Mid-America (HHS Region 7)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Equity Considerations in Rural Communities and Reservations

Kay Bond, PhD, LP

Anitra Warrior, PhD, LP

MUNROE-MEYER INSTITUTE

SAMHSA

Substance Abuse and Mental Health Services Administration

Disclaimer

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the MHTTC Network Coordinating Office. This presentation will be recorded and posted on our website.

At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED/ TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

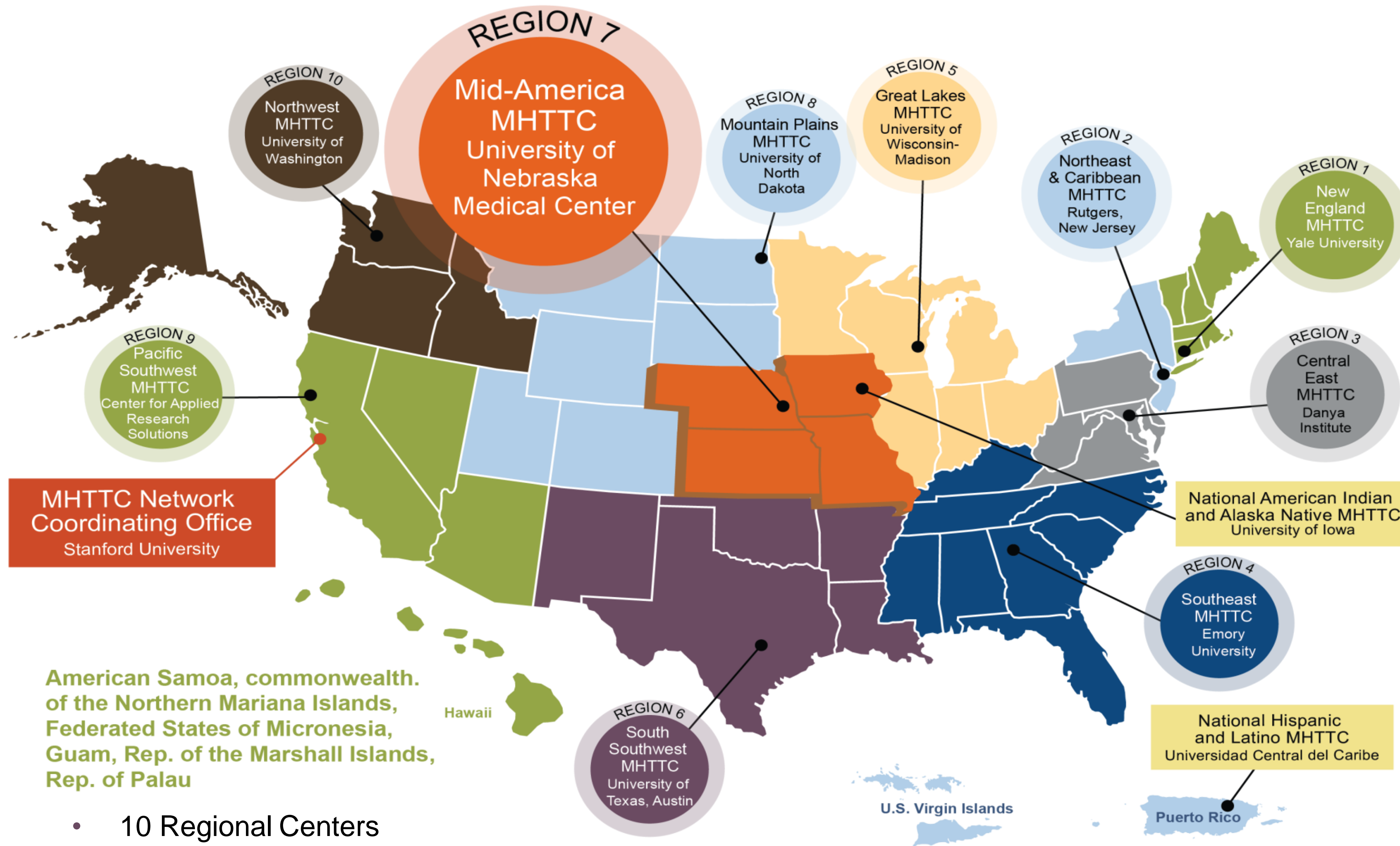
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Announcements

- This webinar is being recorded
- All attendees are automatically muted
- Submit questions any time during the webinar
- Each participant will be emailed a certificate of completion for this webinar next week

What is the Mid-America MHTTC?

- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant awarded to Dr. Joseph Evans at the University of Nebraska Medical Center
- Aligns mental health systems and professional competencies with evidence-based practices
- Primary target states: Missouri, Iowa, Nebraska, and Kansas - but available to any provider(s).
- Provides free/low cost training and technical assistance on topics leading to effective behavioral health practice



- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office

Specialized Training Topics

Integrated behavioral health in primary care

School mental health ***

Serious mental illness

Behavioral health workforce development

Integrated Behavioral Health in Primary Care

Our MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites

MHTTC: Providing Training and TA in Integrated Care

QUALITY INDICATORS OF INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

EVIDENCE-BASED BEHAVIORAL HEALTH INTERVENTIONS FOR CHILDREN AND ADULTS APPLIED IN INTEGRATED CARE SETTINGS

TECHNICAL ASSISTANCE ON IMPLEMENTATION OF INTEGRATED CARE

ONLINE AND IN-PERSON COURSES FOCUSED ON INTEGRATED CARE AND SPECIAL TOPICS IN PEDIATRIC AND ADULT SERVICES (IN DEVELOPMENT)

Kay Bond, PhD, LP

Kay Bond, LP, is the co-founder of Tidal Integrated Health, Inc., and co-director of Behavioral Pediatrics in Primary Care at NOVA Behavioral Healthcare Corporation in Goldsboro, NC. Dr. Bond is passionate about providing high-quality behavioral health services to young people and their families in rural, low-income, and underserved communities. She is also an experienced behavioral health supervisor. Most recently, Dr. Bond established two pediatric integrated behavioral health clinics designed to increase children's access to behavioral health treatment and reduce the stigma involved in participating in therapy. Dr. Bond's clinical and research interests include sleep, elimination disorders, and disruptive behavior and noncompliance. In addition, Dr. Bond is interested in integrating behavioral health into primary care practices and clinical supervision. She earned her Ph.D. in Pediatric School Psychology at East Carolina University in 2016, and she completed her internship and fellowship in Behavioral Pediatrics/Integrated Primary Care at the Munroe-Meyer Institute at the University of Nebraska Medical Center in 2018.

Anitra Warrior, PhD, LP

- Dr. Anitra Warrior is the owner of Morningstar Counseling and Consultation in Lincoln, Nebraska, and is from the Ponca Tribe of Oklahoma. She earned her Ph.D. in Counseling Psychology in 2015 and has operated her clinic since 2012. Since receiving her Ph.D., Dr. Warrior has established four additional clinics that are now located throughout eastern Nebraska. Morningstar offers counseling on two college campuses, schools, communities and in integrated care with the Omaha Tribe of Nebraska. Clinic sites are based on reservations and in rural and urban settings. Dr. Warrior specializes in treating trauma in children through the utilization of evidenced based practices that have been adapted to the American Indian population. Most recently, Morningstar has become a training site for doctoral candidates with the Munroe-Meyer Institute. This track will focus on integrated care on the reservation as well as provide additional clinical training opportunities in schools, colleges, and in the tribal communities.

- Behavioral Health Equity - The right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. (SAMHSA)

- Rural Communities and Reservations have historically and consistently had less access to care.

Rural Communities

- Rural (US Census Bureau)– Any location that in not an
  - “Urbanized Area”(50,000+ residents with population density of 1000 per sq. mile) or in an
  - “Urbanized Cluster”(2,500-50,000 residents surrounding a core with a density of 1000 per sq. mile) .

- 15% of Americans (46.2 Million) live in rural communities (CDC).

- Rural communities are changing. Down from 17% of population in 2000 and covering less land area.

- Rural population on average is:
  - Older (Rural median: 51; Urban median 45)
  - More impoverished (Rural: 16.9%; Urban: 13.6%)

- Rural Populations are very diverse depending on location in the US.

Rural Health Disparities

- Rural Americans are at greater risk for poor health outcomes
  - More likely to to die of unintentional injury, heart disease, stroke, cancer, and respiratory disfunction.
  - Higher rates of high blood pressure, obesity, and smoking. Less recreational physical activity
  - Greater distance from health care providers.
  - Less likely to be insured
  - Rural Hispanic, American Indians and Black Americans have higher rates of poor health compared to White Adults
  - Rural Black Americans have even higher rates of obesity and multiple chronic health conditions

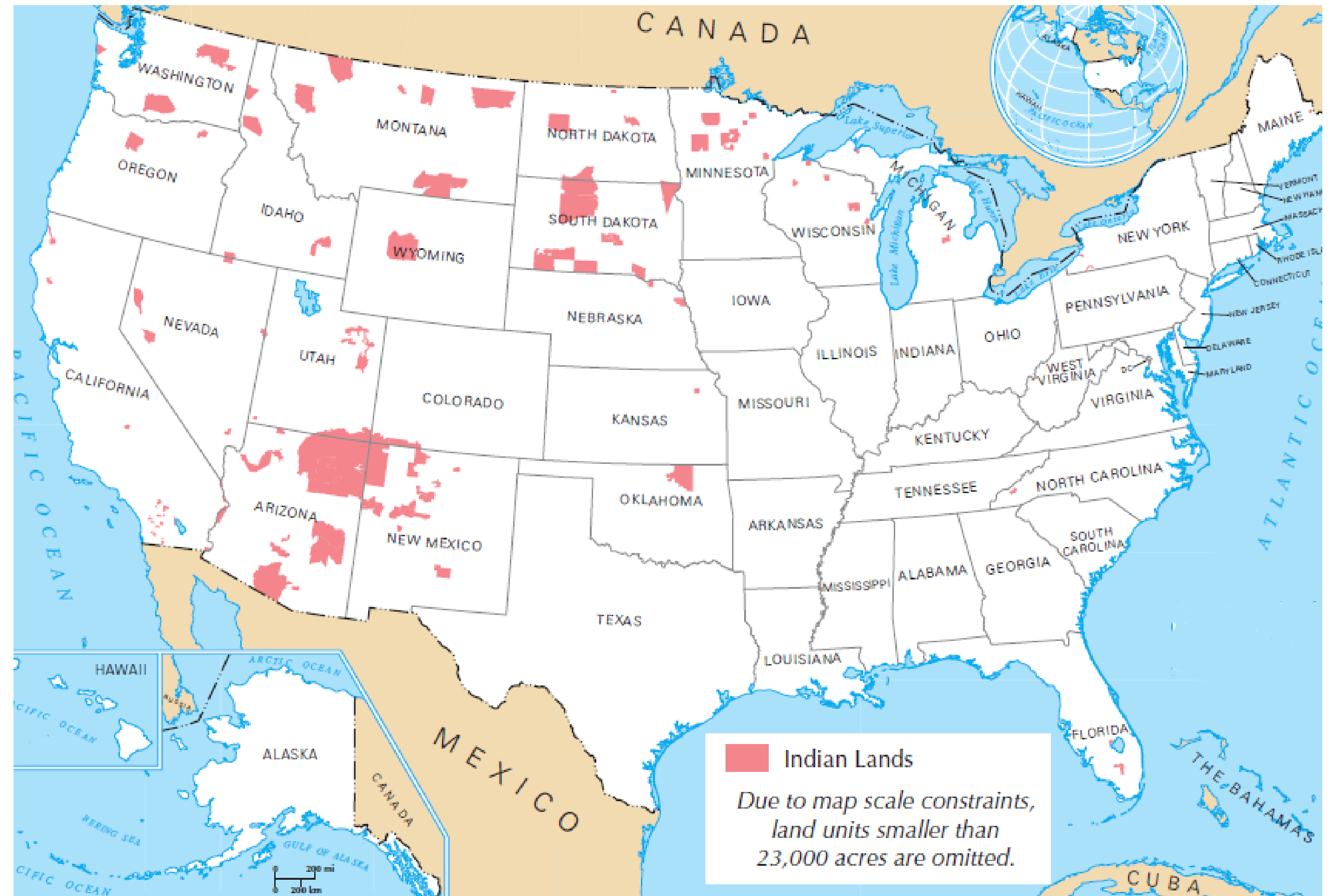
Rural Mental Health

- 18.7% of rural populations (6.5 million) have mental health conditions
- Serious Mental illness rates increase with the areas rurality, the highest rates being in the rural counties of the western states (6.8% vs. 4% nationally).
- Rural populations have higher mortality due to
  - suicide (16.8% vs. 12.4%) and
  - drug poisoning (15.6% and 14.7%)
- Rural children with developmental and behavioral disorders have more functional impairment

Reservations

- Areas of land reserved for tribes under treaty or other agreement with the United States as permanent tribal homelands.

- Approximately 326 Indian land areas, spanning about 56.2 million acres, in 37 states are administered as federal Indian reservations.



Reservation Health Disparities

- 22% of American Indians (AI) live on reservations. AI live in rural (non-metropolitan) areas at higher rates than any other racial group in the US. Thus, there is overlap in the disparities of AIs and the general rural population.

- Mortality rate for American Indians is higher that the general population for heart disease, unintentional injuries, diabetes, respiratory disorders, stroke, liver concerns, flu and pneumonia, kidney disease, septicemia and high blood pressure.

- Lower rates of heath insurances, higher rates of poverty, greater distance from specialty health care.

- Remote from work and education opportunities, inadequate housing and sewer system, under resourced health care system (Indian Health Services, IHS).

Reservation Mental Health

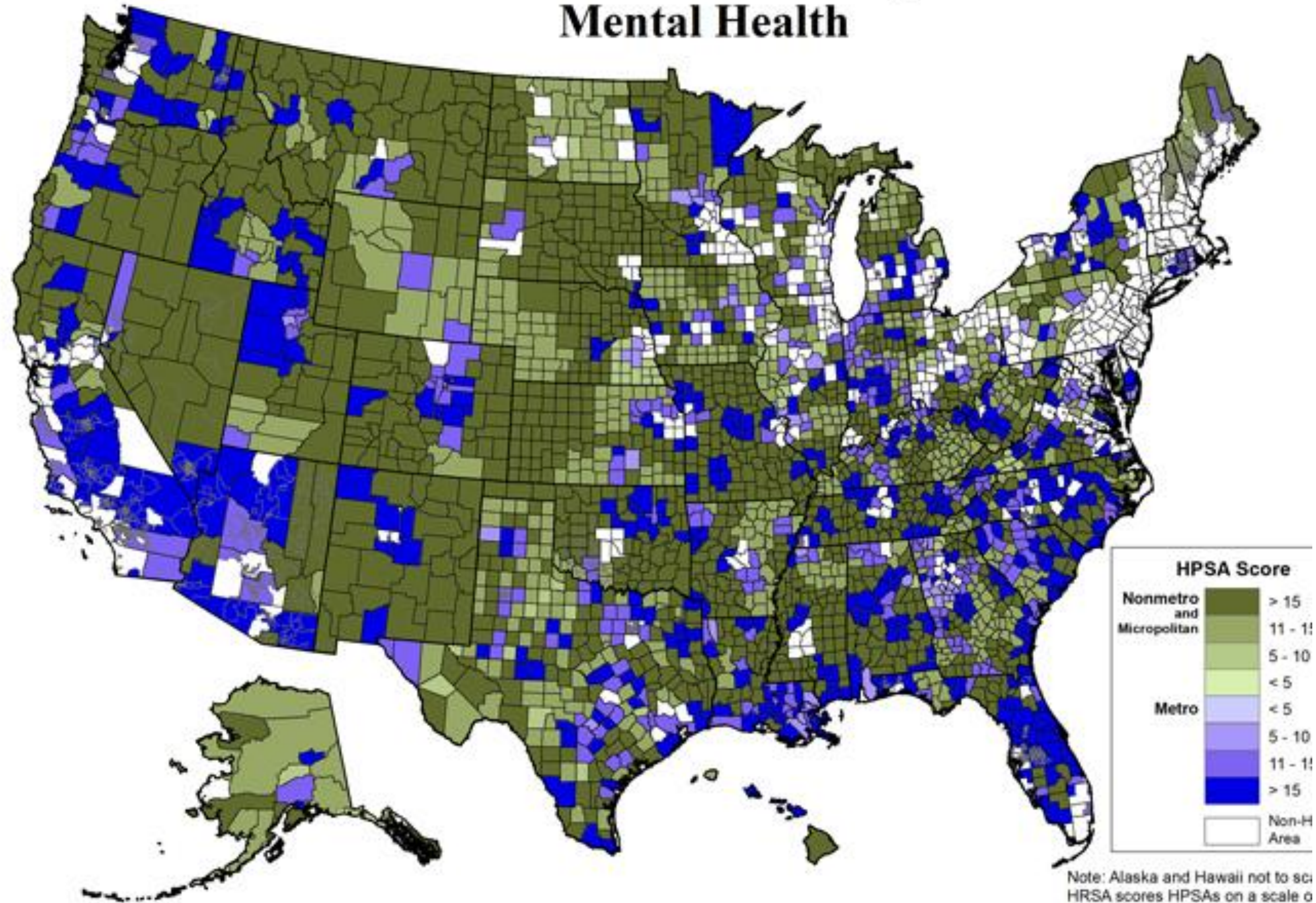
- In 2018, CBHSQ found that there are differences in behavioral health outcomes for AI living on tribal land and those living in other areas.
- Specifically, people living on tribal land had low rates of depression, but higher need for substance abuse treatment.
- 24% of people residing on tribal land reported experiencing mental illness, compared to 25% living off tribal land .
- 5.2% of tribal land residents reported serious mental illness, compared to 7.1% living off tribal land.

Reservation Mental Health

- In 2017 American Indian children and adults reported the highest levels of depression among all racial groups regardless of living on tribal or nontribal land.
- In 2010, American Indians died from suicide at a rate of 1.7 to 1 compared to all races in US.
- Drug induced deaths are 1.5 to 1
- Alcohol induced deaths are 6.6 to 1

- Desire to Receive Care/Stigma
- Lack of Anonymity When Seeking Treatment
- Many Rural Communities are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources &Services Administration (HRSA)
- Lack of Culturally-Competent Care
- Affordability of Care
- Transportation to Care

Health Professional Shortage Areas
Mental Health



Note: Alaska and Hawaii not to sc
HRSA scores HPSAs on a scale o
number (0-25 for mental health), w
scores indicating greater need

Source(s): data.HRSA.gov, U.S.
Department of Health and Human
Services, January 2021

RHIhub
Rural Health Information Hub

What should counselors do in the first session to build rapport with Native American Clients?

- Welcomed warmly
- Offer Refreshments
- Invite to describe from client point of view
- Counselors should use self-disclosure
- Address the role of culture
- Client determines content of sessions
- Discuss Confidentiality

Best Practices in Counseling Native Americans (Thomason, 2011)

Are Native American counselors more effective with Native Clients than non-Native counselors, or is there a difference?

- 50% said Native American counselors are more effective
- 20% no difference
- 18% depends on cultural competence of counselor
- 12% depends on how traditional client is

What should non-Native counselors do to improve their understanding of Native Americans

- Almost all said get involved with tribal community
- Meet tribal elders, find Native mentor
- Attend cultural events
- Socialize with community

- What should Counselors or counseling centers do to make potential Native American clients more comfortable with the idea of getting counseling?
  - Build relationships with local Native Communities
  - Speak with tribal elders
  - Make counseling centers more welcoming
    - Native art
    - Refreshments

Decolonizing Behavioral Health: MCC Practices

- **Outreach**
- Language: Relative vs. Client/Patient
- Gift Giving/Receiving
- Visibility and Accessibility
- Community Relationships
- Individual Relationships with employees/consultation
- Follow through
- Policies and Procedures

- **Retention**
- Relationship building (individual and community level)
- Incorporation of Culture (values and norms)
- Acceptance of Dual-Relationships
- Commitment and Availability
- Involvement: through outreach and partnerships with programs and appropriate community members

Maintaining Quality Service Delivery

- Quality Improvement:
  - Safe
  - Effective
  - Patient-Centered
  - Timely
  - Efficient
  - Equitable

- Challenges in Rural Communities:
  - Lack of Providers
  - Challenges with Technology
  - Limited Staff
  - Vulnerable Populations
  - Limited Resources for Quality Improvement
  - Exclusion from Initiatives

(Rural Health Information Hub, 2017)

Maintaining Quality Service Delivery (Cont'd)

- Knowledge of population and community served:
  - 573 Federally Recognized Tribes
    - Lack of funding for Indian Health Service (Smith, 2017)
  - Social Determinants of Health (Indian Health Service, 2021)
    - Education
    - Poverty
    - Community: cultural differences, discrimination
  - Leading causes of death: heart, malignant neoplasm, unintentional injuries, diabetes
  - Life expectancy 5.5 years less than all races

(Indian Health Service, 2019)

Maintaining Quality Service Delivery (cont'd)

- Training Programs
  - Introduction
  - Recruitment
  - Retention
- Cultural Diversity and Integration Training
  - Culturally Adapted Evidenced Based Practices
  - Cultural Consultation
- Policies and Procedures (within MCC)
  - Leave Policy
  - Self-Care
  - Employee and Familial Support
  - Productivity

Limitations to Sustainability

- “American Indians and Alaska Natives face persistent disparities in health and health care, including high uninsured rates, significant barriers to obtaining care, and poor health status.” (Artiga & Argello, 2013)
- Federally Qualified Health Center and Indian Health Service Reimbursement Rates vs. Private Practice Rates
- Consistency with Attendance (High no-show rate)
- Limited providers (more difficult with specialty areas)

Overcoming Sustainability Limitations (MCC)

- Partnerships
  - Colleges and Universities
  - Public Schools (K-12)
  - Integrated Care/Co-located
- Think Outside the Box
  - Marketing
  - Additional Resources (Peer Support)
  - Professional Development Trainings
- Training Programs
  - Recruitment and Retention

Expansion of Telehealth during COVID-19

- Synchronous audio-visual use of technology to provide services remotely was used as early as the the late 1950s to connect the Nebraska Psychiatric Institute and Norfolk State Hospital.
- Use of Telemedicine skyrocketed during stay-at-home orders for the COVID-19 pandemic.
- Physicians reported reduced "no-show " rates, and even though patients generally preferred in-person services, they found telehealth visits valuable and comfortable.
- Insurers have lifted restrictions to telehealth for the crisis, but the we are not sure what the rules will be after COVID.

Expansion of Telehealth during COVID-19

- Challenges to telehealth include tech glitches, investment in technology, and the "Digital Divide"
- The Digital Divide is the increased difficulty of various populations to use the internet.
  - Access to hardware (phone, computer)
  - Access to infrastructure (electricity, high speed internet)
  - Primarily affects racial minorities, people with disabilities, poor people, elderly people and rural people.
- 22% of Rural Americans and 28% of Americans in tribal lands lack broadband coverage (compared to 1.5% in urban areas)

Expansion of Telehealth during COVID-19

- Clinical experience in working through challenges.
  - When families are scheduled inform them of the platform, ask them about there comfort in using , explain the steps to connecting
  - Send instructions to use of system with reminder message.
  - Tell families they may get better speeds using LTE on phone vs. Wifi or vice versa.
  - Plan a back up.
  - Be flexible/ have a sense of humor.

Questions?

Coming Home to Primary Care Pediatric Integrated Health Series

Last Friday of each month, 12-1pm Central Time

- April 30, 2021: Professional and Organizational Well-Being
- May 28th:TBA
- Recordings will be made available

https://mhttcnetwork.org/centers/mid-america-mhttc/coming-home-primary-care-pediatric-integrated-behavioral-health

Connect With Us

JOIN OUR MAILING LIST:

FOLLOW US ON SOCIAL MEDIA:

/MidAmericaMHTTC

@MidAmericaMHTTC

/company/MidAmericaMHTTC

EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica

UNMC | MUNROE-MEYER INSTITUTE

SAMHSA
Substance Abuse and Mental Health Services Administration