

Welcome to the California Statewide Convening

CommUnity Connections Bridging Best Practice and Cross-Cultural Care



Southern California – March 31, 2022 9:00 AM - 12:00 PM

Northern California - March 31, 2022 1:00 PM - 4:00 PM

CommUnity Connections

Bridging Best Practice and Cross-Cultural Care



Sponsored and Hosted By:

California Department of Health Care Services (CA DHCS), Opioid and Stimulant Implementation Support-Training and Technical Assistance (OASIS-TTA)-MAT Expansion Project, UCLA Integrated Substance Abuse Programs (UCLA ISAP), Kauffman and Associates, Inc. and Pacific Southwest Addiction Technology Transfer Center, HHS Region 9 (PSATTC)

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Poll

Indigenous Land Acknowledgement

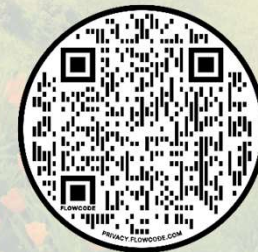
- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:



Language Matters

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



March is Women's History Month

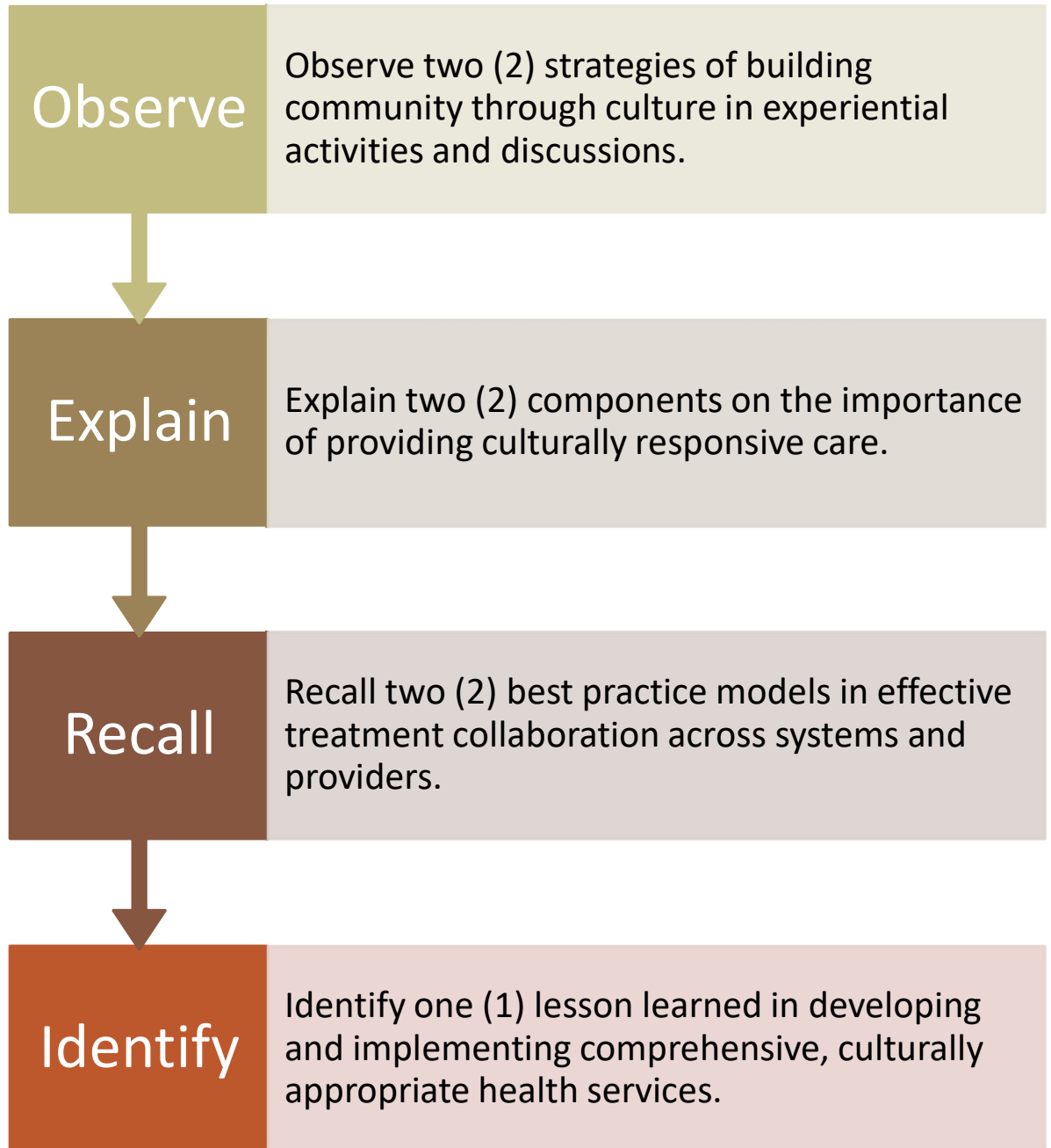
SEE
[HTTPS://NATIONALWOME
NSHISTORYALLIANCE.ORG
/2022-THEME/](https://nationalwomenshistoryalliance.org/2022-theme/) FOR
MORE INFORMATION

Session Moderator



CLARADINA SOTO, PHD, MPH
ASSISTANT PROFESSOR, USC
NAVAJO/JEMEZ PUEBLO

Educational Objectives



Today's Session

Using the Medicine Wheel as a Guide





Cultural Ceremony

GENE SORRELL

SALISH TRIBE OF MONTANA

MISSION VALLEY HONOR GUARD



Virtual Walk

BREAKOUT ROOM ACTIVITY

Instructions for Virtual Walk Activity

You will be placed in a breakout room to attend a virtual walk.

Each room has been assigned a lead facilitator who will guide you on your walk.

The walk will consist of an image and a discussion question.

During the walk, collaborate with others to engage in meaningful discussion.

You will have 30 minutes to complete the virtual walk then return to the main room.

Upon return, your facilitator will share key takeaways from your group discussion.

Debrief - Virtual Walk Activity

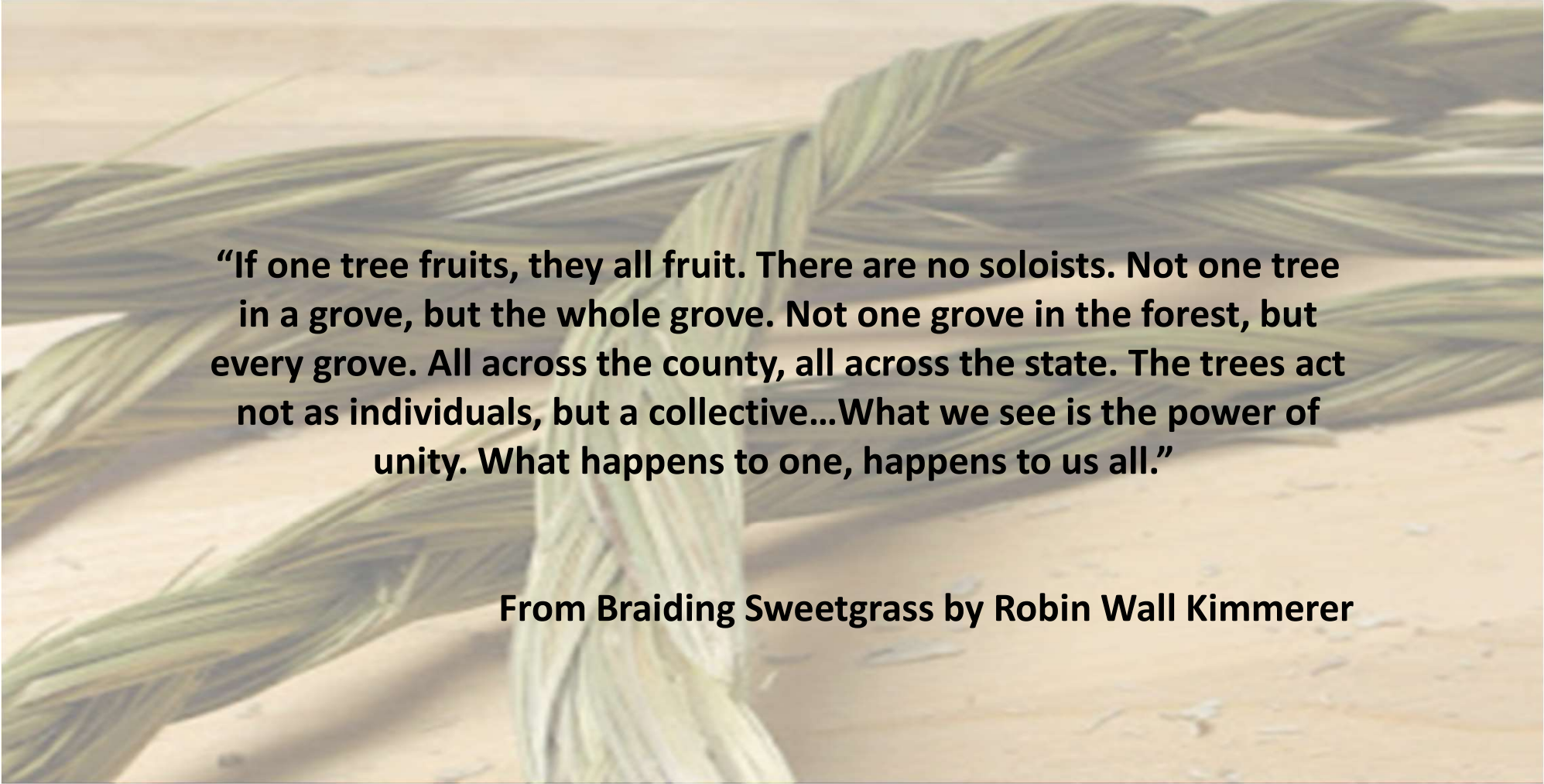
Welcome Back! Hope you enjoyed this virtual exercise.

Next, we will review each slide and ask you to share key takeaways from your group.

You may unmute yourselves to share or you may post your comments in the chat.



What does this image mean to you? How does it move you?



“If one tree fruits, they all fruit. There are no soloists. Not one tree in a grove, but the whole grove. Not one grove in the forest, but every grove. All across the county, all across the state. The trees act not as individuals, but a collective...What we see is the power of unity. What happens to one, happens to us all.”

From Braiding Sweetgrass by Robin Wall Kimmerer

How does this passage speak to the unity of humans?



What message does the image say about working together to support Native people?

“When the drum beats, it resonates beyond your body. It becomes the heartbeat of Creation as it was meant to be. To sing with it is to offer a blessing to all that is and to receive blessings back. That’s why drums echo. Put your hand on your chest. Close your eyes. Feel the drum in your chest. Sing with it and blessings become your breath, indrawn and expelled, emptying, and filling, all the world at once....”

- Richard Wagamese

How does this passage relate to providing culturally meaningful care?



The Story from Our Data

Tribal MAT Project



CLARADINA SOTO, PHD, MPH
ASSISTANT PROFESSOR, USC
NAVAJO/JEMEZ PUEBLO

USC Tribal MAT Project Work 2018--Present

Presented By: Claradina Soto (Navajo/Jemez Pueblo), MPH, PhD

March 31, 2022

[Tribal] A unified response to
[MAT] the opioid crisis in
California Indian Country

Scientists, scholars and champions of health equity for all people

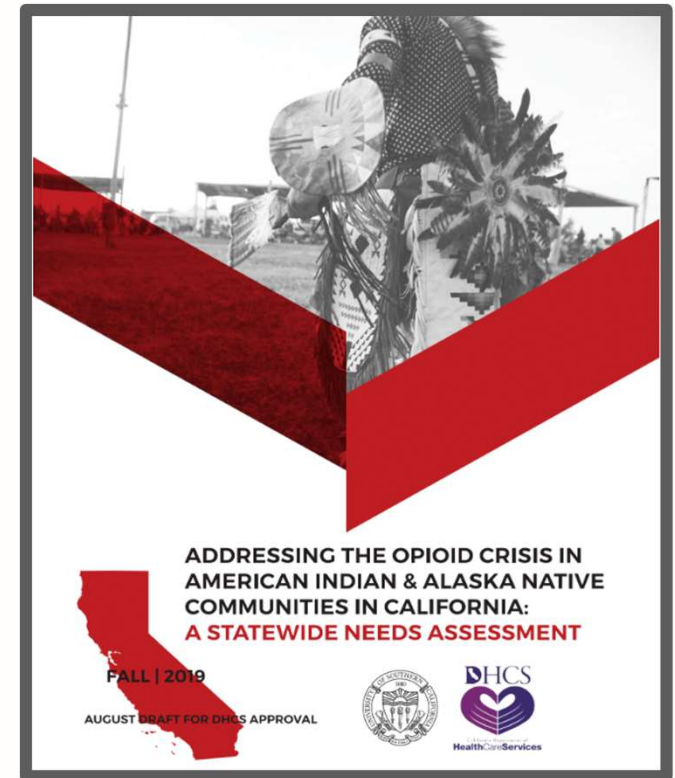
Keck School of Medicine of USC

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Public Health Sciences

Tribal MAT Needs Assessment

Tribal MAT Needs Assessment of American Indian/Alaska Native Communities (AIAN) in CA

- Data collected from 10 counties throughout CA from March-November 2018
 - 33 Key Informant Interviews with healthcare providers
 - 21 adult focus groups with 163 participants
 - 15 youth focus groups with 83 participants



Scientists, scholars and champions of health equity for all people

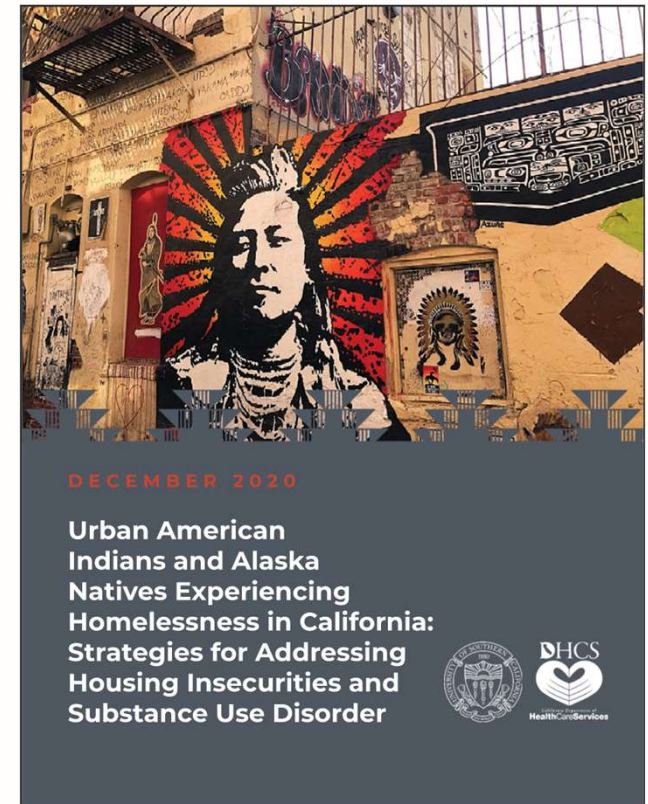
Keck School of Medicine of USC

Department of Population and
Public Health Sciences

Homelessness Needs Assessment

Additional funding was granted to expand the statewide needs assessment for AIAN experiencing homelessness.

- 14 participants were currently active in their recovery.
 - Recovery length ranged from 3 months to 21 years
- Participants identified which services or support helped with recovery:
 - 12-step self help communities
 - Outpatient/counseling services
 - Inpatient or residential type treatment
 - Behavioral health therapy
- Most participants identified multiple methods

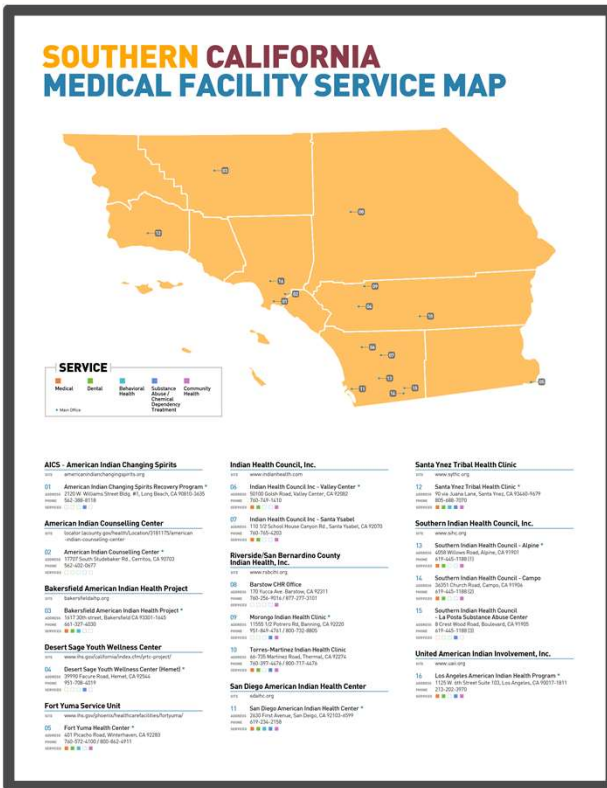


Scientists, scholars and champions of health equity for all people

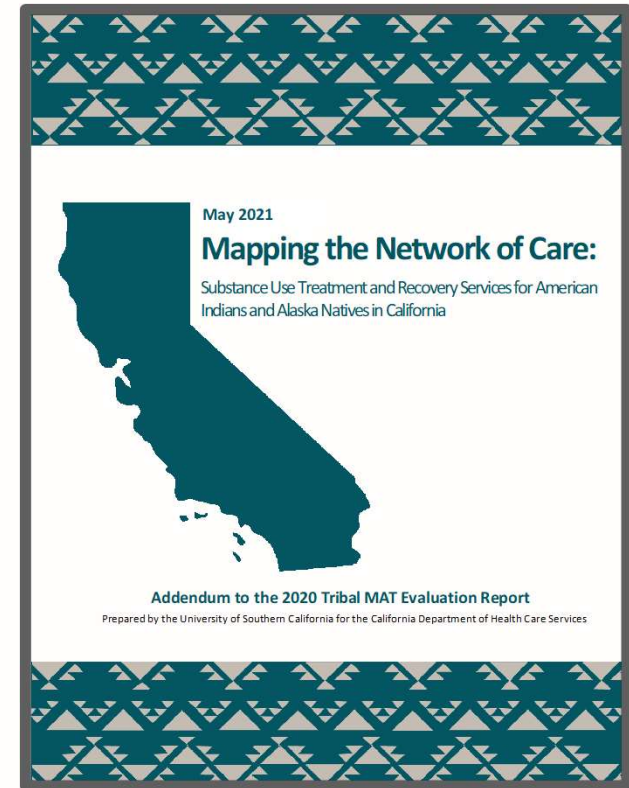
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Public Health Sciences

Residential Treatment Mapping Project



- DHCS funded USC to survey and map detox centers, residential treatment programs, and transitional housing that serve AIAN communities with an emphasis on traditional healing and culturally adapted services.



Scientists, scholars and champions of health equity for all people

Policy Training Program

- Provided hands-on training to prepare individuals to effectively advocate on behalf of AIAN communities regarding OUD/SUD.
- Provide the skills, knowledge, and resources to identify policy issues and advocate for policy change with local Tribal leaders and agencies, as well as state and federal legislators/policymakers.
- Trained 39 participants between August 2021 and February 2022



Scientists, scholars and champions of health equity for all people

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Public Health Sciences

Evaluation of MAT Implementation in Indian Health Programs

- Evaluate the progress of MAT program implementation in IHPs in CA.
- Collection of data at 6-mo and 1-year follow-ups with current IHPs with MAT programs
- AND to collect baseline data with IHPs starting new MAT programs, 6-month, and 1-year follow-ups.
- Matrix Tool to assess readiness



Scientists, scholars and champions of health equity for all people

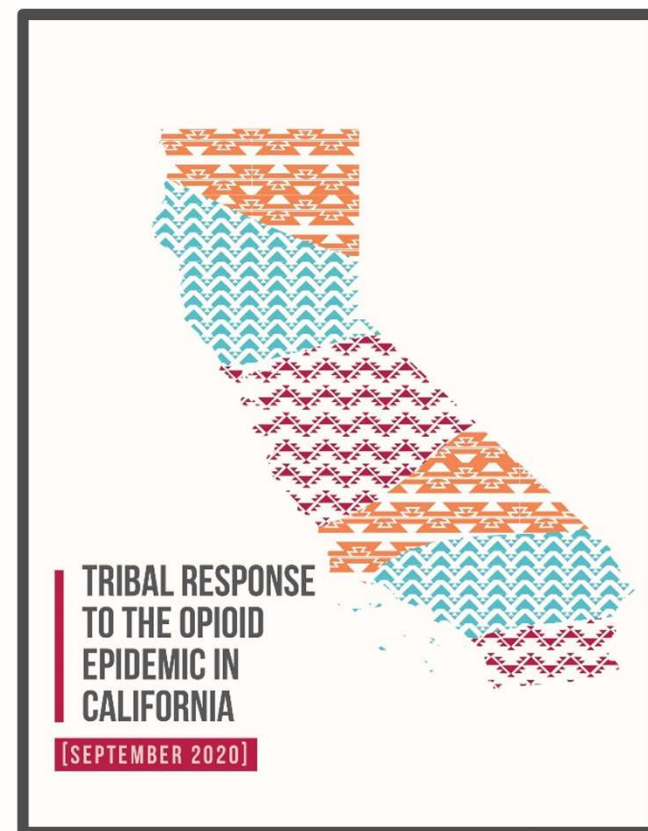
Keck School of Medicine of USC

Department of Population and
Public Health Sciences

Evaluation of Best Practices

Tribal and Urban American Indian Community-Defined Best Practices evaluation.

Highlight the array of culturally-validated interventions to reduce OUD/SUD/StUD in AIAN communities in CA.



AI-AN Population and Data Measures



VANDANA JOSHI, PHD,

PRINCIPAL INVESTIGATOR

UCLA INTEGRATED SUBSTANCE ABUSE
PROGRAMS

Population distribution and development of performance measure outcomes for American Indian/Alaskan Native population in California

March 2022



UCLA Integrated Substance Abuse Programs

Vandana Joshi, Ph.D.



Acknowledgements

The information presented in these slides is part of a Tribal-MAT project funded by DHCS to prepare accurate clinical and administrative measures related to substance use disorder for American Indian/Alaskan Native population in California.


The team consists of

Darren Urada, Ph.D., PI of the DMC-ODS evaluation.

David Huang, PH.D., statistician

Diane Hilderbrand, B.A., Research Associate

Valerie P. Antonini, M.P.H., Project Director

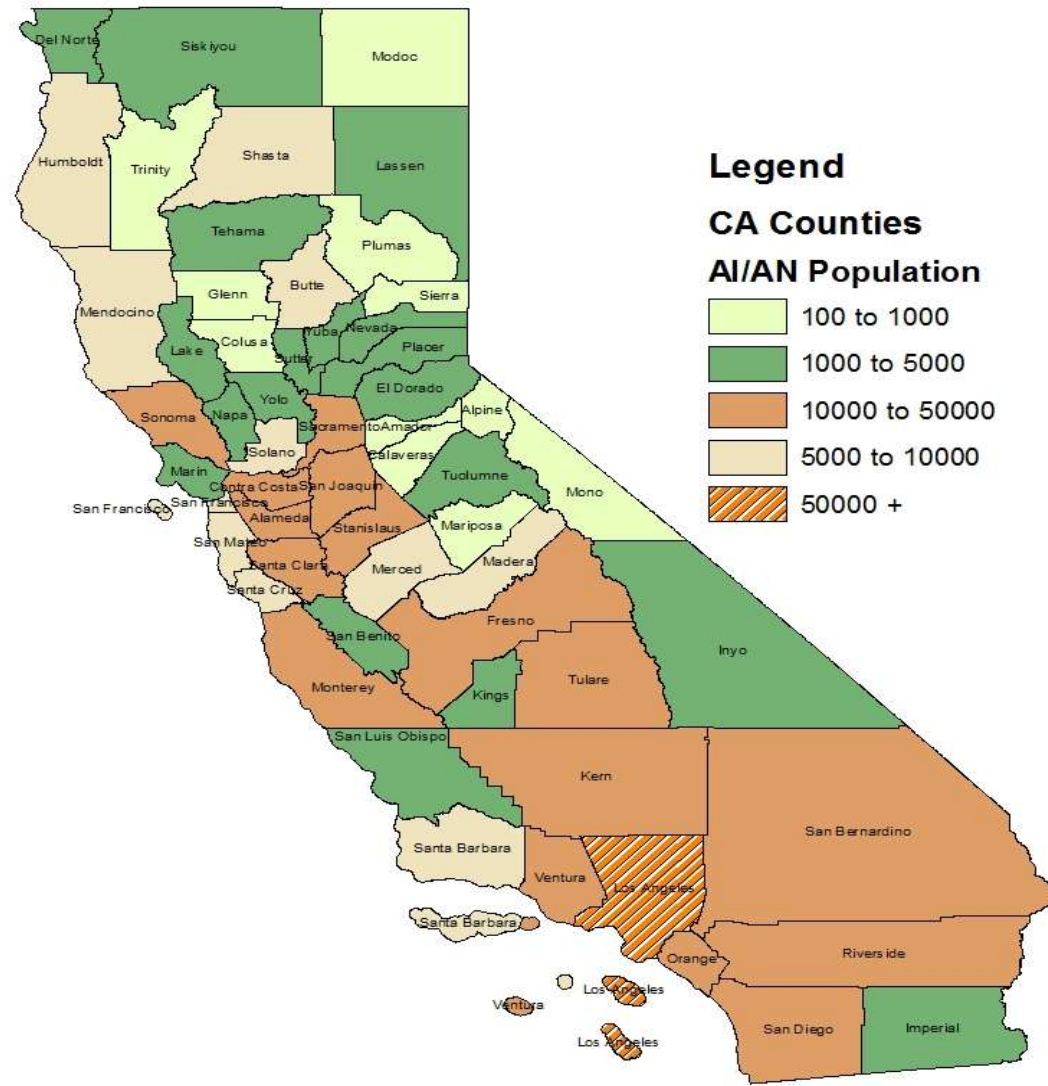


American Indian and Alaskan Native (AI/AN) population in California - 2020

- ❖ According to the 2020 Census, AI/AN were 1.6% of Californian's population.
 - ❖ California is home to the highest percent of Native American population in the country at about 12% of all those who identify themselves as Native American (between 720,000 and 648,000 people).
- ❖ Currently there are approximately 109 tribes or tribal nations in California.
- ❖ Native Americans have the highest poverty rate of any major racial group, with one in four people living below the poverty line.
- ❖ Poverty rate of AI/AN population in CA at 34% is higher than the national average for AI/AN at 25.4%
- ❖ In 2019 nearly 7.5% or 48,000 AI/AN population in CA was enrolled in Medi-Cal
- ❖ In addition, 184,699 AI/AN individuals were registered for services with Indian Health Service (IHS) clinics out of which 80,000 were active clients in 2019.

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Distribution of AI/AN Population by County - 2019



Data Source: US Census Bureau, American Community Survey, 2020.

AI/AN tribes in California

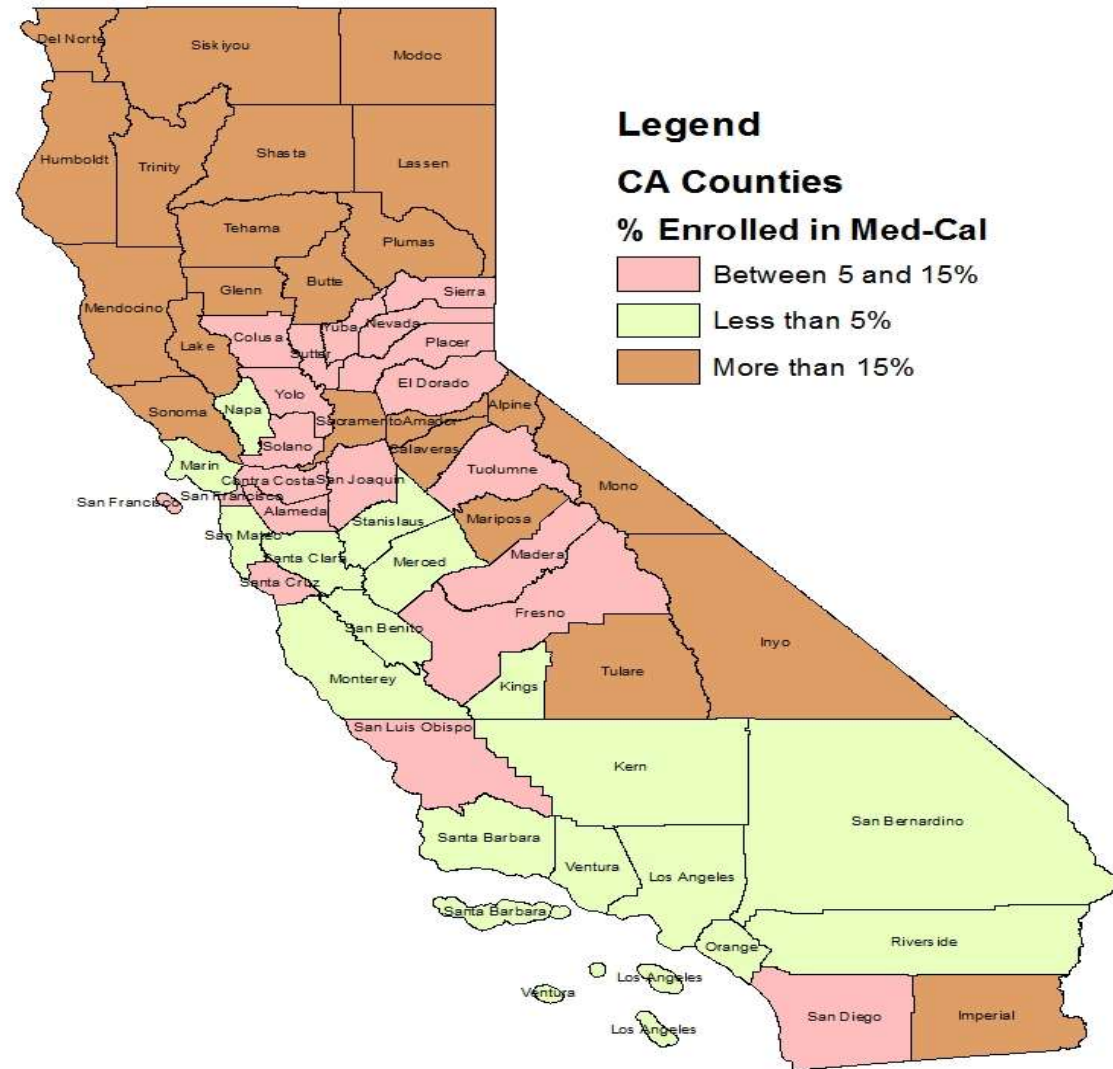
NATIVE PEOPLE OF THIS PLACE



Location of Indian Health Service Programs in California

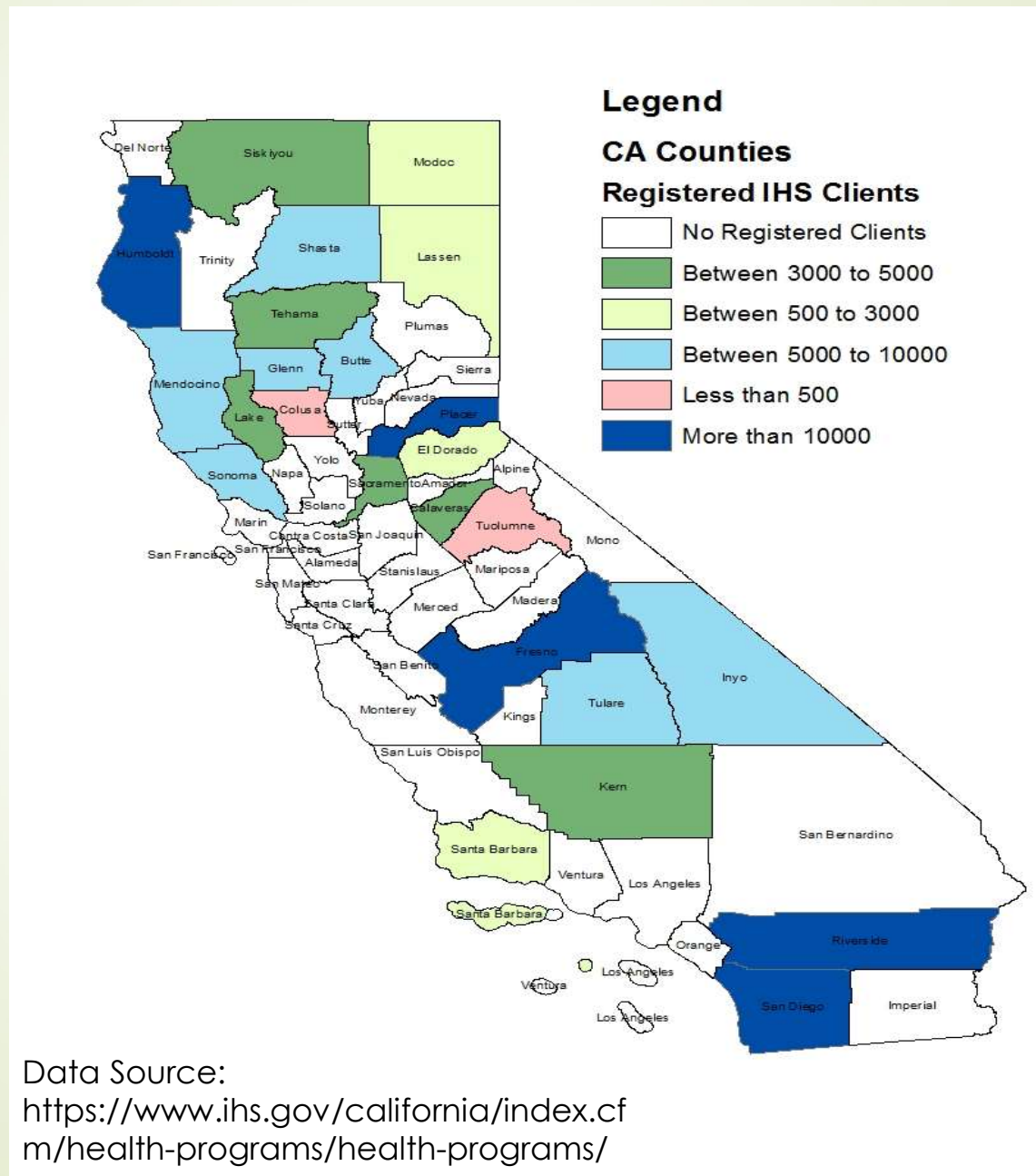


Percent AI/AN Population Enrolled in Medi-Cal by County - 2019



Data Source: MEDS File.
 Department of Health Care
 Services, 2020.

Number of AI/AN Registered for Services in Indian Health Service (IHS) Clinics by County - 2019




Performance Measures

- DHCS has contracted with UCLA-ISAP to prepare standardized performance measure for AI/AN for Substance Use Disorder (SUD) treatment and compare with other race/ethnic groups to develop bench marks for quality.
- These measure are:
 1. Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
 2. Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
 3. Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence.
 4. All Cause Readmission
 5. Follow-Up After Emergency Department Visit for Alcohol or Other Drug Use and Dependence
 6. Follow-Up After Medically Managed Withdrawal from Alcohol or Other Drugs
 7. Percentage of discharges from inpatient or residential treatment for SUD for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD
 8. Use of Opioids at high dosage in persons without cancer.
 9. Concurrent Use of Opioids and Benzodiazepines
 10. Waivered Prescribers
 11. Medical Transport



Challenges in developing performance measures for AI/AN

- **Challenges in developing these measures:**
 - ❖ **Accurate measurement of AI/AN population in surveys and administrative records**
 - ❖ **Overlap in clients served between IHS and Medi-Cal**
 - ❖ **Data Availability**
 - ❖ **Small Ns for AI/AN**
 - ❖ **Making it difficult to compare with other race/ethnic groups with larger Ns**

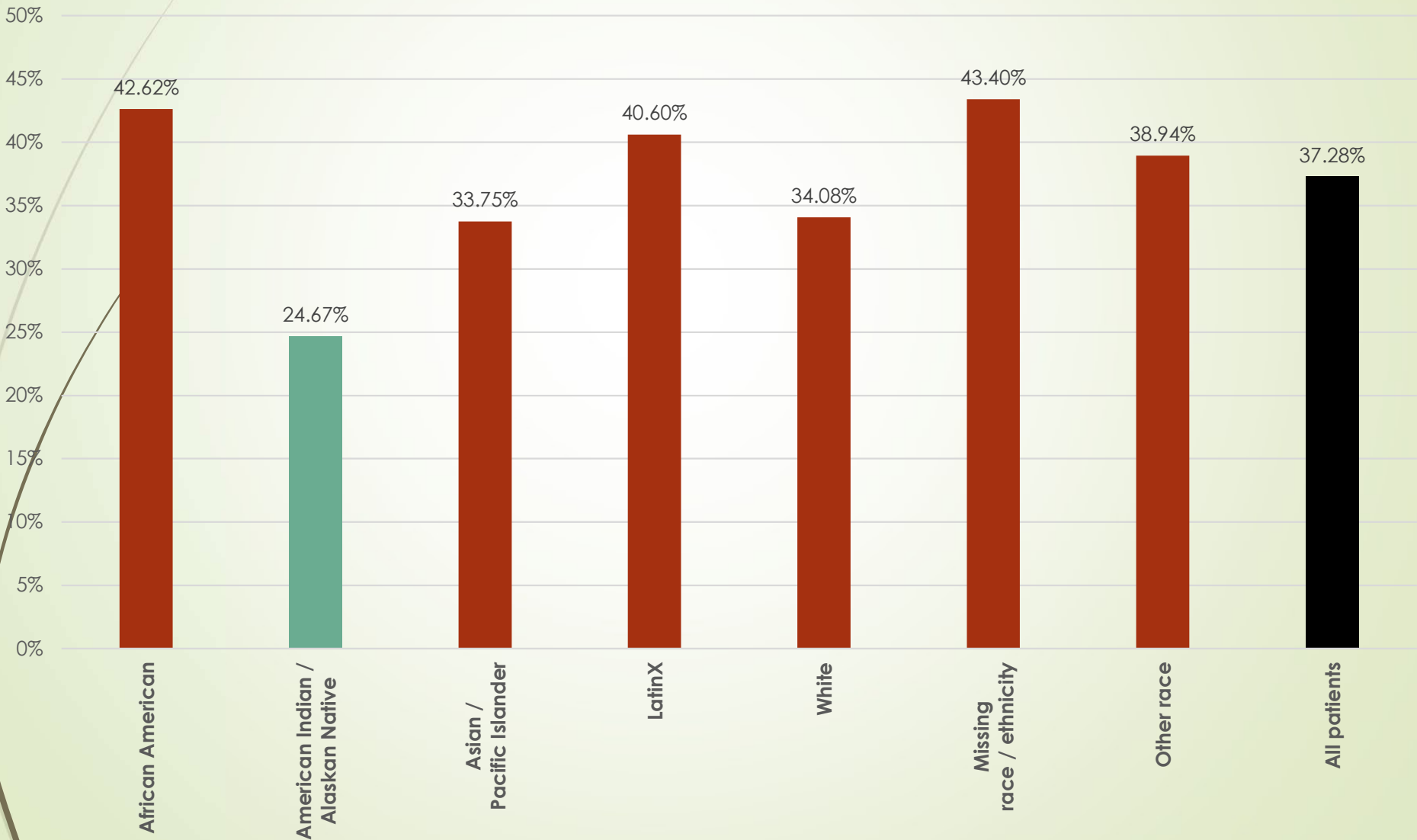


A preliminary look at some performance measures developed by UCLA for AI/AN

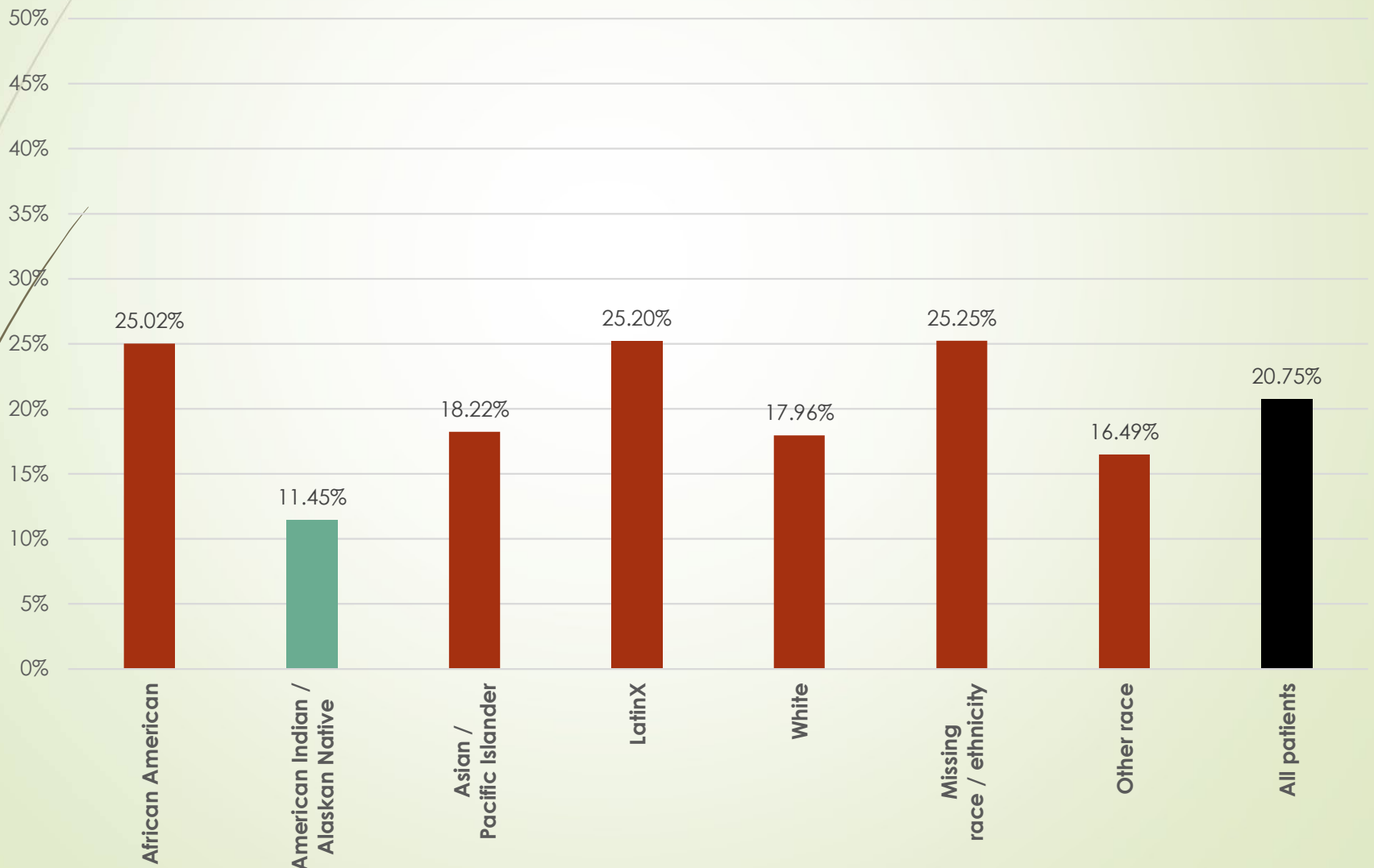
Data is from CY 2017

- ▶ Medi-Cal claims data from Alcohol and Drug Programs (ADP) is combined with Managed Care data to build these performance measures.
- ▶ Data is preliminary and is currently being updated with CY 2018 and CY 2019 data to observe trends over time.
- ▶ UCLA is working with CRIHB and CCUIH as stakeholders to refine and build these performance measures
- ▶ The current data only includes claims from Medi-Cal and Managed Care files
 - ▶ The current performance measures do not include any data from Indian Health Service clinics
- ▶ The purpose of these performance measures is to help improve quality of services for AI/AN population.

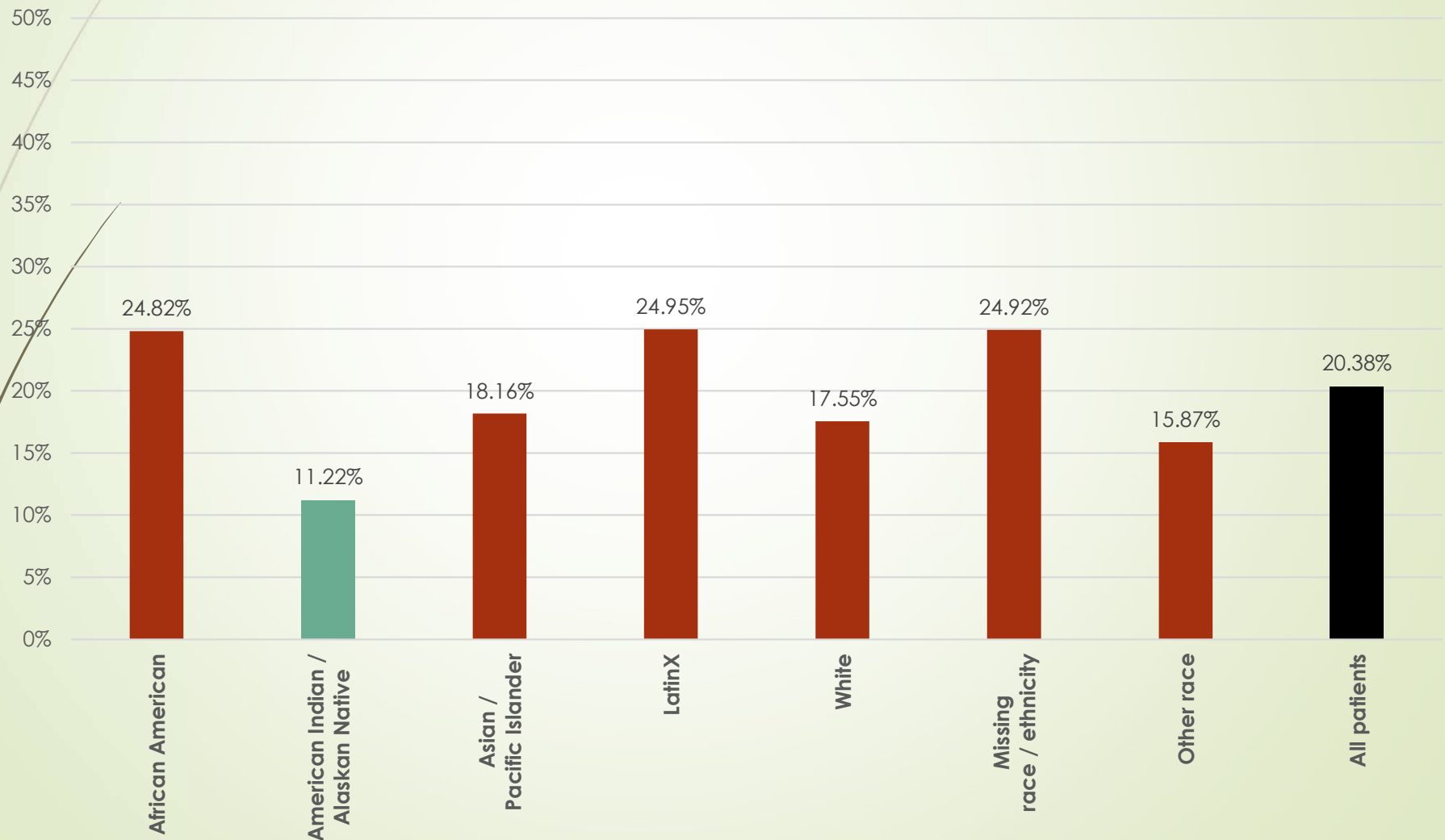
Use of Pharmacotherapy for Opioid Use Disorder by Race/Ethnicity - CY 2017



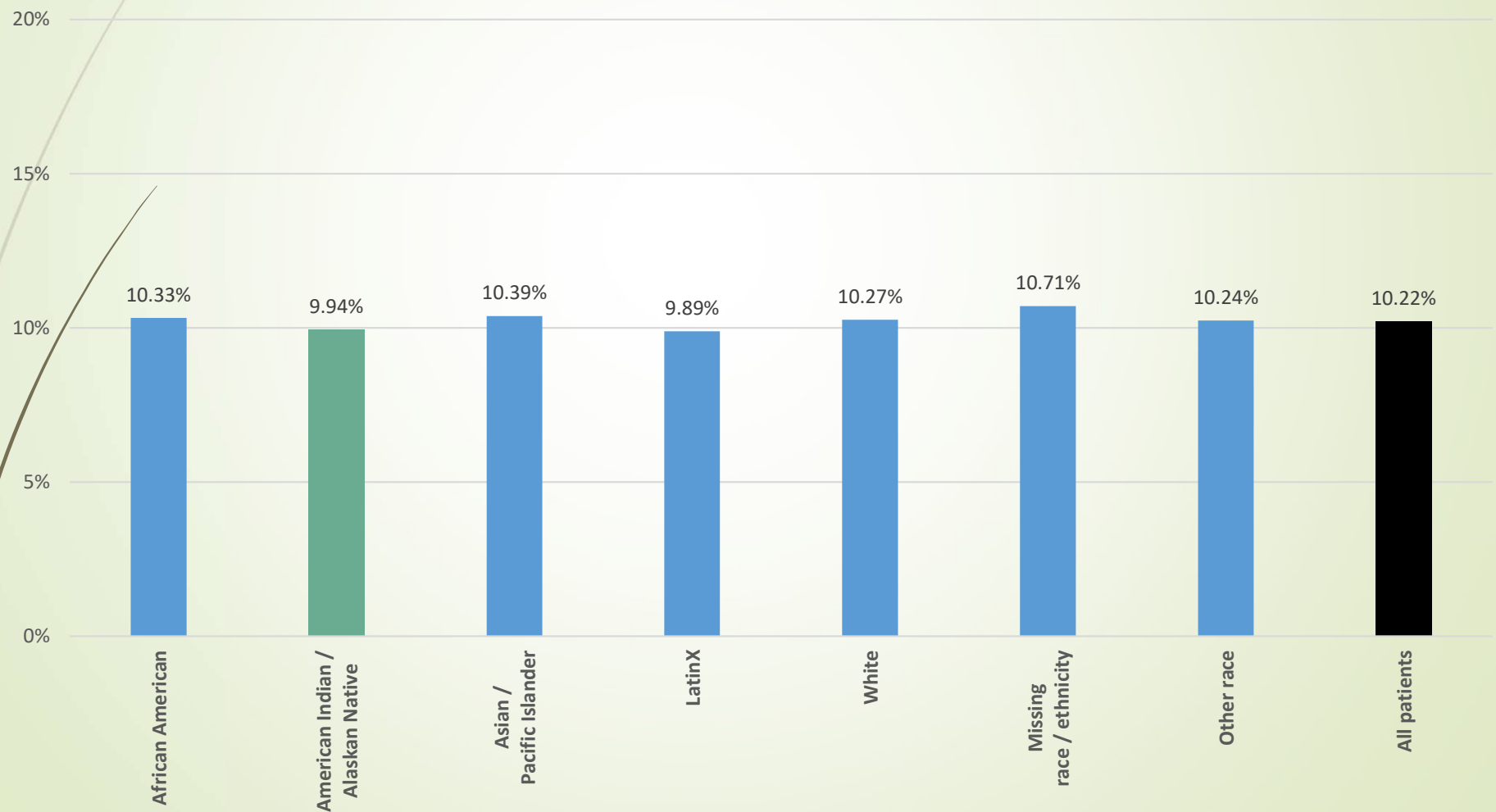
Continuity of Pharmacotherapy for Opioid Use Disorder by Race/Ethnicity CY 2017



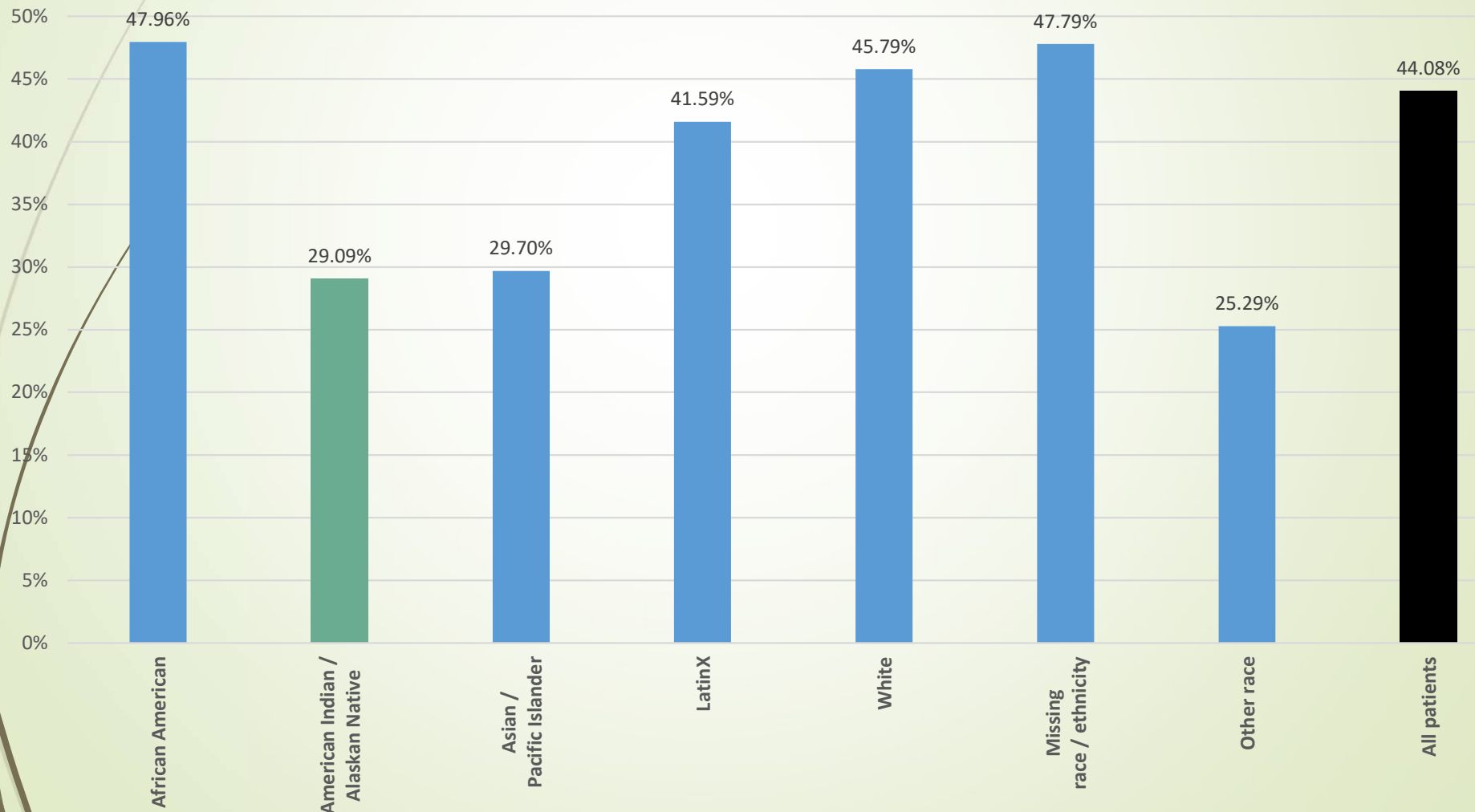
Continuity of Pharmacotherapy for Opioid Use Disorder-Methadone only by Race/Ethnicity - CY 2017



All Cause Acute Inpatient Readmission for Any Diagnosis within 30 Days of Discharge by Race/Ethnicity - CY 2017



Follow-up within 7 days After Medically Managed Withdrawal from AOD Dependence by Race/Ethnicity– CY 2017



Summary

Data is preliminary

- Generally the data shows slightly lower percent of AI/AN population receiving pharmacotherapy for OUD and follow-up care within 7 days of discharge from medically managed withdrawal from AOD dependence.
- Trends in data for additional years will be examined to see the robustness of these measures.
- For a more accurate statistical comparison of performance measures between AI/AN and other race/ethnic groups may require developing statistical weights.
- Data should also be analyzed at local/county/provider level to detect anomalies and variation across clinics and geographic regions based on availability of services.
 - **UCLA is working with DHCS, CHRIB and CCUIH to continue work on these measures.**



Questions?

Contact

Vandana Joshi at vjoshi@mednet.ucla.edu



Rooted in Relationship



Keynote Speaker

ANITRA WARRIOR, PHD, PSYCHOLOGIST

MORNINGSTAR COUNSELING

PONCA TRIBE OF OKLAHOMA



Rooted in Relationships

ANITRA WARRIOR, PHD

03/31/2022

Overview

- ▶ Introduction to Morningstar Counseling and Experience as a Ponca woman
- ▶ Why this is important: Disparities in Behavioral Health for American Indians
- ▶ Cultural Competence
- ▶ Best Practices for working with American Indians/Alaska Natives
- ▶ System Change
- ▶ Moving forward

Morningstar Counseling
and Consultation, PC
(MCC)

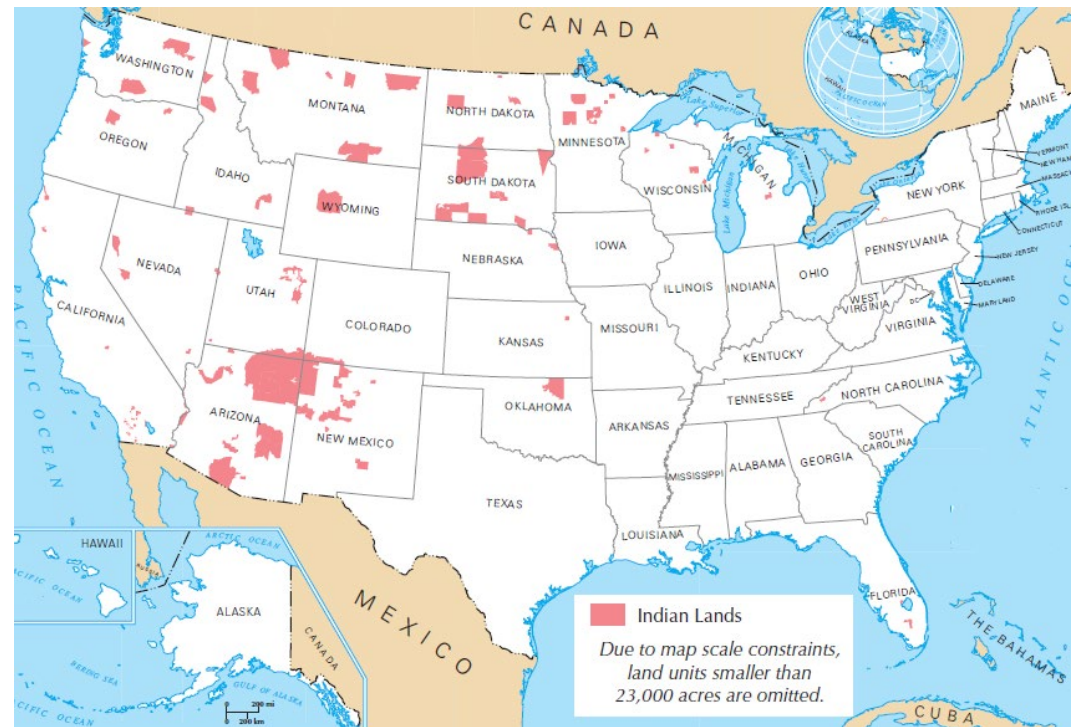
- ▶ Dr. Anitra Warrior, Ponca
Tribe of Oklahoma
- ▶ Daughter, Sister, Mother,
Wife, Aunty
- ▶ GRANDMOTHER
- ▶ As a consumer of
services...
- ▶ Separated my identity for
the provider
- ▶ Clinical Services for
Natives
- ▶ Training
- ▶ Accessibility, Availability,
Acceptability



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 than 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 health 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, HIS).

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

Causes of Disparities in Rural and Reservation Communities

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

Cultural Competence

- ▶ Beliefs and worldview
- ▶ Communication styles
- ▶ Formality
- ▶ Hierarchy
- ▶ Perceptions of time
- ▶ Values and priorities
- ▶ Uniqueness and individuality

Maryville University, 2022



Best Practices in Counseling Native Americans (Thomason, 2011)

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

Best Practices in Counseling Native Americans (Thomason, 2011)

- ▶ 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 (System Change)

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

CHALLENGES IN RURAL AREAS

- ▶ Lack of Providers
- ▶ Challenges with Technology
- ▶ Limited Staff
- ▶ Vulnerable Populations
- ▶ Limited Resources for Quality Improvement
- ▶ Exclusion from Initiatives

QUALITY IMPROVEMENT

- ▶ Safe
- ▶ Effective
- ▶ Patient-Centered
- ▶ Timely
- ▶ Efficient
- ▶ Equitable

(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



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

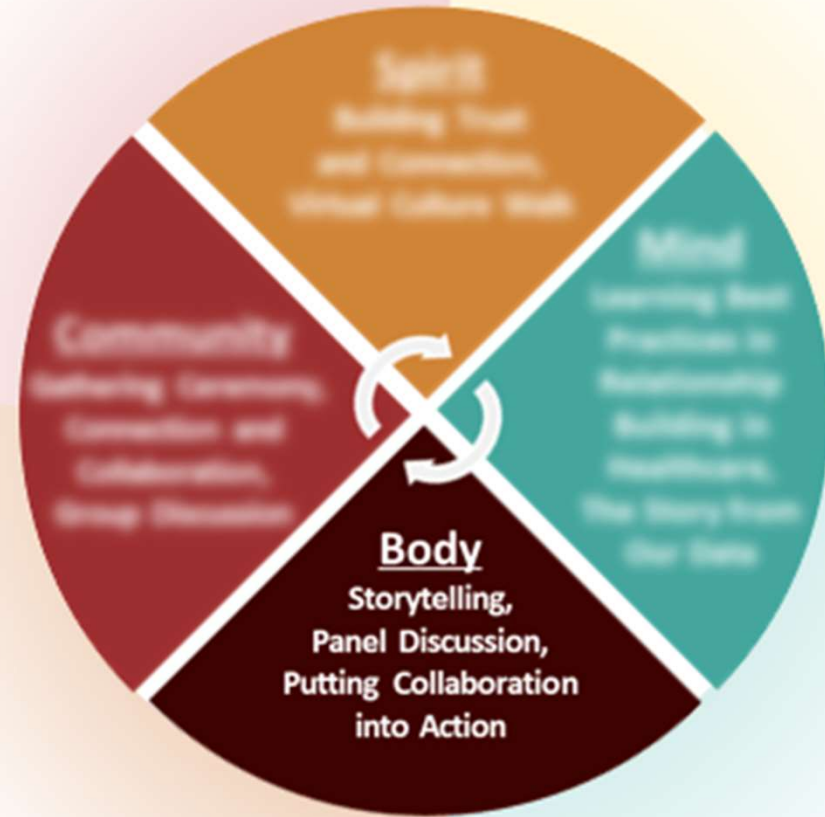
Considerations moving forward:

- ▶ Who am I providing services to and am I forcing my worldview upon them?
- ▶ What steps am I taking to show my commitment to their well-being and the intimacy of this journey in which I have the HONOR of walking.
- ▶ Who is my mentor and my support?
- ▶ Is this person ready for therapy, is therapy ready for this person? Think outside the box-relational world view...
- ▶ Who are my partners in collaborative care? Did research guide this model- what about the relative as the specialist in their own lives? Who else should my partners be?



Thank you!
Dr. Anitra Warrior
[dr.warrior@morningstar-](mailto:dr.warrior@morningstar-counseling.com)
[counseling.com](mailto:dr.warrior@morningstar-counseling.com)
Morningstar-counseling.com

Panel Discussion



Panelist



Grace "Katie" Bell, MSN, RN



Arlene Brown, BA, BSCJ (Bishop Paiute)



Dan L. Dickerson, DO, MPH (Inupiaq)

Concluding Thoughts & Community Resources



Resources for Continued Learning

[SAMHSA's 2021 Behavioral Health Equity Report](#)

National American Indian & Alaska Native ATTC Newsletter
[Addiction, Volume 8, Issue 1 Winter 2022](#)

[AIAN Needs Assessment](#)

<https://ipr.usc.edu/aian-needs-assessment/>

NIHB working with tribes training:

https://www.nihb.org/public_health/wtt/story.html

[Improving Cultural Competency for Behavioral Health Professionals - Self paced course](#)

TeleWell Behavioral Medicine - TeleWell youtube videos

<https://www.youtube.com/channel/UC1mikReoKkfBBPks9Dijyug>

OASIS-TTA



OASIS-TTA

Opioid and Stimulant Implementation Support
Training and Technical Assistance

- CASE-BASED MAT ECHO CLINICS**
 - Two Monthly ECHO Clinics – General and Tribal
 - Clinical Case Reviews
 - Trauma Informed Approach
- MONTHLY STATEWIDE WEB TRAININGS**
 - Treating SUD in Primary Care
 - Managing Complex Clinical Needs
 - Addressing Stimulants & Fentanyl
- ON-DEMAND LEARNING EARN FREE CME/CE**
 - Fundamentals of MAT
 - Buprenorphine Starts
 - MAT in Special Populations
- QUARTERLY TRIBAL PROVIDER TRAININGS**
 - Tribal Health Issues
 - Culturally Informed Strategies
 - Rural and Urban Settings
- DIRECT MENTORSHIP & CONSULTATION**
 - Individualized Support from Expert Consultants
 - One-on-One Mentorship by Phone or Video Conference
- CALIFORNIA HUB AND SPOKE IMPLEMENTATION SUPPORT**
 - Learning Collaboratives
 - Direct Technical Assistance
 - Enhancing Access to Care
 - Ensuring Sustainability

OASIS-TTA SERVICES ARE FREE
To register, request services, or learn more visit
www.uclaisap.org/oasis-tta

Poll