

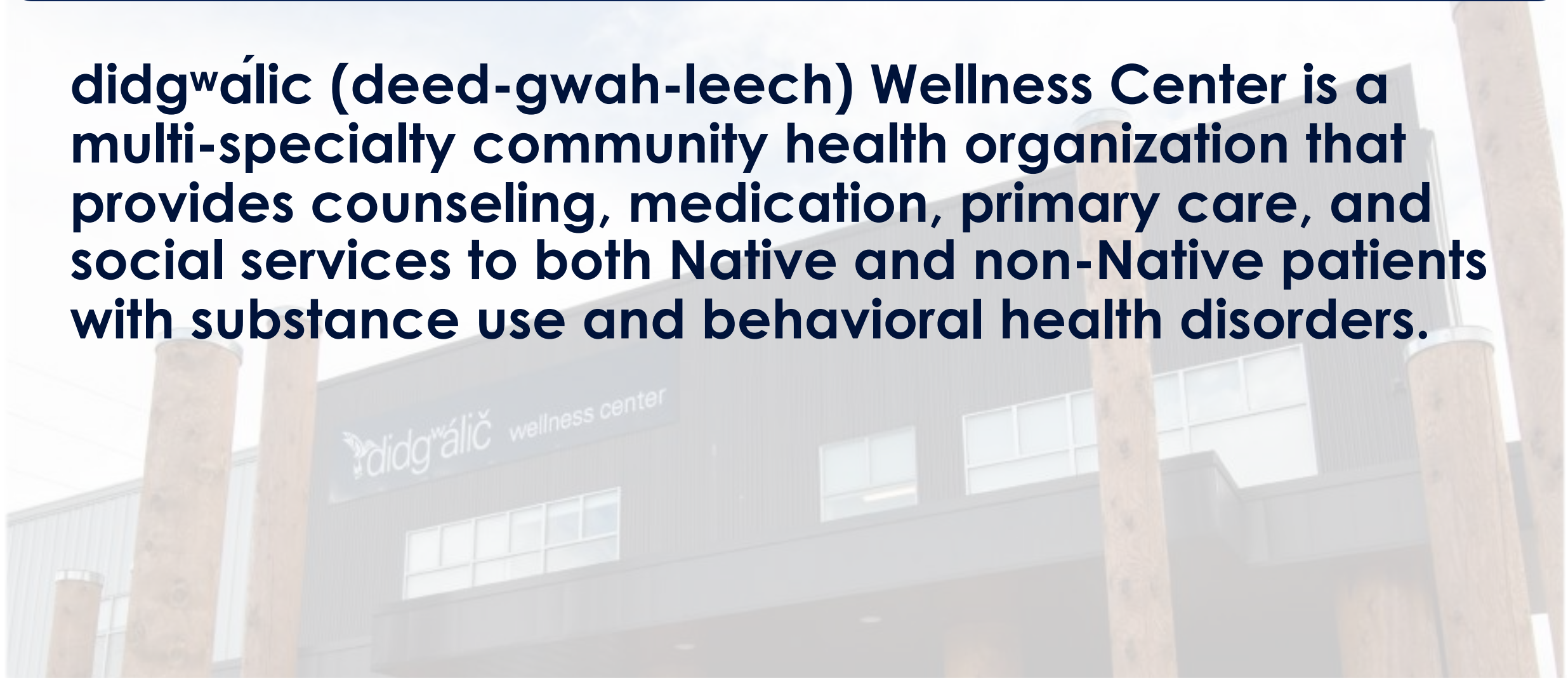
didg^wálic Wellness Center


Building a Culture of Respect



didg^wálic Wellness Center

didg^wálic (deed-gwah-leech) Wellness Center is a multi-specialty community health organization that provides counseling, medication, primary care, and social services to both Native and non-Native patients with substance use and behavioral health disorders.





*Our mission is to improve outcomes with quality
health care solutions by removing barriers to treatment*

Removing Barriers to Care



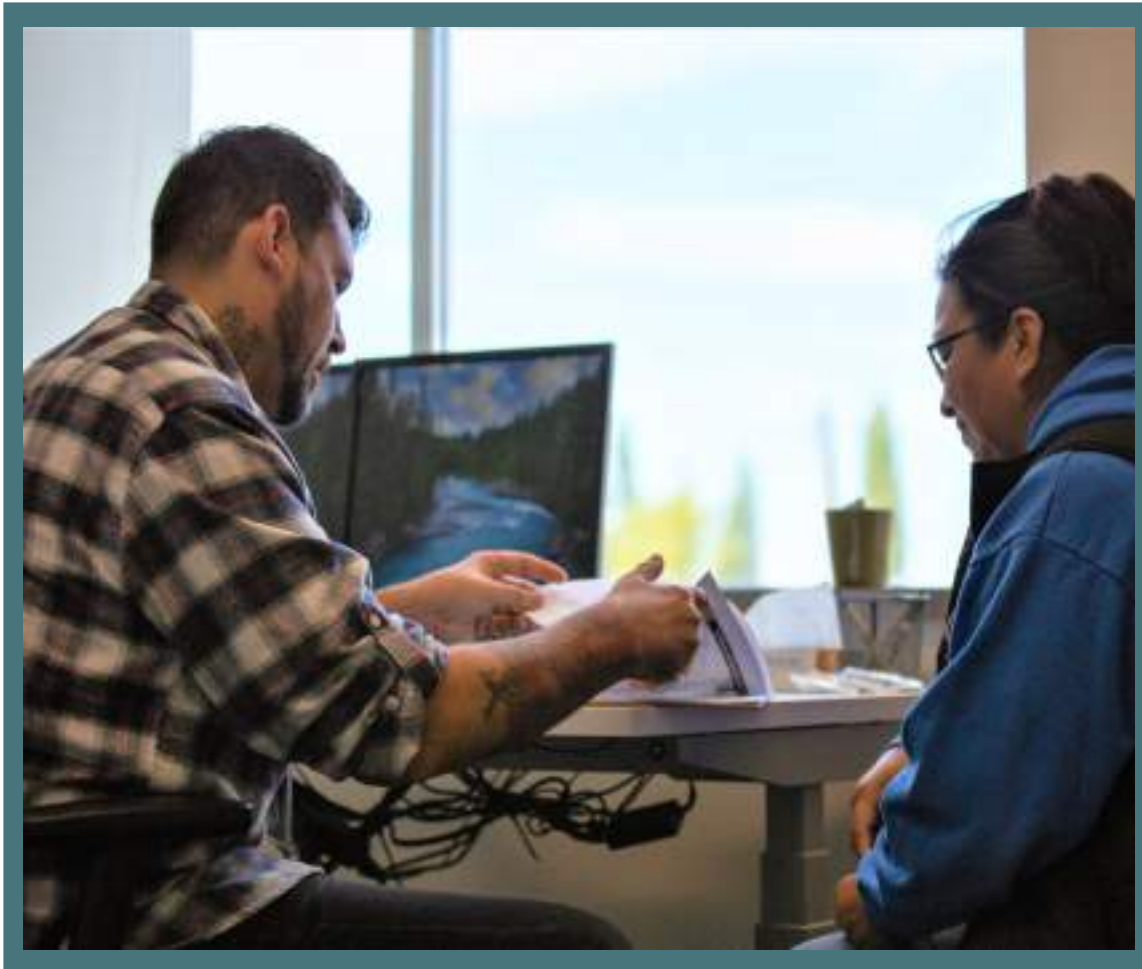
“The didg^wálič Treatment Model stems from the philosophy that unless barriers to care are addressed, patients will remain excluded from accessing the vital care they need.”

**John Stephens
Chief Executive Officer**

didg^wálic Wellness Center

- Owned & operated by the Swinomish Indian Tribal Community
- 10,000 ft² center located in Anacortes, WA
- New 23,000 ft² expansion to be completed December 2020
 - This will include dental services
- Serves patients within a 50 mile radius that includes Skagit, Whatcom, and Island counties.

Our Services – All Under One Roof



- ✓ Intensive SUD counseling by certified professionals
- ✓ Full-service MAT
- ✓ Primary medical care
- ✓ Social worker case management
- ✓ Psychiatric diagnosis and medication management
- ✓ Comprehensive behavioral and mental health services

Our Services – All Under One Roof



- ✓ Hepatitis C screening and tx
- ✓ Naloxone training and distribution
- ✓ Group counseling
- ✓ Group classes
- ✓ Medication lockbox training
- ✓ Acupuncture
- ✓ Dental care (starting Jan 2021)

Our Treatment Model



“Through combining evidence-based medicine, Tribal community knowledge, and patient-centered strategies, we are saving lives and reuniting families.”

**Dawn Lee
Chief Operating Officer**

Barriers to Care

Telehealth is great but it's based on the assumption that everyone has the access to technology that's required.

- 1. No phones**
- 2. No minutes if they do have phones**
- 3. No data or internet access**
- 4. No service area if live remotely**
- 5. No or minimal access to have a private, safe and confidential telehealth session**
- 6. Assuming clients have level of knowledge to participate in video conference (ie—they have a current email or know how to set up email—not everyone has this competency, resources or motivation to have smart phones**
- 7. Staff Training for remote work and accommodations**

Impact of COVID-19

- **We provide free transportation to/from visits for up to 100 clients per day**
 - **Drivers screening all passengers before getting on van**
 - **Disinfect between each route**
 - **If symptomatic or had possible exposure we give out masks and gloves**
 - **Provider gave more take home medication so less clients riding the vans**
 - **Staggered route time so less clients in the building at same time**
 - **Added more routes so 8 or less on the vans**
 - **Curb side dosing set up**



Medical Accommodations

- **Screening all patients and staff entering building**
- **Moved all providers to video conferencing**
- **Providers were able to give more carry days for patients per new guidelines**
- **Some patients were given carries that did not meet the 8 criteria**
- **Moved to unobserved drug screens**
- **Discontinued use of oral swabs**
- **Discontinued breathalyzers**

Impact of COVID-19

- **Inductions still need to be done face to face, exposing the providers and using more PPEs**
- **Less accountability without daily dosing**
- **Clients taking more than one dose per day or selling doses**
- **Vulnerable/medically fragile are continuing to use**
- **Tampering with urine**
- **Alcohol not detected as nurses could not perform breathalyzer or smell through the masks**
- **More fentanyl positive drug screens**

Counseling Accommodations

- **50% of counseling staff working remotely**
 - **Phone counseling sessions**
 - **Video conferencing**
 - **Assessments are face to face with masks in large group room**
 - **No group counseling, (we had up to 6 groups per day)**
 - **No visitors in building**

Impact of COVID-19

- **Reduced self care**
- **Unable to have visits with children**
- **Zoom meetings being hacked**
- **Inability to set boundaries with others in household not taking precautions seriously**
- **Clients taking advantage of reduced dosing and not engaging**
- **Lack of all services in life, visiting family, library, meetings, probation**
- **Lack of personal connection with outside AA/NA meetings**

Impact of COVID-19

- Boredom, resulting in increase of drug use/increase of death
- Trauma memories can be intolerable with too much time to think
- Anxiety and MH symptoms are exacerbated
- Many clients are not isolating because they can not be alone with their own thoughts
- Increase in anger leading to domestic violence
- Return to old behavior of frustration and irritation
- Isolation, less support
- Family members would bring in clients for help, they can not come in building
- Clients not attending video conference or answering phone for appointments
- Clients feeling abandoned

Impact of COVID-19

- **Social Worker Perspective**
 - **Clients miss daily interaction/personal connection**
 - **Financial instability due to job loss-we organized food drive**
 - **Loss of structure with children being at home full time, anxiety about how to feed/parent**
 - **Homeless clients unaware of the pandemic-education given to them**
 - **Shut down of shower/restrooms at YMCA, no access to running water to wash hands, clients can not bathe-giving out wipes**

What have we learned

Do not reduce services

Increase services if
safe to do so

We are an essential
health facility
addressing a pre-
existing epidemic.

2020 Skagit Co.

Overdose 13 deaths

Covid-19 5 deaths



Questions

