

A Day in a Life: Story #1

A 20-year-old woman is in need of housing after successfully leaving an abusive relationship. Four months pregnant, she has been able to lean on her network of relatives and friends for temporary shelter, but is usually asked to leave after a few weeks. She continues to “shoot up” (inject) opioids, and has not been able to see a doctor. This is her second child and she knows Child Protective Services will be involved. She has been in the behavioral health system since she was a teenager and she feels nothing has helped her. She has been in and out of group homes and substance abuse programs. However, she has a positive relationship with her therapist and continues to stay in touch when she is around the reservation. Her therapist has been working with her around enrolling in the tribe’s MAT.

Today she decided to go to the MAT since she stopped by the tribe’s WIC program (Special Supplemental Nutrition Program for Women, Infants, and Children) and they helped her with some food and provided some resources for her to call. Seeing the pictures on the wall with mothers and babies gets her thinking about her life. She decided to visit the Traditional Healers that were at the MAT clinic that day as a walk-in appointment. While leaving the Healer’s room, the psychiatrist walks over to greet her. She is aware of her situation and asks if there is anything she could help her with. She is able to do a physical examination and treat her abscesses on her arms and legs; however, she encourages her to see her primary care provider which she agrees with, too. Together, they walk down the hall to the healthcare facility where they are able to fit her in for an appointment. While she waits for her doctor’s appointment, the psychiatrist runs back to her office to order her medications to the on-site pharmacy as she completed her notes in their electronic health system so her primary doctor gets the most updated information.

Reflection Questions to Consider:

What are some Care Coordination domains you can identify in this “Day in a Life?”

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| <input type="checkbox"/> Cultural Fit | <input type="checkbox"/> Knowledge Sharing |
| <input type="checkbox"/> Innovative Practice | <input type="checkbox"/> Meeting community needs |
| <input type="checkbox"/> Community investment | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Cross-sector collaboration | <input type="checkbox"/> Data Infrastructure |

What are some possible “care coordination” types of support needed?



Indigenous Centered Praxis:

- What cultural aspects are important to my community and organization?
- What type of services could be incorporated into our cultural beliefs and practices?
- What does traditional healing mean in our community and what can be supported?
- What would our elders say and recommend?





Relationships:

- What are my community's needs in OUD?
- How does my community view OUD?
- How are we educating leadership and the community?
- How are tribal leadership views of OUD?
- What partnerships have been established and which are needed?
- How do care coordination practices help providers with "meeting clients where they are at?"
- What cultural aspects or practices might help build supportive relationships with the client?



Capacity Development:

- How does "care coordination" look in our organization?
- Define "care coordination" in your setting:
- What aspects of "care coordination" are important in your program?
- What steps can you take to develop your "care coordination" approach?
- What type of trainings are needed for staff, other support service staff including the community?
- How are health information systems connected or integrated for data sharing within the organization?
- What data exchanges and data agreements are currently in place or are needed outside the organization?
- What type of data is collected to support services and track progress?
- How does care coordination utilize a strengths-based approach to working with clients?

