

Ka’Nikuhli’yo Family Center
Behavioral Health Services
Comprehensive Health Division

January 25, 2018
Volume 1, Issue 1

920-490-3790 Main

Oneida Behavioral Health News

WHO ARE WE

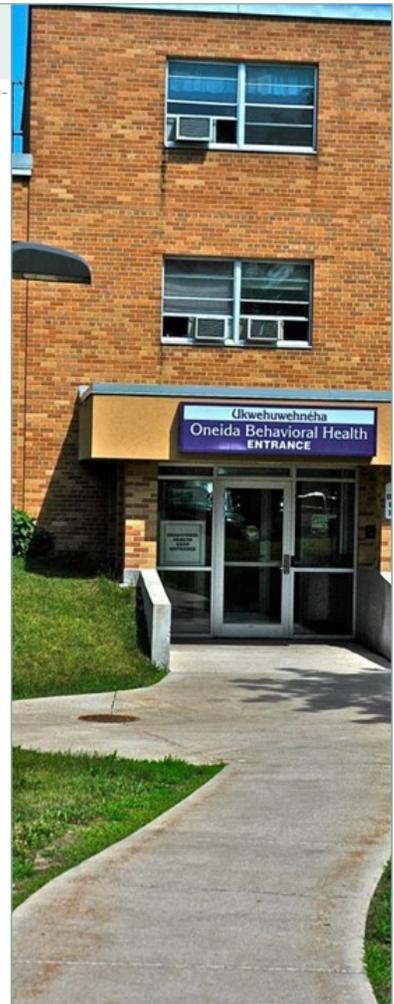
WI State Licensed Facility Providing Outpatient Services
DHS 75-Outpatient AODA Clinic
DHS 35-Outpatient Mental Health Clinic
Branch Offices
OCHC
Veteran’s Office
Oneida Nation Elementary
Oneida High School
Seymour Schools
AJRCCC

Mission Statement

Our Mission is to empower individuals and families within the Oneida community to restore harmony in mind, body and spirit through culturally-inspired interventions for the next 7 generations.

Programming Available

Alcohol, Tobacco and Other Drug Abuse Counseling
Individuals, Intensive Outpatient, Aftercare Groups
Co-Occurring Counseling
Individuals, Intensive Outpatient, Aftercare Groups
Mental Health Counseling
Individuals Adults, Children, Adolescents, Therapy Groups
Gambling Counseling
Medication Management
Psychiatric Evaluations and Med Checks
Psychological Evaluations
Social Work/Targeted Case Management
Coordinated Service Teams (CST)
Tobacco Abuse Programming
Triage Counseling Services
Wellness Support Services
Walk in Triage Counseling Services



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SPECIAL POINTS OF INTEREST

- Access to Care Statistics
- No Show Summary FY 17
- Customer Experience and Access to Care Survey Results
- Nationwide Shortage of Providers

Did you know?

Behavioral Health Service is open for appointments between the hours of 7:00 a.m.-6:00 p.m. Monday thru Friday with evening group hours until 9:00 p.m.

Our phone lines transfer to the Brown County Crisis Center for afterhours calls.

Emergency Numbers

Brown County 436-8888

Outagamie County 832-4646

Suicide Lifeline

800-273-8255

Psychiatry/Psychology Access of Care

Behavioral Health

As of 1/1/2018

Adult Psychiatry Evaluation- 15 week

Adult Psychiatry Med Check-10 weeks

Adult Follow Up- 4 weeks

Child Psychiatry Evaluations- 6 weeks

Child Psychiatry Med Check- 64weeks

RN Triage Assessment-1 week

Psychological Evaluation- 1 week

In the surrounding community or Outpatient Psychiatry Services

11/29/17

Bellin Psychiatric -4 months or 2 months if willing to see a PA.

Aurora- 1 year

Brown County- 4-6 months

Riverside- 4 months

The future of American Indian and Alaska Native (AI/AN) health depends largely upon how effectively behavioral health is addressed by individuals, families, and communities and how well it is integrated into community health systems.

CO-OCCURRING DISORDERS

Alcohol and other substance abuse can co-occur with mental health disorders, complicating the diagnosis and treatment of these conditions for individuals who suffer from both and adding another layer of complexity to treatment within behavioral health care systems.

Behavioral health research and practice indicate it is very common for alcohol or substance abuse and mental health disorders to overlap. In a survey of research on co-occurring disorders, SAMHSA found that persons in treatment for one condition (either a substance abuse disorder or a mental health disorder) had a co-occurrence of an additional condition at rates from 20% to 73%.⁹ According to SAMHSA's National Survey on Drug Use and Health, there is a high rate of co-occurring substance abuse and mental health disorders within AI/AN communities.

COUNSELING SERVICES ACCESS TO CARE

Behavioral Health

As of 1/1/2018

ATODA Intake- 7 weeks

ATODA 1:1- 0-1 week

Co-Occurring Intake- 8 weeks

Co-Occurring 1:1 - 0-1 weeks

Mental Health Intake- 5 weeks

Mental Health 1:1-1-2 weeks

In the surrounding community for Outpatient Psychotherapy 11/29/17

Family Services- 1 week

Bellin - 4 weeks

Brown County- 1-2 weeks

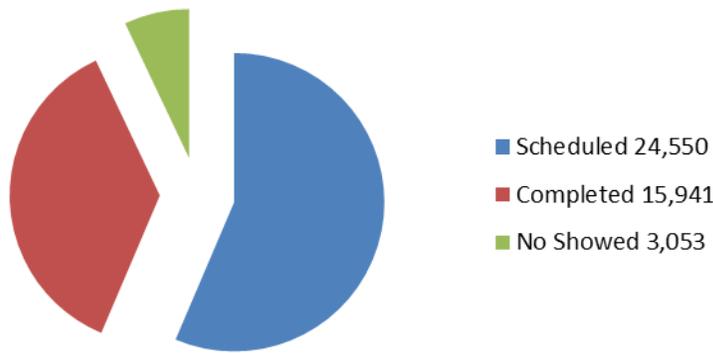
Riverside- 2-3 months

Aurora- 4 months

If you are an employee who carries the insurance you can go to ERC 403-7600.

Employees also have access to EAP Services 490-3716

BH Appointments FY 17



12.4% overall No Show rate. 4.4% (1,086) are those patients who are affected by the No Show Policy.

Behavioral Health Services Provided FY 2017

This is a collaborative project to improve treatment client satisfaction

Customer Experience Survey Results Completed Every 90 Days 11/14/17

85.6% Strongly Agree The Patient Account Representatives was welcoming and courteous upon arrival.

83.51% Strongly Agree The clinic setting was clean, comfortable and inviting.

75.26 % Strongly Agree The clinic was set up in a way that respects my privacy.

85.6% Strongly Agree The provider I saw today was respectful of my cultural needs.

89.69% Strongly Agree I have confidence in the provider I saw today.

87.63% Strongly Agree The provider I say today was prepared and dependable.

88.66% Strongly Agree I trust that the provider I saw today believes in my ability to change and grow.

84.54% Strongly Agree I feel my provide is helping me to achieve my goals.

80.41% Strongly Agree The provider started and ended my sessions on time today.

77.32% Strongly Agree and 21.65% Agree I would recommend these services to a friend/family member.

86.60% Strongly Agree I am satisfied with the services I received today.

CO-OCCURRING DISORDERS

Substance use disorders can coincide with a variety of mental health conditions, ranging in severity from temporary emotional disturbance to chronic mental illness, but an especially important condition to recognize is substance-induced disorders. Substance-induced disorders are mental health conditions that result from (rather than co-occur with) substance use. While substance-induced disorders are the direct result of substance use, their presentation can be clinically identical to other mental disorders.¹⁰ An example of a substance-induced disorder may be the increased suicide risk, described above, that appears to accompany methamphetamine use.

When co-occurring disorders are left untreated, or if only one disorder is treated, both disorders usually become more acute, resulting in additional complications. These complications include the risk for physical health problems, unemployment, homelessness, incarceration, separation from families and friends, premature death, and suicide. The toll on AI/AN families, schools, communities, and workplaces is significant.

Actual Patient
Comments from our
Surveys

Very happy with the service,

They do their jobs just fine

I feel they were able to answer
all my questions

I like being able to talk to
someone as a starter to my
quest to better myself, Overall
good experience.

Been good in the past, I had
experience excellent service, it
was good.

It's not Triage Counselor fault
-Its politics and red tape in
policies and protocol that
prevent people to accessing
emergency mental health care.

Would like sooner appoint-
ment-depression is no joke.

Sue Exworthy is the best

I do believe Dale has my so-
briety as a priority.

The staff at OBHS are always
real nice when I come.

My counselor is Dale is awe-
some amazing & a great listen-
er.

Carmen has been extremely
helpful!

Tor is doing a great job!

Heidi K is an awesome provid-
er.

I like the cultural videos play-
ing in the lobby.

I always leave here feeling
confident & secure after
speaking to him.

I enjoy coming to my sessions-
I feel comfortable here, Mar-
tha is Great!

HOW DO NO SHOWS/CANCELLATIONS AFFECT ACCESS TO CARE

Last minute cancellations and no-shows for mental health care appointments are a vexing problem for providers. High no-show rates in treatment settings create barriers to community mental health treatment access and escalate financial burdens (Delaney, 1998; LaGanga & Lawrence, 2007) which may be passed along to other patients in the form of increased treatment service costs. Missed appointments create additional

collateral work for clinicians and administrative staff in contacting and rescheduling patients, and may induce frustration or demoralization. During psychotherapy, patients who frequently or regularly miss their appointments may not be receiving ideal treatment, leading to premature termination (Berrigan & Garfield, 1981) or reduced treatment efficacy (Delaney, 1998; Edlund et al., 2002; LaGanga & Lawrence, 2007; Leichsenring

WHAT IS THE ACCESS TO CARE SURVEY ?

.Ongoing survey that is sent out to each patient who is scheduling their first intake appointment.

- Patient completes and sends back to Behavioral Health.
- Provides welcomed feedback on how are we doing with engaging patients in treatment.
- Based on the feedback make improvements.
- Continuous Quality Improvement

WE HEARD YOUR SUGGESTIONS!

- Revised our call centers for the Triage and Patient Account Representatives. Goal is to have the phone answered!
- Improvements in the environment- Revisions in the lobby and group rooms.
- Increased the cultural artwork throughout the center.
- Revisions to privacy concerns.

2018 AWARENESS EDUCATION SERIES

☐ 3rd Monday of the Month from 4:30-5:30 pm

Date	TOPIC
February 19th	Understanding and Healing from Unresolved Grief and Intergenerational Trauma Presenter Emma White
March 19th	Practical Ways to Combat Insomnia Presenter Dave Paluch
April 16th	Tapping into people's STRENGTHS: Understand Fetal Alcohol Exposure Presenters Valorie Helander & Dr. Trail



**#NO
HEALTH
WITHOUT
MENTAL
HEALTH**

“According to a study conducted by the Association of American Medical Colleges- 59 percent of psychiatrist are 55 or older, implicating that more than half of the psychiatrist population may soon be retiring or decreasing their working hours (1).

WHAT ARE WE DOING TO IMPROVE ACCESS

Hired 3 Part time Adult Psychiatrist increasing 22 hours of coverage. We have also hired a Child Psychiatrists who is providing 12 hours a month. We also implemented the Psychiatric RN Medication Consults to allow patients to be seen prior to transferring to a new provider.

We are continuing to recruit providers Psychiatry, Nurse Prescriber, Psychotherapist, Clinical Substance Abuse Counselor, and Triage Counselor.

Tele Psychiatry– We are in the process of adding this to our state Licensing. We hope to be offering this In the next 6 months. The patient will still need to come to Behavioral Health Services.

Utilization of Wellness Support Services

Aside from an aging psychiatrist population - statistics help us tell us a deeper story. According to the American Medical Association, the number of adult and child psychiatrists rose by only 12 percent from 1994 to 2013, from 43,640 to 49,079. During that span, the U.S. population increased by about 37 percent; meanwhile, millions more Americans have become eligible for mental health coverage under the Affordable Care Act (1). So, although the number of licensed psychiatrists is steadily increasing - the sheer volume of mental health need is surpassing

**Wellness Support
Services Hours**

Monday:

1:00 - 2:30 p.m.

Tuesday:

10:30 -12:00 p.m.

Wednesday:

10:30 -12:00 p.m.

Thursday:

2:00 -3:30 p.m.

Friday:

10:30-12:00 p.m.

WELLNESS SUPPORT SERVICES

Eligibility:

All Tribally enrolled or descendants of a Federally recognized Tribe are eligible

Non-Tribal women pregnant with a Tribal Member's child

Non-Tribal foster, adopted, or stepchild of a Tribal Member is eligible

Spouses of enrolled Tribal Members – (if Individual Services are required

Spouses will be responsible for a fee for service)

Access to Service:

No formal referral is required all Participants need to register at the PAR desk.

Wellness Support is a Service that provides options for Individuals to access care to meet their immediate needs.

By providing this service we hope to improve customer satisfaction and care.

Wellness Support Services Format

This is 90 minute services provided daily throughout the week (hours above).

This service Provides participants with a safe, confidential environment to meet their immediate needs, issues and concerns. Participants are welcome to attend as often as they'd like.

Our Mission is to empower individuals and families within the Oneida community to restore harmony in mind, body and spirit through culturally-inspired interventions for the next 7 generations.

PLEASE
PLACE
STAMP
HERE



A good mind. A good heart. A strong fire.