



TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

Behavioral Health Integration Webinar Series

Partnerships for Children and Adolescents in Integrated Care Settings

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Rachel Riley, LMSW

Tai Paquin, LADAC

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Introducing the Presenters

Cynthia E. Guzmán, PhD, MSCP

- Licensed Psychologist, Administrator, Grant Writer, Clinical Supervisor, and Consultant in Native Country for over 15 years.
 - Tribal Programs, IHS Clinics, 638 Clinics, and Schools
- Formerly sat on the CMS Tribal Technical Advisory Group – Behavioral Health subgroup.
- Behavioral Health Subject Matter Expert for BH2I.



Introducing the Presenters

Rachel Riley, LMSW

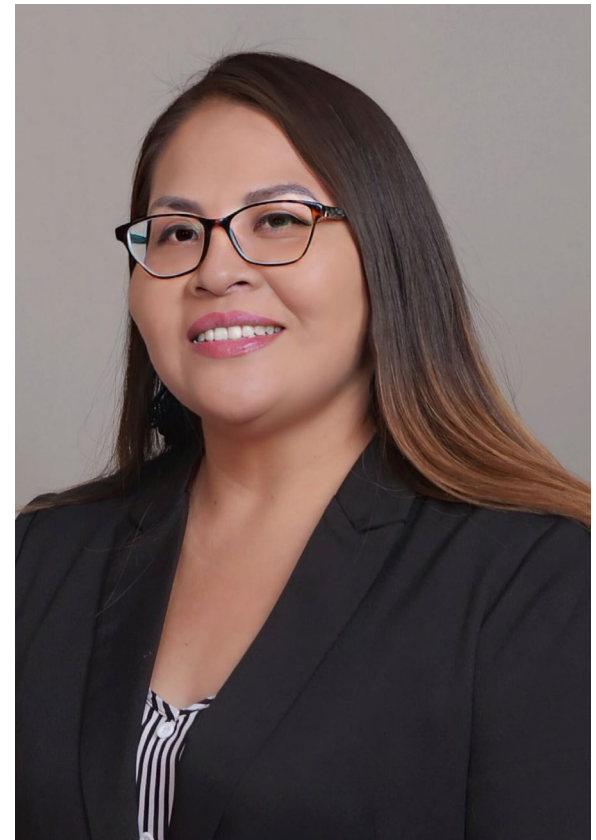
- Licensed Master Social Worker with over 6 years working in the behavioral field. Experience in areas of:
 - Suicide Prevention
 - Substance Use Prevention
 - Clinical work with children & adolescent populations
- Project Coordinator for BH2I



Introducing the Presenters

Tai Paquin, LADAC

- Licensed Alcohol and Drug Abuse Counselor with over 11 years working in the Tribal behavioral health field. Experience in areas of:
 - Individual & group counseling
 - Gambling addiction prevention
 - Crisis response
 - Substance use counseling
- Training & Technical Assistance Specialist for BH2I



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Objectives

At the end of this presentation, participants will be able to

- Identify potential tribal community partners and review strategies on how these partners can work together to elevate youth wellness.
- Incorporate both traditional and western medicine ideologies into the integrated care model.
- Apply culturally appropriate methods to assess the community's needs.

Knowing Which Direction To Go



Identify Specific Needs & Priorities

- Tailor Interventions
- Avoid Assumptions
- Focus on Relevance



Understanding Cultural Contexts & Norms

- Cultural Sensitivity
- Building Trust
- Avoiding Cultural Missteps



Identifying Community Strengths & Resources

- Leveraging Existing Assets
- Empowering Communities
- Cost-effectiveness



Engaging Stakeholders & Building Partnerships

- Collaborative Approach
- Facilitate Buy-in
- Build Networks



Setting Realistic Goals & Objectives

- Informed Planning
- Benchmarking Progress
- Aligning Expectations



Enhancing Intervention Design & Implementation

- Customized Strategies
- Adaptability
- Improved Outcomes



Addressing Social Determinants of Health

- Holistic Approach
- Integrated Solutions
- Equity Focus



Facilitate Monitoring & Evaluation

- Baseline Data
- Feedback Mechanisms
- Accountability



Building Community Capacity & Resilience

- Skill Development
- Resilience Enrichment
- Sustainability



Ensuring Ethical & Inclusive Practices

- Ethical Considerations
- Inclusivity
- Reducing Bias

Ensuring Cultural Appropriateness in Community Needs Assessments

- Engage local leaders and stakeholders.
- Use culturally relevant tools.
- Build trust and rapport.
- Be flexible and adaptive.
- Respect cultural norms and values.



Partnership in Integrated Care Settings

Children & Adolescent IC opportunities

- Well-child visits
- Sport physicals
- Chronic care visits
- Acute sick visits
- Behavioral health conditions
- Immunizations
- Weight checks
- Reproductive health and family planning visits for adolescents

“It Takes a Village”

- Viewing a child’s/adolescent’s village as their IC model.
 - Parents/guardians and extended family: medication management, safety planning, treatment planning, etc.
 - Teachers and counselors: behavior observations as part of screenings (ADHD autism, etc.).
 - Traditional healers: behavioral support (anxiety, depression, etc.).

Traditional & Western Medicine in IC

- Offering both pharmacological and herbal medicines.
- Incorporating spiritual well-being as part of assessments.
- Use of health promotion and disease prevention strategies.
 - Traditional vs. Commercial tobacco.
 - Access to food through “My Native Plate.”
 - Use of social media.

Tradition & Western Medicine in IC (cont.)

- Supporting use of complementary programs.
 - Culturally tailored substance abuse treatment, use of Traditional foods in nutrition education, yoga, sweat lodges, Reiki, language/cultural classes, etc.
- Expanding warm handoffs to support youth wellness with
 - peer-support workers.
 - complementary program providers.
 - youth councils.

Partners and Strategies



“The Village”: Tribal Community Partners

- Immediate and Extended Family
- Cultural and Spiritual Leaders
- Tribal/Local Administrations
- Tribal/Local Education Departments
- Tribal/Local Health Programs
- Youth Organizations
- State/Federal Organizations
- Local Businesses

Collaborating for Wellness

- Community Education and Awareness
 - Ex. MH Stigma, Drug/Substance Abuse, Suicide, etc.
- Cultural-based Education Programs
 - Ex. Agricultural, language and traditional education classes
- Youth Leadership/Councils
 - Ex. State Indigenous Youth Council, UNITY

Collaborating for Wellness (cont.)

- In-school Prevention Programs
 - Ex. Bullying, SA, and Mental health initiatives, etc.
- Parent Groups and Associations
 - Ex. Parent advocacy groups, Workshops, Support groups, etc.
- Academic Opportunities
 - Ex. HS internships, scholarships, etc.
- Athletic Activities
 - Ex. Physical fitness collaborations, etc.



Examples of Collaborative Wellness Initiatives

- Health Fairs
- Back-to-school events
- School Collaborations
- Wellness Camps
- Parent-Child Groups



Case Example: Navajo Nation Youth Mentorship Program

- Partners:
 - Navajo Nation Government: Office of Youth Development and the Navajo Department of Education.
 - Johns Hopkins Center for American Indian Health
 - Local Schools
 - Navajo Community Elders

- Description:

The Navajo Nation Youth Mentorship Program was developed to address the high rates of depression, substance abuse, and suicide among Navajo youth. The program paired young people with mentors from the community, including elders, who provided cultural teachings, emotional support, and guidance.

Case Example (cont.)

- Strategies:
 - Cultural Integration
 - Health Education
 - Academic Support
 - Evaluation and Feedback
- Outcomes:
 - Significant reduction in symptoms of depression and anxiety among participants.
 - Increased high school graduation rates and college enrollment.
 - Strengthened community bonds and intergenerational connections.

References

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Questions?

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