

OKLAHOMA CITY  
**INDIAN**  **CLINIC**  
[www.okcic.com](http://www.okcic.com)

**Mission:** *Providing excellent health care to American Indians*

**Vision:** *To be the national model for American Indian Health Care*

**Core Values:** *Patient First, Quality, Integrity, Professionalism and Indian Identity*

# Addressing the Needs of American Indians in an Urban Setting.

July 14, 2016

*Integrating Primary and Behavioral Health Care Through the  
Lens of Prevention* conference

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LCSW, LADC, MPA

# Outline

- \* History and Background of OKCIC
- \* Integrated Behavioral Health: Benefits and Reasons
- \* Integrated Behavioral Health Clinician position and competencies
- \* Screening tools and patient flow
- \* Outcomes
- \* Role Play
- \* Managing waitlist
- \* Prevention activities

# 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 (Indian Health Care Improvement Act, 1974).
- \* The clinic was originally located downtown, where it operated for over 20 years. After the Oklahoma City bombing on April 19, 1995, some of the clinic staffers were first responders assisting injured victims.

# History

- \* 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 161 health care professionals and a budget of over \$18 million.
- \* 20,000 active patients and contributes nearly \$19 million to the Oklahoma City and state economies.

# Background

- \* Today, the clinic has expanded it's campus by acquiring an additional location, the Everett R. Rhoades, MD Medical Building at 5208 West Reno along with an additional twin building next door (Platt).
- \* Total square footage ~ 103,000
  - \* 4913 W. Reno – 27,000 sf
  - \* 5208 W. Reno – 38,000 sf
  - \* 309 S. Ann Arbor (Platt) – 38,000 sf

# Background

- \* Oklahoma City Indian Clinic is accredited by Accreditation Association for Ambulatory Health Care, Inc. since 2005.
- \* Awarded “Best Places To Work In Oklahoma”
- \* Always striving for excellence (Malcom Baldrige National Quality Award).

# Behavioral Health and Primary Care

- \* Up to 90% of people who die by suicide had contact with their primary care provider (PCP) in the year prior to their death.
- \* Up to 76% had contact with their PCP **in the month** prior to their suicide.
- \* These same individuals were more than twice as likely to have seen their PCP than a mental health professional in the year and month prior to their suicide.

Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry*. 2002;159:909-916.



# Behavioral Health and Primary Care

- \* People with mental and substance abuse disorders may die decades earlier than the average person.
- \* Primary care settings have become the gateway to the behavioral health system.
- \* Primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

<http://www.integration.samhsa.gov/about-us/what-is-integrated-care>

# What is Integrated Behavioral Health?

- \* “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>

# Reasons for Integrated Behavioral Health

- \* 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) Better detect full range of patient's problems and can better formulate treatment and triage.

# Reasons for Integrated Behavioral Health

- \* 4) 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

# Reasons for Integrated Behavioral Health

- \* 5) Physical health problems can cause BH problems.
- \* For example:
  - a. Diabetes can result in depression
  - b. Medications can cause problems like sexual dysfunction.
  - c. Alzheimer's disease can cause marital problems as well as stress reactions in caregivers.

# Reasons for Integrated Behavioral Health

- \* 6) 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.
- \* 7) 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

# Integrated Behavioral Health Clinician Position

- \* BH Clinician is co-located in the primary care clinic
- \* Provides screening and triage services as well as solution focused, brief intervention and crisis intervention to patients in every department

# Integrated Behavioral Health Clinician Position

- \* Follows up on depression, domestic violence and alcohol/drug screenings (BH Consults).
- \* Consults with Primary Care Physicians (PCP) to manage at-risk patients and mental health issues.
- \* Coordinates Behavioral Health training for medical staff. Recent trainings: MI, Trauma Informed Care to include Sexual Assault/Human Trafficking)



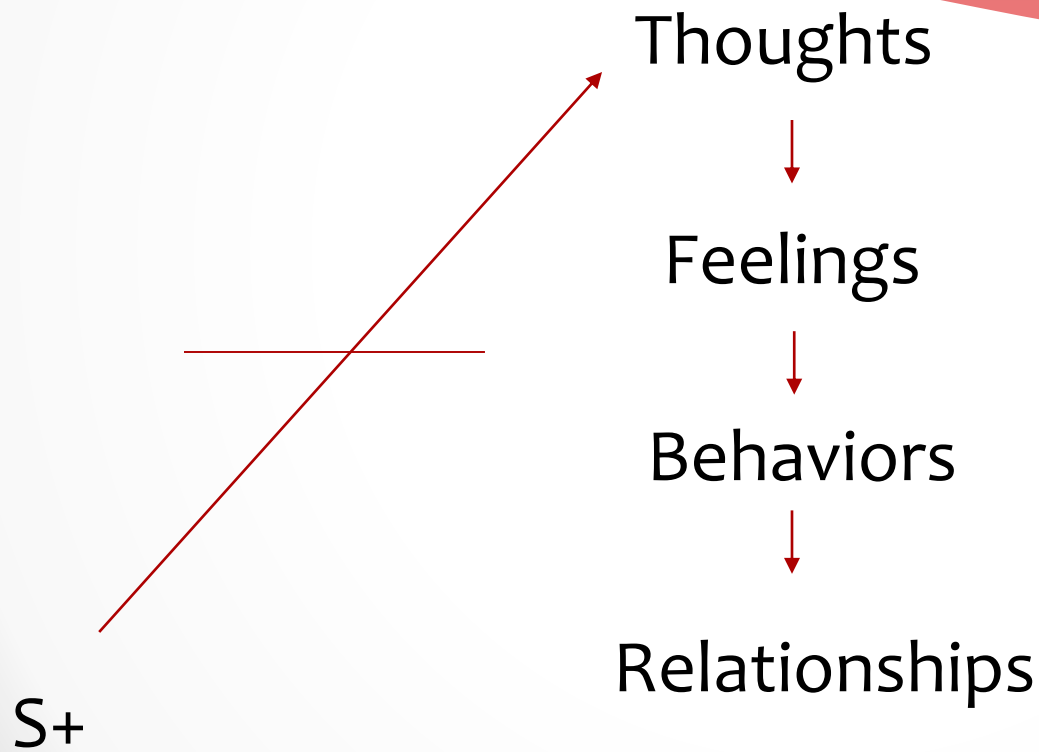
# Competencies of Integrated Behavioral Health Clinician

- \* Team and collaboration orientation
- \* Flexible, independent and action/urgency orientation
- \* Consultation/Liaison & communication skills
- \* Focus on impacting functioning, not personality
- \* Solution rather than process orientation

# Competencies of Integrated Behavioral Health Clinician

- \* Psychopharmacology and Behavioral Medicine knowledge base
- \* Clinical assessment skills (both MH and SA)
- \* Understanding of the impact of stigma
- \* Strong organizational and computer competency
- \* Cognitive behavioral intervention skills
- \* Group and educational intervention skills

# Thoughts, Feelings, Behaviors, Relationships



Please complete the questions as completely as you can and give to your nurse.

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

## Depression Screening

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

PHQ-2	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. Are you currently having thoughts of killing yourself or someone else?	Circle one:		Yes	No

## CAGE Questionnaire: Screening Test for Alcohol Dependence

Do you **currently** drink alcohol, beer or wine?  Yes  No If **yes**, please answer the following 4 questions.

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 or prescription drugs for non-medical reasons?  Yes  No
2. Has your use of these drugs led to health, family, legal or financial problems?  Yes  No

## Intimate Partner/Domestic Violence Screening:

1. Have you ever been in an abusive relationship in the **past**?  Yes  No
2. Are you **currently** in an abusive relationship with anyone?  Yes  No
3. Is someone forcing or pressuring you to do things that make you uncomfortable?  Yes  No
4. Would you like to talk to someone about Intimate Partner/Domestic Violence?  Yes  No

# PHQ-2

*Please complete the questions as completely as you can and give to your nurse.*

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

## Depression Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ-2	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. Are you currently having thoughts of killing yourself or someone else?	Circle one:		Yes	No

# Alcohol Screening: CAGE

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-

# Drug Abuse Screening

## Drug Abuse Screening:

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

# IPV/DV Screening

## Intimate Partner/Domestic Violence Screening:

1. Have you ever been in an abusive relationship in the past?  Yes  No
2. Are you *currently* in an abusive relationship with anyone?  Yes  No
3. Is someone forcing or pressuring you to do things that make you uncomfortable?  Yes  No
4. Would you like to talk to someone about Intimate Partner/Domestic Violence?  Yes  No



# Scoring & Charting

PHQ-2 Scoring: 4 or above or "yes" = chart as positive and call BH staff

CAGE Scoring: 2 = chart as positive

3 or more = chart as positive and call BH staff

Drug Abuse Scoring: Any answer of "yes" = chart as positive and call BH staff

IP/DV scoring: Answer of "yes" to question #1 = chart as positive/in the past

Answer of "yes" to questions #2, #3, or #4 = chart as positive and call BH staff

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.* Have you ever thought about killing yourself or wished you were dead?	YES		NO
15.* Have you ever 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>		

# Depression Screening: Ages 11-17

## 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.* Have you ever thought about killing yourself or wished you were dead?	YES		NO
15.* Have you ever done anything on purpose to hurt or kill yourself?	YES		NO
<b>(Office Use Only) Depression Total 8+</b>			

# Alcohol Screening: Ages 11-17

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
<i>(Office Use Only)</i> Alcohol Use Total 2+		

# IPV/DV Screening: Ages 11-17

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	
<i>(Office Use Only)</i> IPV/DV Total 1+			

# Drug and Bullying Screening: Ages 11-17

## 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
<i>(Office Use Only)</i> Drug Use YES+		
27.* Have you ever felt scared to go to school because you were afraid of bullying?	YES	NO
<i>(Office Use Only)</i> Bullying YES+		

## 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	Chart	Action Needed
<b>Q26 or Q27=Y</b>	<b>N/A</b>	<b>BH Staff</b>

### Protocol for contacting Pediatric BH Staff:

- 1) Kevin Stansel, BH Clinician clinic cell phone
- 2) Joe McElhaney BH Clinician clinic cell phone
- 3) Call BH extensions: Use phone directory

Other BH  
providers provide  
coverage when  
needed.

# Explaining of screening tool

## Ages 11-17

- \* This 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.



# Explaining of screening tool

## Ages 11-17

- \* The CRAFFT was added to screen for substance abuse.
  - \* There are five questions regarding past and present alcohol abuse.
  - \* Four questions 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.

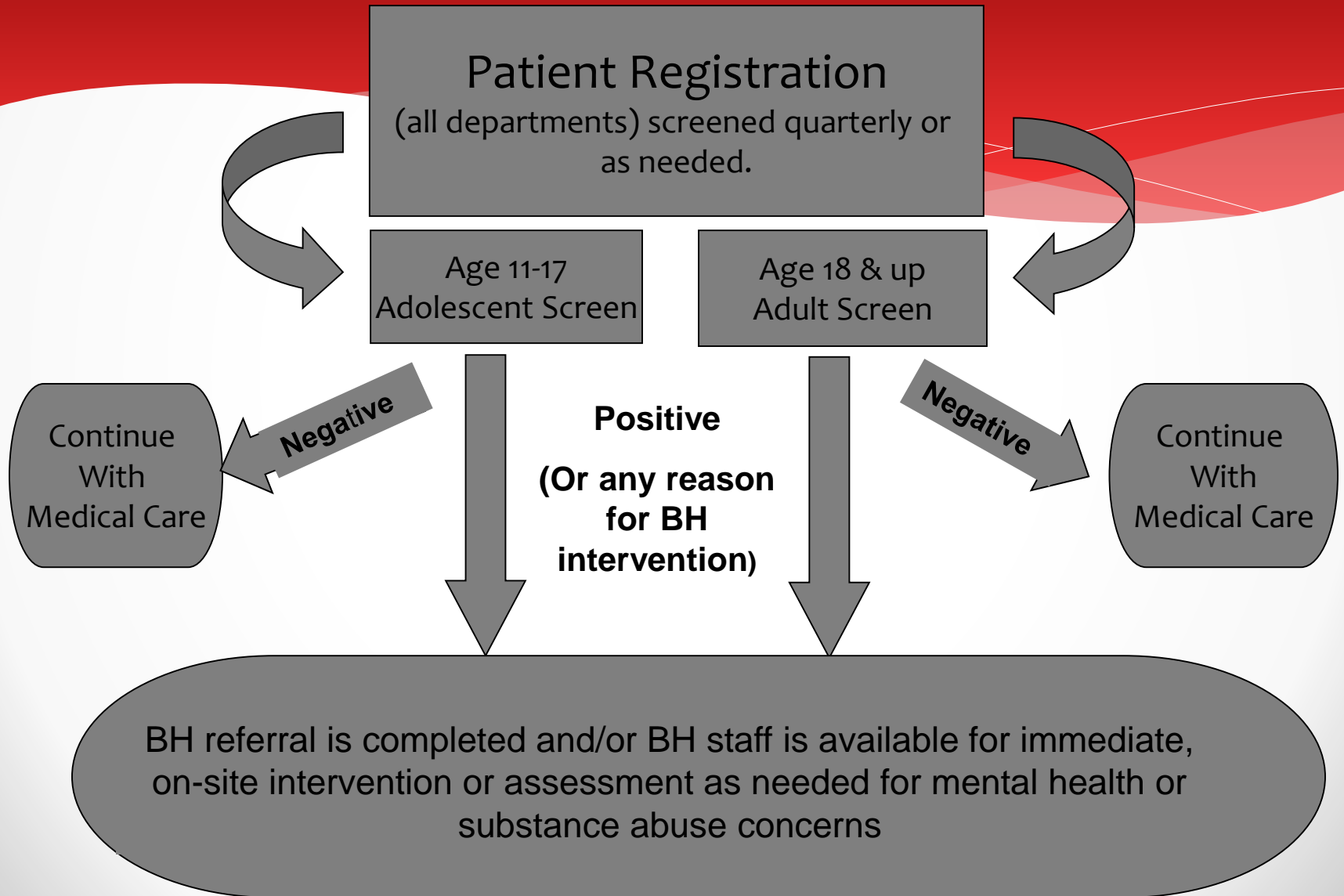
# Process and Protocol

- \* Patients are given screening tool at registration (Quarterly)
- \* Complete while waiting for call back to Medical
- \* Nurse scores sheet and documents in EHR

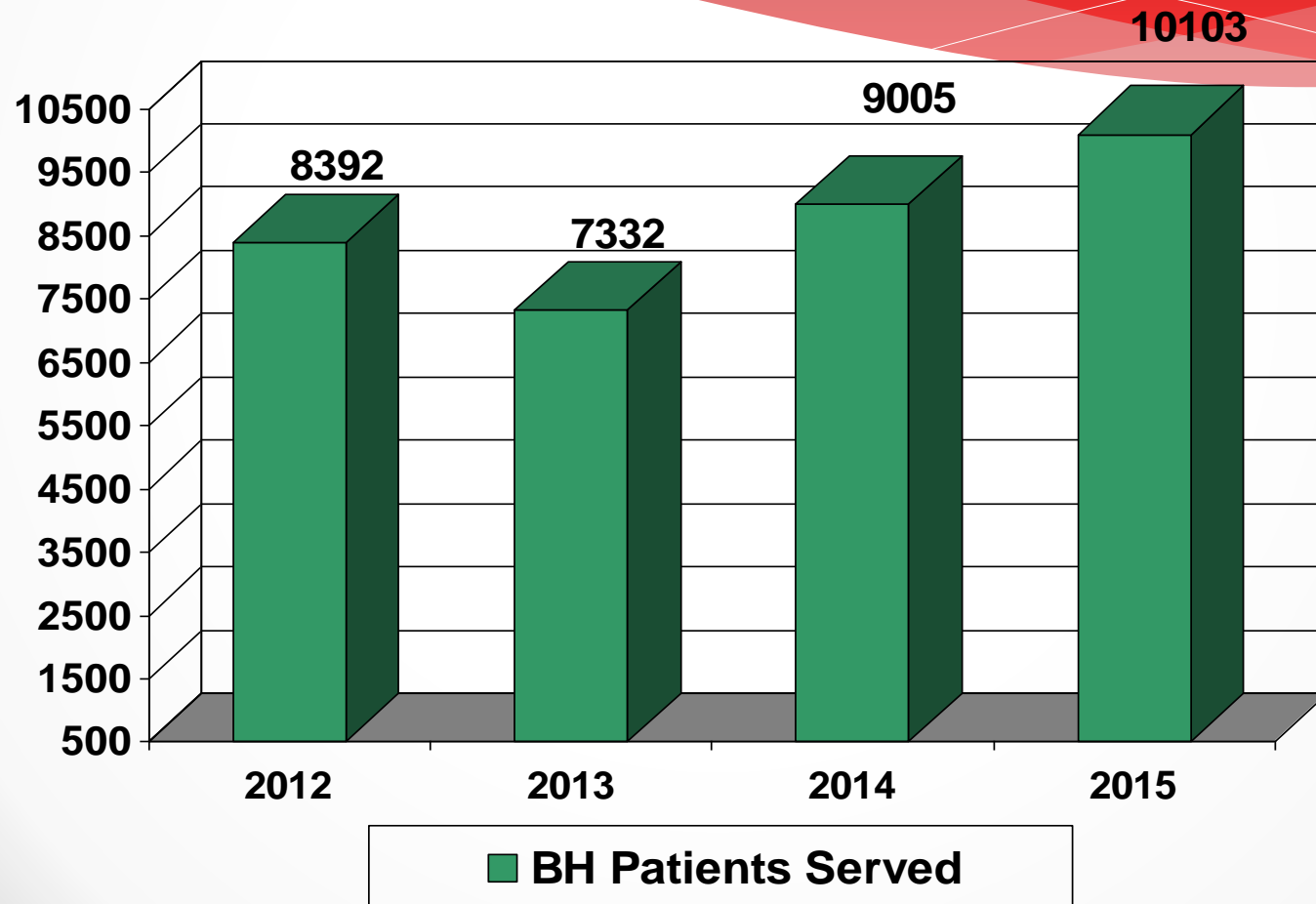
# Process and Protocol

- \* 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
- \* Providers can also do a Behavioral Health Consult to refer a patient for Behavioral Health services.

# Patient Flow



# Outcomes



# Adult patients screened over last 5 years

Total number of persons screened for alcohol (18 & up)	14721
Total number of persons screened positive for alcohol (18 & up)	1114
Total number of persons screened for depression ( 18 & up)	15088
Total number of persons screened for Tobacco ( 18 & up)	14737
Total number of persons screened for domestic violence (18 & up)	14860

# Pediatric patients screened over last 5 years

Total number of patients aged 11-17 years old screened for depression	1484
Total number of patients aged 11-17 years old screened positive for depression	153
Total number of patients aged 11-17 years old screened for unhealthy alcohol use	1719
Total number of patients aged 11-17 years old screened for bullying	2292
Total number of patients aged 11-17 years old with a positive screen for bullying	72

# Screening benefits for youth

- \* Able to refer these youth to services offered at OKCIC or community
- \* Multidisciplinary team to address the needs of the patients
- \* Pediatric providers expertise
- \* Foster Care Clinic



# Screening benefits for youth

- \* Partner with other departments to meet the needs of the patient
- \* Identify and address at-risk behaviors, depression, suicidal ideation/intent and other problems sooner
- \* Smith Family

Role Play!

# Behavioral Health Orientation

- \* Decreased waitlist
- \* Better understanding of who wants BH therapy
- \* Up-front education of what to expect
- \* Learn patient's goal
- \* Learn our expectations
- \* Overall orientation to process

# Prevention Activity Coordinator

- \* 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.

# Activities

- \* Youth programs
- \* Adult programs
- \* Mentoring
- \* Outreach







# Mentoring services

- \* Mentoring services are available through our DVPI program
- \* Male and Female mentors available
- \* Serving ages 8-17
- \* Services provided in home or at community
- \* Children must be a patient at OKCIC
- \* Referrals from providers, parents, nurses, school and community





# Mrs. Smith Quote

“You have done a lot for us. The counselors and mentors have been very helpful. They are always very pleasant and firm if we need it. They won’t let us get away with the bull, help us face reality. They are helping us deal with our issues. We have a long way to go but we are making progress. We would be lost without them.”

# Questions?

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Thank You!

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