Best Practices: What’s Working in Behavioral Health Integration

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Red Lake Hospital
Behavioral Health Director
Disclaimer

• "If I have seen further it is by standing on ye sholders of Giants".
  - Newton

• I deny any personal gain, incentive, or endorsement of any presented materials/products. I deny any payment for speaking at this presentation.
Shared Goal/Vision

- To improve the overall health outcomes, access to care, and service delivery of our patients.

- **Learning Objective 1:** Describe challenges encountered when integrating behavioral health with primary care

- **Learning Objective 2:** Describe creative solutions to integrating behavioral health with primary care

- **Learning Objective 3:** Explain how to incorporate best practices
THEME

“A True Leader Never Stops Being A Student, Always Learning, Improving. I Don't Listen To KNOW-IT-ALLS”

Lakeisha M Williams
10 Mar 2013 1:58 am

“Steal/borrow shamelessly; share relentlessly!”
Who in the heck is this guy?! 

- White Earth Nation

- Graduate of the **Indians into Psychology Doctoral Education & University of North Dakota Clinical Psychology programs**

- Veteran of Operation Iraqi Freedom III

- University of New Mexico Pre-Doctoral Internship

- Pueblo of Acoma (NM) Post Doc Employment

- Red Lake (Nation) Comprehensive Health Services → Red Lake (IHS) Hospital Behavioral Health Director
  - A unique marriage

- Active member of several Professional Organizations

- **Aspiring** Suicidologist; AAS
Ogichidaa
Ogitchededaw
Pre-doctoral experience
Pueblo of Acoma
Paradigm Shift: a fundamental change in approach or underlying assumptions

- Graduate Education & Advanced Practicum Training ➔
  - Scientist-Practitioner

- Major Health Care System Pre-Doc ➔ Community Health ➔
  - Acoma Behavioral Health Services; Pueblo of Acoma (NM)

- Mobile Crisis Assessment & Intervention ➔
  - Upper Mississippi Mental Health Center

- Culturally Sensitive, (Partially) Integrated Primary Care
  - Clash with BioMed conceptualization model and service delivery

- Continued growth & development
  - Post-doctoral Masters of Science in Clinical Psychopharmacology
  - Supervision & Consultation
  - Professional Organizations & Identity (“Healer/Helper”)
  - Clinical Health Psychologist
Red Lake Hospital

- Sovereign Nation
  - Closed, Dry Reservation
  - Non-member of Minnesota Chippewa Tribe
  - Hereditary Chiefs

- Population of 7-10K
  - Very Migratory
  - 4 Communities
    - Little Rock, Red Lake, Redby, Ponemah

- http://rlnnredlakehospital.com/

- Isolated, Hardship Area
  - Spread across 9 counties
Red Lake Hospital Cont.

- A unique marriage
  - Red Lake Comprehensive Health Services

- The RLSU is an IHS (HQ) Behavioral Health Division Pilot Site
  - Excellence in Depression Screening and IPC

- Not fully serviced
  - May rely on Contract Health Services
# Final Dashboard-2015 GPRA Report for IHS/Tribal

## Data report run on 06/30/15 for Red Lake Hospital

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<th>GPRA Year 2015</th>
<th>Site Baseline</th>
<th>GPRA 2015 Targets</th>
<th>GPRA 2014 Targets</th>
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<td>8671</td>
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<td>3.7%</td>
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<td><strong>FAS Prevention 15-44</strong></td>
<td>76.5%</td>
<td>3.8%</td>
<td>66.7%</td>
<td>65.9%</td>
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<td><strong>DV/IPV Screen 15-40</strong></td>
<td>81.8%</td>
<td>0.3%</td>
<td>61.6%</td>
<td>64.1%</td>
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<td><strong>Depression screen 18+</strong></td>
<td>83.8%</td>
<td>4.0%</td>
<td>64.3%</td>
<td>66.9%</td>
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*Great screening... but what about outcome?*
Our Interdisciplinary Team

- 1 Psychologist
- 2 Social Workers
- 1 (part time) Psychiatrist
- 1 Psychiatric Nurse Practitioner (1 Vacancy)
- 1 Mental Health (MH) Case Manager
- 1 MH Technician (Jack of All Trades)
- 1 MH Administrative Assistant
- Practicum Placement Site; i.e. Psych Interns

- For IHS, this is a very stacked Dept.!
  - ...but who might be missing?
What do you think makes a good Community Leader?

Who are your Champions?
(Some) Qualities of a Community Leader/IPC Champion?

- Credibility/Trustworthy
- Self-Awareness
- Eagerness to learn & adapt
- Advocate/Public Servant
- Tact & Resilience; Poise
Heterogeneity in Health Care Systems

• Within & Between Group (Population) Differences

• Regional/Provider Work Ethic; Corporate Culture

• Champions & Advocates

• Administrative support; policy, mission, and visions

• Comorbidities & Continuity of Care; Communication

• Credentialing, Funding, and Facilities
Challenges/Barriers to Integration

• Lack of unified policies

• Funding mechanisms and reimbursement

• Provider and Organizational Capacity

• Resistance to Change (often w/in BH Professionals)
  • Silos; “You do your thing, I’ll do mine.”

• Health Information Technology

• Translating Integration Models/Research to Practice; Mentors
  • Quality Assurance of Model Fidelity
Red Lake Service Unit

Collaboration Continuum

- Minimal
- Basic at a Distance
- Basic On-site
- Close Partly Integrated
- Close Fully Integrated
The Basics

- Staff MUST support/share the Mission Statement and Vision
- Staff MUST believe themselves to be a Public Servant; capable of mediating, motivating, and/or the catalyst for change
- How often does your staff/department review it’s accessibility, delivery, and integration of services?
- Consult/Referral system? Cross Training? Warm, hallway handoffs
- Are all/most disciplines voting members of your medical staff?
- Campaigning that more BH staff saves money and improves outcomes.
Growing pains

• Hard records are integrated; however, EHR notes have tiered privilege.

• Service Delivery Structure; Clinic Interview and Session length

• Interdepartmental Reciprocity

• RLSU Consult System

• Medical Staff Privileges

• Attrition, turnover

• Transdisciplinary Care; i.e. cross training
Useful Starting Points

- [http://integrationacademy.ahrq.gov/content/Professional%20Practices%20in%20Behavioral%20Health%20and%20Primary%20Care%20Integration](http://integrationacademy.ahrq.gov/content/Professional%20Practices%20in%20Behavioral%20Health%20and%20Primary%20Care%20Integration)

- A Guidebook to Professional Practices in Behavioral Health and Primary Care Integration

- Provider and Practice Level Competencies for Integrated Behavioral Health in Primary Care
Useful Starting Points Cont.

- http://www.umassmed.edu/cipc/

- Certificate Program in Primary Care & Behavioral Health
  - BH as an extension of Primary Care
  - One shared Treatment Plan

- Certificate Program in Integrated Care Management
<table>
<thead>
<tr>
<th></th>
<th>Co-Located Collaborative MH Care</th>
<th>Mental Health Specialty Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>On site, embedded in the primary care clinic</td>
<td>A different floor, a different building</td>
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<tr>
<td><strong>Population</strong></td>
<td>Most are healthy, mild to moderate symptoms, behaviorally influence problems.</td>
<td>Most have mental health diagnoses, including serious mental illness</td>
</tr>
<tr>
<td><strong>Provider Communication</strong></td>
<td>Collaborative and ongoing consultations via PCP’s method of choice (phone, note, conversation). Focus within PACT.</td>
<td>Consult requests, CPRS notes. Focus within mental health treatment team.</td>
</tr>
<tr>
<td><strong>Service Delivery Structure</strong></td>
<td>Brief (20-40 min.) visits, limited number of encounters (avg. 2-3), same-day as PC visit.</td>
<td>Comprehensive evaluation and treatment, 1 hour visits, scheduled in advance.</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Problem-focused, solution oriented, functional assessment. Focused on PCP question/concern and enhancing PCP care plan. Population Health Model.</td>
<td>Diagnostic assessment, psychotherapy and psychopharmacological, individual or group, recovery-oriented care. Broad scope that varies by diagnosis</td>
</tr>
</tbody>
</table>
Common Interventions by an Embedded BH Staff member

- BRIEF CBT

- Psychoeducation

- Supportive Psychotherapy

- Psychopharmacological Consultation

- General Consultation

- Expedite & Orchestrate Referrals

Funderburck et. al. 2011
Cultural Competence: A Review

Diversity

“Each of us shines in a different way, but this doesn’t make our light less bright.” – Albert Einstein
Cultural (Core) Competency: *The know-how and the elbow grease.*

- Cultural competence refers to an ability to interact effectively with people of different cultures.

- Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.
Cultural Competency Cont.

• Cultural competence comprises four components:
  
  • (a) **awareness** of one's own cultural worldview
  
  • (b) **attitude** towards cultural differences
  
  • (c) **knowledge** of different cultural practices and worldviews
  
  • (d) cross-cultural **skills**
Cultural (Core) Competency

• Cultural competence is a journey and process...not an event or destination!

• There are no universal solution(s) or techniques!

• Remember our theme:
  • Always be a student!
The Continuum of Cultural Competence

Stage 1: Destructiveness  
Stage 2: Incapacity  
Stage 3: Blindness  
Stage 4: Precompetence  
Stage 5: Competence & Proficiency

Sources: SAMHSA TIP 59; Comas-Diaz 2012; Cross et al. 1989; Sue and Constantine 2005
MINOBIMAADIZIWIN: “The Good Life” “A Healthy Way of Life”
American Indian Health and Family Services Behavioral Health Department is dedicated to a way of making whole what is fragmented through the guiding principles of Niizhwaswi Kmiishoomsanaanik, the Seven Grandfathers. We welcome you to the Community Healing Clinic.

“Lifetime Services Clinic”; frequent warm handoffs
Gerald L. Ignace Indian Health Center, Inc.
Milwaukee, WI
- Belongingness
- Health Relationships
- Ethnic Pride
- Values congruent with behaviors

- Problem Solving
- Learning from mistakes
- Puzzles/Activities to strengthen memory/attention

- Diet
- Sleep
- Activity Level
- Avoid Unhealthy Lifestyle Choices

- Label, Communicate, Express Feelings
- Adaptability
- Affect Regulation

- Mentally Stimulated
- Socially/Spiritually Connected
- Emotionally Adjusted
- Physically Fit

- Mentally Health Medicine Wheel
  • Diet
  • Sleep
  • Activity Level
  • Avoid Unhealthy Lifestyle Choices

- Emotionally Adjusted
  • Label, Communicate, Express Feelings
  • Adaptability
  • Affect Regulation

- Socially/Spiritually Connected
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  • Values congruent with behaviors

- Mentally Stimulated
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- Physically Fit
  • Diet
  • Sleep
  • Activity Level
  • Avoid Unhealthy Lifestyle Choices

- Emotionally Adjusted
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  • Affect Regulation

- Socially/Spiritually Connected
  • Belongingness
  • Health Relationships
  • Ethnic Pride
  • Values congruent with behaviors

- Mentally Stimulated
  • Problem Solving
  • Learning from mistakes
  • Puzzles/Activities to strengthen memory/attention
6 Pillars of Healthy Lifestyle Change & Chronic Disease Prevention

- Increased Physical Activity
- Improved Sleep Hygiene
- Practice Positive Thinking
- Improved Nutrition
- Decreased Tobacco Use & Exposure
- Decreased hazardous & harmful alcohol use
RPMS Reports

- Consult Tracking Reports
  - CON → CP → enter “mental” specialty → IPD vs. ED vs. OPD

- PHQ-9 vs. Alcohol
- Pathways
  - BHS → PCC → PAT → SCRN → ALC vs DEP → DLS (tally list) → date range → Select item # to be tallied

- Suicide Report Tracking
  - Reports Tab → Suicide Form

- RPMS Pathways
  - BHS → RPTS → PROB → SUIC → SSR → Date Range → All Communities → 0;
  includes all suicidal behaviors → Exclude Demos → Print vs. Browse Results
U.S. Senate Committee on Indian Affairs

- Oversight Hearing on "Demanding Results to End Native Youth Suicides"


The Honorable Robert G. McSwain
Acting Director-Indian Health Service, U.S. Department of Health and Human Services, Rockville, MD

The Honorable Collins "C.J." Clifford
Tribal Council Member-Oglala Sioux Tribe, Pine Ridge, SD

The Honorable Darrell G. Seki, Sr.
Tribal Chairman-Red Lake Nation, Red Lake, MN

Teresa D. LaFromboise, Ph.D.
Professor-Developmental and Psychological Sciences, Graduate School of Education, Stanford University, Stanford, CA
Universal Screening: Patient Stress Questionnaire

• PHQ-9
• GAD-7
• Pain Screen
• PC-PTSD
• AUDIT


• CAGE
• Drug Abuse Screening Test (DAST; 10 Y/N items)
### Patient Health Questionnaire 9 Item Scale

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<th>TMP</th>
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<td>114/74 mmHg</td>
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<td>149.03 lb (67.6 kg)</td>
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<th>BMI%</th>
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<td>90.2 %</td>
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<th>O2</th>
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<td>97 %</td>
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**Graph:**

- **X-axis:** Date (from 11/26/14 to 4/15/15)
- **Y-axis:** Score (from 0 to 11)
- **Data Points:**
  - PHQ9 score over time

---

**Additional Information:**

- **Weight:** 62.9 kg
- **BMI:** 23.84
- **BMI Percentile:** 87.5%
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, 

*in the past month*, you:

1. Have had nightmares about it or thought about it when you did not want to?  
   - No  
   - Yes

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   - No  
   - Yes

3. Were constantly on guard, watchful, or easily startled?  
   - No  
   - Yes

4. Felt numb or detached from others, activities, or your surroundings?  
   - No  
   - Yes

(3)
Exhibit 1. Interrelated Risk Factors for Suicide Among American Indians and Alaska Natives*

- Historical trauma
- Family history of mental illness/substance abuse
- Substance use and abuse
- Feelings of hopelessness or isolation
- Impulsive behavior
- Family disruption/abuse
- Suicidal behavior of self or others
- Cultural distress
- Negative boarding school experience
- Psychological and physical vulnerability (e.g., chronic illness)
- Mental illness and its stigma
- Poverty, unemployment, geographic isolation, and other environmental factors

ACE PYRAMID: A CONCEPTUAL FRAMEWORK

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person’s motivation to reach his or her full potential. As shown in Maslow’s Hierarchy of Needs, a person’s basic needs must be met before self-actualization can be achieved.
Ecological systems theory: Bronfenbrenner
Professional Isolation & Self-Care

• Vicarious Trauma & Compassion Fatigue
  • Escape, Rest, Play

• Are you *reacting* to life stress or *responding* to it?

• *TIOSPAYE* (extended family)

• *MINOBIMAADIZIWIN: “A Healthy Way of Life”*
Helpful “Healer” Characteristics

• Life Experience & Emotional Maturity
• Poise
  • “Here the [Professional] is acting as the rudder for the [person] in the storm of crisis.”
• Quick Mental Reflexes
  • i.e. “Even the best laid plans...”
• Creativity & Flexibility
• Energy & Resiliency

• Hope: In the natural continuity of things and cycles, your culturally sensitive role may simply be to nudge and/or reframe people toward a future orientation...To Live To See The Great Day That Dawns!
Consultation, Committees, & Forums

- “Warm,” hallway handoffs
- Emergency Department Improvement Committee
- IPC/GPRA Team Captains
- Interdisciplinary Review Team
  - ID and triage @ Risk Youth
  - Peer Support
- IPD Morning Report
- Child @ Adult Protection Team meetings
- Red Lake Nation Mental Health Board
- Public Speaking
Bx Emergency (ED) Flowsheet

**Patient Registration & Triage (ED Staff)**
- Screen for depression & Suicidal/Self Harm Ideation or parasuicidal gestures
- Admin PHQ-9, review SAD PERSONS Scale for risk factors, initiate Suicide Reporting Form
- If < 18 years old, immediately call caregiver or legal guardian
- Any report from outside of the facility should be f/u with a wellness check by the Red Lake PD

**Call Security & Order Labs (ED Staff)**
- Line of site at all times
- Order Suicide Lab Panels in EHR
- Check for active MA (especially for minors) or for any outstanding warrants. These issues may stall or inhibit outside placement

**Physical Examination by Attending Physician**
- Interview patient/family
- Medically Cleared (including intoxication)?
- No = ICU, cont. observations, use other medically necessary interventions or admit to full service facility, etc.
- Yes = **Order BH Consult** for continuity (i.e aftercare); call BH on-call for collaboration and integrative care

**BH Crisis Assessment (BHD Staff)**
- BH staff to consult with ED staff
- If applicable, BH staff to Interview patient/family
- Weigh Risk vs. Protective Factors and available resources

**Recommendations (ED Staff)**
- D/C to responsible party with BHD f/u appt.
- Detox Center or Jail
- 72 hr. Hold & inpatient psychiatric placement
- Call MOD for RLSU inpatient placement (this is a SOP our Suicide Risk Examination & Interventions policy)

**Outside Placement (ED Staff)**
- Examiner Statement of Hold Order?
- Call facility, exchange contact info, fax all pertinent documentation; **get update from facility every 15-30 min**
- Transport Element arranged?
- Transfer Form Complete? Clearly document Admitting Facility & Attending Physician on form and in EHR

**Review & Follow Up (BHD Staff)**
- BH Director to Review all BH Encounters/Transfers
- Cross reference for Suicide Reporting Form
- BHD Support staff to contact patient the following morning OR collaborate with admitting facility
Local Case Number: [Blank]
Provider: MCDOUGALL, CASEY L
Date of Act: 4/22/2015
Community Where Act Occurred: BEMIDJI

Relationship Status: SINGLE
Employment Status: UNEMPLOYED

Self Destructive Act: IDEATION W/ PLAN AND INTENT
Previous Attempts: 2
Location of Act: HOME OR VICINITY

Disposition: IN-PATIENT MENTAL HEALTH TREATMENT (INVOLUNTARY)

Method | Substance Use | Contributing Factor(s) | Narrative |
--- | --- | --- | --- |
Suicide of Friend or Relative | History of Substance Abuse/Dependency | History of Mental Illness | Other (specify) |
Death of Friend or Relative | Divorce/Separation/Breakup | History of Physical Illness | family discord |
Victim of Abuse (Current) | Financial Stress | | |
Victim of Abuse (Past) | History of Mental Illness | | |
Occupational/Educational Problem | History of Physical Illness | | |

Print | Close | Save

Zzdemo, Spongebob  M  DOB 4/12/1939  Age 76  HRN 777779
SAD PERSONS Scale

- Patterson et. al.; Medical Origins

- **S:** Male sex
- **A:** Age 15-25 or 59+ years
- **D:** Depression or hopelessness

- **P:** Previous suicidal attempts or psychiatric care
- **E:** Excessive ethanol or drug use
- **R:** Rational thinking loss (psychotic or organic illness)
- **S:** Single, widowed or divorced
- **O:** Organized or serious attempt
- **N:** No social support
- **S:** Sickness and/or Stated future intent (determined to repeat or ambivalent)

- This score is then mapped onto a risk assessment scale as follows:
  - 0–5: May be safe to discharge (depending upon circumstances)
  - 6-8: Probably requires psychiatric consultation
  - >8: Probably requires hospital admission
## IS PATH WARM?

- American Association of Suicidality

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
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<tbody>
<tr>
<td>I</td>
<td>Ideation</td>
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<tr>
<td>S</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>P</td>
<td>Purposelessness</td>
</tr>
<tr>
<td>A</td>
<td>Anxiety</td>
</tr>
<tr>
<td>T</td>
<td>Trapped</td>
</tr>
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<td>H</td>
<td>Hopelessness</td>
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<td>W</td>
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<td>A</td>
<td>Anger</td>
</tr>
<tr>
<td>R</td>
<td>Recklessness</td>
</tr>
<tr>
<td>M</td>
<td>Mood Changes</td>
</tr>
</tbody>
</table>
### Sample Safety Plan

#### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. 
2. 
3. 

#### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. 
2. 
3. 

#### Step 3: People and social settings that provide distraction:
1. Name: ___________________ Phone: ___________________
2. Name: ___________________ Phone: ___________________
3. Place: ___________________ Phone: ___________________

#### Step 4: People whom I can ask for help:
1. Name: ___________________ Phone: ___________________
2. Name: ___________________ Phone: ___________________
3. Name: ___________________ Phone: ___________________

#### Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name: ___________________ Phone: ___________________
   Clinician Pager or Emergency Contact #: ___________________
2. Clinician Name: ___________________ Phone: ___________________
   Clinician Pager or Emergency Contact #: ___________________
3. Local Urgent Care Services:
   Urgent Care Services Address:
   Urgent Care Services Phone:
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) **TXT4LIFE - TXT "LIFE" to 61222**

#### Step 6: Making the environment safe:
1. 
2. 

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Depression Screening Day(s)

- A Community Outreach and Employee Health Event

- Reinforcing Relationships with all stakeholders
  - Tribal Code Committees

- Tribal Agencies

- Wellness Counselors

- Open Houses (Refreshment, De-stress Fests)

- In-Services
Creative Solutions

- Revamping scheduling system
  - Same day appointments
  - ER Follow Ups
  - Expedited diagnostic assessment
  - 40% → 25% no show rate through f/u slips, reminder letters, courtesy calls, and enhanced patient education.
- Work Study Pilot Project
Creative Solutions Cont.

• Innovative Use of Technology (Qualitik)
  • Tablets & Kiosks to administer:
    • Screening tools
    • No show and patient satisfaction questionnaires,
    • Track outcomes.
Creative Solutions

- Staggered clinics
- Open later hours
- Embedded Mental Health Provider
- Image
- Tele-psychiatry; Sanford Health
- Records; vista imaging.
Resources

• To Live To See the Great Day That Dawns: Preventing Suicide by American Indian & Alaska Native Youth and Young Adults. [SAMHSA.]

• The Suicidal Patient: Clinical & Legal Standards of Care; 2nd Ed. [Bruce Bongar.]


• Fundamentals of Crisis Counseling. [Geri Miller]
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