

Native American Rehabilitation Association of the Northwest, Inc.

Portland, Oregon
Cohort II



*“If I knew then
What I Know
Now...”*

Overview

- **NARA's program:** facilitated *screening and referral for necessary primary care* prevention and treatment needs. We aimed to provide and ensure that provision of direct services such as screening/assessment/treatment and referral for medical problems such as hypertension, diabetes, obesity, smoking and substance abuse) at two sites. We developed and are continuing to refine a **registry/tracking system** for all primary care needs for clients with behavioral health challenges.
 - **Totem Lodge:** an integrated care site serving Native Americans with Severe and Persistent Mental Illness.
 - **Wellness Center:** an integrated care site serving a Native Americans with a range of behavioral health issues.
- **NARA emphasized:** *Care management, individualized person-centered planning and coordination* to increase consumer participation and follow up with all primary care screening, assessment and treatment services.
- **Prevention and wellness support services** (including weight loss and exercise group, health education and literacy, and self-help/management programs.

Accomplishments & Successes

- The establishment and growth of an urban program for Native Americans suffering from severe and persistent mental illness. Health and addiction issues are integrated into a supportive and individualized case management approach in an attractive physical environment.
- Specific significant improvement in lowered cholesterol and a focused approach on co-occurring medical disorders: obesity, diabetes and cardiac problems.
- An improved tracking and data collection procedure under a nurse manager which triggers healthcare reminders for primary care providers and an increased expectation among individuals that behavioral health and physical health needs are met in the same environment.

Accomplishments & Successes

- Primary care, addiction services and mental health services are integrated at two PBHCI sites: Totem Lodge and Wellness Center.
- Individuals have a wide range of choices in Wellness groups, from those more specific to behavioral health (DBT) to physical health management and the behavioral components that contribute to better living (Featherweight group, Women's Wellness)
- Model is extending to our non-PBHCI site, the Indian Health Clinic.
- S-BIRT has been introduced on a limited basis at the Wellness site.
- We have a fourth element of integration key to our population: culturally relevant treatment and activities. These activities have been popular and improve the likelihood that our individuals will engage in other health related treatment.

Challenges & Outcomes

Bumps and Barriers:

1. Much time was spent in the early days of the grant establishing the physical space where these activities would take place. We needed to get permits and contracts for remodeling Totem Lodge and leasing an appropriate space for the Wellness Center.

This delayed the actual implementation of activities.

2. The illness of our first nurse manager delayed the refinement of data collection. We've had to do a lot of catch up work to put our systems in place for tracking health care measures.

Challenges & Outcomes

• ***Bumps and Barriers:***

3. The funding structure in the state of Oregon still comes from separate departments for health, mental health and addiction. Therefore, we have different mandates and administrative requirements. Overall the state infrastructure does not really support integrated care, and we've had to do "work arounds" to minimize the administrative burdens on all of our providers.

Use of behavioral health consultants for example, is difficult to fund. We receive no additional monies for these efforts even though they cut back on the duration of PCP visits and allow for a specialist to address behavioral contributions to health problems. Without the funding, we have had to return several staff members to traditional service delivery models.

Moving Forward

We have received State grants for Assertive Community Treatment (ACT) and Peer Support Specialists that will expand and continue integrated services at Totem Lodge. We have applied for other grants to extend integrated services at our Indian Health Clinic and Wellness sites.

We are committed to continuing S-BIRT efforts by using some portion of time from our behavioral health staff and training other staff in this primary care effort. We are hoping to screen youth with S-BIRT because alcohol use disorders have an early onset in our population.

We are working with our regional representative at SAMHSA to advocate for funding structure changes that support integrated care.

Our Wellness groups continue as they are funded through mental health Medicaid dollars as mental health services.

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

- 1. Attempting to establish new sites with remodeling used a lot of time and resources. We would recommend that whenever possible, existing sites be used so that the primary efforts can begin quickly.
- 2. The crucial role of the nurse manager was not recognized early on. The nurse manager should have a background in public health and have the skills to manage data and communicate the need for health monitoring in a compassionate and assertive manner. A background in psychiatric populations is essential.

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

3. The Medical Assistants needed to be brought on board more quickly and efficiently and a standard set for health monitoring elements.
4. The basic program of health monitoring should be established first and then Wellness activities added.

Words of Wisdom: Tips for Success

- Highest levels of management need to be committed to this process, because they may be needed to advocate for this model when existing external funding sources do not match the aims of integration.
- Hire people with enthusiasm and an understanding of the “big picture”.
- Allow for time to meet; room is needed in funding for communication time. PCPs especially are under significant pressure to see individuals in primary care, so “touching base” can become difficult. This may require some space in the budget for more providers so that time is allowed for coordination.
- Make Wellness activities relevant to the population and fun.



Klamath Basket