Follow-up Care Collaborations

The Chickasaw Nation

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The Chickasaw Nation

- A federally recognized American Indian tribe.
- Boundaries includes more than 7,648 miles.
- Population has more than 66,000 citizens
- More than 35,000 citizens in Oklahoma.
The Chickasaw Nation

- Department of Health
- Four locations
- Serves any Native American
- More than one million patient visits a year
- Primary care, dental and specialty services
Behavioral Health Team

- Department of Family Services
- Approx. 27 therapists located in health system
  - Medical Family Therapy (Integrated)
  - Outpatient Therapy
- One psychologist
Integrated Care and Zero Suicide Initiative

- Transitioned to Integrated Care in 2014
- Began Zero Suicide work in 2015
- Both required a change in thinking
- Universal screening began in 2016
Universal Screening

- Screen everyone (no wrong door)
- Assess Positive Screens
- Implement suicide care
  - Positive Columbia Assessment
  - Safety plan
  - Determine need for inpatient stabilization
Follow Up Process

- Patients discharged to home with safety plan
  - Follow up within 72 hours by clinician
  - Referral to Heartline
- Patients admitted for inpatient treatment
  - Safety plan/referral to Heartline
  - Discharge follow-up plan
Heartline Referral

Heartline Referral
Follow Up Release of Information

We are concerned about you and we want to make sure you are safe. We would like to call you and see how you are doing. We have found that these follow-ups can be helpful in keeping you safe and supported until you are feeling better (and/or linked to treatment services).

Clinic/program:  □ CNHD Ada  □ CNHD Tishomingo  □ CNHD Purcell  □ CNHD Ardmore  □ DF6 Ada  □ DF8 Purcell  □ ATLC  □ CCV  □ HL  □ Niiitka Himita’  □ RRS  □ SF Ada  □ SF Thackerville  □ MWS  □

Name: __________________________  Age: _______  Birth date: __________________________

Date of discharge: __________________________

I (Patient) was admitted to:  □ Chickasaw Nation Medical Center  □ Psychiatric inpatient facility (EOD)  □ Other __________________________

Address: __________________________  City: __________________________  State: _______  Zip: _______

Telephone number (Home): __________________________  (Cell): __________________________

Best times to call:  □ Morning  □ Afternoon  □ Evening  □

Do you have an answering machine/voicemail?  □ Yes  □ No  □

If yes, is it ok for HEARTLINE to leave a message?  □ Yes  □ No  □

If someone else answers when HEARTLINE calls, is it okay for them to leave a message?  □ Yes  □ No  □

□ Yes  □ No  □ NO ONE ELSE SHOULD ANSWER

Is there another contact person whom could assist HEARTLINE if they are unable to reach you and are concerned (i.e. Emergency contact)?  □ Yes  □ No  □

If yes, name: __________________________  relationship: __________________________  phone: __________________________

Have you scheduled your next mental health appointment? If so, when is it? __________________________
# Heartline Referral

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ardmore</td>
<td>5/8/2017</td>
<td>5/10. 1st contact attempt - no answer, left VM, will try again. 5/11. 2nd contact attempt - no answer, left VM, will try again.</td>
</tr>
<tr>
<td>Ada</td>
<td>5/9/2017</td>
<td>5/10. 1st contact attempt - spoke with Clt who noted no SI thanks to talking with counselor. Noted would utilize 24hr Lifeline as needed. Contact file closed.</td>
</tr>
<tr>
<td>Purcell</td>
<td>5/10/2017</td>
<td>5/11. 1st contact attempt - number is cut off, attempted emergency contact number, left VM. Will email referring therapist and try again.</td>
</tr>
<tr>
<td>Purcell</td>
<td>3/28/2017</td>
<td>5/11. 2nd contact attempt - spoke with referring staff member, got correct number. Spoke with Clt who noted feeling much better and planning to schedule follow-up appt. Noted she got rid of her razors that she used to self harm and will rely on natural supports and 24hr Lifeline as needed.</td>
</tr>
<tr>
<td>Tishomingo</td>
<td>5/11/2017</td>
<td>5/12. 1st contact attempt - spoke with Clt who noted he was doing better, but only because triggering family members were out of town. Will attend therapy appt next week and will follow-up on 5/17.</td>
</tr>
</tbody>
</table>
Discharge Follow-Up

Follow Up Care Check List for Mental Health Services

If you choose to follow up with Chickasaw Nation mental health services, the following will guide you through the process.

☐ The inpatient facility to which you have been accepted:
   Name:

☐ Consents for communication between Chickasaw Nation and the inpatient facility completed
   - You will need to call your family or friends you wish to have contact with while you are in treatment, the Chickasaw Nation cannot release your information to anyone without consent.

☐ The outpatient therapist you will be following up with upon discharge:
   Therapist name:  phone number:  
   appointment date:  appointment time:

☐ If you are a CURRENT patient to the Psychiatry Department with the Chickasaw Nation your follow up appointment will be:
   Location:  date:  time:

☐ If you are a NEW patient to the Psychiatry Department with the Chickasaw Nation:
   - You will need to call the clinic you live closest to and ask to speak to the Psychiatric Care Coordinator to make an appointment.
   - You will need to let them know if you need medications continued until your appointment.
   - No appointments will be given without discharge paperwork. You will need to make sure they have your discharge paperwork from the inpatient facility.
Establishing Buy In

- Increased presence at medical team meetings
- Marketing materials
- Integrated psychiatry
- Joint Commission requirements
- Universal screening
Evaluation

- Evaluation of follow-up care
  - Patients identified at risk for suicide
  - Total number of assessments and results
  - Referrals in/outside of system
  - Attendance at initial appt.
## Data Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>FY 2018 Totals</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of ER Visits For Month</td>
<td>13475</td>
<td>4375</td>
<td>4568</td>
<td>4532</td>
</tr>
<tr>
<td>1a. Emergency Department CSSRS Screenings (Included in overall CSSRS total)</td>
<td>2500</td>
<td>3085</td>
<td>2544</td>
<td>3707</td>
</tr>
<tr>
<td>1b. Emergency Department PHQ Screenings</td>
<td>12381</td>
<td>4258</td>
<td>4535</td>
<td>5670</td>
</tr>
<tr>
<td>2. Total number of patients coming to the ER with/after an attempt (might not be available)</td>
<td>32</td>
<td>8</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>3. Total number of patients diagnosed (primary/secondary) with Suicidal Ideation.</td>
<td>40183</td>
<td>11990</td>
<td>12053</td>
<td>10424</td>
</tr>
<tr>
<td>4a. Dental Screenings</td>
<td>8606</td>
<td>2421</td>
<td>7416</td>
<td>3949</td>
</tr>
<tr>
<td>4b. PHQ-2 = High</td>
<td>1664</td>
<td>542</td>
<td>483</td>
<td>439</td>
</tr>
<tr>
<td>5. Total number Of Patient's Assessed For Suicidality (C-SSRS or other)</td>
<td>3679</td>
<td>1247</td>
<td>1202</td>
<td>1230</td>
</tr>
<tr>
<td>6. Total number Of Patient's Identified As At Risk For Suicide (positive, negative), positive is</td>
<td>84</td>
<td>28</td>
<td>36</td>
<td>20</td>
</tr>
<tr>
<td>6a. C-SSRS score = Low</td>
<td>3298</td>
<td>1128</td>
<td>1037</td>
<td>1113</td>
</tr>
<tr>
<td>6b. C-SSRS score = Referral Needed</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7. Total number Of Patient's Identified As At Risk For Suicide admitted to hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Total number of emergency room Readmission Of Suicidal Patients (Patients return to ER within)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Total Number Of Patient's Identified As At Risk For Suicide That Receive A Safety Plan</td>
<td>4</td>
<td>67</td>
<td>2</td>
<td>29</td>
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<tr>
<td>10. Total number of Patient's given a referral for HeartLine for follow up at discharge</td>
<td>14</td>
<td>40</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>11. Total Number Of Patient's Identified (positive) as At Risk For Suicide Referral For Mental Health</td>
<td>0</td>
<td>75</td>
<td>3</td>
<td>22</td>
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<tr>
<td>12. Total number of Patients referred to a CMHC</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>13. Total Number Of Patients referred within Hospital network</td>
<td>60</td>
<td>24</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>13a. Total Number Of Patients referred within Hospital network and make the initial appointment</td>
<td>51</td>
<td>20</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>13b. Total number of patients diverted from psychiatric inpatient treatment</td>
<td>55</td>
<td>24</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>13c. Total number of patients transferred to psychiatric inpatient treatment</td>
<td>18</td>
<td>6</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>13d. Total number of patients transferred to Private psychiatric inpatient treatment</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>13e. Total number of patients transferred to State Funded psychiatric inpatient treatment</td>
<td>12</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>13f. Total number of Chickasaw Patient's Identified As At Risk For Suicide</td>
<td>35</td>
<td>14</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>13g. Total number of Chickasaw Patient's that have went to a private treatment facility due to</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Contact Information:

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