Welcome to the California Statewide Convening

CommUnity Connections Bridging Best Practice and Cross-Cultural Care



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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)



Welcome and Overview

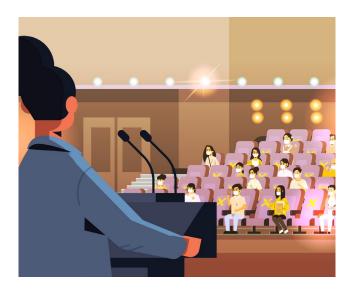
GLORIA MIELE, PHD

PROGRAM DIRECTOR,

UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS

Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.





We're Hybrid!

- Use microphones for questions and comments
- Check in with online participants
- Hybrid and online monitors will check the chat to maximize interaction for all
- Breakout activities will be facilitated in person and online
 - Look for UCLA staff on Zoom

COVID is still with us





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturallyinformed language promotes evidencebased care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

September is National Recovery Month



NATIONAL RECOVERY MONTH

RECOVERY IS FOR EVERYONE: Every Person, Every Family, Every Community



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:



Agenda

Welcome, Introductions, and Overview 1-1:20

Keynote Presentation and Activity 1:20-3pm

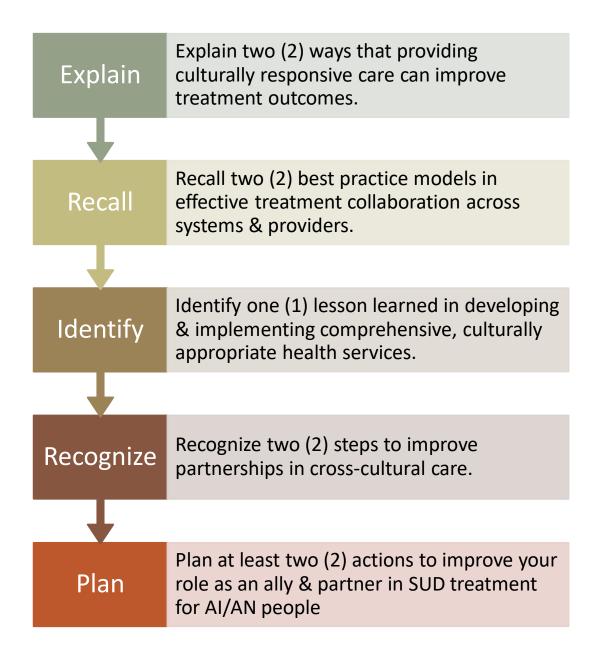
Break 3-3:15

Partners and Allies – Panel Discussion 3:15-4

Activity 4-4:45

Wrap-up 4:45-5

Educational Objectives





Welcome

KEVIN MASUDA

HEALTH PROGRAM SPECIALIST

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Welcome

THOMAS E. FREESE, PHD

DIRECTOR, UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS



Introduction

HOLLY ECHO-HAWK, MSC. KAUFFMAN & ASSOCIATES INC.

Opening Blessing





Opening Blessing

ALBERT G. TITMAN SR., CADCII

NISENAN, MIWUK, PIT RIVER

WELLNESS COUNSELOR SHINGLE SPRINGS BAND OF MIWOK INDIAN

CHAIRMAN BOD NATIVE DAD'S NETWORK INC.

Keynote Speaker

Anitra Warrior, PhD, Psychologist





Healing Roots: Embracing Culturally-Responsive Care for Providers and Consumers

ANITRA WARRIOR, PHD, PSYCHOLOGIST

MORNINGSTAR COUNSELING PONCA TRIBE OF OKLAHOMA



Anitra Warrior, Ph.D.

HEALING ROOTS:
EMBRACING
CULTURALLYRESPONSIVE CARE
FOR PROVIDERS AND
CONSUMERS

Introduction

- §Ponca Tribe of Oklahoma
- §Daughter, Sister, Mother, Aunt, Grandmother
- §Personal Interest in Psychology
- §Morningstar Counseling & Consultation, PC



Overview

- Defining Cultural Competence
- Culturally Informed and Responsive Care
- Identifying Community Norms
- System Changes
- Breakout Group

Objectives

- 1. Describe and identify challenges to cultural competency within the workplace.
- 2. Identify strategies for incorporating cultural values and norms when collaboratively providing evidence-based practices.
- 3. Identify available systems and the integration of culturally appropriate services.
- 4. Identify at least three strategies for improving system collaboration for enhanced serviced delivery across communities.

As We Begin...

Honoring/Give away

Within Ponca culture, it is customary to give away. Poncas have four types of giveaways (Headman, 2020):

- 1. To give away (done anytime)
- 2. To Cause someone to have (typically done at dances)
- 3. To give away everything (in response to death)
- 4. Of the deceased (giving away only the items used by the deceased)
- *Adopted practice is of Honoring-essentially the manner in which items were given away.

Incorporating Cultural Practices

- Arts and Crafts
- Made with good intentions and prayers
- Shared with colleagues or those served



Cultural Competence Defined

According to the American Psychological Association (2015), cultural competence is "loosely defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own"

- •WE CAN NEVER REACH CULTURAL COMPETENCE.
- •Cultural Humility and Cultural Responsiveness are more appropriate.

Cultural Competence Further Explored

- §Beliefs and worldview
- §Communication styles
- §Formality
- §Hierarchy
- §Perceptions of time
- §Values and priorities
- §Uniqueness and individuality
- §Maryville University, 2022



Cultural Competence further explained:

ASSUMPTIONS

Organizational commitment-not only on the individual provider

Understanding of culture and diversityincluding one's own culture

Incorporating cultural competence into decision making

Culture incorporated in all levels of operation

Participation of diverse groups in development and implementation

Public advocacy, trust in and from community, community voice in organizational operations

SAMHSA, 2016

Challenges to Cultural Competency/Humility

AS A PROVIDER

- Differing worldviews
- Practice vs. Training
 - Dual Relationships
 - Cultural Practices
- Policy Change/Buy-In

AS A CONSUMER

- Lack of understanding (cultural and community)
 - Pan-Indian
 - Community Differences
- Consumer rejection
 - Non-Indigenous Provider

Outreach and Implementation

How are you getting the community's voice in your practice setting?

- 1. Identify key stakeholders in the community
- 2. Culture infused in daily operations
- 3. Cultural Audit

Identifying Key Stakeholders

- Key Stakeholders in the community (e.g., tribal council, elders, leaders in other community organizations)
- Building relationships and rapport
- Collaboration

Culture Infused in Daily Operations

- Individual Level
 - Increase respectful engagement by yourself and other members of your team
- Organizational Level
 - Change policy and practices to enhance inclusion and respectful engagement
- Program Level
 - Redesign programs with feedback of the community, will be continuous
- Community Level
 - Increase respectful engagement, while decreasing intolerant and ineffective practices

Cultural/Diversity Audit

Focus on meeting the needs of the community, must include reflection and determining whether your agency is equipped to meet the needs of the community

- How are different cultures reflected in your agency?
- Do you share the values of the community you are serving?
- Is the community reflected in your staff?
- Are the cultural norms (e.g. communication style, spiritual beliefs, conflict style, working style) reflected in your agency?

Practice in Direct Service



Protective Factors (<u>www.psych.org</u>, 2010)

Identification with Culture

Family

Connection with the Past

Traditional Health Practices

Adaptability

Wisdom of Elders

Spiritual Orientation

Adaptation: Trauma-Focused Cognitive-Behavioral Therapy

Physical

- Restore physical wellness
- Body's response to stress
- Reduce Physical Reactions
- Therapeutic application of traditional practices to promote physical wellbeing

Emotional

- Identify full range of emotions
- Comfortably talk about own feelings
- Regulate emotional responses
- Respectful and balanced emotional expression

Bigfoot, Schmidt, & Silovsky, 2018

Strengths and Benefits of Cultural Competency/Humility

2022

SYSTEM PERSPECTIVE

Collaboration

Job Satisfaction

Productivity

Psychological Benefits

University of Southern California,

Reducing stigma

Society of Care, 2018

CONSUMER PERSPECTIVE

Collaboration

Trust in and satisfaction with

services

Retention

Defining Community Norms and Cultural Practices

Cultural Practices:

Traditional and customary practices of particular ethnic or other cultural groups. Examples include: religious and spiritual practices, medical treatment practices, dietary preferences and culinary practices, natural resource management, child care practices, power relationships, governance, leadership, conflict resolution, and "everyday life" practices.



Defining Community Norms and Cultural Practices

Community Norms:

Google says: "To make a good impression on other members of your community there are social norms that are commonly accepted, such as: shake hands when you meet someone. Make direct eye contact with the person you are speaking with. Unless the movie theater is crowded, do not sit right next to someone."

Rules or expectations of behavior and thoughts based on shared beliefs within a specific cultural or social group. **While often unspoken**, norms offer social standards for appropriate and inappropriate behavior that govern what is (and is not) acceptable in interactions among people.



Physical

- Dancing
- Singing
- Drumming

Emotional

- Beading
- Dancing
- Singing/Drumming

Mental

- Prayer
- Cedar Blessing



Cultural Identification

Cultural practices

- Beading
- Dancing
- Cedar Blessing
- Singing
- Spiritual Practices
- Family dynamics
- CommunityConnectedness

Mental

- Normalization of response to severe stress
- Impact on well-being and emotional balance
- Psychoeducation about trauma
- Contributing factors to trauma
- Cognitive triangle

Bigfoot, Schmidt, & Silovsky, 2018

Spirituality

- Connectedness of all concepts
- Traditional practices through family involvement
- Tribal Identity

Relational

- Spiritual, natural, and structural world
- Family relationship
- Healthy boundaries

Spiritual

- Cedar Blessing
- Smudge
- Singing
- Drumming

Relational

- Family Dynamics
- CommunityConnectedness
- Singing
- Drumming

Case 1: Jordan

Jordan is a 19 year-old female who is originally from Kiowa Tribe of Oklahoma. She reports she recently graduated from Sherman and did not want to return to Oklahoma. She is 32 weeks pregnant and presents with facial sores that reports as acne due to the pregnancy. She is denying any form of substance and appears to be experiencing paranoia that she describes as bad medicine. She is unemployed and is wanting to know what services are available at your site to help her get on her feet before her baby arrives.

System Collaboration

- Collaborative Care
 - Team-based
 - Treatment Access
 - Quality
 - Outcomes (Osilla, et al, 2022)
- Relationship Building
- Screening and Assessment
- Capacity for Collaboration (CCSA, 2014)

Group Discussion: Jordan

Identify area of need

Identify Protective Factors and Challenges

Identify Systems for Collaboration

Identify steps moving forward

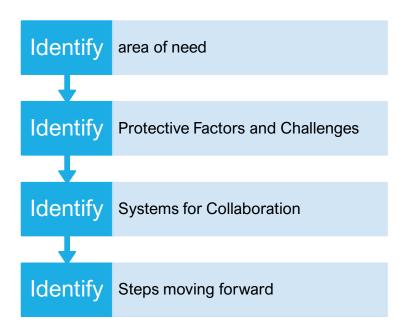
Small Group Discussion

Each group presents to larger Group

Relational Worldview Model (Cross, 1997):

- Context
- Physical
- Mental
- Spiritual

Jordan



Jordan is a 19 year-old female who is originally from Kiowa Tribe of Oklahoma. She reports she recently graduated from Sherman and did not want to return to Oklahoma. She is 32 weeks pregnant and presents with facial sores that reports as acne due to the pregnancy. She is denying any form of substance and appears to be experiencing paranoia that she describes as bad medicine. She is unemployed and is wanting to know what services are available at your site to help her get on her feet before her baby arrives.

Give Away

Call to Action/Action Steps from Today



Thank you!

TO CONTACT OUR CLINIC, CALL: 402-327-9711

YOU CAN VISIT US AT:

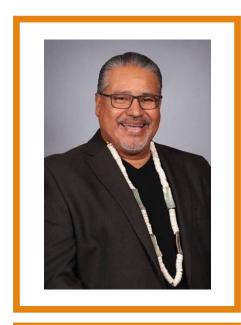
MORNINGSTAR-COUNSELING.COM OR

FB PAGE: MORNINGSTAR COUNSELING

BREAK

Panel Discussion







Panelists

Albert G. Titman Sr., CADCII

Grace "Katie" Bell, MSN, RN

Virginia Hedrick, MPH

Nancy Pierce, RN, PHN, MPH





Breakout Activity



Breakout Activity

Work in small groups to develop a culturallyinformed treatment program for people who use either stimulants or opioids.

- 1. What are the critical elements of the program?
- 2. What cultural practices can be added to deepen the impact of the program?

Debrief – Breakout Activity

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

<u>Improving Cultural Competency for Behavioral Health</u>
<u>Professionals - Self paced course</u>

TeleWell Behavioral Medicine - TeleWell youtube videos https://www.youtube.com/channel/UC1mikReoKkfBBPks9Dijyug

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
- Addressing Stimulants & Fentanyl



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

ON-DEMAND LEARNING EARN FREE CME/CE

- Fundamentals of MAT
- Buprenorphine Starts
- MAT in Special Populations

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