Services and Resources from the Technology Transfer Centers

Jeff Ledolter, BA
National American Indian & Alaska Native ATTC

Website: attcnetwork.org/native
The 2017-2022 ATTCs will focus in this area of the model, providing intensive TA to organizations, localities and systems.
Our Advisory Council (Umbrella Advisory Council)

• Clyde McCoy, PhD, Eastern Cherokee
• Dan Dickerson, DO, MPH, Inupiaq
• Dennis Norman, Ed D, ABPP, Descendant of the Southern Cheyenne Nation
• Ray Daw, MA, Navajo
• Richard Bird, MMS, CCDCIII, Sisseton-Wahpeton Oyate
• Joel Chisholm, MD, Bay Mills Indian Community, a band of the Ojibway tribe
• Lakota R. M. Holman, M Ed, Rosebud Sioux tribe
• Vanessa Simonds, ScD, Crow Nation, Montana
• Perry R. Ahsogeak, Barrow Village of Alaska
• Ray Young Bear, Meskwaki Tribal Nation
• Lena Gachupin, MSW, Zia and Jemez Pueblo, and Sun Clan of New Mexico
• Ed Parsells, BA, Cheyenne River Sioux Nation
• Matt Ignacio, MSSW, Tohono O'odham
• Jeffrey N. Kushner, MHRA
• Roger Dale Walker, MD, Cherokee Nation
• Melvina McCabe, MD, Member of the Navajo Nation
• Robert Begay, Member of the Navajo Nation
• Dana Diehl, MS, Yupik and Athabascan
• Jacque Gray, PhD, Choctaw & Cherokee Nation
• Connie O'Marra, LCSW, Citizen Potawatomi
• John Jewett, MA, Oglala Lakota Nation
• James Ward, MA, Choctaw
• Richard Livingston, MD, Cherokee Nation
• Daniel Foster, Eastern Band of Cherokee Nation/Lakota
Ex-Officio Member(s) (Cont.)
(Umbrella Advisory Council)

• Karen Hearod, LCSW, Member of the Choctaw Nation of Oklahoma, SAMHSA Regional Administer, Region 6

• Juanita M. Mendoza, MS, Member of the Pascua Yaqui Tribe of Arizona, Assistant Director, Bureau of Indian Education.

• Rose Weahkee, PhD, Navajo Tribal Member, Acting Director, Urban Indian Health

• CAPT Andrew Hunt, MSW, LICSW, Lumbee Tribal member, Associate Director of BH, IHS Headquarters
National American Indian & Alaska Native TTC Team

Sean Bear  
Co-Director

Anne Helene Skinstad  
Program Director

Jeff Ledolter  
Program Manager

Steve Steine  
Program Manager

Monica Dreyer Rossi  
Program Manager, Leadership Academy

Kate Thrams  
Communications Specialist

Cindy Sagoe  
Program Manager

Megan Dotson  
Program Manager

Natasha Peterson  
Program Manager

*Not Pictured: Dara Jefferson, MA, PhD Student, Arapaho/Meskwaki Tribal Member; Noah Segal, MPH student; Thomas Romano, MPH/MD student; Emily Shaw, MPH Student; Bikere Ikoba, MPH Student
The AI/AN Leadership Academy
Tribal College and University Initiative

Monica Dreyer Rossi, Cand.Polit
Emily Shaw, MPH Student
The National AI/AN Leadership Academy

• Collaborative Project between all three centers
• 22 participants accepted to the 2019 – 2020 program
  • Program lasts 12 months
  • Participants from addiction, mental health and prevention professionals
  • Important networking and knowledge sharing arena for the participants

• Immersion Training
  • 5 days

• Enhancement Session
  • 2 days

• Graduation
  • 2 days
  • Technical assistance throughout the program
  • Monthly webinars and very frequent interaction between mentors and mentees
Revision of the Leadership Academy

• Extensive revision of
  • Guidebook
  • Individual Development Plan
  • Project Plan
  • Follow up TA in September
  • Webinars is being planned

• Enhancement Session
  • Content based on educational needs, feedback from participants
  • Venue is being sought out

• Graduation
  • September 2020

• Consensus panel to update the program to fit the MHTTC and the PTTC centers
  • In the beginning of 2020
Tribal College and University Initiative

• Early outreach phase and in-person meetings
• Bureau of Indian Education (BIE)
  • Haskell University in Kansas and North Western Tribal College
• American Indian Higher Education Consortium (AIHEC)
• Over forty Tribal Colleges across the country
  • Few offer behavioral health education opportunities
• Dine College in the Navajo Nation (Oldest Tribal College in the Country)
National AI/AN Addiction TTC
Native American Cultural Sensitivity Program

• Developed by Duane Mackey, Ed.D (2006)
  • Annapolis Coalition award for most innovative initiatives in workforce development

• New Consensus panel: October 2019
  • Participants: previous trainers, elders and content experts

• Revisions
  • Updates of modules to make them more adaptable to different parts of the country culturally and historically
  • Three modules will focus on 1) SUD treatment, 2) MH treatment, 3) Prevention
ATTC projects past, current, and future

- Monthly Webinars
- Online Essential Substance Abuse Skills (ESAS) courses
- Collaborations with tribes and grantees throughout the country
- Technical Assistance with tribes, providers, and professionals working with AI/AN populations
- Alcohol and Drug Certification Exam Preparation training
- Culturally-adapted treatment approaches
- Review and dissemination of evidence/experience-based promising practices within tribal communities
- Participation in Listening Sessions
- Importance of Spirituality in Treatment of SUD Disorders
- Continued relationship building though participation in ceremonies throughout regions
ATTC projects past, current, and future

• Extensive travel and assistance in providing presentations, gathering of feedback

• Assisting tribes to enhance the treatment services they offer in their communities
  • Inviting collaboration with Advisory Board members and consultants to do so

• Meaningful, trust-centered relationships with grantees, regional offices, tribal members, and spiritual leaders of the tribes in each region

• Sponsoring or co-hosting numerous AI/AN related events across the various ATTC regions

• Gathering GPRA data and cutting-edge, best practice research to address and treat substance use disorders for the AI/AN populations we serve

• Working alongside team members from our TOR, MHTTC, and PTTC grants within the ATTC umbrella
Tribal Opioid Response Technical Assistance Program
Tribal Opioid Response TA grant

• Cohort I started October 1\textsuperscript{st} 2018
• Cohort II will start October 1\textsuperscript{st} 2019
• Staff:
  • Jeff Ledolter, Manager
  • Student Bikere Ikoba, MPH Student
  • JBS Staff
• Same Advisory Council as the National AI/AN ATTC
• Work to date
  • Developed extensive resources for the TOR grantees.
  • Provided extensive TA support
  • Developed a Proceedings Document based on the first TA meeting
  • Regional meetings started September 4 – 6, 2019
National AI/AN Mental Health TTC
MHTTC Projects

• Veteran’s Curriculum: “Healing the Returning Warrior”
• LGBTQ/Two-Spirit pilot:
  • “Honoring Our Relations: Increasing Knowledge of LGBTQ/Two-Spirit Wellness”
• Virtual Learning Communities
• Cultural Sensitivity Curriculum/Consensus Panel Project
• Culturally Adapted MH DSM-5 Curriculum Project
• Suicide Prevention Task Force
• Sioux City Street Project
• Early and High Risk Psychosis Webinar Series and Newsletter
• Leadership Academy
VA Project: Healing the Returning Warrior

• “Healing the Returning Warrior”
  • A curriculum developed in collaboration with Native veterans for Native veterans
  • Specific focus includes:
    • Historical Overview of Native Americans in the military
    • Historical Trauma
    • PTSD and Suicide Prevention
    • Approaches to Assessment and Treatment
    • Traditional Beliefs and Healing Practices
    • Native American Teachings and Wisdom

According to the 2017 Demographics Report from the U.S. Department of Defense office, more than 21,000 American Indian/Alaska Natives (AI/AN) currently serve in the military.

*Source: https://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf
NATIVE VETERANS EVENT

A pilot event for veterans, treatment & service providers, and primary care staff

Presentation topics will include:
- Historical overview, trauma, PTSD, divorce, suicide, and cultural considerations
- The importance of recognizing the native influence in the armed forces

Focusing on:

Feb 6, 7, 8
Meskwaki Hotel and Casino—Tama, IA

Block name for rooms: Native Veterans Event
Feb 6 & 7: Presentations
Feb 8: Breakout Sessions & Discussion Groups

For more information, please contact:
Megan Dotson
megan-dotson@uiowa.edu
319-384-1476

• “Healing the Returning Warrior”
  • A curriculum developed in collaboration with Native veterans for Native veterans
  • Specific focus includes:
    • Historical Overview of Native Americans in the military
    • Historical Trauma
    • PTSD and Suicide Prevention
    • Approaches to Assessment and Treatment
    • Traditional Beliefs and Healing Practices
    • Native American Teachings and Wisdom
Who Are We Working With

- National Association of State Mental Health Program Directors
- Tribal Law and Policy Institute/National Association of Drug Court Professionals
- Alaska Native Tribal Health Consortium
- Hennepin Co. Behavioral Health
- Fort Belknap Indian Community Crisis Response Coalition
- University of Miami
- New England MHTTC
- JBS International
- S.O.S.
- National Indian Health Center of Excellence in Tele-Health
- Association of American Indian Physicians
National AI/AN Mental Health TTC

K – 12 Supplement
National AI/AN MHTTC K - 12 Supplement

• Crisis and Resiliency Team TA Project
• Collaborations and sharing of resources with tribes and grantees from all over the lower US and Alaska
• Continued Technical Assistance with tribes/providers, and professionals working with AI/AN populations

• Implementing Native Telehealth resources in schools and Boys & Girls Clubs
• Developing a multi-faceted Native School Mental Health Curriculum
• Publishing a “best practices, experience-based practices, and EBP”, as well as a school-based and community-based, repository.
MHTTC-Supplement Projects: Past, current, and future cont.

• Providing T/TA and webinars on the importance of MH service provision in schools
• Offer links to such services where direct provision is not possible
• Enhancing our leadership development model to include new leadership skills focused on MH promotion/treatment/recovery
  • As well as school-based and community-based MH

• Creating a report of the completed needs assessment
  • Identifies AI/AN tribes with interest and capacity to expand culturally relevant school-based mental health
CRISIS AND RESILIENCY PROJECT

• A TA opportunity
  • 6 learning collaborative opportunities
    • Identifying key stakeholders
    • Identifying traumas affecting community
    • Cultural Considerations
    • Community engagement opportunities
    • Utilization of Media
  • 2 face-to-face trainings

Crisis & Trauma Resiliency Team TA Opportunity

The National American Indian and Alaska Native MHTTC is pleased to announce a collaborative technical assistance project focused on helping communities create their own crisis and trauma resiliency teams. Two pilot sites will be chosen from the applicants to participate in the project.

What we’re offering:
• 6+ learning collaborative opportunities (video conferencing sessions) focusing on the following topics:
  • Identifying key stakeholders
  • Identifying traumas affecting community
  • Engaging local schools and districts
  • Cultural considerations
  • Community engagement opportunities
  • Utilization of media
• 2 face-to-face trainings
  • early November and follow-up in March

Tentative schedule:
• Initial session in late May
• Follow-up session in early August
• 5 sessions from August through December

Entire process: May 2019 - December 2019 (subject to change)

How to apply:
Application due May 1st, 2019
For more information, including a link to the webinar, “The Path to Crisis Response and Recovery” - Dr. Jacque Gray, which gives an overview of our vision and specifics on the project, as well as the application form, please use the link below:

Applications should be completed and emailed to:
natasha-peterson@uiowa.edu
SYMPOSIUMS

• 2015: Reclaiming Our Roots: Rising From the Ashes of Historical Trauma

• 2018: Looking to the Future: Building Healthy Native Communities
  • Hosted a 2.5 day event in Iowa City
  • Advisory Council Meeting
  • Symposium with presentations covering multiple topics
    • Recent and emerging research, current issues in BH
    • Group discussion about our vision for the future
National AI/AN Prevention TTC
PTTC Projects

• Monthly webinars
• Culture cards and culturally appropriate tool kits and resources
• Native American Substance Abuse Prevention Skills Training (SAPST)
• Honoring Children, Mending the Circle training
• Native Spiritual Gatherings
• Repository for Promising and Experience Based Practices
• Newsletters

• Technical assistance
  • Substance misuse prevention
  • Opioid overdose prevention
  • Suicide prevention
  • Missing indigenous women prevention
  • Gender-based violence prevention
  • Implementing culturally appropriate prevention practice models
  • Tobacco education
  • Data collection

• Active workgroup participation
PTTC Consultants and Partners

- Dolores Subia-Bigfoot, PhD, a member of the Caddo Nation of Oklahoma
- John Jewett, MA, Oglala Lakota Nation
- Ken Winters, PhD
- Pam Baston MPA, MCAP, CPP
- Alaska Native Tribal Health Consortium (ANTHC)
- Comprehensive Drug Research Center, University of Miami
- Tribal Training and Technical Assistance Center (Tribal TTA Center)
Can I answer your questions?
Tribal MAT ECHO Clinic
Moving Knowledge, Not People

Thomas E. Freese, PhD
Co-Director, UCLA Integrated Substance Abuse Program
The ATTC Network

Northeast ATTC (2)
Great Lakes ATTC (5)
South by Southwest ATTC (6)
Southeast ATTC (4)
Central East ATTC (3)
Mid-America ATTC (7)
Pacific Southwest ATTC (9)
Northwest Frontier ATTC (10)

ATTC Network Coordinating Office

Puerto Rico, US Virgin Islands

www.attcnetwork.org
Tribal MAT ECHO

- Funded by a grant from the California Department of Health Care Services (DHCS)
- With funding from SAMHSA through the State Targeted Response for Opioids
Creating a Learning Loop

• Community providers learn from specialists
• Community providers learn from each other
• Specialists learn from community providers
• Best practices emerge
The Project ECHO Model

What is the ECHO Model?

1. Use Technology to leverage scarce resources
2. Share “best practices” to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes
Advantages of Project ECHO?

- Better access for rural and underserved communities
- Reduced disparities
- Better quality and safety
- Rapid dissemination of best practices
- Promote consistency in care and practice
- Greater efficiency
How is Project ECHO Useful?

Project ECHO now addresses over 100 complex conditions.

Including:
- Hepatitis C
- HIV
- Substance Use Disorders
- Diabetes and Endocrinology
- Chronic Pain
- Tuberculosis
- Autism
- Palliative Care
- Crisis Intervention Training
- Assistive Technologies in Education
Tribal MAT ECHO Clinic

- Needs Assessment
- Identified specialists treating patients with OUD in Tribal Communities
- Monthly ECHO Clinics - 3rd Tuesday of the Month, 12-1pm
  - Didactic presentation
  - Case discussion (medical, psychosocial, cultural)
  - CEs/CMEs provided
Expectations of Participants

- All participants will have access to required equipment either individually or in groups
  - Computer + webcam or smartphone
  - Access to the internet
  - Project assistance available

- All participants will be on camera. Participate as frequently as possible to learn and to help others learn from you
<table>
<thead>
<tr>
<th>Tribal ECHO Topics, 2019</th>
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<tbody>
<tr>
<td><strong>Introduction to Project ECHO and Opioid Use Disorders (OUD)</strong></td>
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<tr>
<td><strong>An Overview of Medical Treatments for OUD</strong></td>
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<tr>
<td><strong>Talking with Patients about MAT</strong></td>
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<td><strong>Traditional Healing Practices and Cultural Humility</strong></td>
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<td><strong>MAT and Stigma</strong></td>
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<td><strong>Counseling Services and Support for Families</strong></td>
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<tr>
<td><strong>Risk Reduction and Safe Prescribing Practices</strong></td>
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<tr>
<td><strong>Managing Pain in Patients with OUD</strong></td>
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<tr>
<td><strong>SUD and Mental Health Co-Morbidities (PTSD, anxiety, depression)</strong></td>
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<tr>
<td><strong>Women, Pregnancy, and OUD</strong></td>
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<tr>
<td><strong>Suicide Prevention</strong></td>
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<tr>
<td><strong>Overdose Prevention and Naloxone</strong></td>
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</tbody>
</table>
Case presentation

CA Hub and Spoke MAT Clinic
— Case Presentation Template —

Date: _______4/16____ /2019___ Presenter: ___________ David / Sprenger, MD

Hub Name: ___________ NA ___________ Spoke Name: ___________ NA

Patient Pseudonym: _______ Gary _______ ECHO ID: ___________ Age: _______ 24

Gender: _______ M _______ Check if follow-up to a previously presented case ☐
WHAT ARE YOUR MAIN QUESTIONS?

What are good options for treating this patient with severe co-occurring anxiety and chronic pain? What do we need to pay attention to related to cultural and other psychosocial issues?

Mental Health, Substance Use, and Treatment History: ___Patient in treatment for ADHD, first diagnosed at age 15. Treated with stimulant medications on and off. Tried and failed bupropion and atomoxetine. Discharged from IOP for benzodiazepine use disorder. Residential treatment at age 19 for OUD and benzodiazepine UD. Has a history of anxiety and chronic pain.

Medical issues (Diabetes, Pancreatitis, Endocarditis, Abscesses, HIV/Hep C) and pertinent examination findings: Severe TMJ. After dental procedure, was prescribed oxycodone received prescription for oxycodone, and use escalated quickly which led to the most recent visit for MAT. For the several days prior to the induction appt, the patient stopped other opioids and began taking buprenorphine, last dose was 16mg several hours previous. On physical exam, the patient had a COWS of 14 indicating moderate withdrawal.
Current medications: Adderall 20mg, xr, qam. Fluvoxamine 100mg qhs for depression. Toxicology Information and Any Other Pertinent Labs Last UDT, at time of induction positive for THC, buprenorphine, oxycodone, amphetamine

Cultural issues
Describes himself as Native American. Says his mother was a “part of some tribe.” He lives in an urban setting and has no connections with tribal communities or services.

Psychosocial issues
Family history of anxiety disorders, patient with h/o emotional abuse. Patient is a community college student, pending transfer to university.

WHAT ARE YOUR MAIN QUESTIONS?
What are good options for treating this patient with severe co-occurring anxiety and chronic pain? What do we need to pay attention to related to cultural and other psychosocial issues?
Join us for Tribal MAT ECHO
12-1pm, Third Tuesday of the Month

For more information or questions email:

Thomas E. Freese
tfreese@mednet.ucla.edu

Gloria Miele
gmiele@mednet.ucla.edu

To register, email
Kimberly Valencia
kimberlyvalencia@mednet.ucla.edu
Pacific Southwest PTTC:
An Overview of Services

Alyssa O’Hair, MPH, MA, CPS
Disclaimer

The views expressed in this training do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.
Parable of the River
HHS Region 9: Pacific Southwest PTTC
Pacific Southwest PTTC Overall Goal

To advance the ability of the Region 9 substance misuse prevention workforce to select, plan for, implement, and evaluate evidence-based and promising substance misuse prevention interventions to achieve a meaningful reduction in substance misuse and its harmful consequences.

This requires an inclusive, culturally-appropriate approach.
Increase Prevention Professionals’ Prevention Science Knowledge and Skills
Spectrum of Behavioral Health Services

Pacific Southwest PTTC Services

Implementing the Strategic Prevention Framework (SPF) Using Principles from the Gathering of Native American/Alaska Native (GONA/GOAN) Curriculum
History of the SPF GONA/GOAN

Gerry RainingBird

Jeri Brunoe
SAMHSA’s Strategic Prevention Framework
Tribal Training and Technical Assistance (TTA)
GONA/GOAN

Generosity  Belonging

Interdependence  Mastery
Culture is Prevention!
Our Work Aligns with the Four Seasons

**SPRING**
- Communication
- Sustainability
- Data Collection
- Program Action
- Evaluation

**SUMMER**
- Partnerships
- Implementation

**FALL**
- New Beginning Action
- Planning Vision/Mission
- Needs & Resources

**WINTER**
Activity

What were some traditional ways that your community prepared for the seasons?
Aligning GONA/GOAN Principles with the SPF

1. Assessment
2. Capacity
3. Planning
4. Implementation
5. Evaluation

Generosity

Belonging
- Impact to sustain 7 generations

Mastery

Interdependence
- 3. Planning

- 4. Implementation
- 5. Evaluation
Aligning GONA/GOAN Principles with the SPF

1. Planning
2. Capacity
3. Interdependence
4. Implementation
5. Evaluation
6. Belonging
7. Mastery

- Belonging: Impact to sustain 7 generations
- Generosity: To impact 7 generations
- Interdependence: To impact 7 generations
- Mastery: To sustain the benefit
- Planning: To sustain the benefit
- Implementation: To sustain the benefit
- Evaluation: To sustain the benefit

Principles:
- Generosity
- Belonging
- Interdependence
- Mastery
Capacity...

• *...involves building and engaging local resources and readiness to address identified prevention needs.*

• Culturally representative staff and policy makers

• Community partnerships

• Ongoing staff development

• Ongoing organizational development

• Quality improvement through systematic assessment and community feedback
Capacity = Resources + Readiness

- Recognize there is a need to create change
- Acknowledge the need for action
- Offer leadership training
- Treat informal community members as knowledgeable stakeholders
- Provide opportunities to strengthen relationships with other team members
- Recognize youth as valuable resources in creating relationships with the community
Connect with us!

• Find us on the web:  www.pspttc.org
• Join our mailing list:  https://tinyurl.com/pspttc-listserv
• Email with questions:  pspttc-info@casat.org
• Request information:  https://tinyurl.com/PSPTTC-Info-Request
• Like us on Facebook:  https://tinyurl.com/PSPTTC-Facebook
• Follow us on Twitter:  https://twitter.com/PS_PTTC
• Call us toll-free:  1-833-9SW-PTTC
Alyssa O’Hair, Project Director
775-682-6315
aohair@casat.org