

# Confederated Salish and Kootenai Tribes

Submitted by: Brenda Freeman, Ph.D., LCPC, Technical Assistance Evaluation Consultant

Based upon interview with Desiree Fox, Ph.D., CSKT Behavioral Health Division Director



Figure 1: CSKT Tribal Administration Center

*Photo downloaded from CSKT Tribal Website.*



The 7,443 members of the Confederated Salish and Kootenai Tribes (CSKT) live on the Flathead Indian Reservation located between Missoula and Kalispell, Montana. The confederation

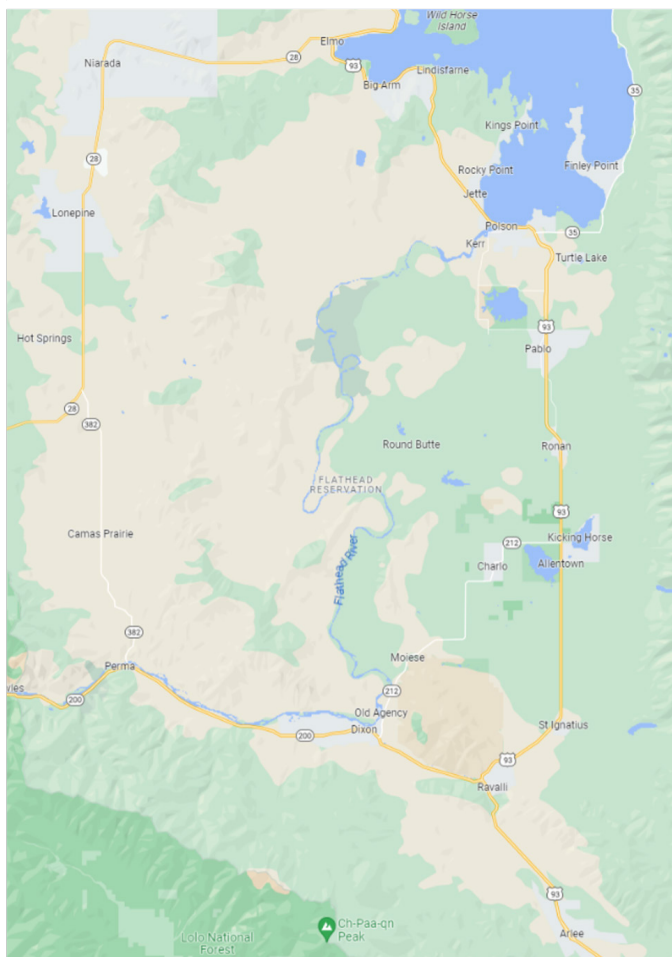
consists of the Bitterroot Salish, the Kootenai, and the Upper Pend d'Oreille tribes, whose combined territory originally extended from western Montana into parts of British Columbia, Wyoming, and Idaho. The setting is majestic, with 1.2 million acres of fertile valleys and stunning mountains.



Figure 2: Tribal Health CSKT

The integrated care program is delivered through the CSKT Tribal Health Department. The mission of the department is *"We are dedicated to helping every Tribal Health recipient receive high-quality health care grounded in our Tribal values."* Tribal Health has clinics located in Hot Springs, Elmo, Polson, Salish Kootenai College (SKC) - Pablo, Ronan, St. Ignatius, and Arlee, as shown on the map in Figure 3 that follows.

**Figure 3: Map of CSKT Tribal Health clinics**



Integrated care at CSKT Tribal Health began around 2017 when one of the behavioral health psychologists applied for an Indian Health Service (IHS) integrated care grant.

CSKT Integrated Behavioral Health (IBH) started with in-person medical huddles at just one of the Tribal Health clinics. By 2018 Tribal Health had placed one imbedded IBH-psychology trainee from a local university in the clinic to provide IBH services to Tribal Behavioral Health. The early efforts were slow to gain traction in the movement toward fully integrated care until 2019, when two designated IBH providers were hired to exclusively focus on IBH efforts. In late 2020 a newly hired clinical psychologist was designated

as the manager of the IBH program. Same Day Access was then implemented, formalizing medical provider access to immediate behavioral health services. Psychotherapists with exclusive availability to Tribal Health staff began to conduct warm hand-offs and manage behavioral health walk-ins, with warm handoffs for the remote Tribal health clinics managed via telehealth.

The BH2I project, led by Dr. Desiree Fox, is being used to enhance the CSKT integrated care services by providing guidance and training resources, direction for measurement-based programmatic management, and overall tracking of program progress and outcomes. Though hiring qualified providers has proven to be a challenge, Dr. Fox hopes to utilize grant funding to support staff salaries to hire a new IBH psychiatric provider. Under BH2I the Health Department has expanded clinical huddles and implemented an all-clinics wide virtual daily huddle during which any provider can join and speak with the therapy providers, ask questions, or follow-up on past warm handoffs. While the integrated care (IC) team is still working towards more frequent involvement from direct service providers, they are moving to the goal of regular interdisciplinary collaborations between divisions providing patient care.

Finally, with the onset of Same Day Access, the IC team has also been increasing the offering and utilization of evidence-based brief therapies (4-6 brief, targeted psychotherapy sessions lasting 20-30 minutes/session), including brief cognitive behavioral therapy (CBT), Focused-Acceptance and Commitment Therapy (FACT), motivational interviewing (MI), problem-solving therapy (PST), and general focused skill-building for various presenting concerns including health issues, interpersonal difficulties, anxiety, depression, and life changes.

Though IC faces challenges such as finding a medical champion and working toward better access for distance clinics, the BH2I project has made great strides. Plans include working towards implementing a more comprehensive co-located collaborative care approach to healthcare. This will encourage keeping the patient at the center of care with support, inter-division collaborations, and measurement-based care with intentions to develop and implement a multi-dimensional universal screening process for all incoming Tribal Health care recipients.