



## **Utah Navajo Health System, Inc.**

### **Proposal for adopting and integrated care model**

UNHS is committed to provide the best possible services to residents living along the Utah strip of the Navajo Nation.

UNHS recognizes the need for culturally sensitive services and supports

We are committed to listening and learning at every opportunity.

UNHS recognizes that across the nation health care policy makers and practitioners are attempting to develop more integrated approaches to health care delivery, particularly for individuals with complex and high-cost needs. Many community health care centers are working to develop new and successful strategies to integrate. Strategies to integrate physical and behavioral health services for adult Medicaid beneficiaries have demonstrated that there are significant impacts on both cost and quality outcomes. As part of UNHS's effort to provide the best possible care in our communities we are working to develop services that support the whole individual through his/her life time.

<b>TIME LINE</b> <b>Integrated Health Care Model</b>			
Date	Action	Who	Check-off
Sept 2012	Coordinate with the state office of Mental Health and Substance abuse for implementation support.	Stephanie and Char	
Sept 2012	Develop an implementation plan	Stephanie and Char	
Sept 2012	Present implementation plan to UNHS administration	Stephanie and Char	
Oct 2012	Provide training to Providers in integrated health care model and trauma informed care. (Continuing Education Credits will be awarded to providers for their participation)	Coordinated with Ming and the Utah Division of Mental Health and Substance Abuse	
Oct 2012	Provide training to screeners and nursing staff regarding integrated care and survey tools.	Coordinated with Ming and the Utah Division of Mental Health and Substance Abuse	
Oct 2012	Work with medical staff and admin to develop criteria for referrals based on survey evaluations.	Stephanie and Char	
Nov 2012	Begin providing survey's for patients to complete at the screening process. Survey's may be completed by patients while waiting for physicians or with the help of screeners	Screeners Stephanie and Char	
Nov 2012	Providers will receive survey forms from screener or patient's. Survey's will be collected with billing forms for evaluation. Providers will also have been trained to briefly skim forms to identify possible treatment issues.	Providers	
Nov 2012	Therapists and Rex will be available to speak with Clients identified through the screening process. Assessments will be completed and services offered to address any Behavioral health concerns	Behavioral Health	

<b>Utah Navajo Health System, Inc.</b>	<b>Integrated care</b>
<b>Policy Code:</b>	<b>Department</b>
<b>Effective Date:</b>	<b>Developed By:</b>
	<b>Admin Approval:</b>
<b>Medical Director</b>	<b>Board Approval:</b>
<b>Joint Commission</b>	<b>Reviewed Date:</b>

## **I. POLICY**

In an effort to provide our patients with a compressive and effective health care services. UNHS acknowledges that it is important to understand the whole individual; and that a person's physical health cannot be separated from their emotional well being.

In an effort to improve our service delivery system we are making efforts to assess life experiences and situations that may impact the care our providers can initiate.

## **II. PROCEDURE**

- UNHS will train providers, nurses, screeners and behavioral health personnel on an integrated care model that stresses trauma informed care.
- UNHS will provide screening surveys to better assess a patients life experiences and situations that may impact the effectiveness of care. The tools that will be use include: ACES trauma inventory and the PHQ-9 depression scale. These tools will be combined into an easy to read one page format.
- To provide a bigger picture for provides the survey tools will be given to the provider at the time the patient is being seen.
- The survey can be completed by the patient with screener being available for to help and interpret the items.
- The completed surveys will be given to the provider and subsequently scanned into the UNHS data base for further evaluation and to facilitate possible funding streams in the future.
- UNHS will be collaborating with the Utah Division of Mental Health and Substance Abuse to evaluate data and to identify new funding sources.
- Referrals for Behavioral Health will be generated when the tools indicate behavioral health services would be beneficial. When possible a Behavioral Health provider will be contacted while the patient is still on the premises.
- In an effort to ensure cultural sensitivity issues are considered all referrals/situations will be reviewed with the tribal consultant.



Adverse Childhood Experiences (ACE) Questionnaire			
While you were growing up , During the first 18 years of life:			
1	Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you? - <b>-OR-</b> Act in a way that made you afraid that you might be physically hurt?	No	Yes
2	Did a parent or other adult in the household often: Push, grab, slap or throw something at you? - <b>-OR-</b> Ever hit you so hard that you had marks or were injured?	No	Yes
3	Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? - <b>-OR-</b> Try to actually have sex with you?	No	Yes
4	Did you often feel that: You did not have enough to eat, had to wear dirty clothes, and had no one to protect you? - <b>-OR-</b> Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	No	Yes
5	Did you often feel that: No one in your family loved you or thought you were important or special? - <b>-OR-</b> Your family didn't look out for each other, feel close to each other, or support each other?	No	Yes
6	Were your parents separated or divorced?	No	Yes
7	Was your mother or step mother: Often pushed grabbed slapped, or had something thrown at her? - <b>-OR-</b> Sometimes kicked, bitten, hit with a fist, or hit with something hard? - <b>-OR-</b> Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	No	Yes
8	Did you live with anyone who was a problem drinker or alcoholic or used street drugs?	No	Yes
9	Was a household member depressed or mentally ill or did a household member attempt suicide?	No	Yes
10	Did a household member go to prison?	No	Yes
11	In your history are there stories of your family being oppressed by members of another race or ethnic background?	No	Yes

DQ-9					
Over the last 2 weeks, how often have you been bothered by any of the following?					
A	Little interest or pleasure in doing things.	Not at all 0	Several days 1	½ of the time 2	Daily 3
B	Feeling down, depressed or hopeless.	Not at all 0	Several days 1	½ of the time 2	Dail 3
C	Had trouble falling /staying asleep, or sleeping too much	Not at all 0	Several days 1	½ of the time 2	Daily 3
D	Had feels of being tired or having little energy	Not at all 0	Several days 1	½ of the time 2	Daily 3
E	Poor appetite or over eating	Not at all 0	Several days 1	½ of the time 2	Daily 3
F	Felt bad about yourself – or that you are a failure or have let yourself or family down	Not at all 0	Several days 1	½ of the time 2	Daily 3
G	Trouble concentrating on things such as reading the newspaper or watching Television	Not at all 0	Several days 1	½ of the time 2	Daily 3
H	Moving or speaking slowly or being fidgety or restless	Not at all 0	Several days 1	½ of the time 2	Daily 3
I	Thoughts that you would be better off Dead or of hurting yourself in some way.	Not at all 0	Several days 1	½ of the time 2	Daily 3
J	How difficult have these problems made it for you to work or take care of things at home or get along with other people?	Not difficult	Somewhat difficult	Very difficult	Extremely difficult
	In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?	No	Yes		