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# Advancing Rural Health Equity through Integrated Care ECHO

## Session 2

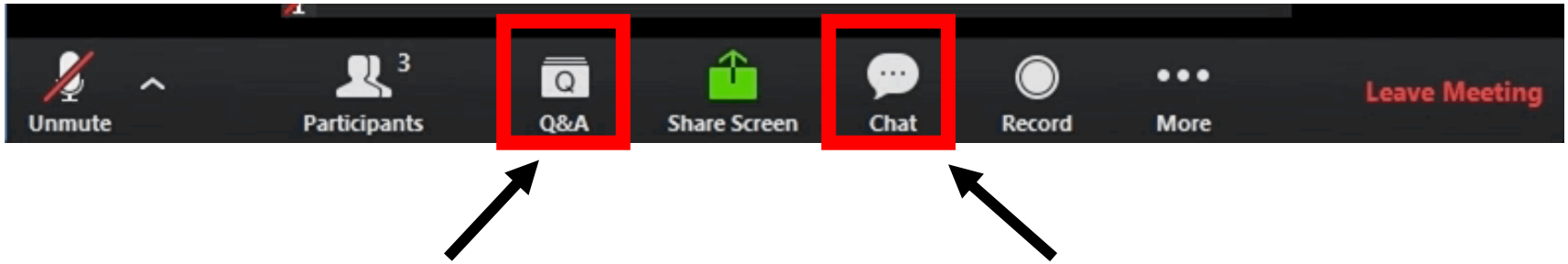
Wednesday, December 15, 2021

11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

# How to Ask a Question/Make a Comment




Type in a **question in the Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.



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# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

# Welcome from the National Council for Mental Wellbeing!

**3,300+ health care** organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

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# Introductions

**Carolyn Rekerdres, MD**
Medical Director, East Texas Behavioral Health Network, NE Region,
National Council for Mental Wellbeing, Medical Director Institute

**Christina Arredondo, MD**
Medical Director of Behavioral Health, El Rio Community Health Center, National Council for Mental Wellbeing, Medical Director Institute

**Shauna Reitmeier, MSW, LGSW**
CEO, Northwestern Mental Health Center,
National Council for Mental Wellbeing, National Board



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# Introductions

**Danica Love Brown, MSW, PhD**
*Choctaw Nation of Oklahoma*
Northwest Portland Area Indian Health Board,
Behavioral Health Programs Director

**Kait Hirchak, PhD**
*Eastern Shoshone*
Assistant Research Professor, University of Washington

**Thomasine Heitkamp, MSSW**
Professor, University of North Dakota

**Dennis Mohatt, MA**
Vice President for Behavioral Health, Western Interstate Commission for Higher Education

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# Why Rural Health Integration?

Rural Communities face a unique set of challenges and health inequities that are not seen in urban communities (transportation, internet and infrastructure, distance to provider, workforce shortages, etc.). Approximately 63% of Primary Care Health Professional Shortage Areas are in rural areas and related to mental health and substance use treatment services, 65% of rural areas do not have a psychiatrist, and 47% do not have a psychologist.

**Goal of this ECHO:**

To bring together industry leading experts and rural health organizations to explore challenges, innovative opportunities, and evidence-based solutions to address health disparities within rural communities, including workforce shortages, access to care, and other social determinants of health. Through a safe and supportive environment, ECHO supports peer-to-peer learning, and interactive training and education to promote knowledge growth and generate long term strategies.

# Curriculum

| Month | Session Topic |
|---|---|
| November | Session 1: Structural Urbanism and its Impact on Rural Health Outcomes |
| December | Session 2: Identifying equitable approaches and providing culturally responsive services to those most in need in rural communities |
| January | Session 3: Improving capacity of primary care provider organizations to address mental health and substance use needs |
| February | Session 4: Innovative community partnerships to improve mental health and substance use service delivery and reach |
| March | Session 5: Innovative approaches to improving workforce capacity and wellbeing for rural health providers |
| April | Session 6: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.) |

# What is ECHO?


**(Extension for Community Healthcare Outcomes)**

Project ECHO is a revolutionary guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world. Through innovative telementoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. Learn more: https://hsc.unm.edu/echo/

# Engagement is Key

## ECHO Host Team and Faculty

- Lead all presentations and discussions
- Be present and prepared
- Be on video
- Engage in the open discussion
- Provide ECHO charter and curriculum
- Share slides and case presentation information prior to session
- Share any additional information or guidance as requested by participants

## Participants

- Join every session
- Be on video
- Engage in the open discussion
- Share your expertise
- Use the chat box
- Share your learnings with your team
- Share feedback and suggestions with us

# Safe Space Guidelines

**Setting the Foundation**

- We have been socialized to believe that it is not polite and not always comfortable to talk about health and racial equity and social determinants.
- We ask ourselves and participants to be mindful of assumptions and biases during this presentation.
- We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

**Requests**

- Be present & avoid multi-tasking
- Respect
- Listen to understand
- Time Out
- One person speaks at a time

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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



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# Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)



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# Joining from all across the nation!




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# Who is in the Room?

Share in the chat your

**Name, Title, Organization and State**



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Didactic Presentation:

# Identifying Equitable Approaches and Providing Culturally Responsive Services to Those Most in Need in Rural Communities


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Choctaw Nation of Oklahoma
Northwest Portland Area Indian Health Board
Behavioral Health Manager

Kait Hirchak, PhD, MHPA
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# Learning Objectives for Today

After this webinar, participants will be able to:

- Understand which populations in rural communities are most in need and experience greater barriers to quality comprehensive services.
- Understand and describe the importance of providing culturally responsive services in rural communities.
- Describe an example of a culturally responsive strategy to support tribal communities and understand how this strategy can be translated to support other communities.
- Discuss and share examples of culturally responsive strategies for supporting those most in need in rural communities through the case presentation discussion of today's session.

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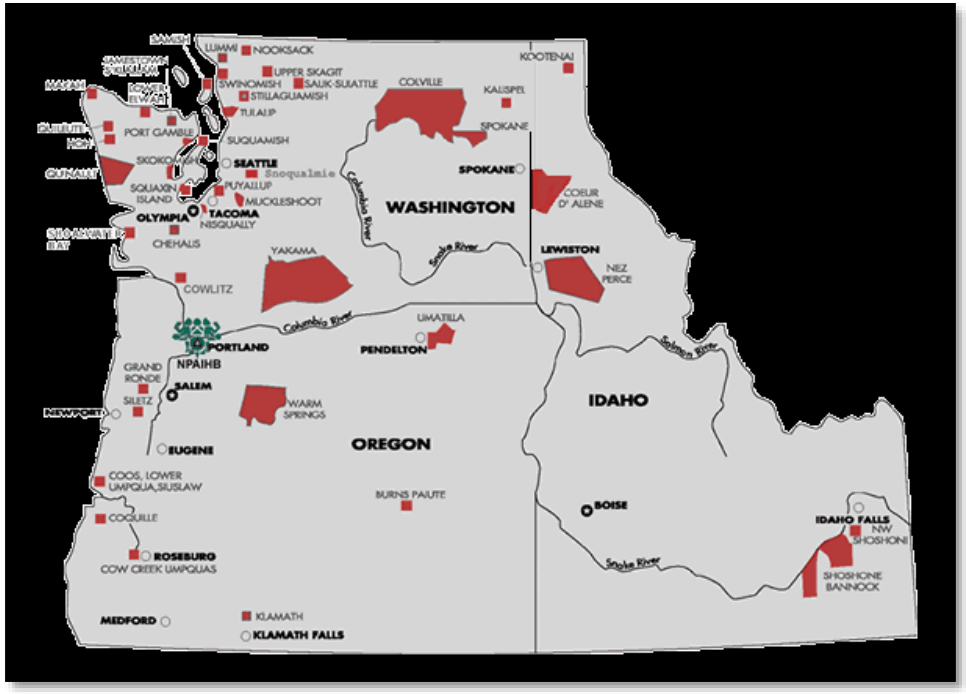
# Northwest Portland Area Indian Health Board




*To assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.*

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# Health Inequities Across Diverse Rural Communities

- Communities of color have greater barriers to accessing healthcare services
- Worse healthcare outcomes among rural diverse communities
- The American Public Health Association and the CDC have declared racism/structural racism a public health crisis

Source: Racial/Ethnic Health Disparities Among Rural Adults—United States, 2012-2015 and Kaiser Family Foundation -Disparities in Health and Health Care



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# Importance of Providing Equitable and Culturally Responsive Services

Reduces health disparities

Increases healthcare quality, engagement, and satisfaction

Improves health outcomes among diverse communities



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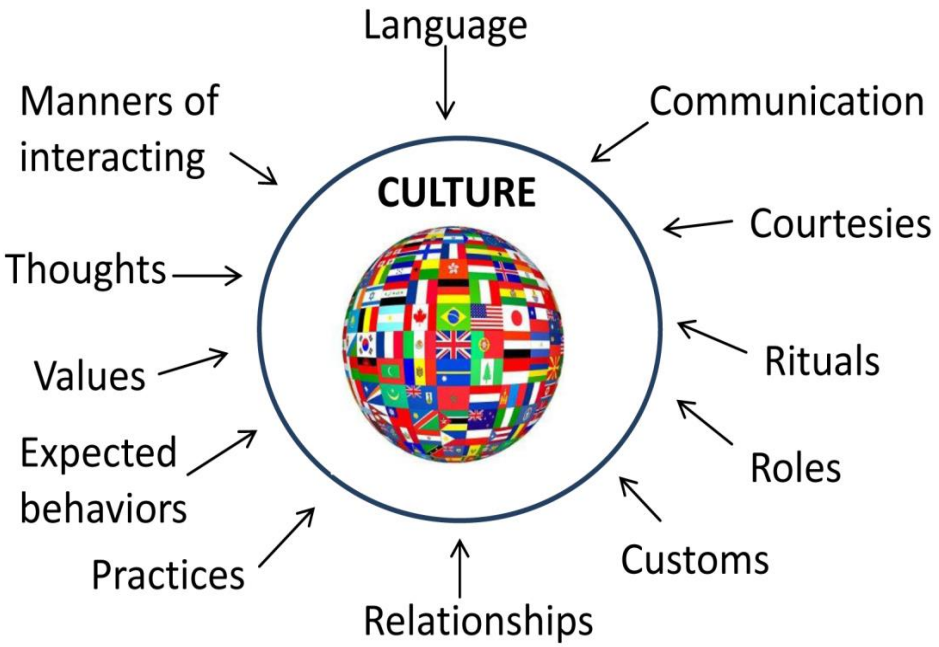
# Culture & Cultural Humility

- It normalizes not knowing
- It helps you identify with your co-workers
- It helps you identify the needs of your “client”
- It creates a culture of understanding that can spread beyond work



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# Populations in rural communities that would benefit from culturally responsive services

Populations/individuals who identify as:

- Native Americans, tribal communities & indigenous populations
- Speakers of other languages
- Migrants & refugees
- Latinx/Latino populations
- Asian communities
- Black/African American populations
- Individuals who are LGBTQ+
- Individuals with disabilities

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# Example of Cultural Responsiveness: Tribal Opioid Response Agenda

- The goal of the Tribal Opioid Response Agenda is to support tribal communities in healing our relatives and relations
- We have worked alongside tribal policymakers, national experts, service providers, and community members, developed this strategic agenda.

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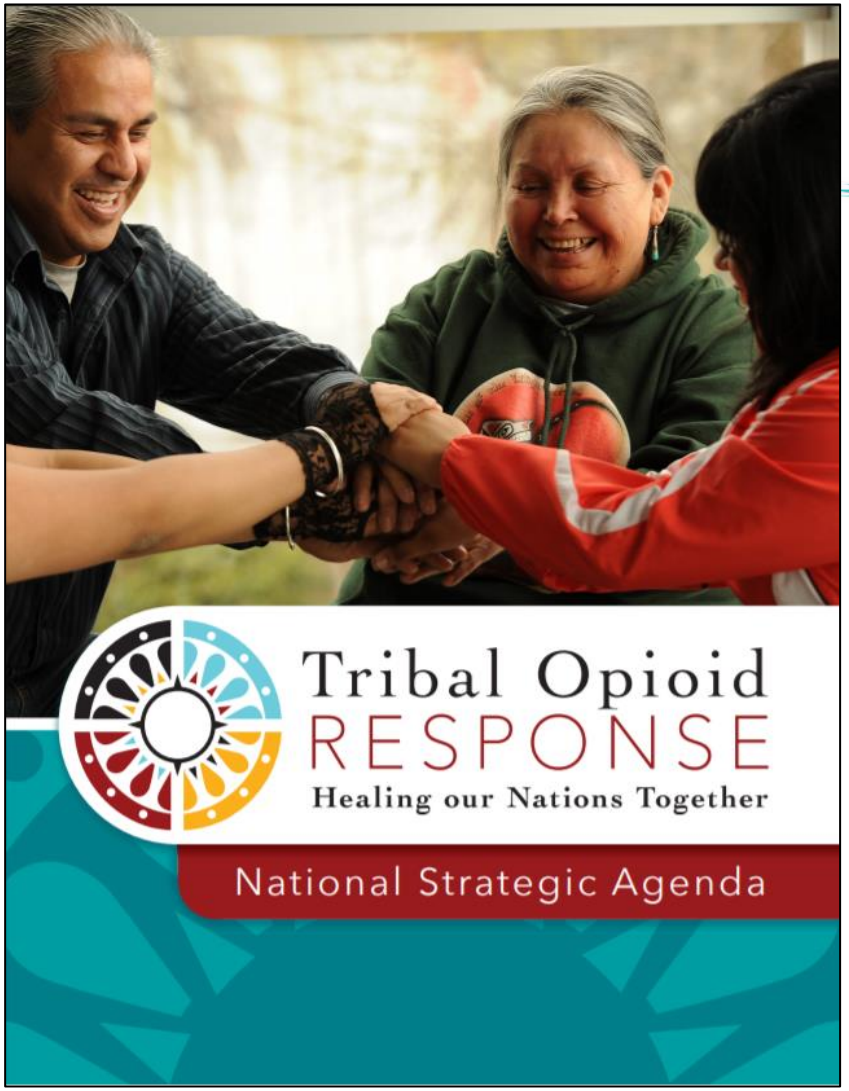


# TOR Strategic Agenda

**Recommendations based on:**

- Feedback gathered
- Advice from tribal policymakers and community members
- Insights from national and regional experts
- Feedback from people living with opioid use disorder

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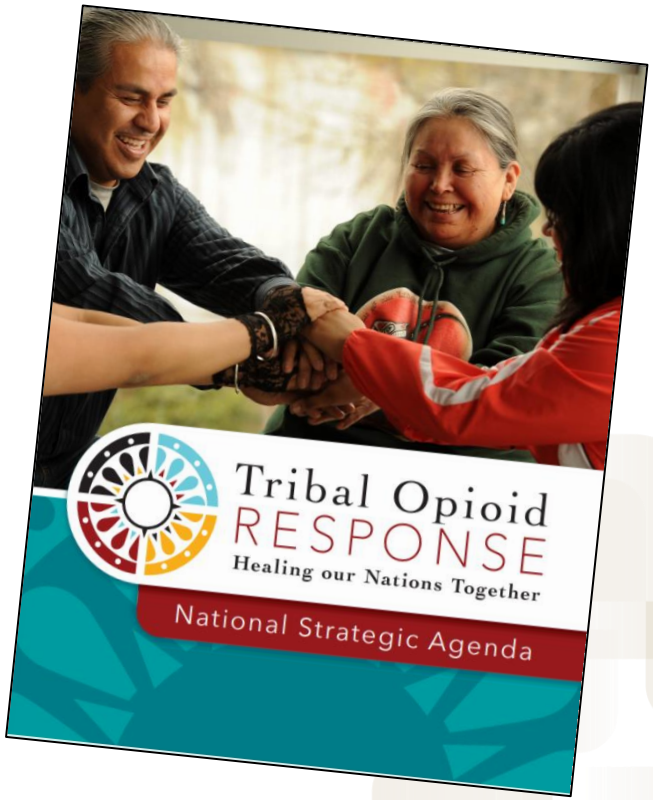
# TOR Strategic Agenda

**Recommendations are:**

- Practical
- Span a wide breadth
- Including **7 Key Action Areas** that can result in measurable progress

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# TOR Strategic Agenda- Action Area #6

**Growing the Evidence Base for Effective Tribal Opioid Interventions**

- Invest in the development of culture-based prevention, treatment, and recovery approaches to OUD
- Grow the evidence and practice base on AI/AN substance use during pregnancy

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# Culture is Medicine

Encourage clients to participate in Indigenous healing practices and cultural traditions to support thier overall health and wellness.

Incorporating Traditional Indigenous Knowledge in treatment settings and interventions that are grounded in Indigenous knowledge

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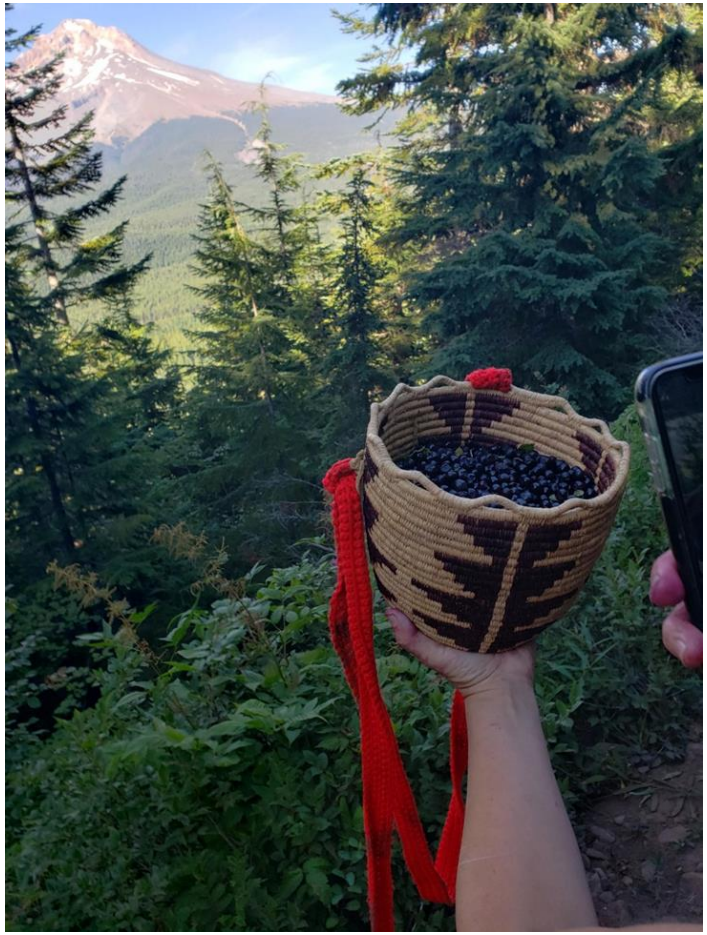
# Wellness

Sacred Tree: Four Worlds International Institute. https://www.fwii.net/profiles/blogs/the-story-of-the-sacred-tree-1

# Relationship with Medicine



- Reestablish our relationship with medicine
- Change our relationship with medicine people
- Develop a relationship with the spirit of substances and substance misuse and other health conditions

# 49 Days of Ceremony

- Traditional Indigenous Knowledge-based intervention for American Indian and Alaska individuals to:
  - mitigate the effects of trauma
  - holistically address health inequities
  - help individuals live full and balanced lives

# 49 Days of Ceremony
# Our Process

- Develop **lessons around 7 aspects of being a whole human that include :**
  - **Preparation**
  - **Journey**
  - **Reflection**

# 49 Days of Ceremony
# Draft Framework

# Take Away

- Centering the voice of PWUD and Tribal communities
- Responding to the needs of communities
- Relational Worldview
- Culture is prevention and a buffer in mitigating the impact of trauma
- When we include community and those we serve in the development of healing programs, we have better outcomes.

# Additional Considerations

- Speakers of other languages, refugees
- Latinx/Latino populations
- Asian communities
- Black/African American populations
- Individuals who are LGBTQ+
- Individuals with disabilities

Source: SAMHSA Improving Cultural Competence

# Culturally Responsive Services Resources

- National Standards for Culturally and Linguistically Appropriate Services
- CDC Health Equity Guiding Principles for Inclusive Communication
- Charting a Course for an Equity-Centered Data System
- Prevention Technology Transfer Center Network Culturally & Linguistically Appropriate List of Resources
- MHTTC (Mental Health Technology Transfer Center Network) Cultural Responsiveness Resources and Products
- eCompendium of Evidence-Based Programs and Guide – Programs for Latino/Latinx communities
- Cultural and Linguistic Responsiveness in Telehealth
- Cultural Humility Factsheet
- National Council's Cultural Humility Scale
- TI-ROC Climate of Equity Assessment

# References


American Public Health Association. *Racism is an Ongoing Public Health Crisis that Needs our Attention Now*. 2020.

Centers for Disease Control and Prevention. *Impact of Racism on our Nation's Health.* 2021.

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Ndugga N & Atiga S. *Disparities in Health and Health Care: 5 Key Questions and Answers*. Kaiser Family Foundation. 2021.

Office of Minority Health U.S. Department of Health and Human Services. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* 2013.

Substance Abuse and Mental Health Services Administration. *Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59*. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

# Contact Information


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# Questions, Comments?



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# Case Presentations

- Critical component of every ECHO session
- Facilitates learning related to specific examples
- Peer-to-peer learning in a supportive and safe environment
- This is where we want to hear from you!



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# Case Presentation

"Alvin" is 37-year-old Native American male, referred for AZ Families FIRST program by the Dept of Child Safety (DCS) for substance use treatment. He reports substance use started at age 13 (marijuana and methamphetamine). He lives with girlfriend in a trailer in Coconino County (Flagstaff). Current barriers include unsafe housing (roof leaks), justice system involvement with over 30 arrests and 13 years in prison, challenges with employment due to legal history. Strengths are that Alvin has his GED and completed parole in 2020.

Alvin has a 3-month-old daughter with girlfriend "Morgan." Baby was born exposed to meth and has been hospitalized in Phoenix (3 hours from Flagstaff) since birth due to liver issues and a mass that was surgically removed from stomach. Morgan has 5 other children.

Alvin is recommended for Intensive Outpatient (IOP) groups, case management, and random drug testing. He can participate in treatment virtually. In October he attended 2 of 13 available IOP groups. He decided he doesn't want to participate virtually and declined further services, stating he is going to attend at Native Americans for Community Action (NACA) instead.

**Main Question(s) from the presenter:**

- What **strategies are effective in supporting engagement in virtual services** for patients in pre-contemplative stage of change?
- What are some **strategies providers can use to partner with patients** in their consistent engagement with treatment?
- How can we use **telemedicine as a tool to remove barriers in rural communities**, and also **require a return to in-person services without it coming across as a punitive response** to missed services?

# Open Discussion



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# Discussion Conclusion



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# What's next?

**Case Presentation Points**


**Next Session (Session 3)** January 19, 11:30am-1pm ET
**Topic:** Improving capacity of primary care provider organizations to address mental health and substance use needs



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# Resources

- PRISM Collaborative –Culturally Adapted Evidence-Based Substance Use Disorder Treatment for American Indian and Alaska Natives
- Project ECHO
- Mental Health and Rural America: Challenges and Opportunities
- Mountain Plains Prevention Technology Transfer Network
- Mountain Plains Addiction Technology Transfer Network
- Mountain Plains Mental Health Technology Transfer Network
- National Association for Rural Mental Health
- National Rural Health Association
- National Association for Rural School Mental Health
- Rewarding Recovery Study



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# Upcoming CoE Events:

CoE Office Hour: New Tools to Understand Health Inequities, Health Disparities & Social Determinants of Health within Integrated Care Settings

Register for the office hour on Thursday, December 16, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

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# Thank You

**Questions?**

Email paulaz@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

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1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

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