Introducing Trauma-Informed Care in the Chickasaw Nation

Dr. Amber Anderson, LMFT

Dr. Shannon Dial, LMFT

Agenda

- Who is the Chickasaw Nation?
- What is Trauma Informed Care?
- Trauma Informed Staff
- Integrated Care
- Zero Suicide
  - Depression Screening
- Pediatric Integrated Care Collaborative (PICC)
- Lessons Learned
- Considerations for your system

The Chickasaw Nation

- A federally recognized Indian tribe.
- Boundaries include 7,648 square miles.
- The Chickasaw Nation population is more than 64,000 citizens, with more than 30,000 of those citizens living in Oklahoma.

Chickasaw Nation Health System Sites

- Ada – Chickasaw Nation Medical Center (Hospital & Outpatient Services)
- Ardmore, Tishomingo, Purcell – Satellite Clinics

Serves any Native American with CDIB card.
More than 800,000 visits a year
4,500-5,000 ED visits a month.

Chickasaw Nation Behavioral Staff

- Twenty plus Masters Level Therapists
- Four Adult Psychiatrists
- One Child Psychiatrist
- One Psychologist

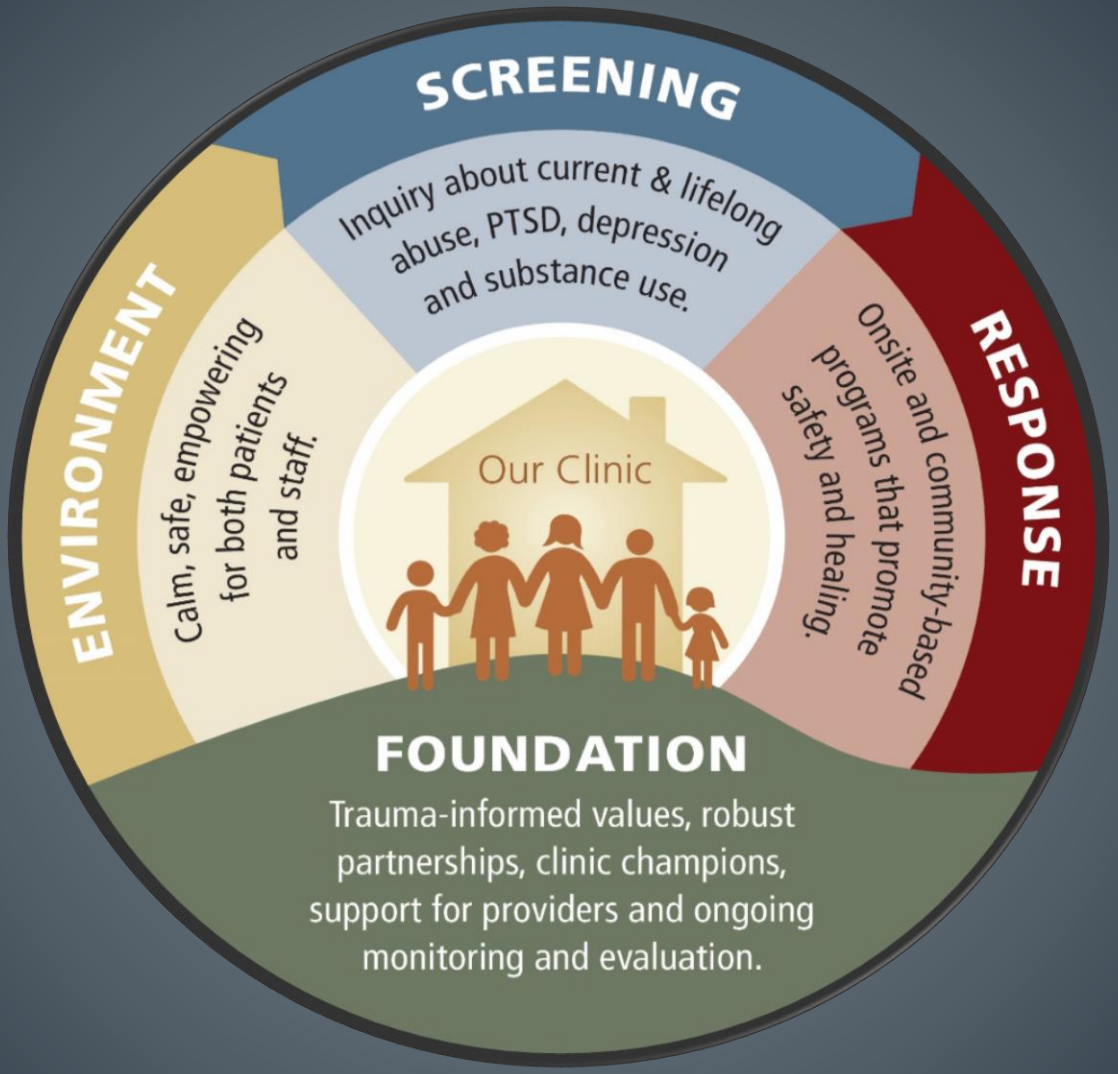
Additional therapy services located outside the health system within the tribe.

What is Trauma Informed Care?

- "A strength-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both provider and survivors to rebuild a sense of control and empowerment."

SAMHSA, 2014, P. xix

Trauma-informed Primary Care



Machtinger, E. L., Cuca, Y.P., Khanna, N., Dawson Rose, C., Kimberg, L.S. (2015). From treatment to healing: the promise of trauma informed primary care. Women's health issues, 25(3).

Understanding Trauma Informed Care

Quadruple Aim

"Care of the patient requires care of the provider." Bodenheimer & Sinsky, 2014

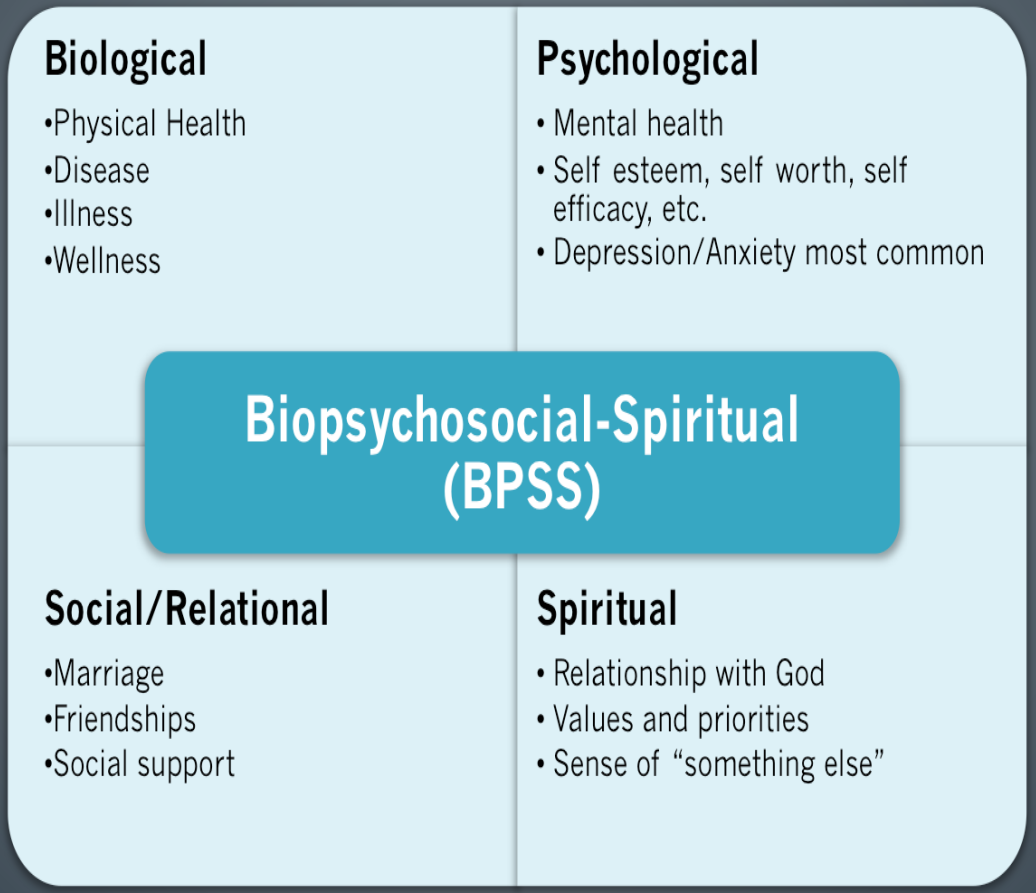
Chickasaw Nation Healthcare Staff

- Predominately Native American staff – more than 1,300 employees
- Increased probability of mental health concerns & suicide
- Clinician and staff satisfaction of high importance
- Relationship building key component

Improving the Work Life of Health Care Staff

- Trauma informed workplace training
- "What happened to my co-worker?" vs. "What is wrong with my co-worker?"
- Safety plans
- Community meetings

What is Integrated Care?



McDaniel, Doherty, & Hepworth, 2014, p.5

Integrated Care at The Chickasaw Nation

- Transition to Integrated Care in 2014
- Creation of Medical Family Therapy (BHC model)
  - Certification
- MedFTs work closely
  - Psychiatry
  - Embedded in all medical clinics/departments in CNDH

Integrated Care at The Chickasaw Nation

"I would say the patients that never would have connected with therapists if left up to them are now getting the care they need. Patients are seen in their physician's clinic where they are comfortable and avoid the stigma of going to the mental health clinic."

Dr. Kent Denson, CNDH Chief of Family Medicine

Integrated Care & Tribal Populations

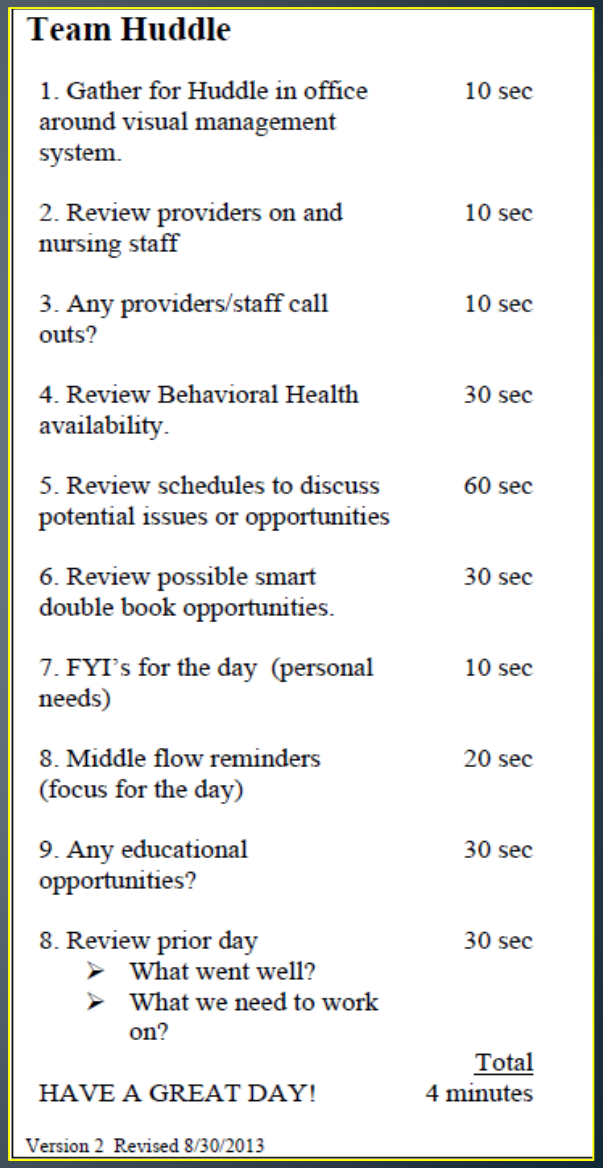
- Realizing the perfect fit
- Bypasses seeking services separately
- Reduction of stigma
- High prevalence of MH concerns
  - Impact physical health & vice versa
- Addictions that affect health
- Shared record

Integrated Care & Staff Benefits

- Created a new perspective and approach to care
  - Reframed the reputation of BH
- Formulated team care
- Enhanced working relationships
- Increased awareness and sympathy
- Increased productivity

Benefits of Huddles

- Improved team approach to care
- Builds relationships among staff
- Stronger focus on patient needs
- Allows check-ins with one another



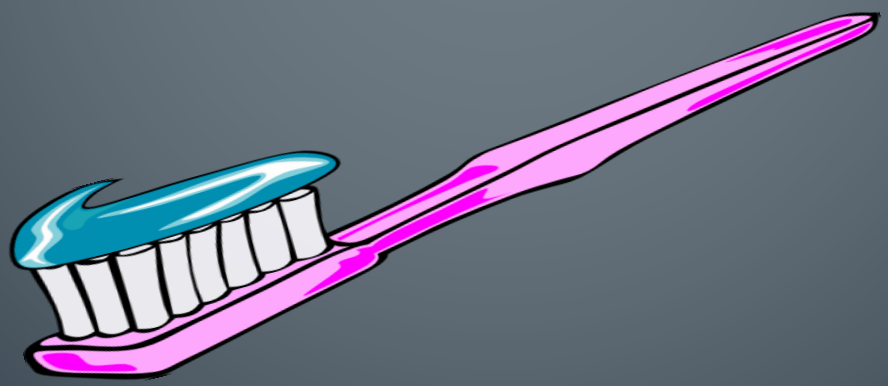
Team Huddle

1. Gather for Huddle in office around visual management system.	10 sec
2. Review providers on and nursing staff	10 sec
3. Any providers/staff call outs?	10 sec
4. Review Behavioral Health availability.	30 sec
5. Review schedules to discuss potential issues or opportunities	60 sec
6. Review possible smart double book opportunities.	30 sec
7. FYI's for the day (personal needs)	10 sec
8. Middle flow reminders (focus for the day)	20 sec
9. Any educational opportunities?	30 sec
8. Review prior day ➢ What went well? ➢ What we need to work on?	30 sec
	Total
HAVE A GREAT DAY!	4 minutes

Version 2 Revised 8/30/2013

Expansion to Dental Care

- Dental Care is Primary Care
- Teeth tell a story
- Dental sees patients nobody else does
- Robust number of patients served



Zero Suicide Initiative

- System readiness
  - Began in 2015
- Why it's needed
  - 45% of those who die by suicide visit a PCP within one month *Luoma, Martin, & Pearson, 2002*
  - 20% of those who die by suicide visit a PCP within 24 hours *Pirkis & Burgess, 1998*
- System-wide needs assessment

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

Zero Suicide

- How it works?
  - Standardized assessment and documentation
    - PHQ-2, PHQ-9, PHQ-A
    - Columbia Suicide Severity Rating Scale
    - Safety Plan

Zero Suicide

- Follow-up services for our patients from suicide hotline, Heartline (with consent)
- Universal training for all mental health providers: nurses and medical providers
  - Columbia Training
  - QPR Training
  - CALM Training

Joint Commission - Sentinel Event Alert 56

Sentinel Event Alert

A complimentary publication of The Joint Commission
Issue 56, February 24, 2016

Detecting and treating suicide ideation in all settings

Published for Joint Commission-accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations

The rate of suicide is increasing in America.[1] Now the 10th leading cause of death,[2] suicide claims more lives than traffic accidents[3] and more than twice as many as homicides.[4] At the point of care, providers often do not detect the suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death,[5] usually for reasons unrelated to suicide or mental health.[5-7] Timely, supportive continuity of care for those identified as at risk for suicide is crucial, as well.[8]

Through this alert, The Joint Commission aims to assist all health care organizations providing both inpatient and outpatient care to better identify and treat individuals with suicide ideation. Clinicians in emergency, primary and

Depression Screenings

- Utilized as a triage for suicide risk
- No wrong door – wanted all to be screened and screened in the same way
- Utilize the flow
  - PHQ-2 → PHQ-9 → Columbia Screener

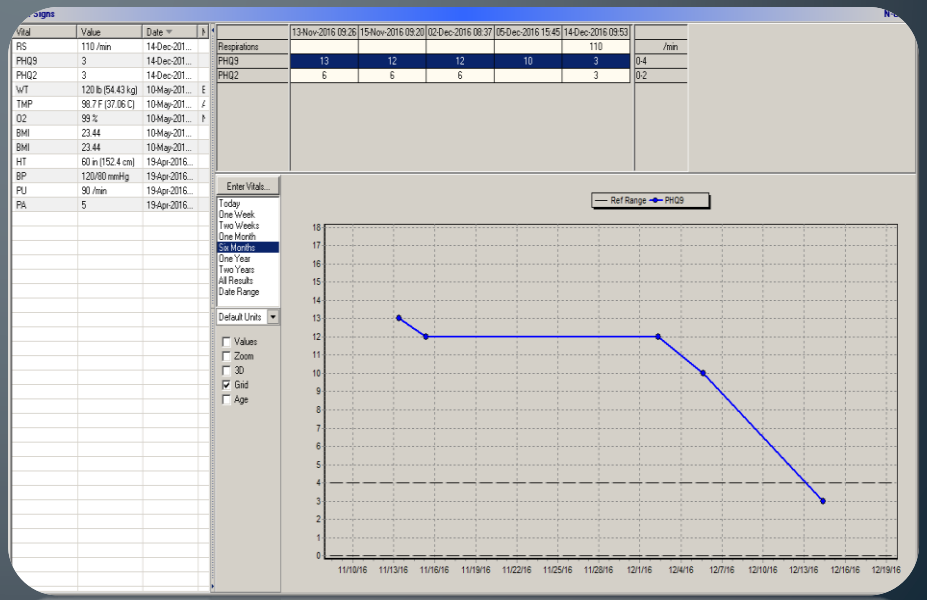
Depression Screenings

- Expanded screen usage through entire system
  - ED
  - Acute Care
  - Outpatient
  - Dental
  - Audiology
  - Behavioral Health

PHQ Scores in Vital Signs

Default Units	06-Feb-2017 16:24	Range	Units
Weight			lb
Height			in
Temperature			F
Blood Pressure		90 - 150	mmHg
Pulse		60 - 100	/min
Respirations			/min
Pain			
02 Saturation			%
Head Circumference			in
Waist Circumference		17 - 40	in
PHQ9	15	0 - 4	
PHQ2	3	0 - 2	

Normal Range



Pediatric Integrated Care Collaborative

- Began February 2017
- Collaboration between IHS and Johns Hopkins University
- Ten tribes in the collaborative
- Includes two learning sessions

Johns Hopkins previously led three Learning Collaboratives before our current group.

Pediatric Integrated Care Collaborative

- Learning Collaborative Change Framework

1. Creating a trauma-informed office
2. Assuring family-informed practices
3. Collaboration among services
4. Trauma prevention/mental health promotion
5. Assessment of trauma-related health issues
   - ACEs (Nadine Burke Harris TED talk)
6. Trauma-related treatment

Pediatric Integrated Care Collaborative

- Our PICC team
  - Senior Administrative Leaders
  - Family Advocate
  - Medical Family Therapist
  - Chief of Pediatrics
  - Pediatrician
  - Pediatric Clinic Manager- RN
  - Clinical Informatics Manager

Lessons Learned

- Prepare for roadblocks
- The power of partnerships
- Perspectives can be changed
- Marathon not a sprint
- Make it electronic!
- Remember who you're fighting for - #zerosuicide

Take a look at your system

The Chickasaw Nation
Department of Family Services
Integrated Services Division
Shannon.Dial@Chickasaw.net
1415 Hoppe Blvd.
Ada, Oklahoma 74820
(580) 272-1180