

# Lummi Psychiatry and Collaborative/ Coordinated Care

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[Danayle Wilson, CPC – traveling]



# Objectives

- Describe Lummi Psychiatry program
- Understand opportunities and challenges regarding outreach, collaboration and coordination for patient care management at a tribal health center

# Tribal Health Services

- US Constitution established power to regulate commerce with Indian Tribes
- Treaties with federally-recognized tribes generally included provision of healthcare
- This led to creation of organizations which would become the Indian Health Service (IHS) in 1955.
- Since that time many tribes have taken money which would be used by IHS and created their own clinics – called ‘638 contracts’ from the Indian Self-Determination Act of 1975 (Public Law 93-**638**)
- Serve all Enrolled Tribal members and their descendants
  - **Each tribe defines membership and descendency on their own**

# Lummi Nation

- *Lhaq'temish – the Lummi People – People of the Sea*
- Recognized in 1855 Point Elliott Treaty
- Population approx. 5000 tribal members
- Lummi Tribal Health Clinic (638-clinic) started in the late 1970s ‘in the closet of one of the classrooms at Northwest Indian College’
  - Now expanding to new facility in 2021-2022
- Lummi Nation helps to fund and operate
  - Northwest Indian College
  - Regional Fish Hatcheries
  - Silver Reef Casino



# Health and Wellness Team at Lummi

## Medical Clinic

- Medical providers (MDs, NPs)
- Nursing staff (LPN, MA, RNs)
- Public Health Team (MDs, RNs)
- Community Health Team
- Lab staff
- Pharmacy Staff
- Tribal Connectors
- Billing/Coding
- Dental providers
- Social workers
- CHR – transportation, med delivery
- Psychiatry Team

## Behavioral Health

- BH Counselors
- Outreach team (MSW and peer counselor)
- Spiritual support

## Substance Abuse programs

- Chemical Dependency Counselors
- Peer Recovery Coaches
- Suboxone providers (MDs, PAs, NPs)
- Observed medication and drug testing (RNs)

Limited communication between systems

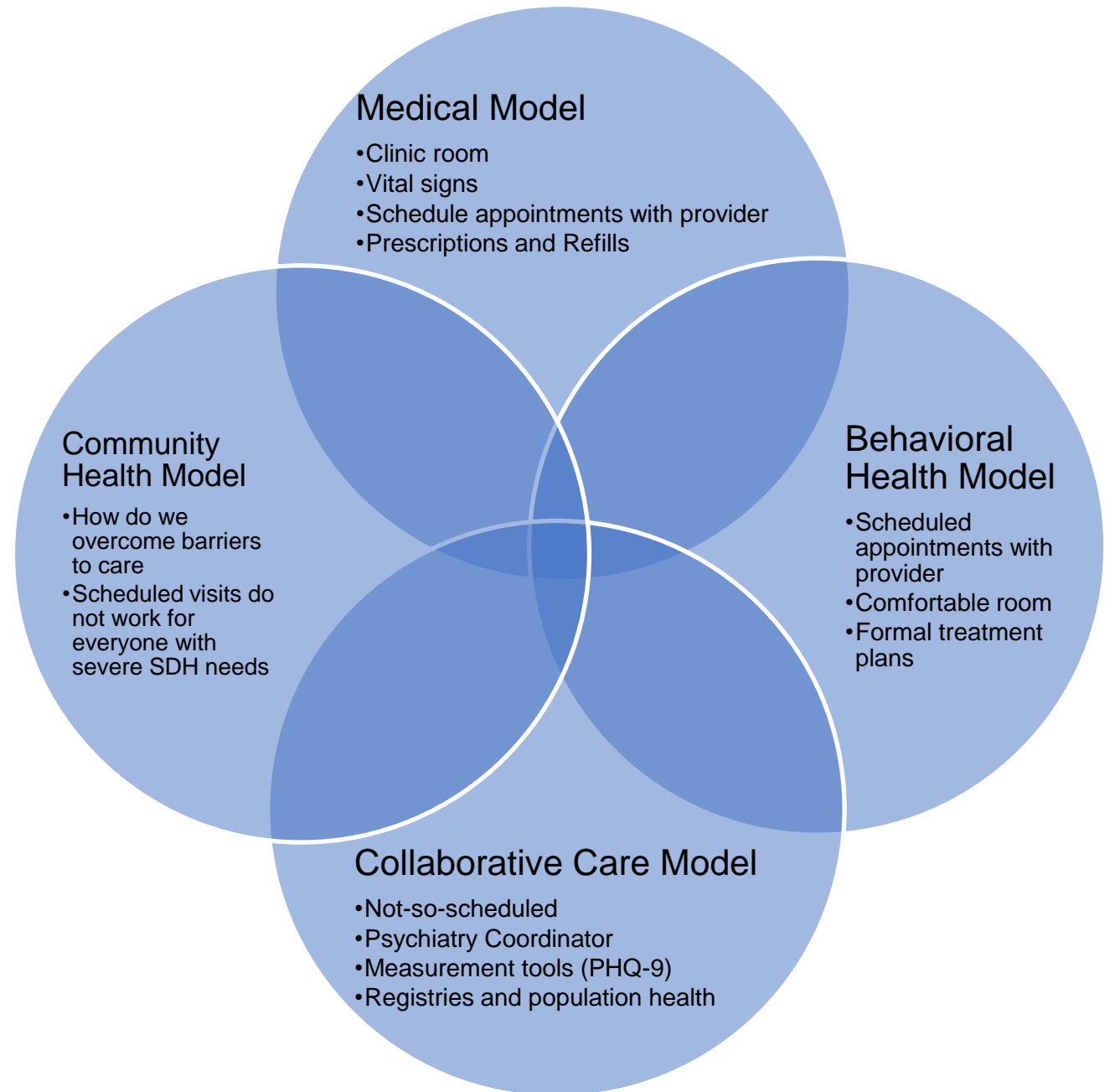


# Dr. Bud – the psychiatrist

- **The most boring slide**
- Psychiatric Visits
  - Initial intake (hour long appts – over course of multiple appts)
  - Consultation
  - Follow up (30-60 minutes)
- Goal of having Monday-Friday Crisis/Same-day visits
- Keep visit availability down to 1-2 week wait for initial intakes
- Will also do general pediatric urgent care visits while pediatrician is away
- Will lead team meetings occasionally

# Lummi Psychiatry Framework – A Coordinated Approach

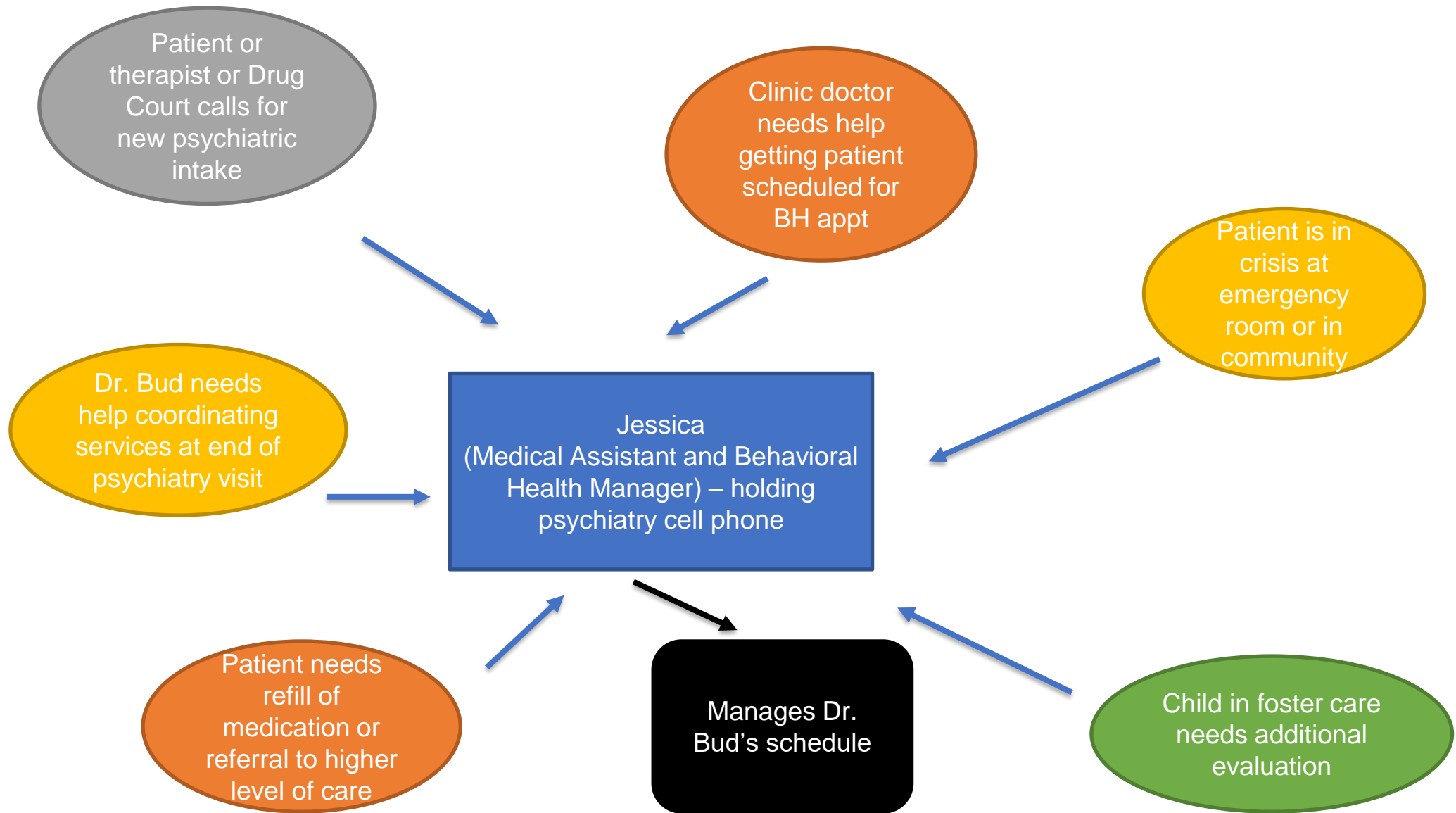
Dr. Bud trained as a triple-boarder in General Pediatrics, General Psychiatry and Child and Adolescent Psychiatry. He also spends a lot of time in training at the Veterans Administration where he could 'prescribe' job training, housing assistance, and medication management assistance. His priority has been to provide and facilitate access to high quality psychiatric care for the Lummi Community through coordination among different systems and silos of care.





# Jessica's Role

- Title: Psychiatry Care Coordinator
- Training:
  - Medical Assistant
- Day to day
  - Answering phone, scheduling
  - Invited to zoom by other providers
  - Crisis management
  - Coordinating services, medication refills
  - Tele-check-ins – measurement tool based (CHADIS)
  - Registry maintenance for several groups of patients
  - Injections of naltrexone, antipsychotics, vaccines, contraception
  - Vital signs
  - Observed medication taking
  - Tracking down patients
  - “Skills for Psychological Recovery” and other brief interventions



# How Jessica can help patients



## Administer injectable medications

- Vivitrol
- Long-acting Antipsychotics
- vaccines



## Schedule and coordinate appointments

- Medical
- BH
- Dental
- Vital signs or injections



## Provide brief support and connection to patients' providers



## Alert providers for medication refills and if medications are not working



## Coordinate with other services

- Drug Court
- Behavioral Health
- School based health clinic
- Pediatrics
- Opioid Treatment Program

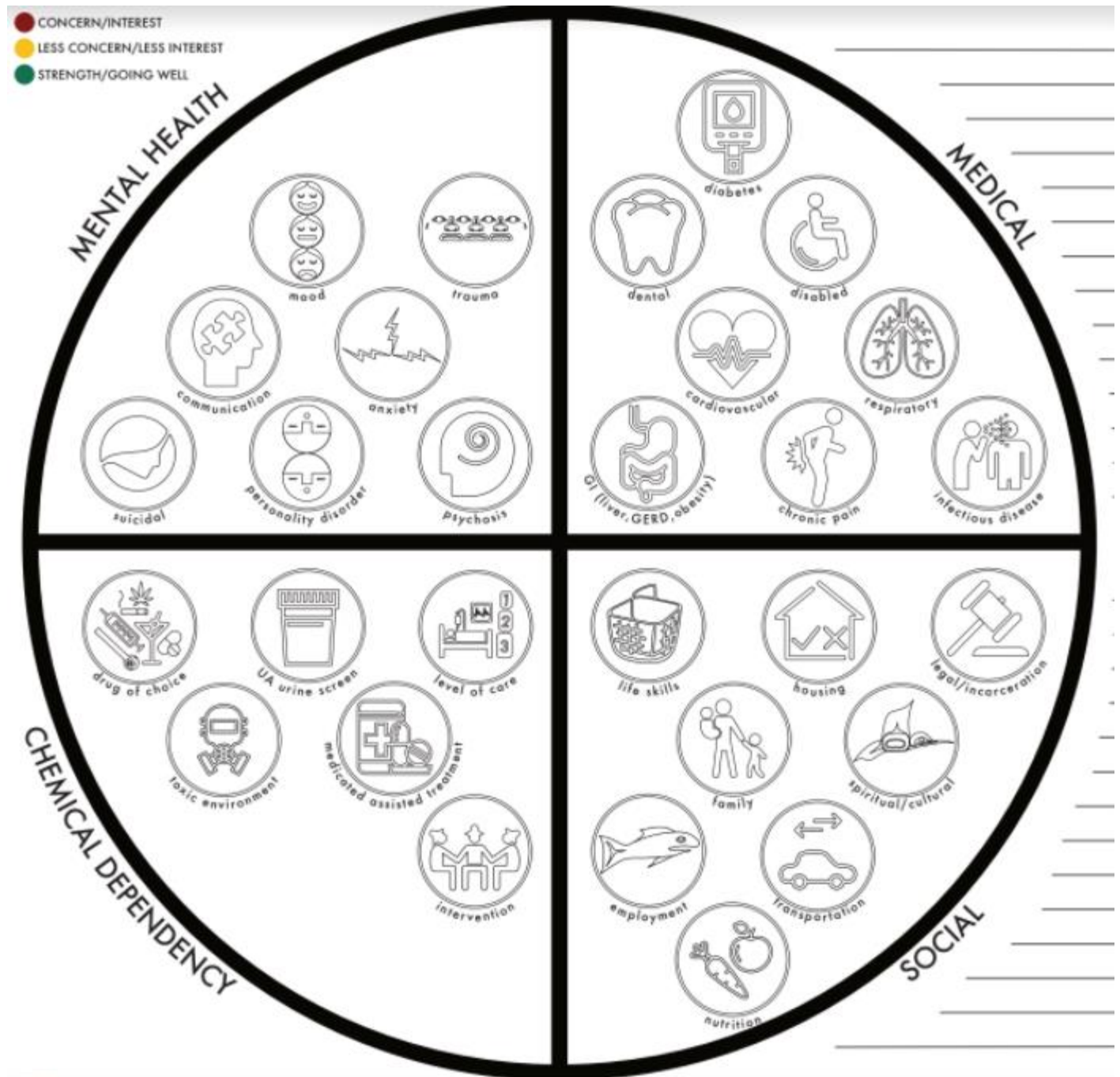


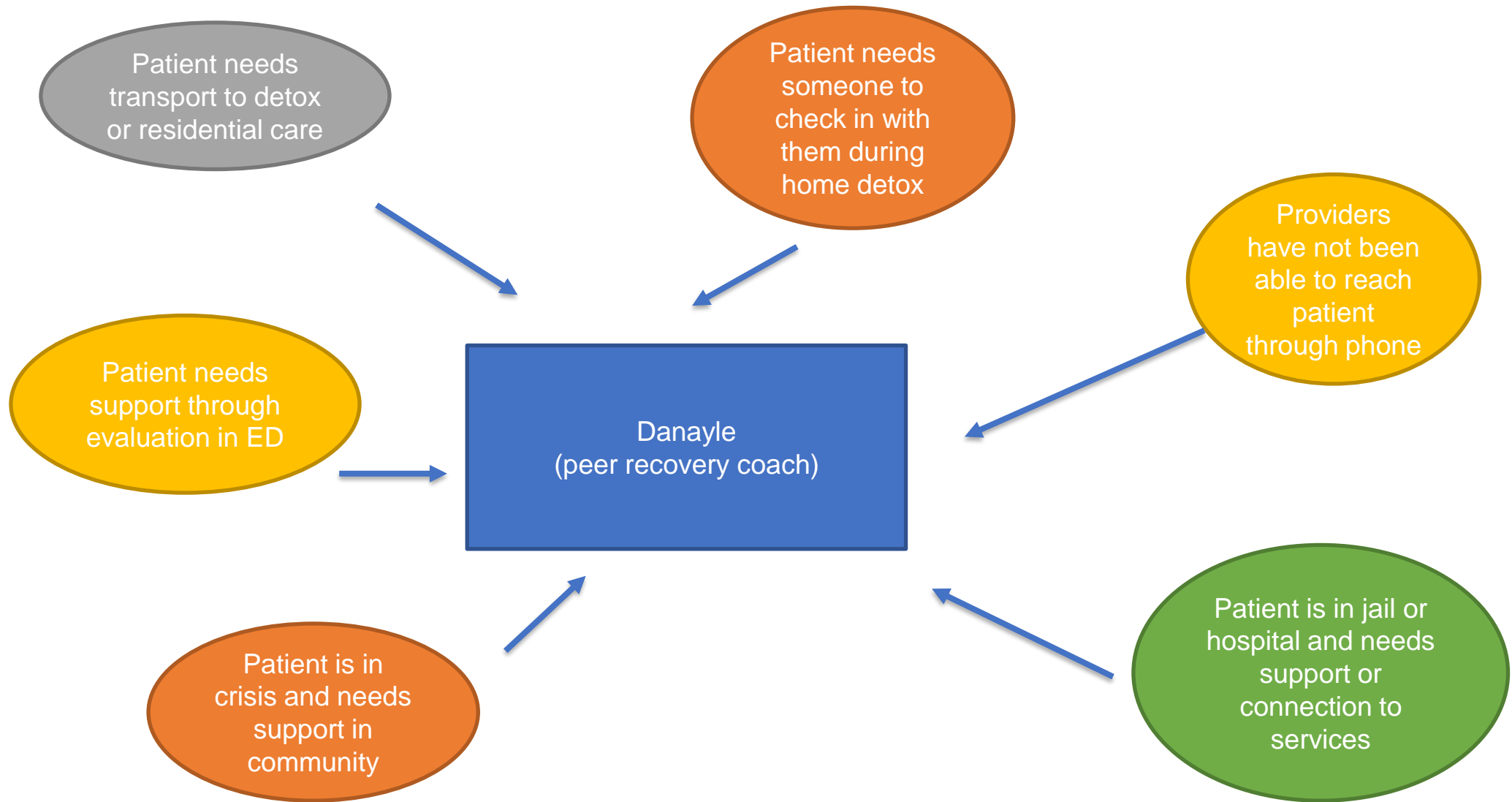
# “One-stop shop” framework

- Try to get person in for as many things as possible – because SDH might impact ability to present for next visit (car troubles, lost job, death in family)
- Services
  - Pharmacy
  - Lab
  - Dental
  - Tribal Assister – insurance sign up
  - DSHS (food stamps etc)
  - WIC
  - Public Health (vaccines for employees, COVID testing)
  - Social Work
  - providing phones - COVID
- Outside services
  - Connecting to referrals

# Wellness Wheel

- Screening Tool
  - developed at Lummi Tribal Health Clinic for screening purposes
  - Difficult to use during pandemic – due to antiquated EMR system





# How Danayle can help patients



Connect with drug using patients in ways providers cannot

- Non-traditional communication



Understand lived-experience of drug users and informal and cultural power relationships



Be with patients in difficult moments, harm reduction supplies



Emphasize roles of other team members and connect patients to services



Get patients where they are and need to go

# Danayle's role

- Training: Certified Peer Counselor program
- Day to day
  - Transporting patients
  - Outreach to homes, known places where people use drugs
  - Coordination meetings
  - Support through use or withdrawal or evaluation
  - Distribution of Harm Reduction supplies
  - Informal communication
    - Social media
      - Snap chat, Facebook
    - Finding people who are homeless



# Pre-Covid Clinical Settings

- The Clinic
- Lummi Nation School
- Lummi CARE
- Behavioral Health
- Eagle Haven – low barrier trailer housing complex
- Tracking down high-risk patients

# Mid-Covid settings

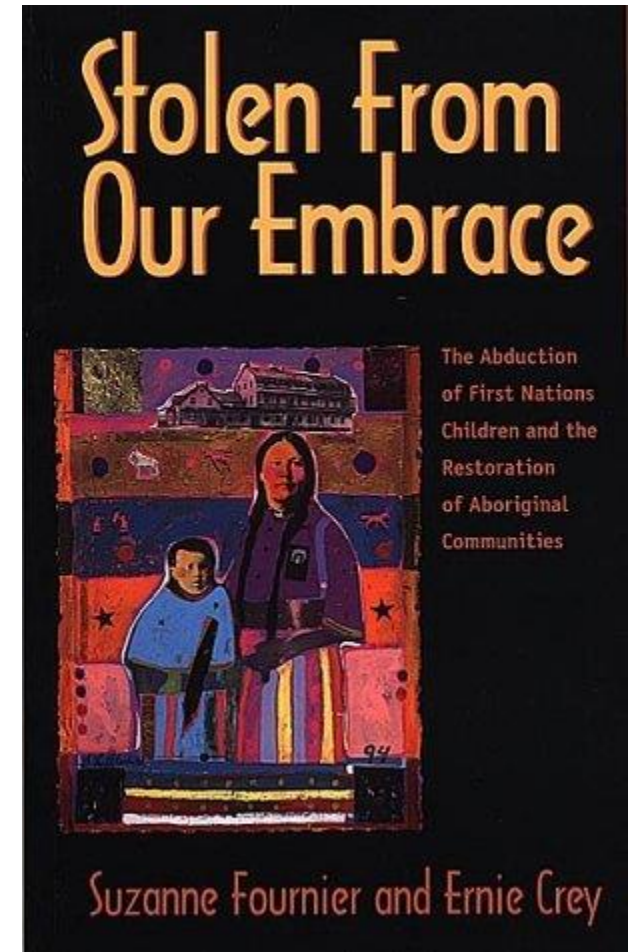
- Telepsychiatry visits, telephone visits
- Tele-check-ins
- Zoom/Microsoft Coordination meetings
  - Outreach Meetings
  - (Maternal Child Health)
  - LNS guidance counselors
  - CARE suboxone dosing staffing (flagging patients)
  - Drug Court
  - Project Aware (youth school based mental health services)
  - Community Health
- Garden or tent visits – visits outside
- Tracking down high risk patients difficult
- POST-VACCINATION – seeing patients in person again

# Problems/Opportunities

- Differences in systems
  - State, County, City rules vs sovereign tribal lands
  - Computerized Registry – issues with tribal sovereignty over tribes' data
  - The words 'integrated care' becoming negatively charged
- Lack of financial resources – income inequality in expensive housing market
  - Housing
  - Jobs
- Criminal justice issues
  - Drug charges
  - Marijuana on tribal land
- Trauma
- DNKAs
- Families and privacy
- New Electronic Medical Records (22 weeks until OCHIN EPIC go-live!)

# Intergenerational Trauma and Substance Use

- Multiple generations of families in the US and Canada (and elsewhere) disrupted.
- AKA Family Separation
- Children in boarding school not able to speak native language, observe cultural practices
- Reports of corporal punishment, sexual abuse
- All factors which put patients are further risk of substance use and additional abuse



OP-ED

## Lummi Chairman: ‘This virus knows no borders, and we are blessed to be able to share vaccines’

BY LAWRENCE SOLOMON *COURTESY TO THE BELLINGHAM HERALD*

MARCH 12, 2021 05:00 AM



Lawrence Solomon is chairman of the Lummi Nation. LUMMI NATION *COURTESY TO THE BELLINGHAM HERALD*

- Lummi Nation has helped vaccinate:
  - Local school district staff
  - USPS, Fedex and UPS workers
  - Local bus drivers and transit workers
- Jessica and Danayle worked to help vaccination events – all-hands-on-deck approach

# Resources

- Peer Recovery Coaches (certified peer counselors)
  - <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/peer-support>
  - <https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/recovery/counselor-training.aspx>
- AIMS Center – Behavioral Health Care Manager Role
  - <https://aims.uw.edu/resource-library/care-manager-role-and-job-description>
- Tribal Health Care
  - [American Indian Health Commission of Washington - https://aihc-wa.com/](https://aihc-wa.com/)
  - What Non-Tribal Providers Need to Know - <https://youtu.be/DJxhMfP0qNQ>
  - [A Gathering of Wisdoms – Tribal Mental Health: A Cultural Perspective](#)



# Contact

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- 360-595-5232

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