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".***

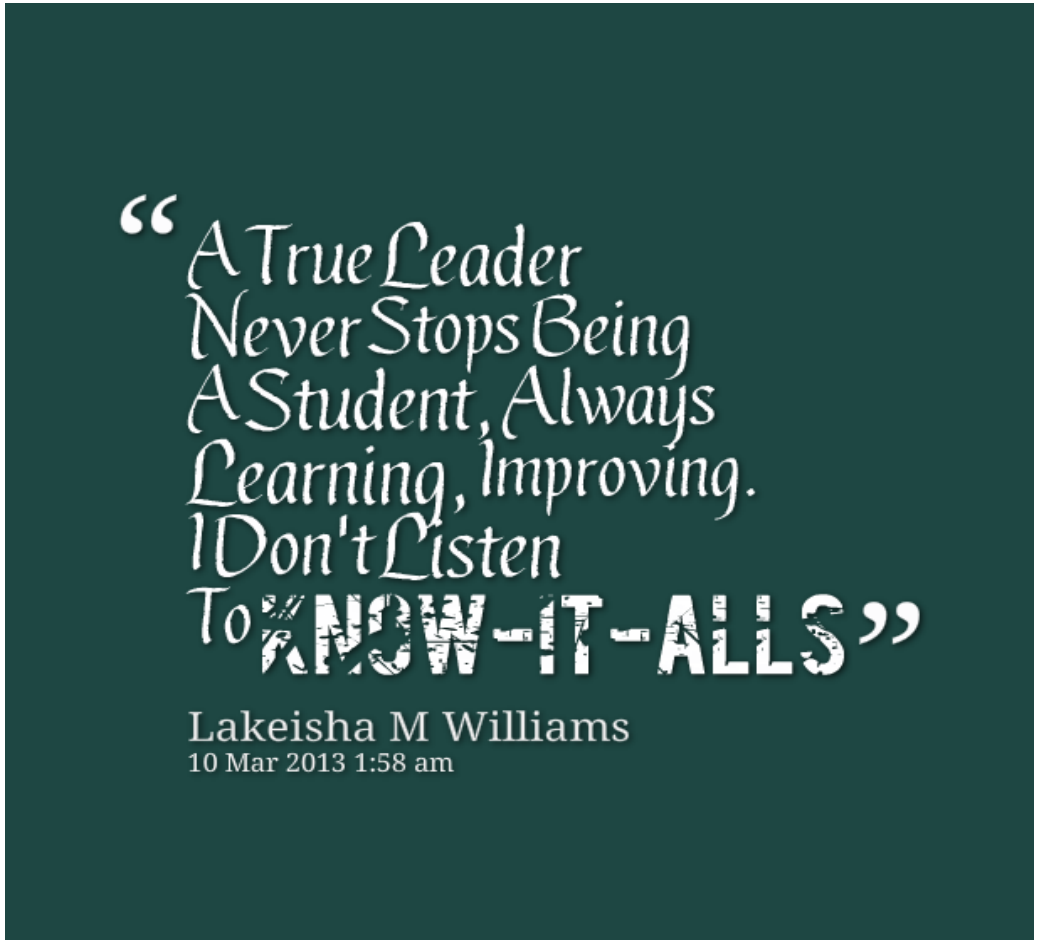
  - Newton

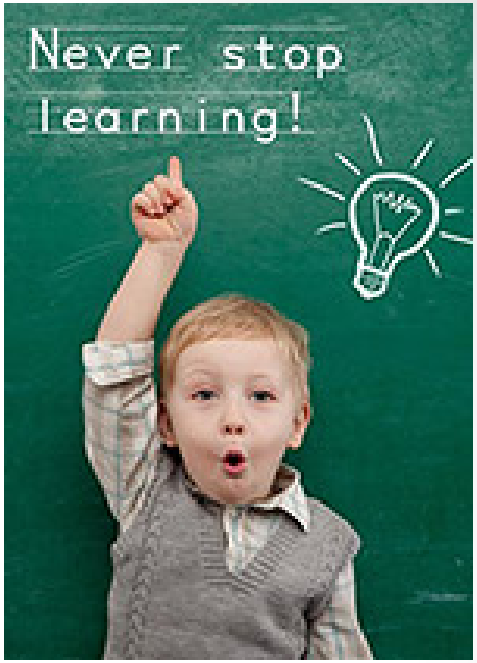
- I deny any personal gain, incentive, or endorsement of any presented materials/products. I deny any payment for speaking at this presentation.

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





"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

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	GPRA Year 2015	Site Baseline	GPRA 2015 Targets	GPRA 2014 Targets
# User Pop	8671	6862	N/A	N/A
Tobacco Cessation	76.1%	3.7%	46.3%	45.7%
BEHAVIORAL HEALTH	***Great screening…but what about outcome?***			
FAS Prevention 15-44	76.5%	3.8%	66.7%	65.9%
DV/IPV Screen 15-40	81.8%	0.3%	61.6%	64.1%
Depression screen 18+	83.8%	4.0%	64.3%	66.9%

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

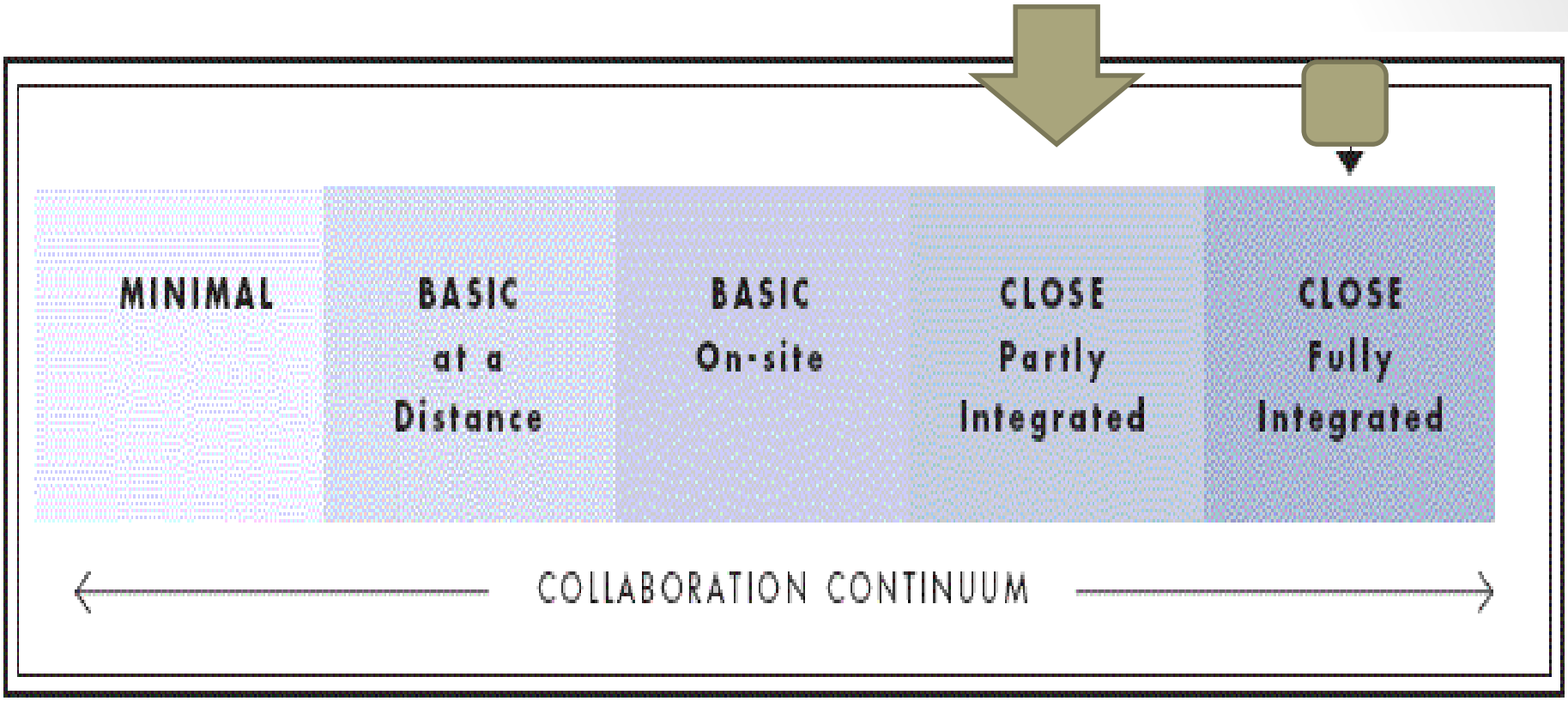
Heterogeneity in Health Care Systems

- 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



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

The Academy
Integrating Behavioral Health and Primary Care

- 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

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

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

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.

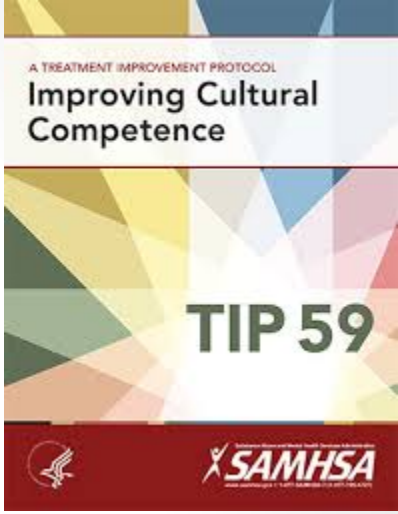
Cultural Competency Cont.

- 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**

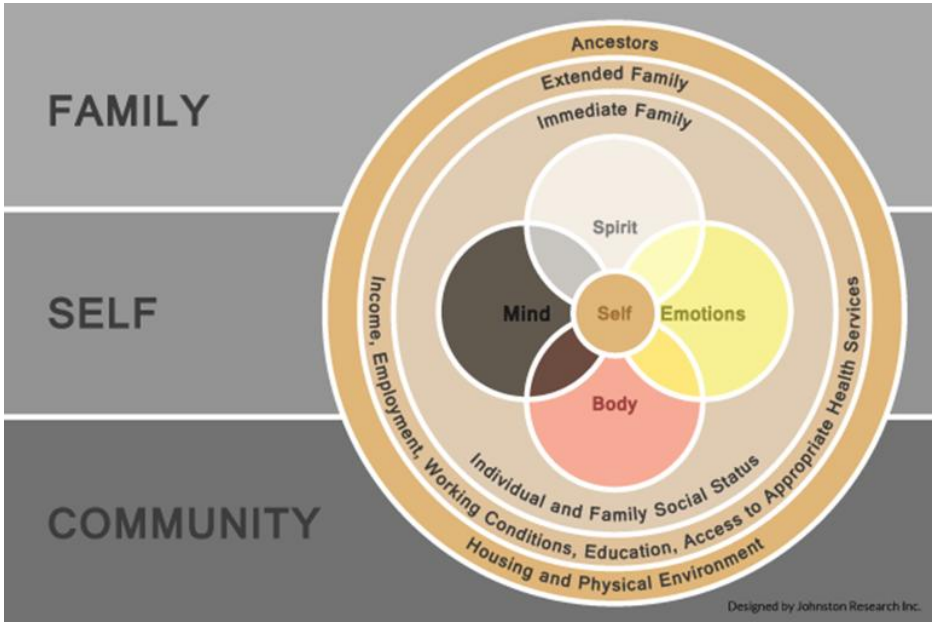
Cultural (Core) Competency

- 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



Sources: SAMHSA TIP 59; Comas-Diaz 2012; Cross et al. 1989; Sue and Constantine 2005



MINOBIMAADIZIWIN:
“The Good Life”
“A Healthy Way of Life"

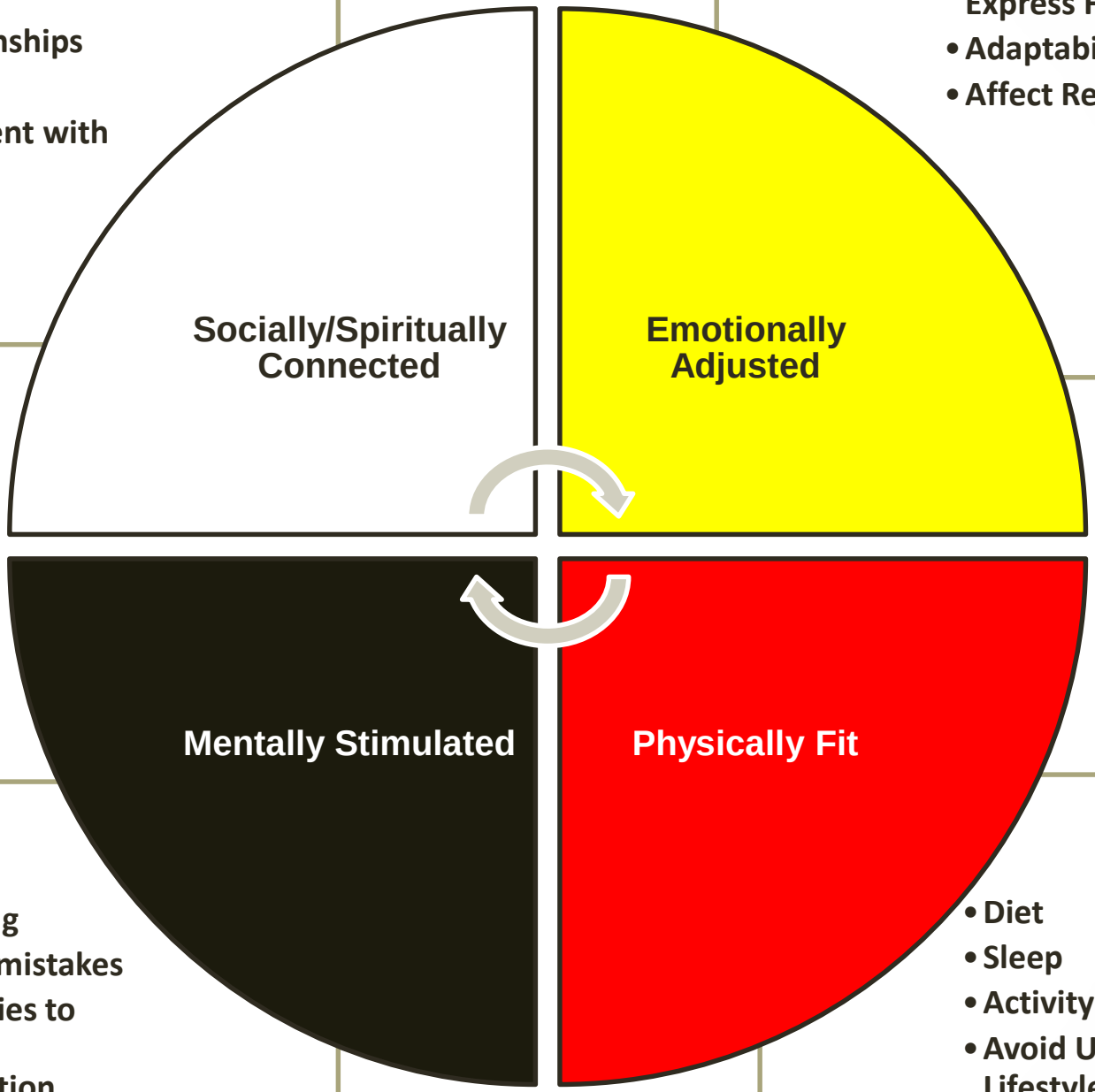
American Indian Health and Family Services Behavioral Health Department is dedicated to a way of making whole what is fragmented through the guiding principles of Niizhwaswi Kmiishoomsanaanik, the Seven Grandfathers. We welcome you to the Community Healing Clinic.

"Lifetime Services Clinic"; frequent warm handoffs

Gerald L. Ignace Indian Health Center, Inc.
Milwaukee, WI

- Belongingness
- Health Relationships
- Ethnic Pride
- Values congruent with behaviors

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



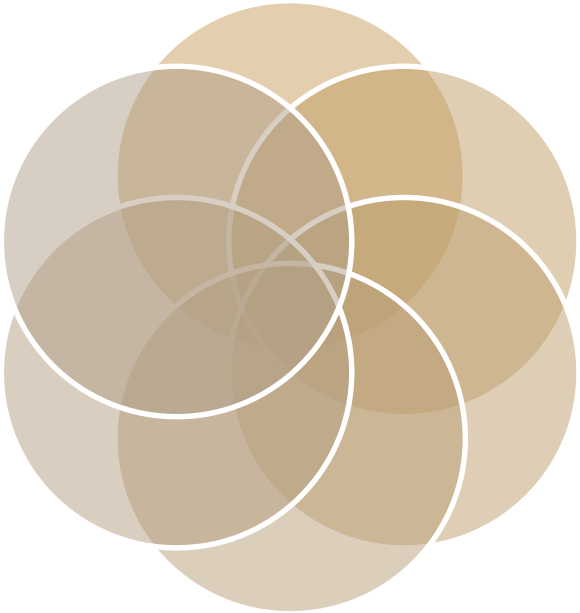
- Problem Solving
- Learning from mistakes
- Puzzles/Activities to strengthen memory/attention

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

6 Pillars of Healthy Lifestyle Change & Chronic Disease Prevention

Increased Physical Activity

Improved Sleep Hygiene



Improved Nutrition

Practice Positive Thinking

Decreased Tobacco Use & Exposure

Decreased hazardous & harmful alcohol use

Kottke T, Baechler C, Canterbury M, Danner C, Erickson K, Hayes R, Marshall M, O'Connor P, Sanford M, Schloenleber M, Shimotsu S, Straub R, Wilkinson J. **Institute for Clinical Systems Improvement. Healthy Lifestyles.** Updated May 2013.

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"

- http://www.indian.senate.gov/hearing/oversight-hearing-demanding-results-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

- http://www.integration.samhsa.gov/clinical-practice/screening-tools

- CAGE
- Drug Abuse Screening Test (DAST; 10 Y/N items)

Patient Health Questionnaire 9 Item Scale

Notifications | Visit Elements | IPL | Orders | Notes | Med Mgt | Labs | Reports | Consults/RCIS | Well Child | DC Summary | Novo-Tool

Cover Sheet | Triage | Vitals | Screening | CPT/EM | Patient Ed | Patient Goals | Immun/Skin Tests | Clinic Schdule | Optometry

Vital	Value	Date	N
PHQ9	3	26-Mar-2...	
TMP	98.5 F (36.94...	25-Feb-2...	
PU	116 /min	25-Feb-2...	
RS	23 /min	25-Feb-2...	
BP	114/74 mmHg	25-Feb-2...	
HT	65 in (165.1 ...	25-Feb-2...	
WT	149.03 lb (67...	25-Feb-2...	
PA	0	25-Feb-2...	
BMI	24.8	25-Feb-2...	
BMIP	90.2 %	25-Feb-2...	
O2	97 %	25-Feb-2...	
CRFT	0	24-Feb-2...	
PHQ2	3	01-Dec-2...	
HC	18.11 in (46 ...	22-Apr-20...	

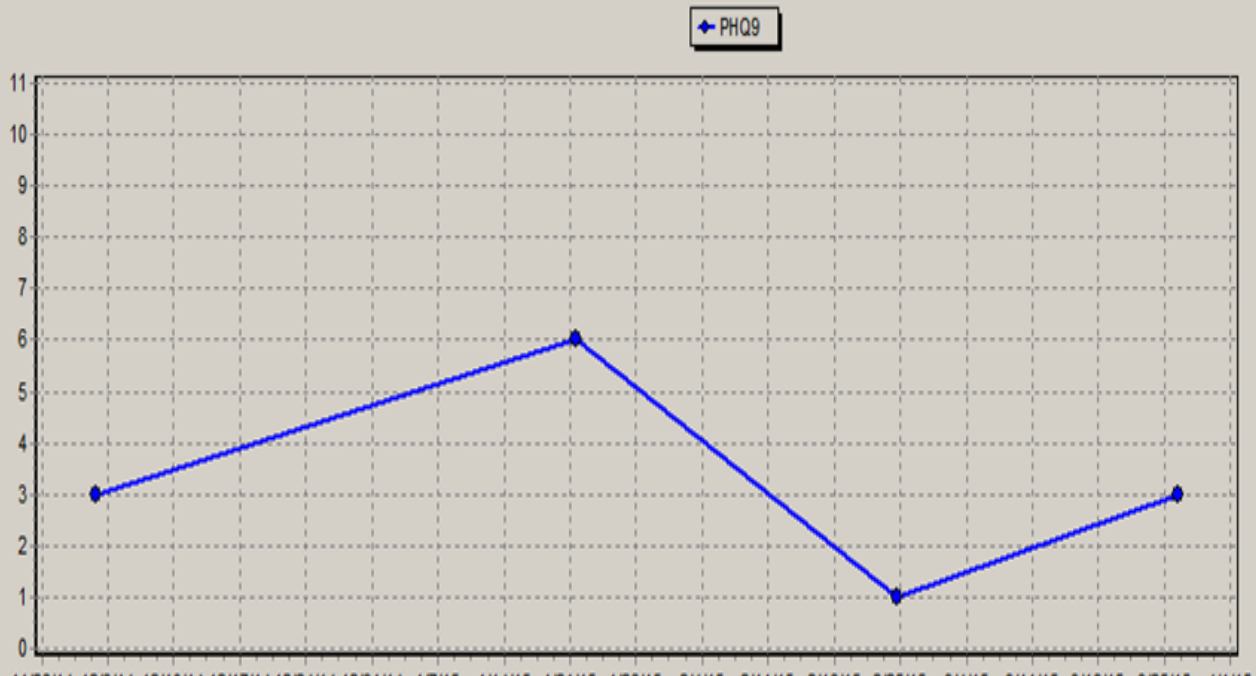
	29-Sep-2014 21:30	30-Sep-2014 20:19	21-Oct-2014 17:32	07-Nov-2014 13:15	21-Nov-2014 09:51	01-Dec-2014 16:10	21-Jan-2015 15:21	24-Feb-2015 15:24	25	
Weight	62.9	62.1	63		63.5					kg
Pain	8	6	0		0					
Body Mass Index					23.84					
B.M.I. Percentile					87.5					5-85 %
02 Saturation	99	98	100		98					%
Crafft				0			0	0		
PHQ2						3				
PHQ9						3	6	1		

Enter Vitals...

Today
One Week
Two Weeks
One Month
Six Months
One Year
Two Years
All Results
Date Range

Default Units

- [ ] Values
- [ ] Zoom
- [ ] 3D
- [x] Grid
- [ ] Age



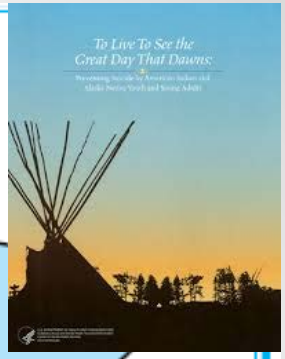
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, ***in the past month***, you:

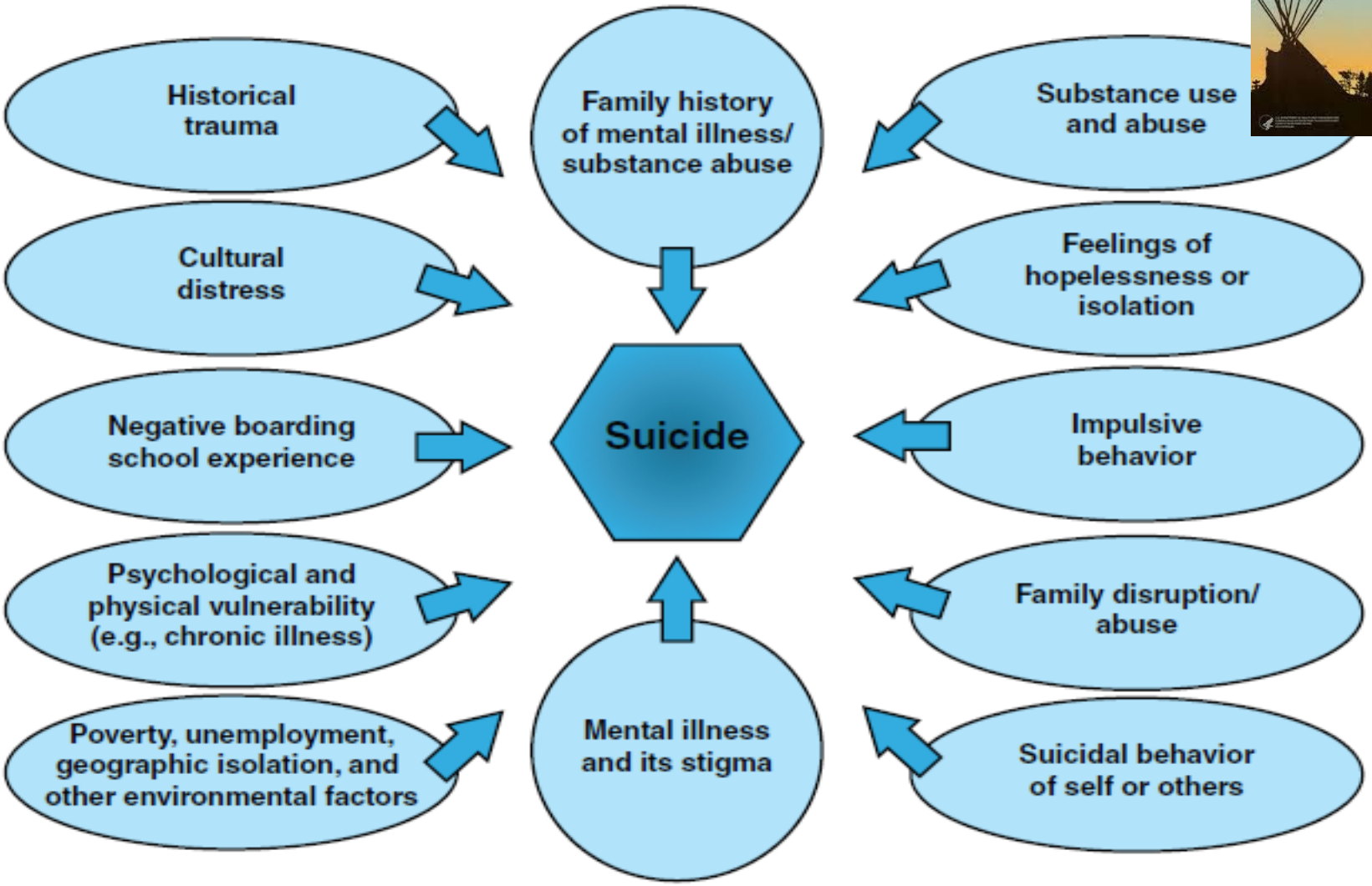
1. Have had nightmares about it or thought about it when you did not want to?	No	Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
3. Were constantly on guard, watchful, or easily startled?	No	Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	Yes
(3)		

Primary Care PTSD Screen

Screenings may not be culturally sensitive; could overpathologize people; also this has observed to be strong reactions of bereavement in Native People

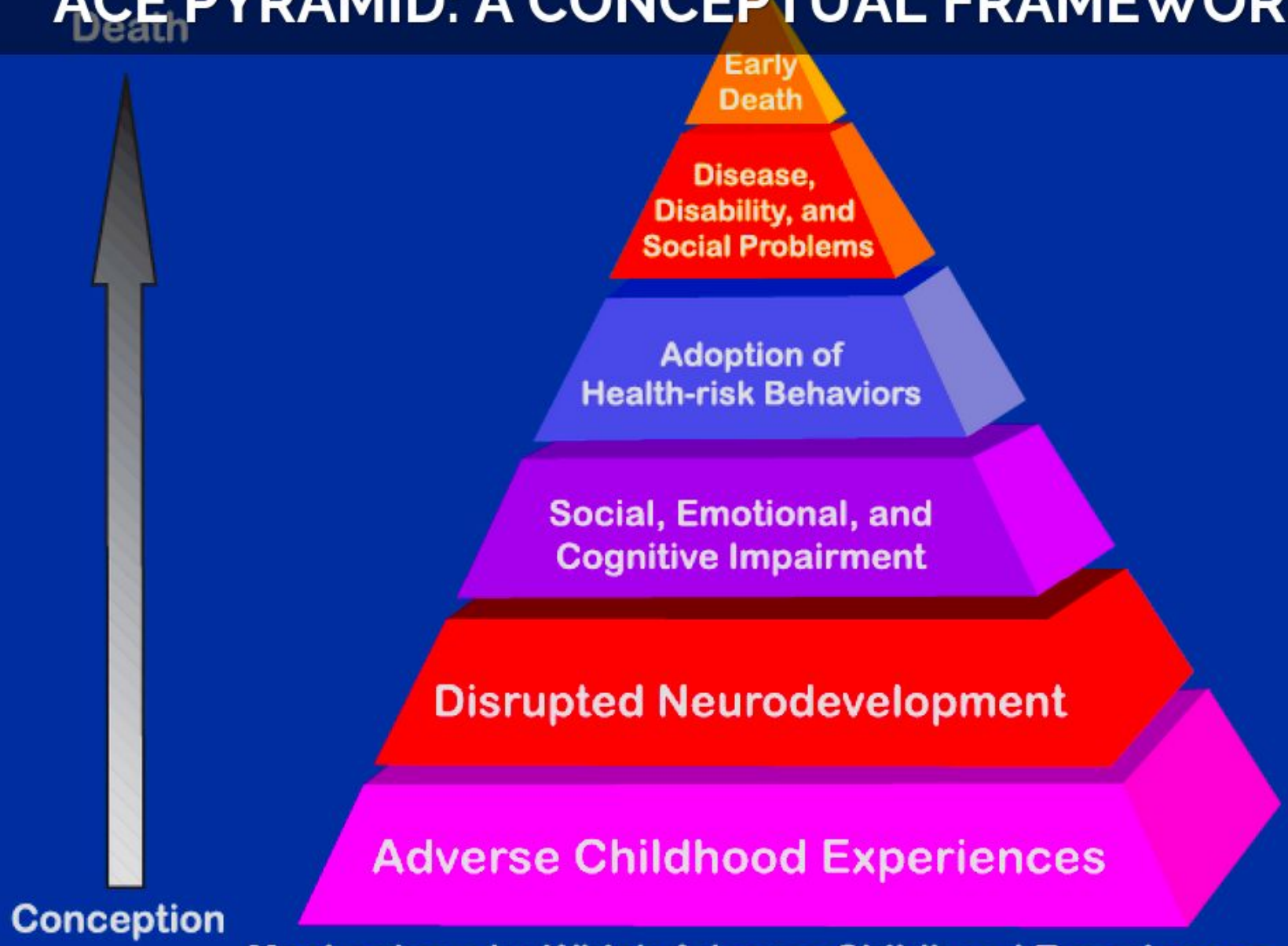
Exhibit 1. Interrelated Risk Factors for Suicide Among American Indians and Alaska Natives*





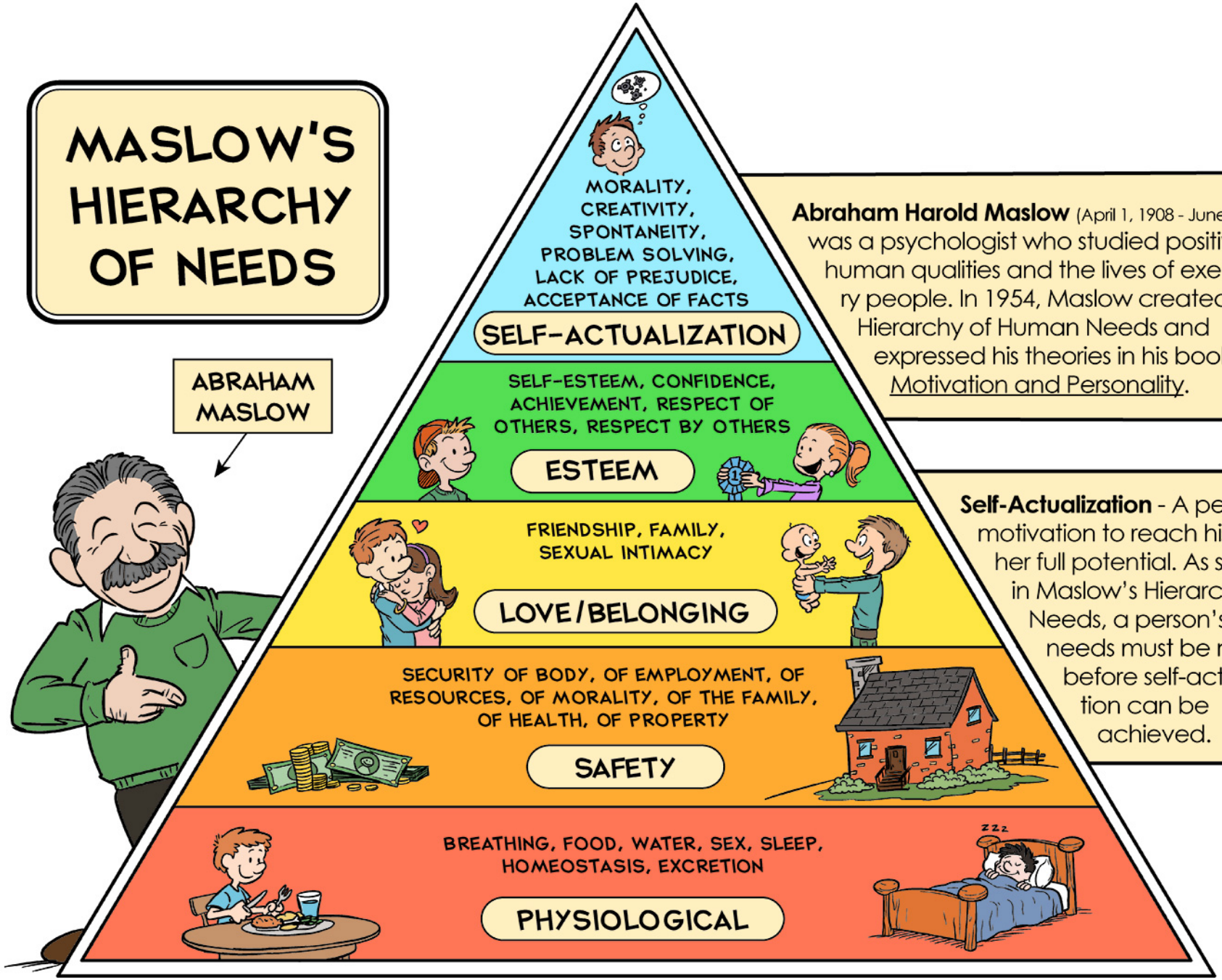
*Adapted from Walker, D., Walker, P. S., & Bigelow, D. (2006). *Native Adolescent Suicide Cofactors: Prevention and Treatment Best Practices*. PowerPoint presentation available from One Sky Center, at http://www.oneskycenter.org/education/presentations.cfm.

ACE PYRAMID: A CONCEPTUAL FRAMEWORK



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

MASLOW'S HIERARCHY OF NEEDS



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.

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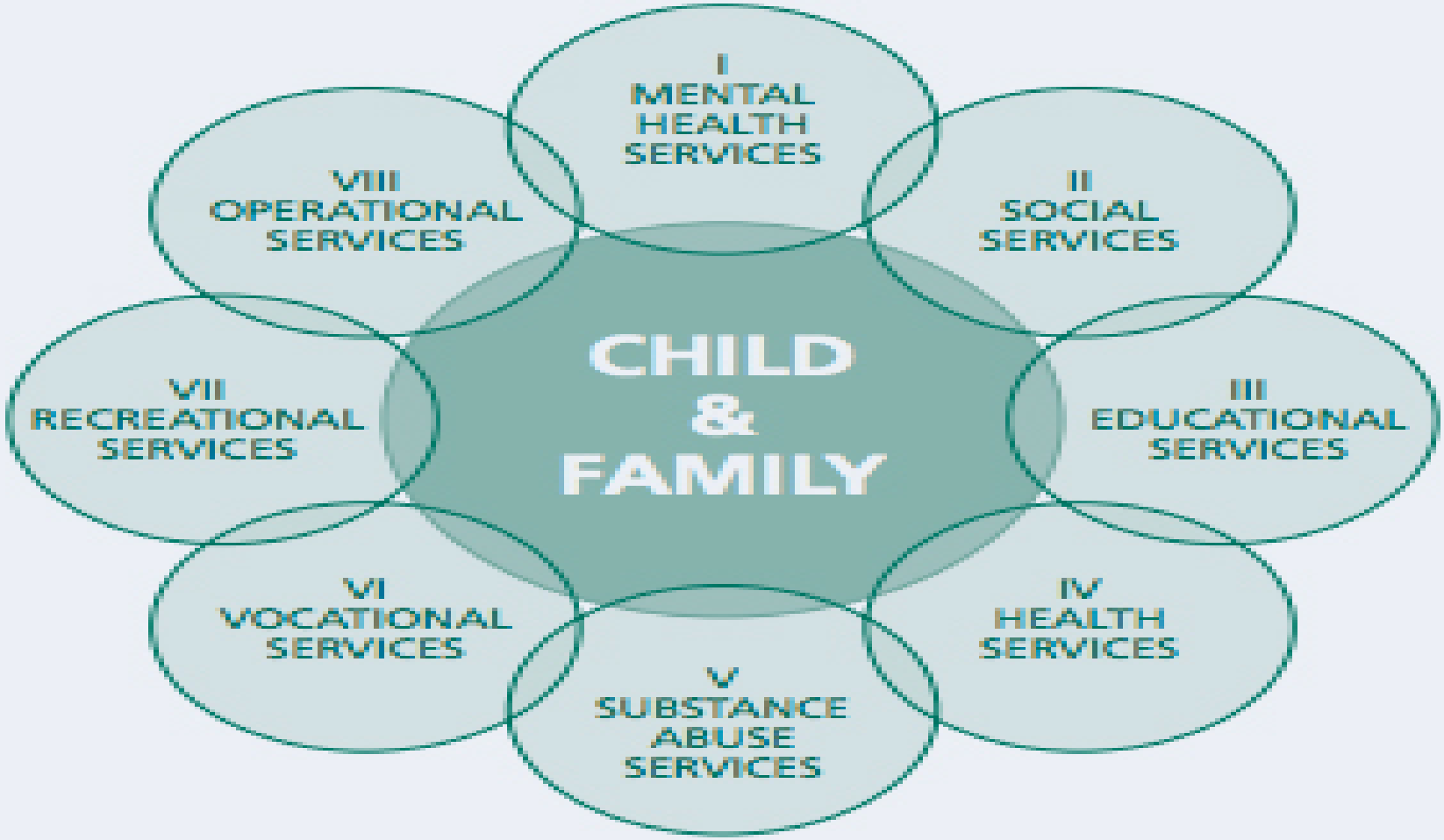
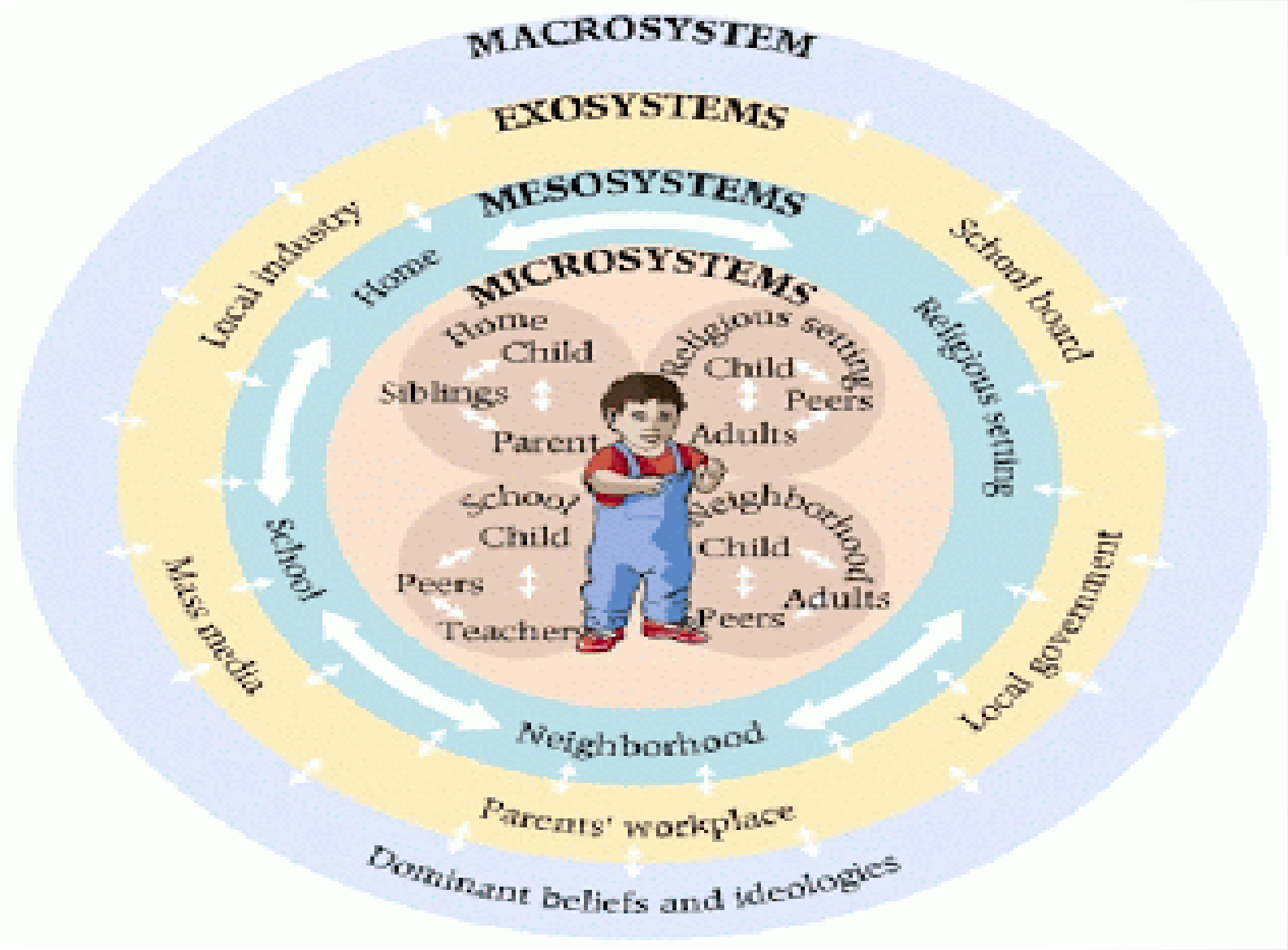
System of Care Framework



From Stroul, B. & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (rev. ed., p. 30). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Ecological systems theory: Bronfrenbrenner



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 documenation; **get update from facility every 15-30 min**
- Transport Element arranged?
- Transfer Form Complete? Clealry 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

Suicide Reporting Form - ADD

Local Case Number

Provider: MCDOUGALL,CASEY L

Date of Act: 4/22/2015 Clear

Community Where Act Occurred: BEMIDJI

Relationship Status: SINGLE

Education Level: HIGH SCHOOL GRADUATE/G

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 (INVOLUNTAR

Method | Substance Use | Contributing Factor(s) | Narrative

- [ ] Suicide of Friend or Relative
- [ ] Death of Friend or Relative
- [ ] Victim of Abuse (Current)
- [ ] Victim of Abuse (Past)
- [ ] Occupational/Educational Problem
- [ ] History of Substance Abuse/Dependency
- [ ] Divorce/Separation/Breakup
- [ ] Financial Stress
- [ ] History of Mental Illness
- [ ] History of Physical Illness
- [ ] Legal
- [ ] Unknown
- [x] Other (specify): family discord

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**

I	**Ideation**	Threatening to hurt or kill self, looking for ways to die
S	**Substance Abuse**	Increased or excessive substance (alcohol or drug) use
P	**Purposelessness**	No reason for living; no sense of purpose in life
A	**Anxiety**	Anxiety, agitation, unable to sleep or sleeping all the time
T	**Trapped**	Feeling trapped - like there's no way out; resistance to help
H	**Hopelessness**	Hopelessness about the future
W	**Withdrawal**	Withdrawing from friends, family and society
A	**Anger**	Rage, uncontrolled anger, seeking revenge
R	**Recklessness**	Acting recklessly or engaging in risky activities, seemingly without thinking
M	**Mood Changes**	Dramatic mood changes

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_____ 4. Place_____

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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The one thing that is most important to me and worth living for is:

_____

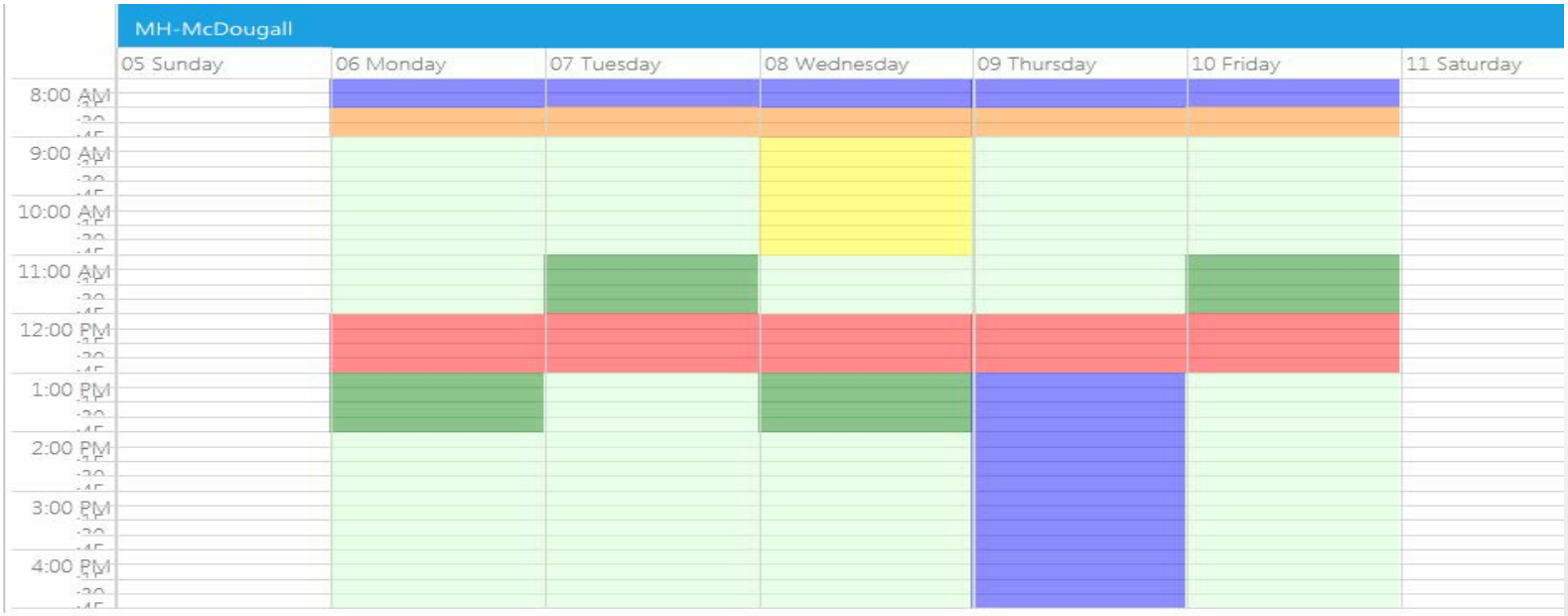
http://www.sprc.org/

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

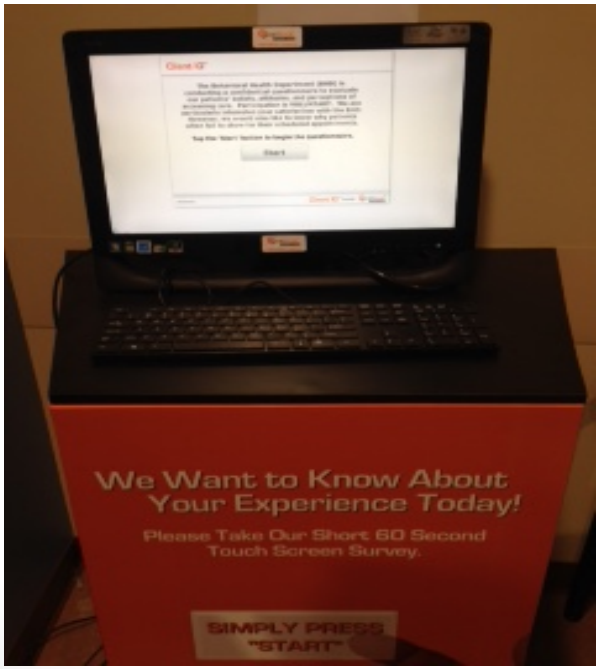
Creative Solutions

- 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.



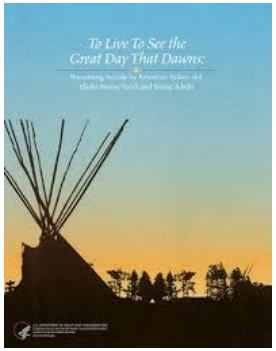
Response Rate Center
Filter
Video Tutorial
Export Center
Auto Report Profile
Active/Inactive
Time Period
Red Lake Pat Sat
Quarter 4, 2013
Quarter 1, 2014
Quarter 2, 2014
Quarter 3, 2014
October
November
December
January
February
March
April
May
June
July
August
September
Monthly Response Rate
Export
April Projection
27
April
March - 43
February - 30
Response Rate
Combine/Breakdown
Oct
Nov
Dec
Jan
Feb
Average Response Rate
By Day
Time Period
001.00
Benchmark
Time Period
Export
Goals

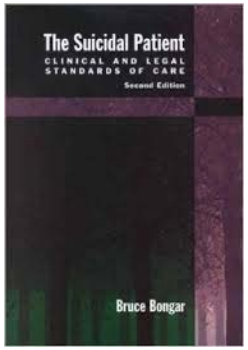
1) Choose Survey Locations.
2) Choose Question/Report.
3) Click 'Run Report' to see data.
4) You can also update the date range and apply filters.
Choose Survey Locations
Choose Question/Report
What is your overall satisfaction wil
Filter 1
Please Select
Add Filter
Date/Time From
11/1/2014 12:00 AM
Date/Time To
4/30/2015 11:59 PM
Date/Time From
Enter date
Date/Time To
Enter date
[Click inside the textbox to edit the time]
Run Report
Survey Locations Chosen
Jan N = 23
Feb N = 24
Mar N = 40
Apr N = 17
Monthly
Patient Comments
01/16/2015
Work on professionalism and customer service
Key Drivers
Export
What is your overall satisfaction with the BHD?
What is your overall satisfaction with the Red Lake Hospital?
Excellent 64% (67)
Good 29% (30)
Average/Fair 5% (5)
Below Average 1% (1)
Poor 1% (1)
Excellent 27% (28)
Good 47% (49)
Below Average 4% (4)
Poor 6% (6)
Average/Fair 16% (17)

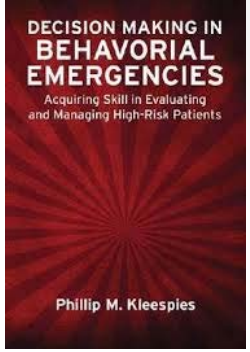
Creative Solutions

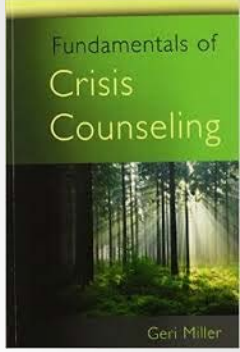
- Staggered clinics
- Open later hours
- Embedded Mental Health Provider
- Image
- Tele-psychiatry; Sanford Health
- Records; vista imaging.

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.**
- Decision Making in Behavioral Emergencies: Acquiring Skills in Evaluating & Managing High-Risk Patients. **Phillip M. Kleespies.**
- Fundamentals of Crisis Counseling. **Geri Miller**

MIGWITCH!

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