



*Innovative Efforts Addressing the  
Struggles of American Indian Youth*

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# History of the Oklahoma City Indian Clinic

- Oklahoma City Indian Clinic was established in 1974 to meet the health needs of Native Americans living in the Oklahoma City urban area. The clinic was originally located downtown, where it operated for over 20 years. In fact, during the aftermath of the Oklahoma City Bombing on April 19, 1995, clinic staffers were some of the first responders who gave aid to injured victims.
- In late 1995, the clinic moved to its current location at 4913 West Reno. At that time, the clinic operated with a staff of less than 40, and a budget of less than \$3 million. Today, the clinic has grown to include a staff of more than 130 health care professionals who serve more than 50,000 outpatient visitors each year and contributes nearly \$17 million to the Oklahoma City and state economies.
- Today, the clinic has expanded its campus by acquiring an additional location, the Everett R. Rhoades, MD Medical Building at 5208 West Reno. Many services will be moved to the new location for more efficiency and patient convenience. Oklahoma City Indian Clinic is accredited by Accreditation Association for Ambulatory Health Care, Inc. since 2005.

# Initiation of Integrated BH

- “The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.”

Academy for Integrating Behavioral Health and Primary Care  
<http://www.integration.samhsa.gov/about-us/what-is-integrated-care>

- **2010: BH Screenings are being administered in EVERY department.**

# What is Integrated BH?

People with mental and substance abuse disorders may die decades earlier than the average person.

Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

# Why Integrate Care?

1. Patients present typical MH problems such as depression and anxiety in medical settings because there is less stigma.
2. Patients like one-stop shopping.
3. BH problems cause or contribute to physical health problems therefore, it is convenient to treat them in one setting with a interdisciplinary team. For example:
  - a. SA cause falls, accidents, and organ damage
  - b. Depression results in many somatic complaints such as fatigue
  - c. Anxiety and particularly panic can bring complaints of heart problems
  - d. Stress can trigger complaints of headaches and stomach aches

# Why Integrate Care?

## cont'

4. Integrated BH care can present a wider range of treatments for the patient to choose from. For example, both psychotropic medications and psychotherapy can be offered to a depressed patient.
5. Better detect full range of patient's problems and can better formulate treatment and triage.
6. Less costly by getting patients better faster.

O'Donohue, T. Williams, et. al, *Integrated Behavioral Health Care: A Guide to Effective Intervention*. 2006 by Humanties Books: New York

# Screening Tools

In an effort to provide complete and comprehensive preventative care to our patients we would appreciate your assistance with completing this questionnaire. Please complete the questions as completely as you can and give to your nurse. Thank you for taking an active part in your health care.

Chart #: \_\_\_\_\_ Date: \_\_\_\_\_

## Depression Screening

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?  
Read each item carefully, and mark your response.

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed, or hopeless	0	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
d. Feeling tired or having little energy	0	1	2	3
e. Poor appetite or overeating	0	1	2	3
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	0	1	2	3
g. Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
i. Thinking that you would be better off dead or that you want to hurt yourself in some way	0	1	2	3
(Office Use Only) Totals				

**\*PLEASE FILL OUT OTHER SIDE\***

### Behavioral Health Use Only

Name: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Phone: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan for follow-up  No referral made at this time  Referred patient to \_\_\_\_\_  
 Patient given community resources  Patient has an appointment  
 Patient refuses behavioral health services  Negative  
 Positive, but patient is already followed by a mental health provider.

## CAGE Questionnaire: Screening Test for Alcohol Dependence

Please check the one response to each item that best describes how you have felt and behaved over your whole life.

1. Have you ever felt you should *cut down* on your drinking?  Yes  No
2. Have people *annoyed* you by criticizing your drinking?  Yes  No
3. Have you ever felt bad or *guilty* about your drinking?  Yes  No
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eye-opener*)?  Yes  No

## Drug Abuse Screening:

1. Do you currently use illegal drugs or prescription drugs for non-medical reasons?  Yes  No
2. Has the use of drugs led to health, family, legal or financial problems?  Yes  No

## Tobacco Use Screening:

1. Are you exposed to tobacco smoke in the home or at work?  
 Smoker in Home  Smoke Free Home  Exposure to Environmental Tobacco Smoke
2. Do you use smokeless tobacco? (Chewing tobacco, Snuff, Dip)  
 Never Used  Current Smokeless (\_\_\_\_ per day)  Smokeless Tobacco Status Unk (unknown amount per day)  
 Cessation Smokeless (First 6 months after quitting)  Previous Smokeless (Quit for more than 6 months)
3. Do you smoke tobacco? (Cigarettes, Cigars, Pipe)  
 Never Smoked  Current Smoker (Every Day) \_\_\_\_ Packs/Day  Current Smoker (Some Days) \_\_\_\_ Packs/Week  
 Smoking Status Unknown (Smoker but amount/day unknown)  Ceremonial Use Only (considered non-smoker)  
 Cessation Smoker (First 6 months after quitting)  Previous Smoker (Quit for more than 6 months)

## Intimate Partner/Domestic Violence Screening:

Have you ever been in a domestic violence situation in the past?  Yes  No

Please read each of the following activities and fill in the box that best describes how often your current partner acts in the ways described.

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently	Total
1. Physically hurt you	<input type="checkbox"/>					
2. Insult or talk down to you	<input type="checkbox"/>					
3. Threaten you with harm	<input type="checkbox"/>					
4. Scream or curse at you	<input type="checkbox"/>					
	1	2	3	4	5	

Would you like to talk to someone about Intimate Partner/Domestic Violence?  Yes  No

**\* Please Fill Out Other Side \***

## Screening Tool Scoring Sheet

### *Depression Screening:*

Depression Score	Chart	Action
0-14	DP -	Chart Only
≥ 15	DP +	BH Referral
I ≥ 1	DP +	<b>BH Staff</b>

### *CAGE Questionnaire/ Screening Test for Alcohol:*

CAGE Score	Chart	Action
0	ETOH -	Chart Only
1	ETOH -	Chart Only
2	ETOH +	BH Referral
3+	ETOH +	<b>BH Staff</b>

### *Drug Abuse Screening:*

Drug Abuse Score	Action
No -	Chart only
Yes +	<b>BH Staff</b>

### *Intimate Partner/Domestic Violence Screening:*

IP/DV Score	Chart	Action
0-9	IP/DV-	Chart only
≥10	IP/DV+	<b>BH Staff</b>

### Protocol for reaching BH Staff:

- 1) Call Behavioral Health Clinician at **ext. 382**
- 2) Page Behavioral Health Clinician at **556-5515**
- 3) Call Medical Social Worker at **ext. 335**

**PEDS BEHAVIORAL HEALTH SCREEN - AGES 11-17**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Chart #: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Questions (1-13) ask how you have been feeling or acting in the past two weeks. (Please circle 0, 1, or 2)**

	Not True	Sometimes	True
1. I felt miserable or unhappy.	0	1	2
2. I didn't enjoy anything at all.	0	1	2
3. I felt so tired I just sat around and did nothing.	0	1	2
4. I was very restless.	0	1	2
5. I felt I was no good anymore.	0	1	2
6. I cried a lot.	0	1	2
7. I found it hard to think properly or concentrate.	0	1	2
8. I hated myself.	0	1	2
9. I was a bad person.	0	1	2
10. I felt lonely.	0	1	2
11. I thought nobody really loved me.	0	1	2
12. I thought I could never be as good as other kids.	0	1	2
13. I did everything wrong.	0	1	2
14.* <b>Have you ever</b> thought about killing yourself or wished you were dead?	YES		NO
15.* <b>Have you ever</b> done anything on purpose to hurt or kill yourself?	YES		NO
<b>(Office Use Only) Depression Total 8+</b>			

**II. Questions (16-21) ask about what you have ever done in your whole life.**

	No	Yes
16. Have you ever ridden in a car driven by someone (including yourself) who had been using alcohol?	0	1
17. Do you ever use alcohol to relax, feel better about yourself, or fit in?	0	1
18. Do you ever use alcohol while you are by yourself? Alone?	0	1
19. Do you ever forget things you did while using alcohol?	0	1
20. Do your family or friends ever tell you that you should cut down on your drinking?	0	1
21. Have you ever gotten into trouble while you were using alcohol?	0	1
<b>(Office Use Only) Alcohol Use Total 2+</b>		

**III. Questions (22-25) ask about your current relationships. If you are NOT in a relationship, put a check in box, not in a relationship.**

	No	Yes	Not in a relationship
22. Does your partner ever call you names, make you feel useless or dumb, or constantly put you down?	0	1	
23. Does your partner ever shove, grab, slap, hold you down, kick or punch you?	0	1	
24. Does your partner ever force you to do things you do not want to do?	0	1	
25. Does your partner ever make threats to hurt you or someone you care about?	0	1	
<b>(Office Use Only) IPV/DV Total 1+</b>			

**IV. Answer Yes or No to questions 26 and 27.**

26.* Do you use anything to get "high" such as illegal drugs, over the counter and prescription drugs, things you "sniff" or "huff", and or marijuana?	YES	NO
<b>(Office Use Only) Drug Use YES+</b>		
27.* Have you ever felt scared to go to school because you were afraid of bullying?	YES	NO
<b>(Office Use Only) Bullying YES+</b>		

# Pediatric Behavioral Health Screening Tool Scoring Sheet

## DEPRESSION

Depression Score	Chart	Action Needed
<b>0-7</b>	<b>DP -</b>	<b>Chart Only</b>
<b>8+</b>	<b>DP +</b>	<b>BH Staff</b>
<b>Q14 or Q 15=Y</b>	<b>DP +</b>	<b>BH Staff</b>

## ALCOHOL ABUSE

Alcohol Score	Chart	Action Needed
<b>0-1</b>	<b>Alcohol -</b>	<b>Chart Only</b>
<b>2+</b>	<b>Alcohol +</b>	<b>BH Staff</b>

## IPV/DOMESTIC VIOLENCE

IP/DV Score	Chart	Action Needed
<b>0</b>	<b>IP/DV-</b>	<b>Chart only</b>
<b>1+</b>	<b>IP/DV+</b>	<b>BH Staff</b>

## DRUG USE AND BULLYING

Drug Use/Bullying Score		
<b>Q26 or Q27=Y</b>	<b>N/A</b>	<b>BH Staff</b>

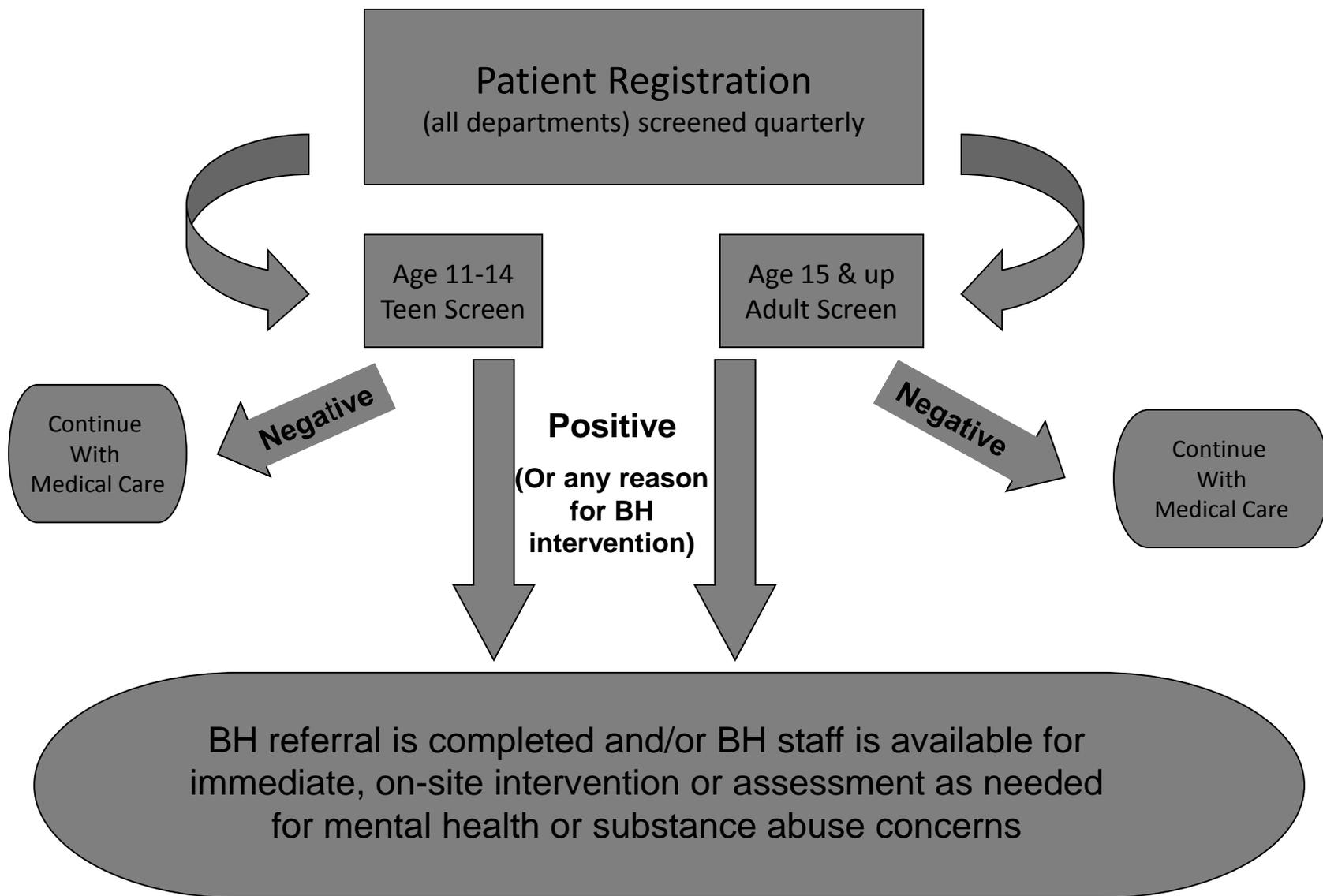
# Explaining of screening tool for ages 11-17:

The new tool utilizes the Short Mood and Feelings Questionnaire to screen for depression. There are 15 questions total, questions 14 & 15 focus on suicidal ideation and intake. This screening is based on how the patient felt in the last two weeks. The CRAFT was added to screen for substance abuse. There are five questions regarding past and present alcohol abuse. There are four questions that screen for Intimate Partner violence, one question regarding bullying and one question regarding illegal substance abuse. The new screening tool is shorter, developmentally appropriate, and easier for the patient's to complete and understand. All patients 11-17 will receive this tool when visiting the Pediatric clinic.

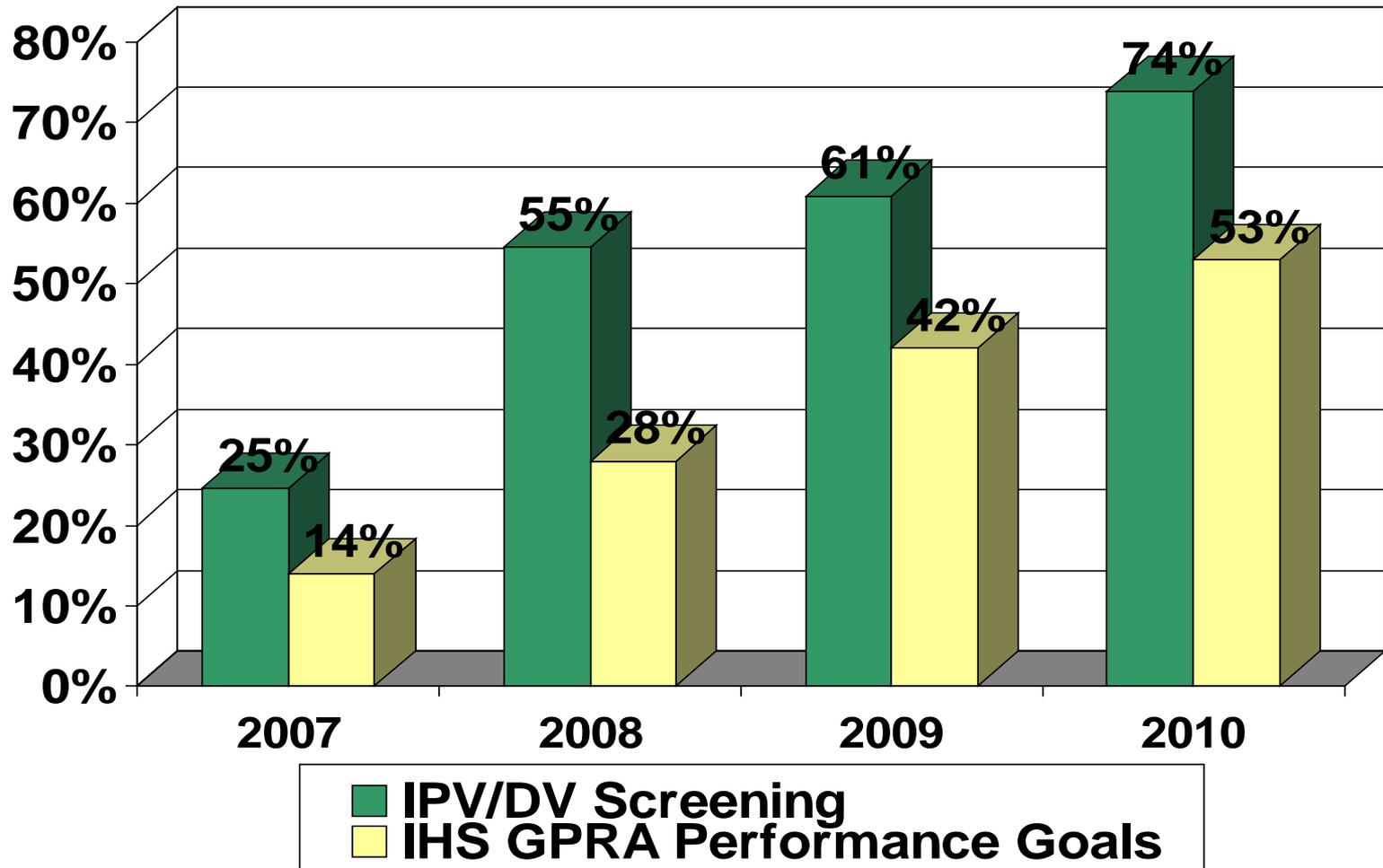
# Process

- Patients are given screening tool at Registration
- Fill out while waiting to be called back to Medical
- Nurse scores sheet and documents in EHR
- If positive screen, referral is made and/or BH called over to assess patient while still in the exam room.
- Immediate intervention is provided if needed, or an appointment is made with the patient for follow-up

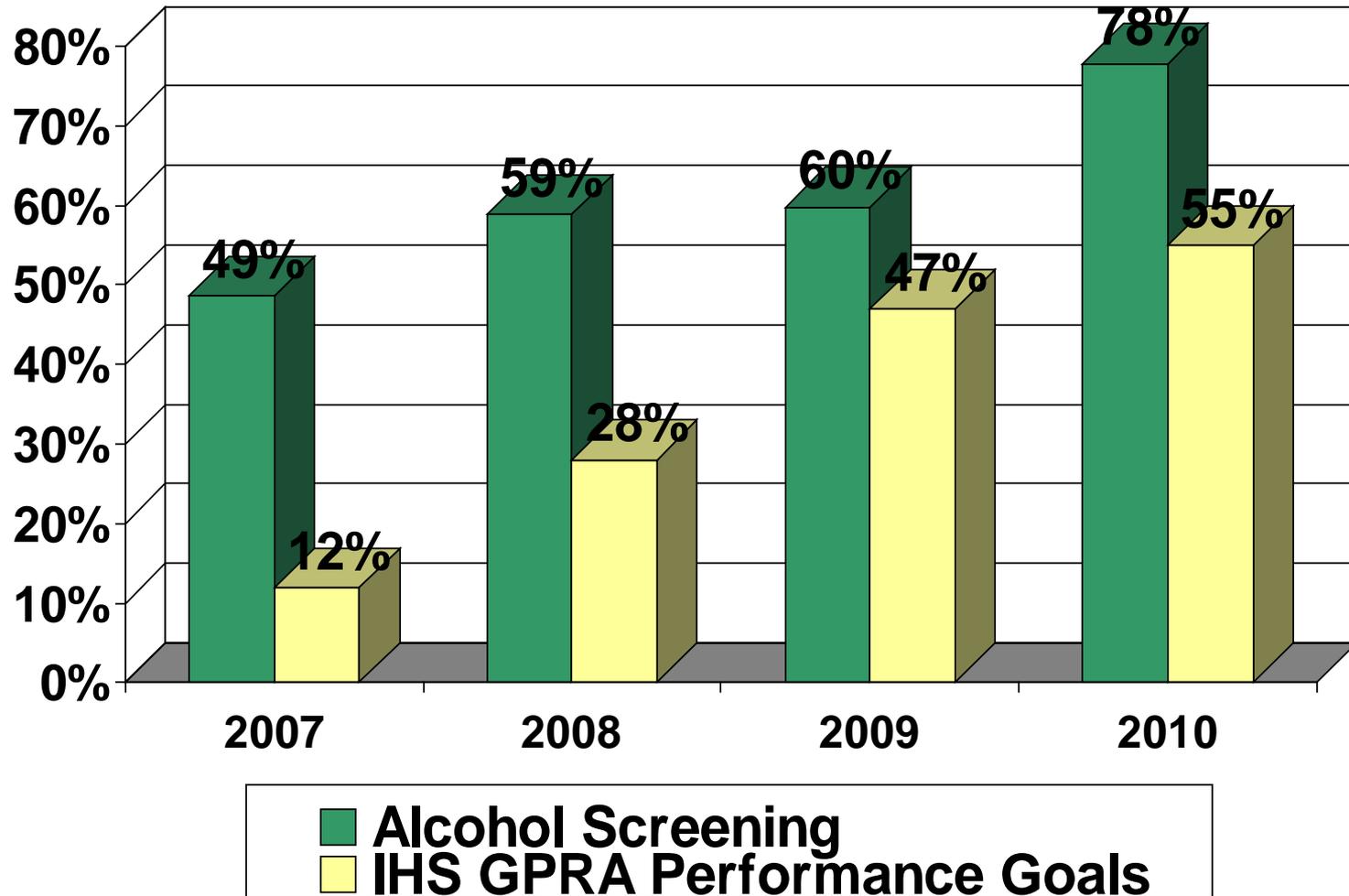
# Patient Flow



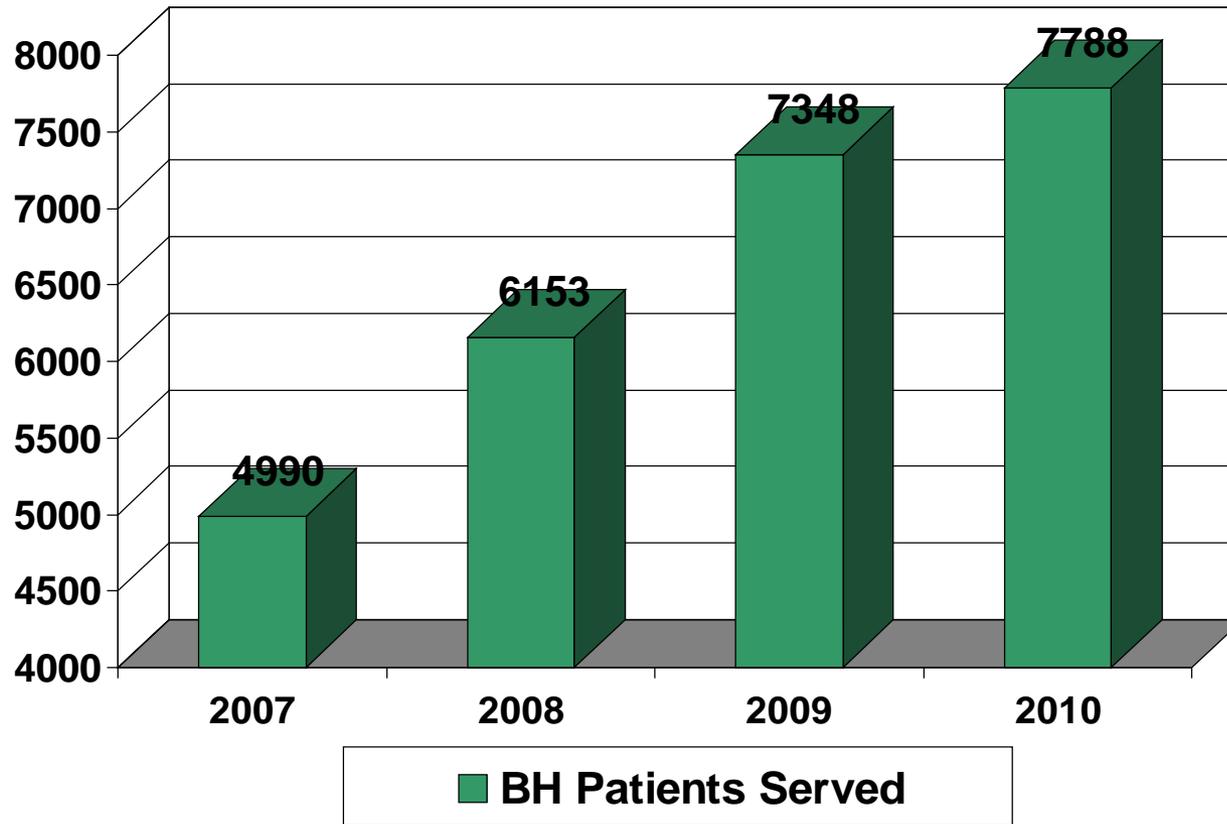
# Outcomes



# Outcomes



# Outcomes



# Prevention Activity Specialist

- Develop and plan activities for youth and their families.
- Advocate Mental & Physical health within the Native American Community.
- Develop, plan and execute physical activity programs for Native American Youth.
- Coordinate and monitor activities for health education programs.
- Emphasize culture components in every activity
- Establish and enhance relationships with community partners.

# Health Promotion/ Disease Prevention

- Provide education and wellness opportunities to patients for disease prevention

# Mentoring services

- Mentoring services are available through our MSPI & DVPI programs
- 1male & 1female mentor
- Serving kids ages 8-17
- Services provided in home or at community