


**Behavioral Health Screening Best Practices
In Indian Health Care**

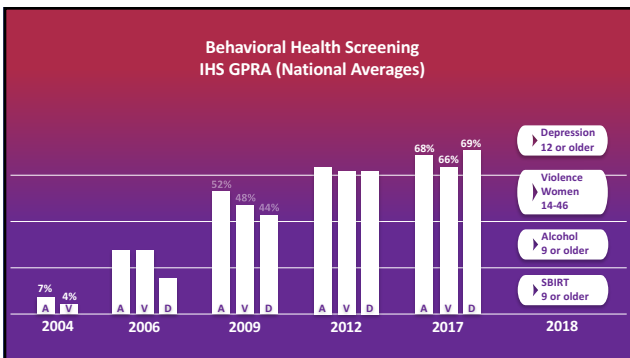
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Required Activity

"Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery."

"Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify as evidence-based programs/practices."




IHS/ASPE
National Behavioral Health Screening Best Practice Evaluation




16 Health Centers
10 States

Medical Administration
Behavioral Health Data Entry


Screening Barriers Best Practices


Screening Barriers

- ▶ Not enough staff to always complete screens
- ▶ Staff doesn't receive enough training (resistant)
- ▶ Lack of standardized process
- ▶ Patients don't always answer truthfully


Screening Barriers


- ▶ Community norms often don't see the problem
- ▶ Referral resources are sometimes limited
- ▶ Patients lack transportation - don't always visit
- ▶ Coding and data entry mistakes


Barriers to Care


While numerous barriers existed, the sites were able to screen their patients and document the screenings successfully enough to be considered high-performers by the IHS.


Best Practices (Recommendations)

- ▶ Require staff to screen
- ▶ Standardize the screening process
- ▶ Train staff on screening procedures
- ▶ Improve staff communication


Best Practices (Recommendations)


- ▶ Screen all patients during each visit
- ▶ Screen even if referral resources are unavailable
- ▶ Educate patients
- ▶ Create opportunities for staff to work together


Best Practices (Recommendations)

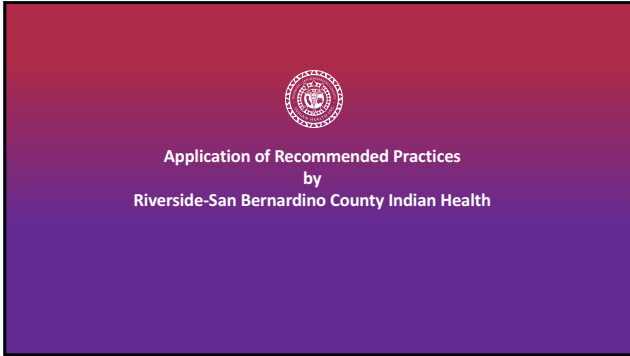
One participant said: *[We screen everyone] because you never know when you're going to hit somebody that has problems. Domestic violence or alcohol or even all three screenings...it is a respecter of no person or status. It doesn't matter if you have a diamond necklace or if you have an old ragged t-shirt, you're going to get screened.*

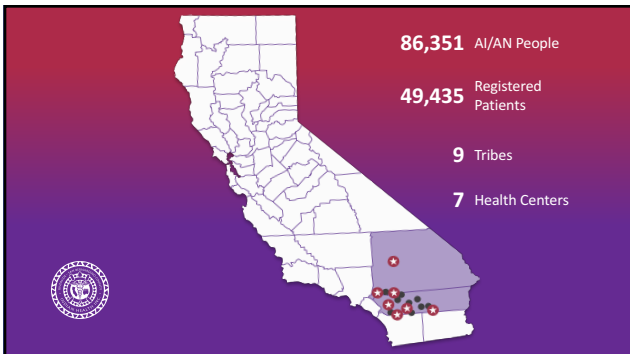

Benefits to Using Best Practices

- ▼ It is easier to screen everyone
- ▼ Staff grows more comfortable with the questions and competency increases over time
- ▼ Patients grow accustomed to being screened
- ▼ Patients don't feel "singled out"


Benefits to Using Best Practices

- ▼ Screening at each visit increases the chances of identifying people with problems
- ▼ Screening everyone reduces stigma and creates an opportunity for patient education
- ▼ People's circumstances change

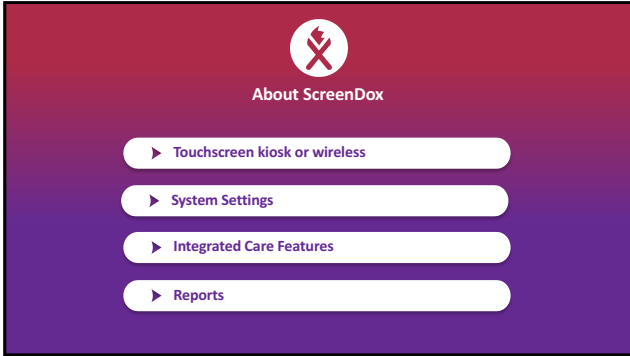




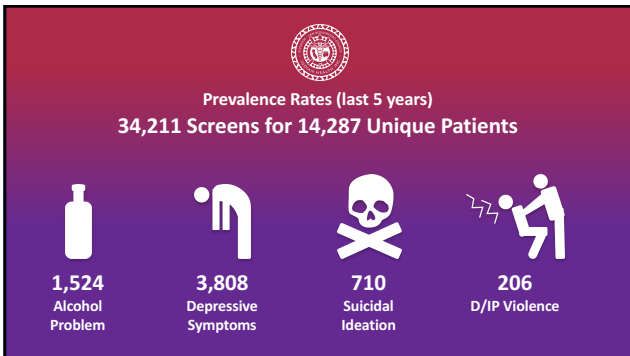
POLICY:

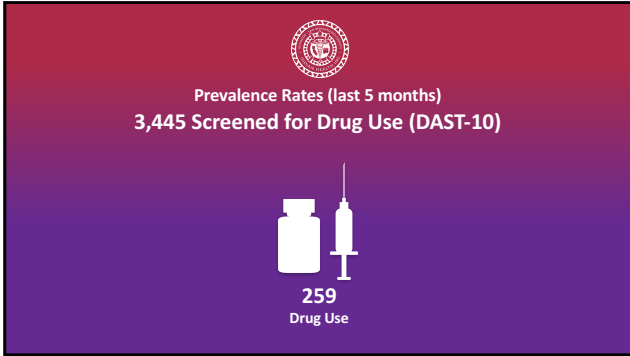
All medical department patients, regardless of gender identity, sexual orientation, race or ethnicity, insurance coverage, purpose of the visit, or physical/mental disability will be screened for behavioral health problems, according to the following pre-established parameters and settings, at every visit, during the vital routine using ScreenDox:

Behavioral Health Problem	Screening Frequency	Age
Tobacco Exposure	Annually	0
Tobacco Use	Annually	12
Alcohol Use	Annually	12
Non-Medical Drug Use	Quarterly	12
Depression	Every Visit	12
Suicidal Ideation	Every Visit	12
Domestic/Intimate Partner Violence	Every Visit	12



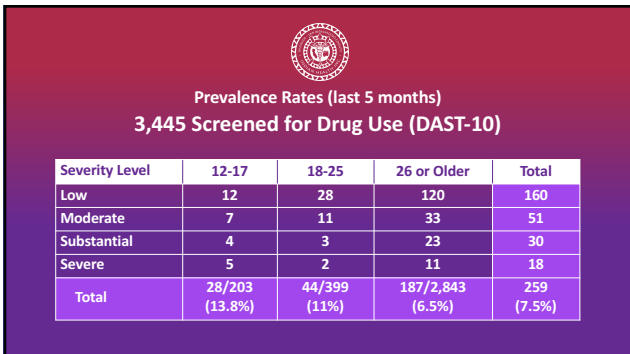






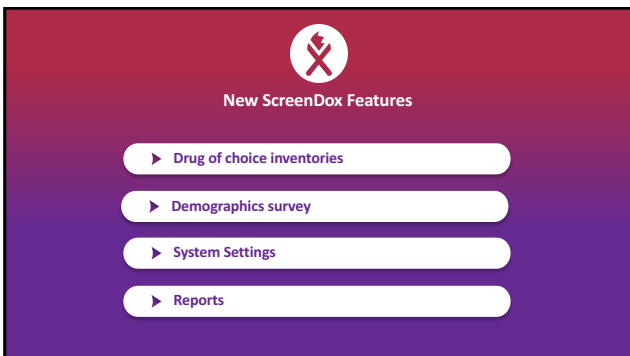
Prevalence Rates (last 5 months)
3,445 Screened for Drug Use (DAST-10)

259
Drug Use



Prevalence Rates (last 5 months)
3,445 Screened for Drug Use (DAST-10)

Severity Level	12-17	18-25	26 or Older	Total
Low	12	28	120	160
Moderate	7	11	33	51
Substantial	4	3	23	30
Severe	5	2	11	18
Total	28/203 (13.8%)	44/399 (11%)	187/2,843 (6.5%)	259 (7.5%)



New ScreenDox Features

- ▶ Drug of choice inventories
- ▶ Demographics survey
- ▶ System Settings
- ▶ Reports



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