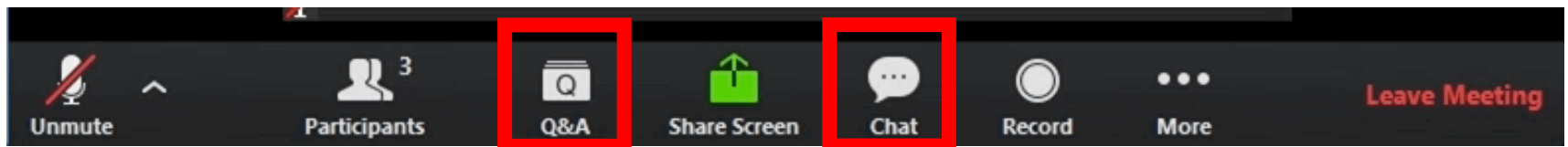


Advancing Rural Health Equity through Integrated Care ECHO

Session 4

Wednesday, March 16, 2022
11:30am-1:00pm ET

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.

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

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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

The logo is contained within an orange rounded rectangle. It features the words "NATIONAL" and "COUNCIL" in white, all-caps, sans-serif font, stacked vertically. Below them, the words "for Mental Wellbeing" are written in a white, lowercase, sans-serif font, with "for" in a smaller size and "Mental Wellbeing" in a larger size.

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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 Hirschak, PhD

Eastern Shoshone
Assistant Research
Professor, University of
Washington



**Thomasine
Heitkamp, MSSW**

Professor, University of
North Dakota



**Dennis Mohatt,
MA**

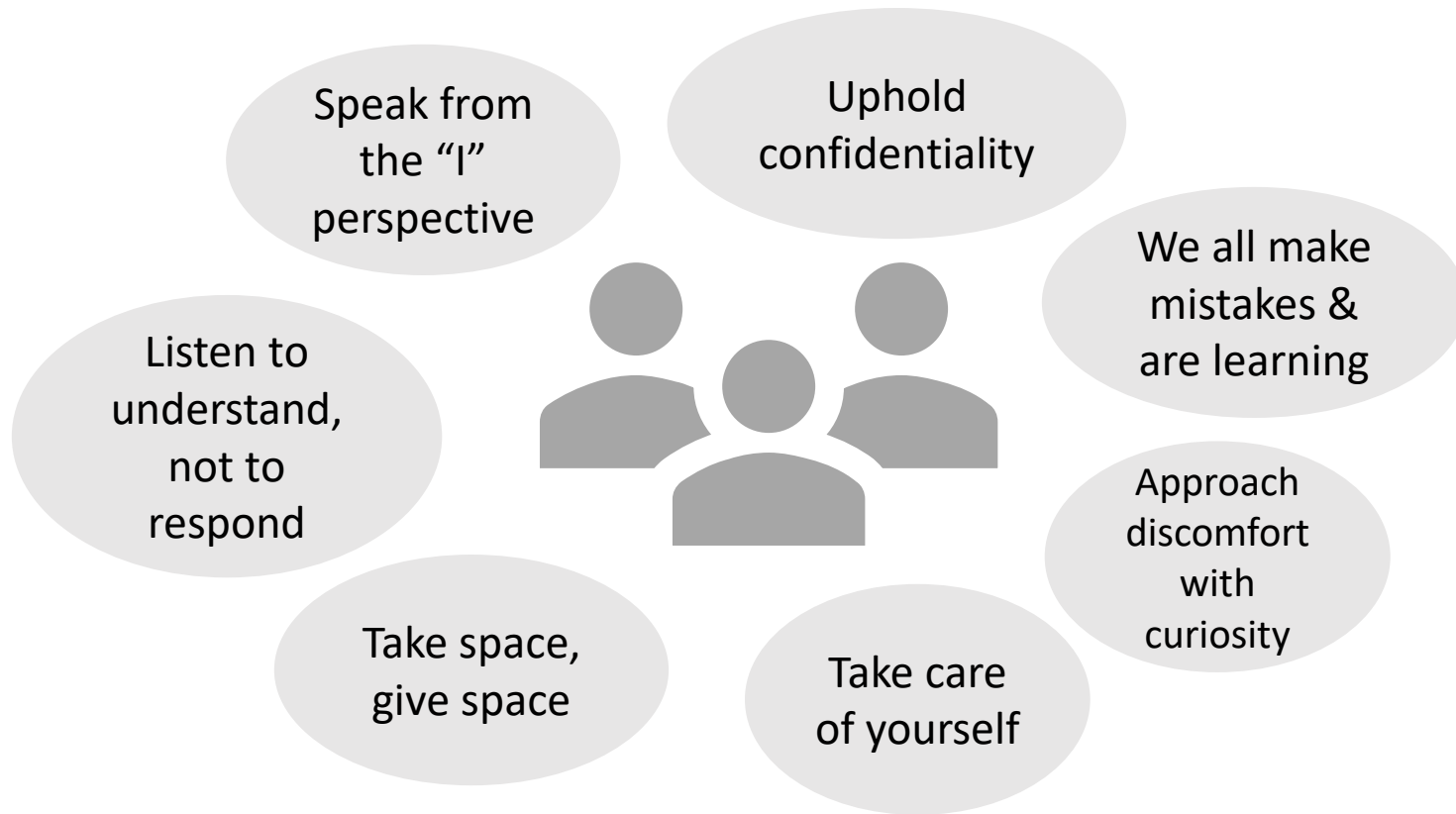
Vice President for
Behavioral Health,
Western Interstate
Commission for Higher
Education

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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
February	Session 3: Improving capacity of primary care provider organizations to address mental health and substance use needs
March	Session 4: Innovative community partnerships to improve mental health and substance use service delivery and reach
April	Session 5: Innovative approaches to improving workforce capacity and wellbeing for rural health providers
May	Session 6: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.)

Session Norms



We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other -isms) – hearing about & talking about these things may bring up feelings of discomfort.

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.

Who is in the Room?

Share in the chat your
Name, Title, Organization and State



Innovative community
partnerships to improve
mental health and
substance use service
delivery and reach:
***Healing with our Tribal
Communities***

Danica Love Brown, PhD, MSW, CACIII
Choctaw Nation of Oklahoma
Northwest Portland Area Indian Health Board
Behavioral Health Manager



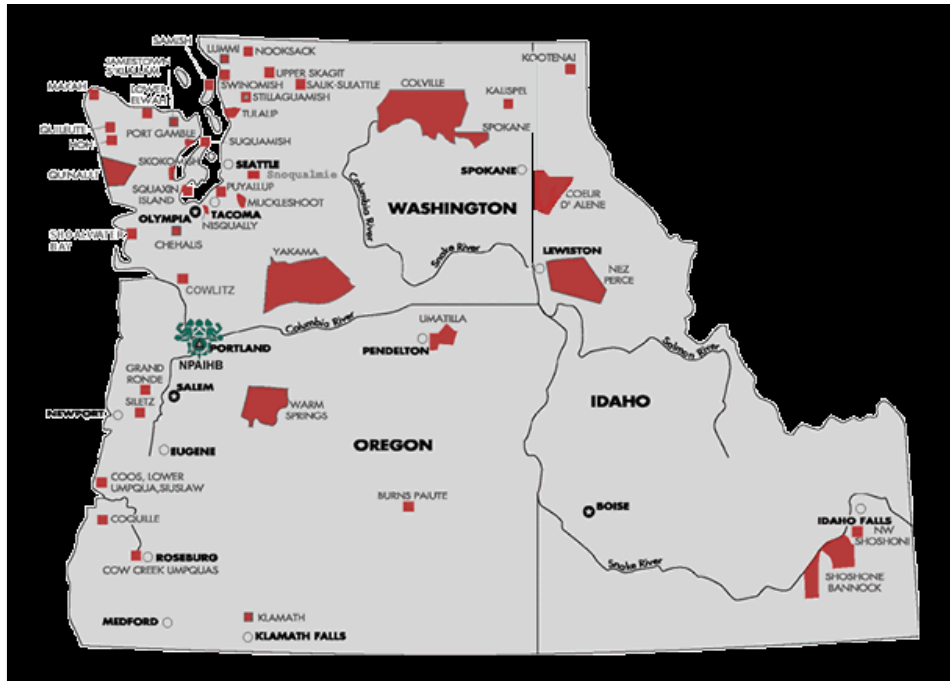
Disclosure

- No conflicts of interest
- Off-label use of medications
- The presenter and planners of this ECHO series have no relevant financial relationships to disclose.
- Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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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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Tribal Opioid Response Agenda

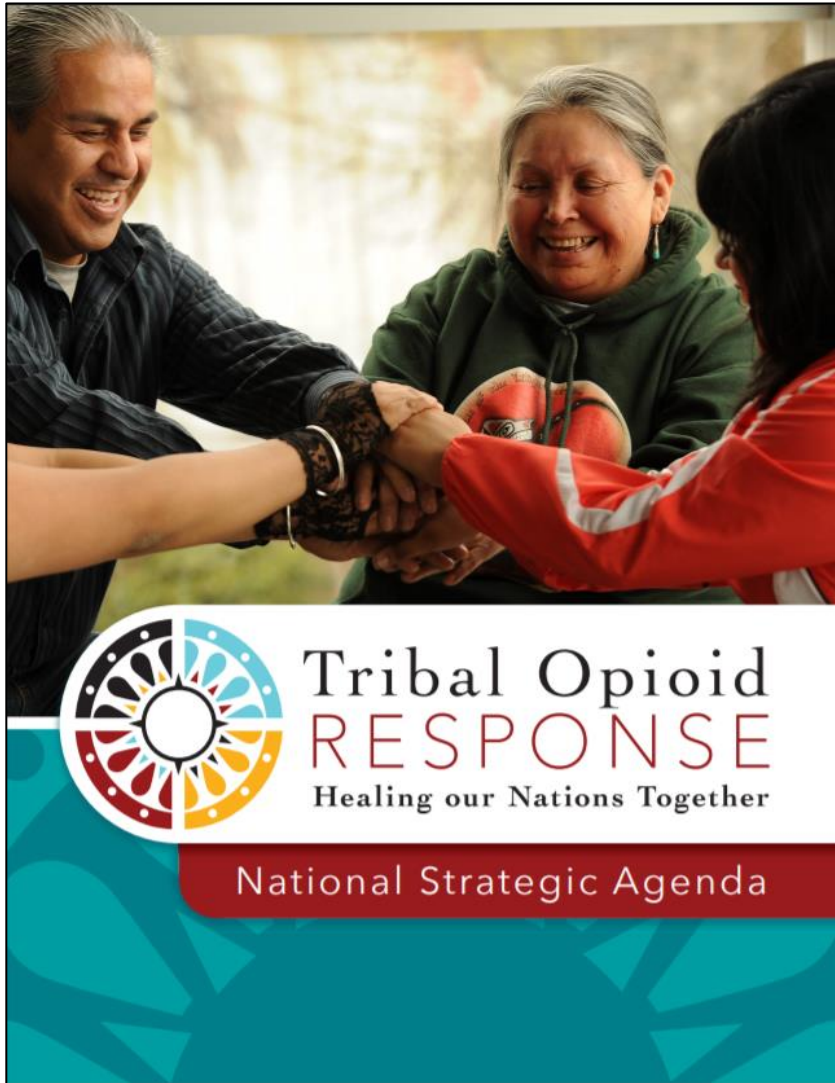
- The goal of the Tribal Opioid Response Agenda is to support tribal communities in healing our relatives and relations
- We have worked alongside tribal policymakers, national experts, service providers, and community members,



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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Our Work is Informed by Our Community

Interviews with American Indian People Who Inject Drugs

- 32 interviews producing 8 Themes around
 - Stigma
 - Harm reduction services
 - Negative perceptions of treatment services
 - Barriers to treatment
 - Risk-taking behavior
 - Inability to access unused syringes
 - Achieved sobriety
 - Tribal Council policies and outlooks on injection drug use



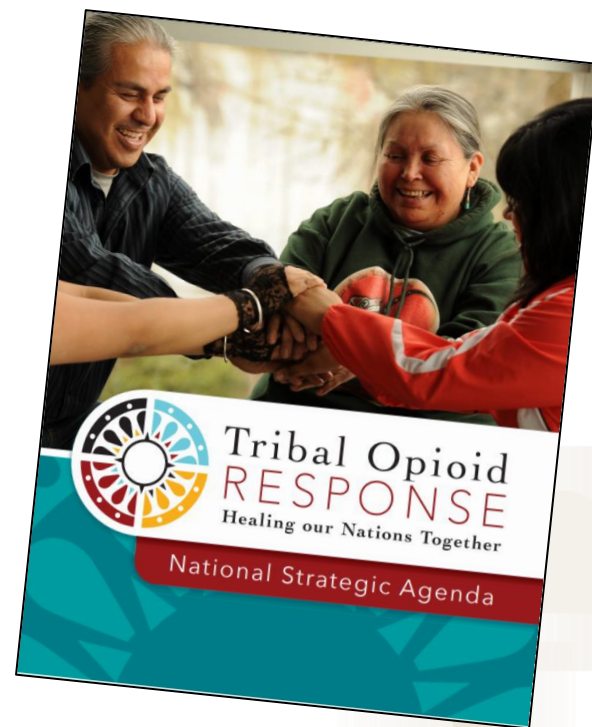
Swinomish Chairman, Brian Cladooby, and his father, courtesy of Ecotrust

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TOR Strategic Agenda

7 Key Action Areas

- Preventing new cases of OUD among AI/ANs
- Offering Tribal, Evidence-based, and Practice-based Treatment and Recovery Services
- Protecting Mothers and Babies Affected by Opioid Use Disorder
- Incorporating Harm Reduction into Tribal Treatment and Recovery Services
- Collecting Data to Mount an Effective Community Response
- Growing the Evidence Base for Effective Tribal Opioid Interventions
- Cultivating Responsive Communities, Clinics, and Policies



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Culture in Practice

- Historical and Intergenerational Trauma
- Diversity on Tribal Communities
- Tribal Community & Tribal Agency Approval
- Champions to Navigate Community
- Elders
- Parents and Family
- Build Bridges
- Advisory Board
- Strong Staff Leaders
- Best Tribal Agency to Take the Lead
- Community Meetings
- Target Population



TOR Strategic Agenda- **Action Area #2**

Offering Treatment and Recovery Services that are Evidence-based and Based on Tribal Based Practices

- Develop an integrated treatment model
- Remove barriers to care
- Ensure MAT benefits the individual and community
- Develop comprehensive recovery services
- Offer providers ingoing training
- Ensure services are inclusive
- Create new inroads to treatment
- Grow tribal best practices for addressing OUD

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A Trickster Tale

- Culturally grounded
- Informed by Traditional Indigenous Knowledge
- Covers prevention, treatment, and recovery

Available at:
npaihb.org/opioid



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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 their overall health and wellness.

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

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49 Days of Ceremony



Experiential learning intervention that heals Indigenous trauma & supports communities in building a culture of wellness

- Curriculum based on ancestral knowledge, wisdom of Elders, and input from Indigenous communities

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Wellness

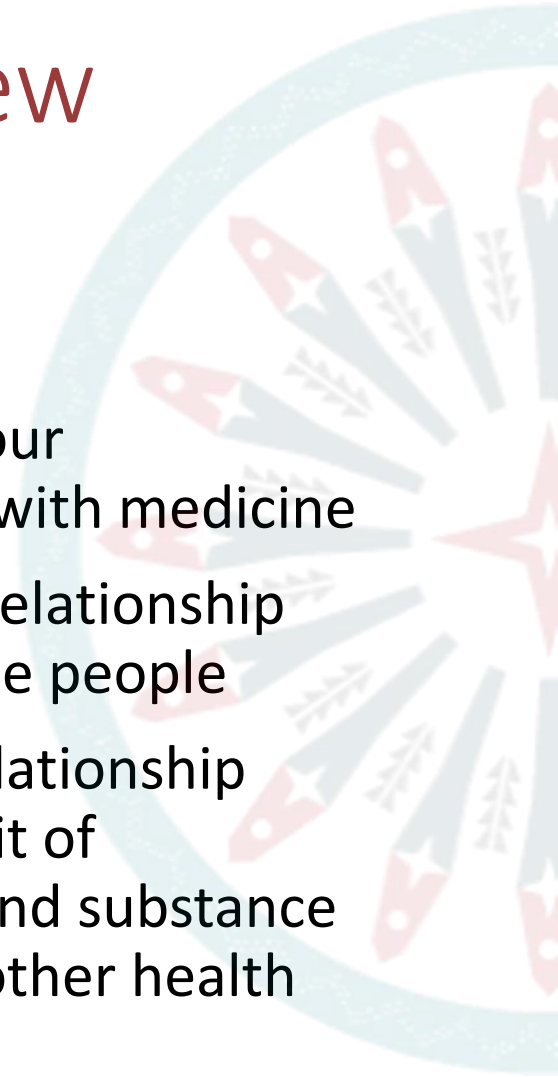
Sacred Tree: Four Worlds
International Institute.
<https://www.fwii.net/profiles/blogs/the-story-of-the-sacred-tree-1>



Relational Worldview

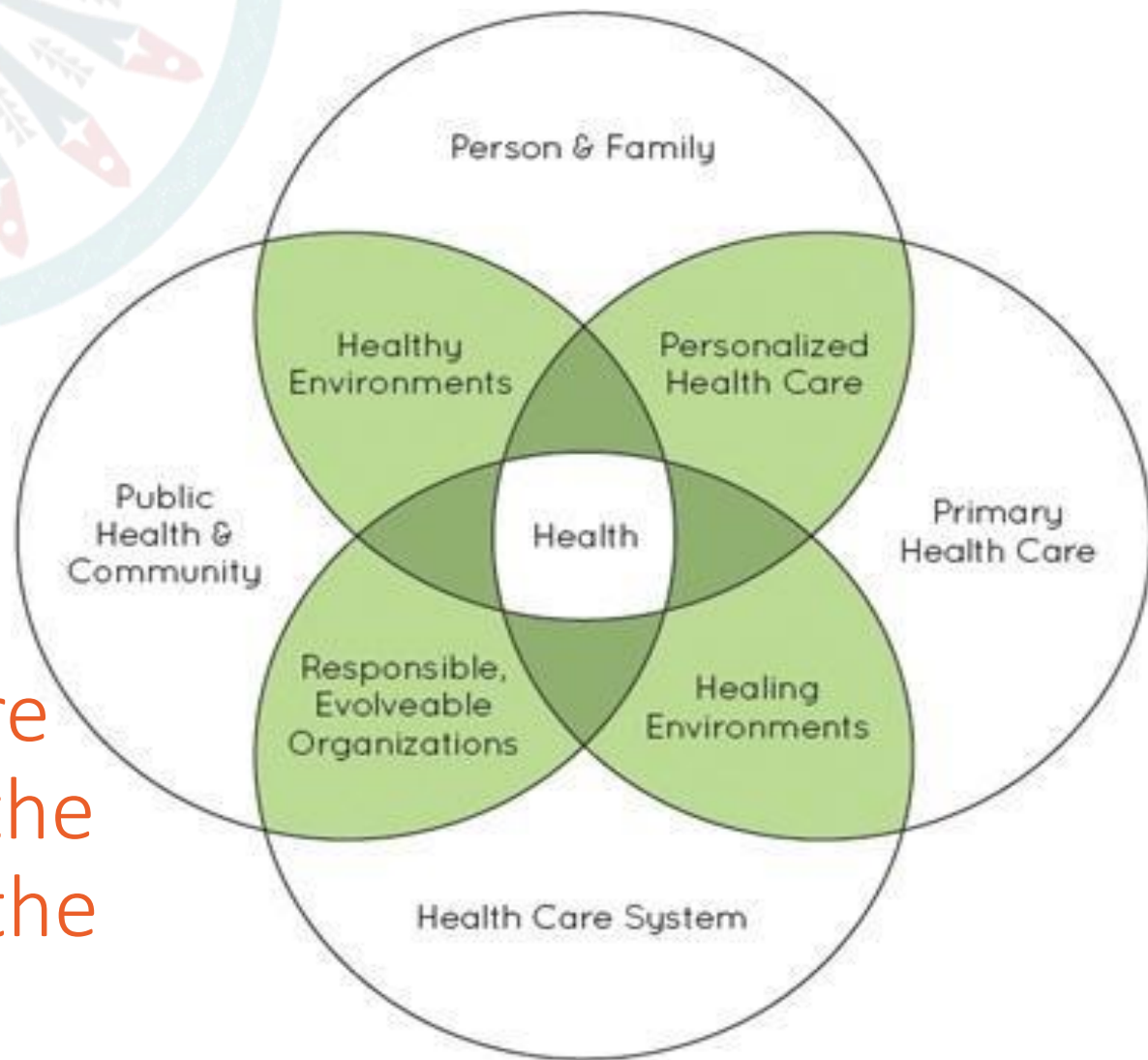


- Reestablish our relationship with medicine
- Change our relationship with medicine people
- Develop a relationship with the spirit of substances and substance misuse and other health conditions





The more
threads, the
stronger the
fabric'



Aungst, Heide, Ruhe, Mary, Stange, Kurt C, Allan, Terry M, Borawski, Elaine A, Drummond, Colin K, . . . Moore, Shirley M. (2012). Boundary spanning and health: Invitation to a learning community. *London Journal of Primary Care*, 4(2), 109-115.



Take Aways

- 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.

Image: Coast Salish Canoe Journey 2009 landing in Pillar Point, WA <https://www.usgs.gov/media/images/coast-salish-canoe-journey>



Contact Information



Danica Love Brown, PhD

Behavioral Health Programs Director

Northwest Portland Area Indian
Health Board

dbrown@npaihb.org

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Questions, Comments?



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Case Discussion



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Case Presentation

Jeff Carr, Senior Program Director and Dr. Raja Jawad Kiani, MD, MBBS, Assistant Professor, Texas Tech University Health Sciences Center – Department of Psychiatry (TX)

We are starting to see an increase in cases that are not your run of the mill cases for West Texas. Providing culturally responsive services is not a challenge unique to West Texas but we are highly under resourced for these particular challenges. For example, one Psychiatrist noted the case of a 15-year-old transgender male living in a small rural community with little to no mental health resources to begin with. It is at least an hour and a half drive to receive services. The school is not equipped to provide gender-based care for these students. Additionally, mom is experiencing domestic violence in the home. Although the child is safe for the moment, mom is not safe and there are no shelters available. The family began homeschooling due to the poor school and community climate for transgender care. In speaking with our Clinical Child Psychologist, West Texas is often deeply enriched in religious and spiritual values, resulting in conflict between parental belief systems and children's beliefs. We are seeing a significant increase in cases where gender identity and sexual orientation are at the root of these conflicts. These religious values and beliefs about gender-based care are having a detrimental impact on mental health across the region.

Main Question(s) from the presenter:

How are other organizations are addressing geographical culture norms that impact mental health care and workforce shortages? *With decreased resources comes a decreased workforce. When future practitioners see mental health shortage areas, there is an automatic sense that they will be experiencing isolation, resulting in a decreased desire to come to West Texas.*

Open Discussion in Breakout Groups



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Discussion Conclusion



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What's next?

Next Session (Session 5) Wed, April 20th, 11:30am-1pm ET

Topic: Innovative approaches to improving workforce capacity and wellbeing for rural health providers

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Resources (1 of 4)

https://ssir.org/articles/entry/the_reality_underneath_the_buzz_of_partnerships This resource is provided by the *Stanford Innovative Review* entitled The Reality Underneath the Buzz of Partnerships that describes the realities of forming and sustaining partnerships. It is practical and helpful in examining partnerships.

<https://hbr.org/2007/11/eight-ways-to-build-collaborative-teams> *Harvard Business Review* provides a document entitled Eight Ways to Build Collaborative Teams by L. Gratton and T. Erickson that summarized a review of their research on what makes successful teams with a focus on leadership.

<https://www.wallacefoundation.org/knowledge-center/Documents/Partnership-Principles-for-a-Sustainable-Human-Services-System.pdf> Sponsored by the *Wallace Foundation* this document entitled Fair and Equitable: Partnership Principles to a Sustainable Human Service System. It has a focus on Illinois with some guiding principles that are helpful across human service systems.

<https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-3-community-partnerships-03062013.pdf> A *CDC* resource entitled the Value of Community Partnership (Brief 3) that provides content on readiness to engage in partnerships with exemplars. The focus is on addressing chronic diseases.

<https://attcnetwork.org/sites/default/files/2020-07/SUD-Service-Report.pdf> This is a *Mountain Plains Addiction Technology Transfer Center* resource entitled SUD Collaborations that Work: Findings from Region 8 Providers. It provides principles to sustain and develop partnerships/collaborations from exemplars nominated by the State SSAs in Region 8.

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Resources (2 of 4)

<https://ncsacw.acf.hhs.gov/files/understanding-treatment-508.pdf> This product is developed by the *National Center on Substance Abuse and Child Welfare* entitled Understanding Substance Use Disorder Treatment: A Resource Guide for Professional Referring to Treatment. It focuses on assessments in referral processes that guide partnerships with child welfare agencies. Strong referral processes support future and current partnerships.

<https://www.careemergencytoolkit.org/partnership/> This is *CARE* toolkit entitled Partnerships. It provides, for example, a Best Practices for Successful Partnerships that is a one-page handout for do and don't in forming partnerships. Access to the product and content in the product is seamless. The focus is disaster response but is applicable for a host of situations.

<https://www.thenationalcouncil.org/search/?keywords=partnerships> The *National Council for Mental Wellbeing* has offered recent office hours and events on partnerships.

Resources (3 of 4)

- [SAMHSA Mental Health Grants and Opioid Use Disorder Treatment Grants](#)
- [Rural Health Info Grant Writing](#)
- [Native Communities, Holistic and Relational view of Health and Wellbeing](#)
- [Center for Alaska Health Research at University of Alaska-Fairbanks](#)
- [Health and community asset/needs assessment resources](#)
- [Trauma Informed Recovery Oriented Systems of Care - Indiana](#)
- [Rural LGBTQ Resources](#)
- [Suicide Intervention – Dr. Ursula Whiteside](#)
- [The Trevor Project](#)
- [The Hogg Foundation for Mental Health in Texas](#)
- [Dads MOVE](#)

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Resources (4 of 4)

- [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:

Social Determinants of Health Part 2: Integrated Care Screening Tools & Implementation Considerations

[Register for webinar](#) on March 17, 2-3pm ET

CoE-IHS Office Hour: Exploring Health Literacy & Cultural and Linguistic Literacy for Integrated Care Settings

[Register for office hour](#) on March 31, 2-3pm ET

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

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Thank You

Questions?

Email paulaz@thenationalcouncil.org

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www.samhsa.gov

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