

Integrated Care Coordination for Vulnerable Children and Families: ***Building Bridges through Consultation***

The CA-IHS NATIVE AMERICAN SMARTCARE PILOT

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Alyssa Label, LMFT, Program Manager, San Diego program

Judy Witcher, LPCCC, Program Manager, IHS program

Jennifer Clay, PhD, LMFT, Cultural Consultant

California Healthcare Best Practices Education Series

Sacramento, CA

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Welcome and Blessing
Land Acknowledgement
Jennifer Clay (Choctaw)



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Why do I have clay on my table?

- ▶ We are going to do an experiential art therapy activity later in the presentation
- ▶ On your table you should see a packet of polymer clay
- ▶ For now- Please don't open the packet!
- ▶ Please put it under your leg for now to warm and get soft
- ▶ More instructions later!!!



Panelists & Presentations

- ▶ Mark Chenven, MD: Child, Adolescent, Adult & Family Psychiatrist
 - ▶ ***Introduction to the SmartCare model***
 - ▶ ***CASSP Principles & Integrated & Collaborative Care***
 - ▶ ***Barriers to Collaborative Care***

- ▶ Alyssa Label, LMFT: Program Manager, San Diego SmartCare BHCS
 - ▶ ***Family Support Program***
 - ▶ ***ACEs Resiliency Support Program***

- ▶ Judy Whitcher, LPCC: Program Manager, Native American SmartCare
 - ▶ ***Working with challenges in Case Management***
 - ▶ ***How Native American SmartCare can help in a Primary Care setting***

- ▶ Jennifer Clay PhD, LMFT, Cultural Consultant, Native American SmartCare
 - ▶ ***Integrating Cultural and Complimentary Care in Service Plans***





Native American SmartCare is a one of three behavioral healthcare consultation programs of the Vista Hill Foundation.

We are based in San Diego County

- ▶ SmartCare programs are founded upon principles of:
 - ▶ -- expanding service capacity of local pediatric primary care providers and behavioral healthcare clinicians
 - ▶ -- through the provision of consultation supports and services
 - ▶ -- to enhance collaboration and coordination of care within our partnering sites
 - ▶ -- promoting care coordination with child/family-serving agencies in the community

None of today's presenters has financial conflicts of interest

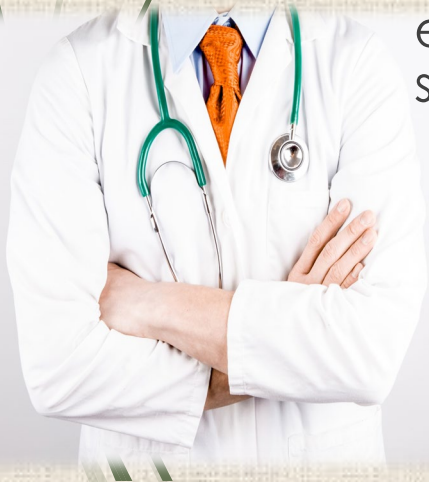


Vista Hill's SmartCare programs

- ▶ SmartCare Rural: serving rural Federally Qualified Healthcare Center clinics in rural San Diego County– funded by SD County Behavioral Health Services
- ▶ SmartCare Pediatric: serving all Pediatric Primary Care clinics in San Diego County– funded by SD County Behavioral Health Services
- ▶ Native American SmartCare: serving enrolled CA Area Indian Health Services clinics across the State of California

Our team is a multidisciplinary group of child, family and adult psychiatrists, a family nurse practitioner, licensed behavioral health clinicians, community-based and culturally-informed care coordinators and consultants with expertise in treatment of mental health, developmental disabilities and substance use conditions within local systems of care.

All SmartCare services are provided at no cost to collaborating clinics or to the families served.



SmartCare's Aspirational Objectives

➤ Advance CASSP System of Care Practice:

- Child & Family Centered Services within a Continuum of Care
- Community-Based and Culturally Informed Care
- Interagency Collaboration: schools, community resources, public agencies
- Supported by Clinical Competency and Care Coordination
 - CASSP: Child & Adolescent Service System Program 1984

➤ Promote Integration of Care

- Provide both case-specific and systems-oriented consultation and support to optimize clinical skills
- Encourage coordination and collaboration of local Behavioral Healthcare & Primary Healthcare providers
- Promote active interface with child and family serving community resources
 - Pediatric Mental Health Care Access (PMHCA): HRSA Maternal Child Health Bureau grants



Challenges in Optimizing Integrated Collaborative Care

Barriers within primary care and behavioral healthcare systems

- ▶ Disparate administrative, legal, funding and staffing parameters
- ▶ Different arenas of expertise and training
- ▶ Differing models of care delivery
- ▶ Time constraints limit communication and collaboration

Barriers with external agencies: Schools, Child Welfare, Developmental Disabilities

- ▶ Differing admin, legal, role responsibilities
- ▶ Time constraints and trust
- ▶ Funding constraints



SmartCare Services include:

- ▶ Psychiatric & Behavioral Health Clinical Consultations for Primary Care & Behavioral Healthcare Providers
 - ▶ Case Conferences--- BH teams, PCP teams, combined
 - ▶ On Demand Telephone Consultations
 - ▶ Scheduled Telehealth Consults with Youth & Family
- ▶ Topical Educational Presentations & *SmarterCare* clinical e-newsletter
- ▶ System of Care Development Supports for clinical managers and administration





San Diego
**SmartCare Behavioral Health
Consultation Services**
a program to support
Behavioral Healthcare
Practice in Primary Care

SmartCare BHCS is a behavioral health integration partnership program of Vista Hill Foundation.
Funding provided by San Diego County HHS Behavioral Health Services – MHS.



OUR CLIENTS & SERVICES

Primary Care Providers (MD, PA, NP)

Psychiatric Consultations
Support & Education including
biweekly newsletter, CME
education

Caregivers & Patients

Education on Behavioral Health
Needs
Emotional Support & Affirmative
Encouragement
Recommend Treatment Options
Connect with Services

BHCS Patient and Family Consultation Line

- ▶ Patients and/or their caregivers can call our clinical team for Care Planning at our Parent Helpline.
- ▶ Patient's and caregivers will consult with a Behavioral Health Consultant who will assess patient's needs and provide them with appropriate resources
 - ▶ If needed the BHC will consult with the psychiatric team
- ▶ We'll provide guidance regarding needed care and send a brief report back to their primary care office when permitted
 - ▶ This can include immediate solutions based skills/recommendations, media resources, a list of resources for needed services

In the past 11 years we have provided over 12,000 Patient/Caregiver consultations and over 1,000 Community Trainings/Wellness Forums

What is addressed in a Family Consultation

- ▶ **Clinical Arenas: Screening, Assessment, Treatment**
- ▶ General Behavioral Health Conditions
 - ▶ ADHD, Behavior Disorders, Depression, Anxiety, Sleep Disorder, etc.
 - ▶ Family Problems, Adjustment Issues, School Difficulties
- ▶ Severe illnesses and Disorders
 - ▶ Autism, Bipolar & Mood Disorders, Psychotic Disorders
- ▶ Substance Abuse
- ▶ Crisis Assessment and Management Strategies
 - ▶ Suicide Risk, Danger to Others, Risk Management
- ▶ **Service Connection**
- ▶ School Services (IEP, 504 Plan, School District, TASK)
- ▶ Developmental Services (Regional Center, Neurology, Psychiatry)
- ▶ Community Referral Resources (Community Clinics, FQHC, Psychologytoday, Insurance)
- ▶ Government resources (CalFresh, WIC, Medi-Cal/Medi-Care, CalWorks, Social Security)



SMARTCARE BHCS:

Behavioral Health Consultant attempts contact with parent/guardian within 24 hours.



Introduction and orientation for the Parent



Assessment of patient and family history
Problems?

Present:



Go to Education 1

NOT Present:



Go to Education 2

Education 1 re: Potential Problems / Concerns



Education 2 re: Resiliency & Coping Skills



Referrals (if needed)



Closing



Info shared back with Primary Care Provider



30 & 90 Day F/U

Partnering with Clinics:

Resiliency Pilot

- Beginning on January 1, 2020, DHCS will pay Medi-Cal providers \$29 per trauma screening for children with Medi-Cal coverage
- PCP refer clients with a score of 4 or higher.
- ACES/PEARLS- >4=referral





Resiliency Pilot Results July 2021-August 2022 Children's Primary Medical Group & SmartCare BHCS

PEARLS Total referred: 176

Initial Resiliency Score

Average Resiliency Score: 2.2

Most reported markers

- ❖ Spending time with an adult
- ❖ Spending time with friends
- ❖ Sleep
- ❖ Exercise
- ❖ Calming behaviors
- ❖ Positive self image

Received Consultation: 158

30 Day Post Intervention Score

Average Resiliency Score: 3.9

Most reported markers

- ❖ Spending time with adult
- ❖ Sleep*
- ❖ Spending time with friends
- ❖ Calming behaviors*
- ❖ Exercise
- ❖ Positive self image

Don't forget to pause and nourish
yourself a bit along the way.

When you're born to help others
sometimes you forget to help yourself.”

– Paula Heller Garland

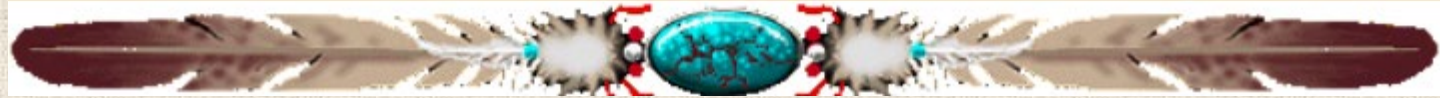


Art Experiential: The Importance of Process Over Product



- Warming up the square of polymer clay
- Shape the clay into a small basket or container
- As you create the shape, keep in mind what you hold as important from this presentation - did you learn something new?
- What do you want to metaphorically keep in your basket or pot that you hold as special?
- What does this object represent to you?

Native American SmartCare



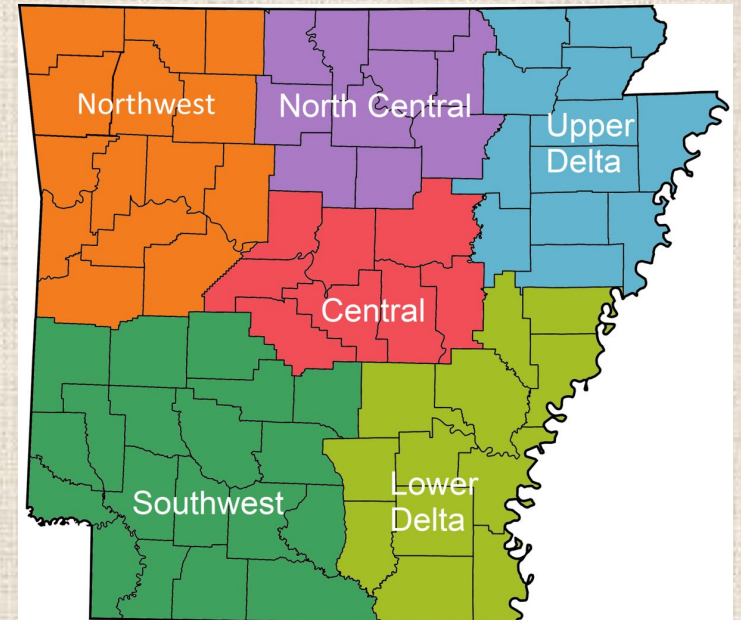
Judy Witcher, LPCC
Program Manager

A little about me...

My experience with Rural Behavior
HealthCare

-13 years in the Mississippi Delta region of
Arkansas

- Pop 1985
- Lake Village Arkansas
- 128 from Little Rock, Arkansas
- 135 miles to Jackson Mississippi
- 190 miles to Shreveport Louisiana



Native American SmartCare

▶ What is Native American SmartCare?

- ▶ Psychiatric Consultation Service for Providers at Tribal Healthcare Clinics
 - ▶ Funded by Indian Health Services
- NO CHARGE TO CLINICS OR PATIENTS EVER!

▶ What types of consultations do we see?

- ▶ Diagnosis and treatment questions
 - ▶ Behavioral Health Treatment
 - ▶ Medication Management
 - ▶ Resources for Clients and Family
 - ▶ Consultation with Behavioral Health Clinicians
 - ▶ Case Management

▶ What are the challenges?

- ▶ Many of our sites are in very rural areas
- ▶ Transportation
- ▶ Financial
- ▶ Shortage of Psychiatric and Behavioral Health Resources



Different ways to seek consultation

- ▶ Consultation meetings
 - ▶ Frequency based on clinic needs
 - ▶ Medical team
 - ▶ Behavioral Health
 - ▶ Combination of Behavioral Health and Medical Team
 - ▶ Frequency- 1 x week, Biweekly, Monthly or PRN
 - ▶ Provider Line
 - ▶ Lunch and Learn
 - ▶ Starting in June
 - ▶ Weekly on Thursdays at noon



Provider Line



- Provider Line Consultations
 - Primary Care Providers
 - Adult Psychiatrists
 - Nurse Practitioners
 - Therapists
 - Consultations with Patients
 - Substance Abuse Counselors

Family Line



- ▶ Seeking resources
- ▶ Therapy strategies (short term)
- ▶ Parenting Strategies
- ▶ Referrals to specialists
- ▶ Connections to child and family serving and supporting agencies.
- ▶ Developmental Disabilities, Autism, Educational Resources
- ▶ No cost to clinics or families

Common Types of Consultations we receive

- ▶ Diagnostic Questions
- ▶ Medication Questions
- ▶ Therapy Referrals
- ▶ Developmental Disabilities, Regional Center
- ▶ Educational Questions
- ▶ Parenting Strategies
- ▶ Cultural, Local and Native, Indigenous Resources
- ▶ County and National Resources
- ▶ Substance Abuse Treatment Referrals and Recommendations



Case Management in Primary Care Challenges

- ▶ Lack of local resources
- ▶ Long Waiting Times
- ▶ Transportation
- ▶ Financial
- ▶ Trust
- ▶ Technology Resources- Lack of internet, devices etc.
- ▶ Insurance/ Medi-Cal
- ▶ Stigma
- ▶ Lack of understanding of mental health issues.
- ▶ Family/ Home Challenges
- ▶ Challenges of Urban vs Rural settings



Case Management In Primary Care

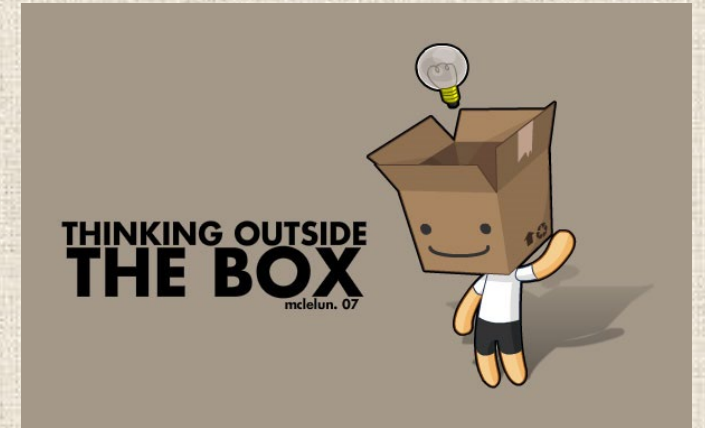
- ▶ What roles Clinic Staff fill outside of the normal roles and duties?
- ▶ Who in the clinic can do some case management type roles?
- ▶ Is there room to hire someone for CM?
- ▶ Integrated HealthCare
 - ▶ Increasing connection between medical and behavioral health, SUD services, Social Services departments



Rural resources

Thinking outside the box

- ▶ What I learned
 - Be flexible
 - Multiple Roles at times
 - Be creative
 - Enlist local and cultural support
 - Elders
 - Family
 - Spiritual Leaders and Practitioners
 - Cultural Activities
 - Connecting with school
 - Telehealth
 - ▶ Be aware of family barriers such as transportation and financial barriers, lack of community support., can your agency help with any of this?



Local Resources

- ▶ What local resources are available that we might not be readily aware of?

- ▶ Tribal Resources
- ▶ Tribal TANF (Temporary Assistance to Needy Families)
- ▶ ICWA (Indian Child Welfare Act) <https://www.bia.gov/bia/ois/dhs/icwa>
- ▶ Tribal youth programs
- ▶ Elders and Elder Knowledge
- ▶ Cultural groups?
 - ▶ Sweats
 - ▶ Talking Circles
 - ▶ Drumming
 - ▶ Dance
 - ▶ Gathering
 - ▶ Hunting
 - ▶ Indigenous and natural healing specialists
 - ▶ Aunties and Uncles
 - ▶ Native Wisdom
 - ▶ Family involvement



Shingle Springs



Toiyabe



San Francisco/ Oakland



Round Valley



For More Information on Native American Smart Care

- ▶ Information- 760-427-6427
- ▶ Provider Line- 1-888-987-0960
- ▶ Family Line- 1-888-660-6616
- ▶ Email jwhitcher@vistahill.org
- ▶ Website www.nativeamericansmartcare.org

Eyaay ahan =
Kumeyaay
words for Thank
You





Alternative and Cultural Approaches to Treatment

Jennifer C Clay, PhD LMFT, ATR-BC

Native American SmartCare
Cultural Consultant

IHS Best Practices, May 21, 2024



Clinical Considerations: Treatment Approaches in a Cultural Context

- Many evidence-based treatments stem from Western/dominant cultural values (Benish, Quintana, & Wampold, 2011)
- Western notions of dualism of body/mind, positivism; reductionism contribute to development of present mental health systems (Fernando, 2015)
- Approaches that often encourage expression, assertiveness, individualism, and rationality may not fit non-Western cultural norms (Gone, 2022)
- History of colonization may alienate populations from the services designated to help them
- Values differences: Individualism & Assertiveness vs Collaboration & collectivism

Cultural Considerations in Approaching Treatment



- Significant cultural barrier: mistrust or fear of treatment
- History of experiences of discrimination/stigma related to seeking help
- Western approaches: “predicated on a model that focuses on individual intrapsychic experience or individual pathology, while other traditions may be based more on community or familial processes.” (Tribe, 2005);
- Other cultures: no distinction between mental and physical health;
- High Doing vs. High Being orientation;
- Reluctance, shame, power issues, perceptions regarding spirituality, religions, and wellness;
- Perceptions regarding the etiology of disease varies across cultures;
- Viewing illness as a spirit, being out of balance, being visited by spirit of depression or anxiety; (Duran & Duran, 2005)
- Providers approaching treatment from a position of power; consider a collaborative approach;

Alternative Approaches and Interventions:

- ▶ Consideration of alternative approaches to traditional talk therapy and medication management that are successful for mental health treatment
- ▶ Alternative approaches can be standalone or complementary treatments
- ▶ May not be suitable for everyone
- ▶ Consult with healthcare professional to determine an appropriate fit



Alternative Approaches

- Art Therapy
- Play Therapy
- Sandplay Therapy
- Music Therapy
- Equine-Assisted Therapy
- Mindfulness-based Therapies
- Yoga
- Meditation
- Aromatherapy



Art Therapy

- ▶ Art therapy is an experience-oriented, non-verbal therapy tool that utilizes the visual arts (painting, drawing, clay modeling) in multidisciplinary treatment
- ▶ -Art used within traditional talk therapy as a complementary modality to enhance other therapeutic techniques
- ▶ -Or, Art used as the therapy in which therapeutic processing is done through creative artistic expression as a primary means of service delivery
- ▶ -Processing through the safely-distanced metaphor





► Today's Focus:

Art Therapy Directive:

- Benefits: bilateral stimulation
- Creating a vessel to contain or set intention
- Novel experiences that lead to discovery and learning about the self

Provider Resources in Working with Native & Indigenous Communities

- ▶ [Indigenous Ally Toolkit](#)
- ▶ https://www.segalcentre.org/common/sitemedia/201819_Shows/ENG_AllyToolkit.pdf
- ▶ [Working with American Indian and Alaskan Native Communities](#)
- ▶ [A Toolkit for Engaging with Native Communities](#), SAMHSA
- ▶ [Working with Indigenous Patients/Native Patients](#), APA
- ▶ [Complementary and Alternative Treatments for Mental Health](#)

Resources and References

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