppositional defiant disorder).
- Eating disorders (anorexia, bulimia).
- Schizophrenia.

“Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication,”
Archives of General Psychiatry 62, no.6 (2005).

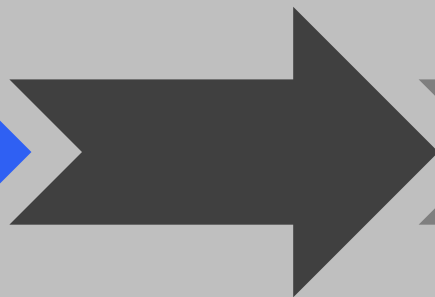


SBIRT Model of Care

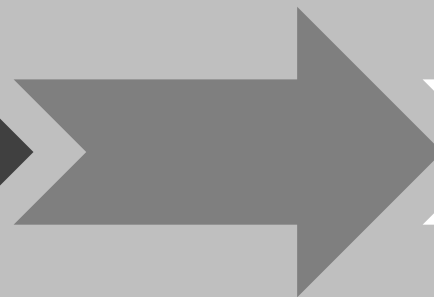
Screening



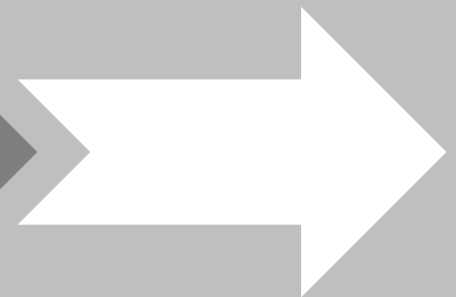
Brief Intervention



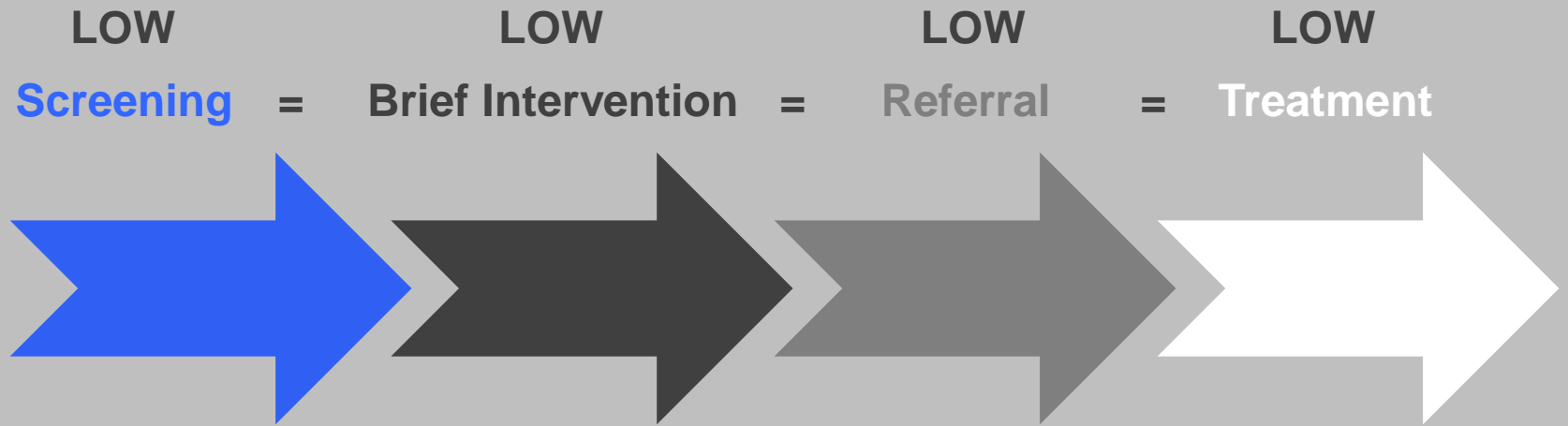
Referral



Treatment

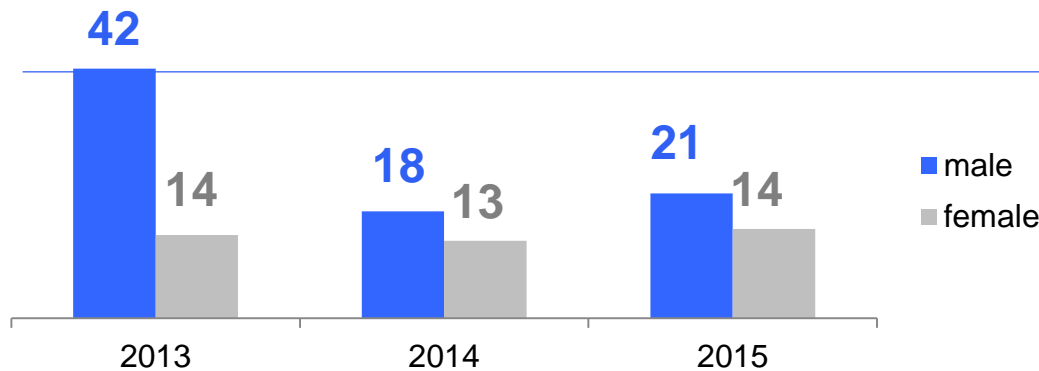


SBIRT Model of Care

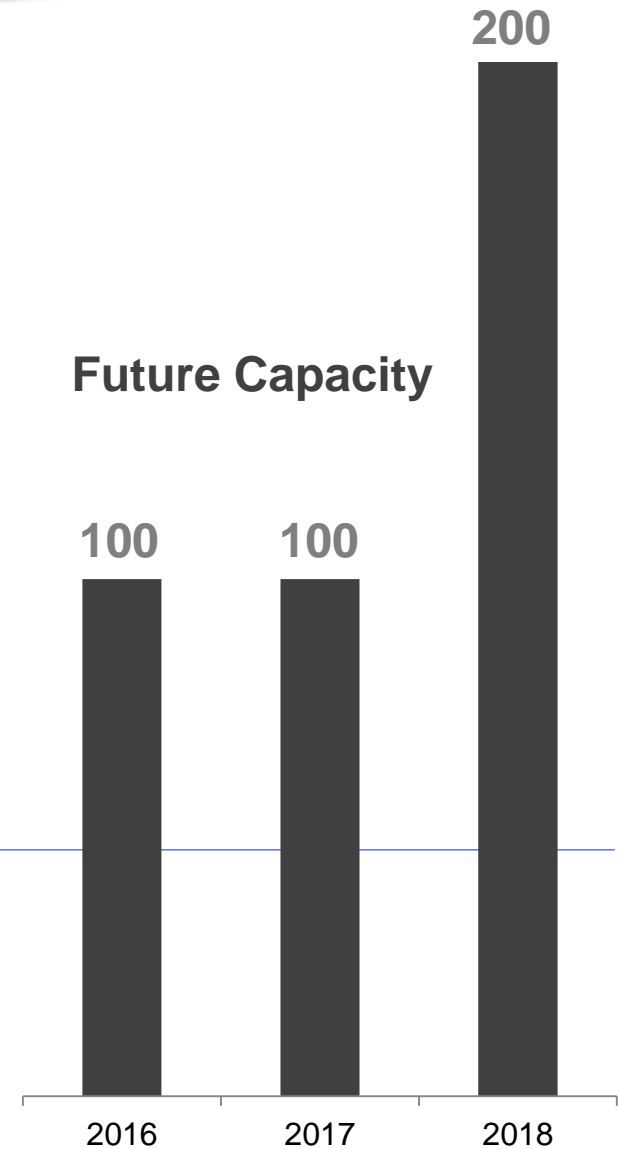


California YRTC Risk Pool

Number of Youth Referred to a YRTC
(Last 3 Years)



Future Capacity



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Tribal/Federal Sites Evaluated (10 States)

Catawba Indian Nation	South Carolina	Tribal
Cherokee Nation (Eastern Band)	North Carolina	Tribal
Cherokee Nation – Nowata	Oklahoma	Tribal
Cherokee Nation – Muskogee	Oklahoma	Tribal
Chitimacha Tribe of Louisiana	Louisiana	Tribal
Choctaw Nation – Stigler	Oklahoma	Tribal
Choctaw Nation – Idabel	Oklahoma	Tribal
Belcourt PHS Indian Hospital	North Dakota	Federal
Colorado Service Unit	Arizona	Federal
Colville Service Unit	Washington	Federal
Fort Hall Service Unit	Idaho	Federal
Gallup Service Unit (Navajo)	New Mexico	Federal
Mescalero Service Unit	New Mexico	Federal
Rosebud Service Unit	South Dakota	Federal



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- There isn't enough time to screen everyone.
- Staff don't receive adequate training in screening tools, procedures, and interventions.
- The organization doesn't use standardized tools or consistent screening methods.
- The medical and behavioral health departments don't work together.
- Patients don't understand that depression, substance abuse, and domestic violence aren't normal.
- Patients resist being screened because they don't believe they have a problem.
- Some patients don't answer the screening questions truthfully.
- Patients don't understand why they are being screened during some visits and not others.
- Shame and stigma prohibit identification and treatment.
- Many people don't come in for services annually.
- There aren't enough behavioral health staff to provide treatment.
- Referral resources are limited or are too far away.



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Reported Best Practices

Best Practice	Benefits
Make behavioral health screenings a priority.	<ul style="list-style-type: none">• Develop screening policies and procedures.• Verbally reinforce them.• Provide performance feedback.• It's easier to screen everyone.• Screenings become a normal and natural part of each patient visit.• All staff understand their roles and responsibilities.



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Best Practice

Train the staff in screening and brief intervention methods.

- Choose high quality, evidence-based screening tools.
- Train staff on behavioral health screening best practices, and brief intervention techniques.
- Training should emphasize consistency in tools and methods across all staff and departments.
- Help the staff become more comfortable and efficient.
- Even more crucial at sites with few behavioral health resources.

Benefits

- Staff become more comfortable talking about behavioral health problems.
- Staff understand how to deal with problems when they arise.
- Staff become more efficient in delivering interventions.
- In areas with few behavioral health providers, this may be the only intervention the patient will receive.



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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 861 522">Train the staff on documentation.</p> <ul data-bbox="144 588 884 733" style="list-style-type: none">• Screenings primarily documented in the system fields picked up by IHS for GPRA reporting.• Screening result data in notes is secondary, not primary location for documentation.	<ul data-bbox="977 588 1765 848" style="list-style-type: none">• Information is documented consistently in the EHR.• Information is accurately reported to IHS for GPRA reporting.• Documentation becomes more efficient and more accurate.• There is some indication that screenings might eventually become a reimbursable service.



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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 799 525">Screen all patients at all visits.</p> <ul data-bbox="144 588 917 659" style="list-style-type: none"><li data-bbox="144 588 917 659">• Integrate behavioral screenings into the usual and customary triage process.	<ul data-bbox="975 588 1816 849" style="list-style-type: none"><li data-bbox="975 588 1265 621">• Reduce stigma.<li data-bbox="975 625 1516 658">• Reduce resistance to screenings.<li data-bbox="975 662 1787 733">• Identify problems earlier (situational depression, new DV situation).<li data-bbox="975 738 1816 849">• Evidence suggests that patients with behavioral health issues utilize primary care more frequently than other patients.

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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 871 632">Screen regardless of age, gender, race, ethnicity, or IHS eligibility status.</p> <ul data-bbox="144 704 942 848" style="list-style-type: none"><li data-bbox="144 704 838 772">• Disregard the GPRA definitions in regards to screening specific populations.<li data-bbox="144 776 942 848">• Screen all patients, whether they are included in the GPRA populations or not.	<ul data-bbox="977 704 1808 925" style="list-style-type: none"><li data-bbox="977 704 1808 772">• Screening patients because they are Indian reinforces stigma.<li data-bbox="977 776 1783 848">• Screening patients in specific age groups decreases patient trust.<li data-bbox="977 852 1744 925">• Frequent screenings can help the patient begin to realize that these problems are not normal.



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Reported Best Practices

Best Practice	Benefits
Screen even if there are no referral resources available.	<ul style="list-style-type: none">• Reported screening even without any referral resources available.• Screenings are interventions.• Screenings are educational.• Patients, especially patients involved in domestic violence, will seek out primary care services when they believe their providers could help them.



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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 703 525">Provide patient education.</p> <ul data-bbox="144 588 915 811" style="list-style-type: none">• Handouts for safety planning.• Contact information for DV shelters.• Place patient education materials in discreet locations (bathroom stalls).• Educational materials on bulletin boards.• Handouts for adolescents during sports physicals.	<ul data-bbox="977 588 1754 811" style="list-style-type: none">• Providers will be intimately knowledgeable about referral resources in the area, and comfortable providing those referrals.• Knowing that options are available can help the patients make the choice to make changes in their lives.



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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 707 519">Deliver brief interventions.</p> <ul data-bbox="144 586 917 811" style="list-style-type: none"><li data-bbox="144 586 917 658">• Talk to patients about positive screening results at every visit.<li data-bbox="144 665 917 736">• Focus on developing awareness about the issues and motivation to change.<li data-bbox="144 743 917 772">• Can be as little as one or two minutes.<li data-bbox="144 779 917 811">• Don't worry if the patient doesn't change.	<ul data-bbox="973 586 1823 848" style="list-style-type: none"><li data-bbox="973 586 1823 658">• Patients learn that their providers want to help, and are able to help.<li data-bbox="973 665 1823 736">• Providers begin to instill the idea that these problems aren't "normal."<li data-bbox="973 743 1823 848">• Over time, with many patient interactions, the health organization is delivering a targeted, community-level intervention.



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Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 823 579">Create an “open door” between departments.</p> <ul data-bbox="144 644 935 829" style="list-style-type: none"><li data-bbox="144 644 935 715">• Integrate behavioral health and medical providers as much as possible.<li data-bbox="144 722 935 793">• Integrate primary care and data entry staff as much as possible.<li data-bbox="144 801 935 829">• Create collaborative working environment.	<ul data-bbox="977 625 1547 733" style="list-style-type: none"><li data-bbox="977 625 1547 658">• Better care coordination.<li data-bbox="977 665 1547 698">• Better follow-up on referrals.<li data-bbox="977 705 1547 733">• Better documentation in the system.



National Evaluation Project

Reported Best Practices

Best Practice	Benefits
<p data-bbox="98 476 938 525">Implement quality control measures.</p> <ul data-bbox="144 588 909 694" style="list-style-type: none"><li data-bbox="144 588 490 619">• Audit data regularly.<li data-bbox="144 625 909 656">• Provide feedback to staff to improve competency.<li data-bbox="144 662 479 694">• Retrain as needed.	<ul data-bbox="977 588 1831 771" style="list-style-type: none"><li data-bbox="977 588 1360 619">• Data is more accurate.<li data-bbox="977 625 1831 694">• Prevalence data and community-level data can be used to obtain a true picture of actual community needs.<li data-bbox="977 699 1792 731">• Providers will receive feedback on their performance.<li data-bbox="977 736 1595 768">• Areas of improvement will be identified.



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“I screen men for domestic violence. I screen children for domestic violence...even in the young children... I screen for alcohol use during their child well checks beginning around age five.”

“We have this mandate to treat all Native American and Alaska Natives, and yet if we want to make ourselves look good GPRA-wise, what we really do is focus on our GPRA patients and kind of ignore these [other] patients coming off the reservation.





Behavioral Health Screening Best Practices

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