

USING DATA TO IMPROVE BEHAVIORAL HEALTH PRACTICE: CULTURALLY APPROPRIATE APPROACHES

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Session Overview

- Impact of a Native American needs assessment data on practice
- Ethnographic study of system transformation
- Discussion

NEW MEXICO NATIVE AMERICAN BEHAVIORAL HEALTH NEEDS ASSESSMENT

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New Mexico Landscape

- 121,665 mostly rural and frontier square miles
- 3 Urban Cities (Albuquerque, Santa Fe, and Las Cruces)
- 19 Pueblos and part of the Navajo Nation
- Total Statewide Population- 1.9 million people
- 10% Native American, 42% Hispanic, and 43% White
- Native American behavioral health services provided through IHS, tribal 638 programs, and collaborative programs

National Native American Behavioral Health

- Suicide Rates 50% higher than national averages
- High Substance Abuse Rates- Death from alcohol-related causes 5X more likely for Native Americans than for Whites
- The National Household Survey on Drug Abuse (1999-2001) found that Native Americans were more likely to have used cigarettes or illicit drugs and to have engaged in binge or heavy drinking than any other ethnic group
- The 2002 Drug and Alcohol Services Information System Report found that Native Americans account for 1% of the U.S. population but 2.1% of all admissions to publicly funded substance abuse treatment facilities
- High rates of trauma, including Historical Trauma
- Very Limited access to resources

Goals of the Project

- Gain a picture of the mental health and substance abuse clinical resources available to New Mexico's Native American population
- Determine services currently available and additional services needed

Methods

- 25 individuals surveyed representing 17 behavioral health service sites
- Surveys conducted in-person, via the telephone, and electronically
- Surveys lasted approximately 2 hours
- Instrument: 37-item Native American Behavioral Health Needs Assessment Survey
 - 18 quantitative items
 - 15 qualitative items
 - 7 demographic items

Native American Behavioral Health Needs Assessment Survey: Domains

- Mental health services offered & success of services
- Therapeutic tools & degree of success with these tools
- Substance abuse services offered & success of services
- Prevention services offered and success with these services
- Opinions and needs regarding implementation of EBPs
- Support needed from Value Options
- Current staffing patterns for mental health and substance abuse services
- Current clinical supervision practices
- Support and trainings needed
- Type of site that services are provided
- Number of clients served monthly
- Needs regarding telehealth and computer technology
- General needs of the service unit and community priorities

Survey Findings



Available Mental Health Services

Mental Health Services	% Services Available	n
Adult Individual Counseling	95%	18
Child/Adolescent Individual	95%	18
Group Therapy	95%	18
Case Management	90%	17
Family Therapy	84%	16
Crisis Intervention	68%	13
Medication Management	63%	12
Family Support Services	58%	11
Peer Support	42%	8
Intensive Outpatient	32%	6
Developmental Disabilities	26%	5
Psychosocial Rehabilitation	26%	5
Supported Housing	26%	5
Inpatient Hospitalization	21%	4
Supported Employment	16%	3
Assertive Community Treatment	16%	3

Therapeutic Tools Utilized

Therapeutic Tools	% Services Available	n
Cognitive Behavioral	95%	18
Problem Solving	68%	13
Solution Focused	53%	10
Other	53%	10
Experiential	47%	9
Narrative	16%	3

Mental Health: Adapted or Created Best Practices

- Traditional practices (talking circle)
- Traditional mentoring
- Traditional ceremonies (sweat lodge)
- Alternative healing (acupuncture)
- Adapted Substance Abuse Education

Mental Health: What Works?

- Coordinating services with community providers
- Combination of Traditional and Western Practices
- Individual therapy
- Groups (family and couples)

Available Substance Abuse Services

Substance Abuse Services	% Services Available	n
Substance Abuse Counseling	90%	17
Motivational Interviewing	74%	14
AA Meetings	63%	12
Dual Diagnosis Treatment	63%	12
12-Step group	47%	9
Talking Circle	42%	8
Social Model Detox	37%	7
Residential Treatment	26%	5
Al-A-Non	16%	3
Alateen	11%	2
Narcotics Anonymous	11%	2
Long-term residential	11%	2
Long-term community-based	11%	2
Medication Model Detox	11%	2

Substance Abuse: Adapted or Created Best Practices

- Psychoeducational groups
- Prevention activities (ropes course, life skills, anger management, and family education)
- Traditional practices (farming, healing, mentoring, and sweat lodge)

Substance Abuse: What Works?

- Psychoeducational groups (AA meetings and family psychoeducation)
- Coordinating service with community providers
- Traditional healing practices
- Medication management

Available Prevention Services

Prevention Services	% Services Available	n
Anger Management	79%	15
Drug and Alcohol Awareness	74%	14
Domestic Violence	68%	13
Experiential	63%	12
Motivational Interviewing	58%	11
Life Skills	58%	11
Parenting Classes	47%	9
Other	42%	8
Summer Youth Programs	37%	7

Opinions About Evidence Based Practice

- 42% (n=8) plan to implement EBPs in the next year
- 84% (n=16) will need assistance implementing
- Opinions on usefulness vary:
 - Some felt were not useful for Native populations
 - Effective if adapted
 - Some felt they were good for services

Challenges to Implementing Evidence Based Practices

- Training
- Lack of information what works in Native communities
- Resources (staff shortage, funding)

Training and Technical Assistance

Identified Needs	%	n
Co-occurring Disorders	79%	15
Methamphetamine Training	68%	13
Traumatic Brain Injury	68%	13
Grant Writing	63%	12
Developmental Disabilities	63%	12
Systems Development	58%	11
Becoming a Medicaid Provider	58%	11
Program Funding	47%	9
Community & Service Coordination	37%	7
Workforce Development	32%	6
Other (EMDR, trauma, etc..)	39%	7

Access to Technology: Telehealth and Computers

- 42% (n=8) have access to telehealth
- 74% (n=14) had access to computer technology, including health records or internet

Other Needs Identified

- Transitional Living
- Resources (building, staff, and facility updates)
- Additional behavioral health services

Dissemination of Findings

- Data compiled in individual reports and provided to behavioral health agencies for feedback
- 3 agencies provided additional data
- Statewide and individual reports revised
- Statewide data presented to all behavioral health agencies at half-day forum
- Forum identified top priorities from data

Priorities Identified

- Training on co-occurring disorders
- Integration of traditional and western approaches to training
- Holding regional trainings and statewide conference

Utilization of Data

- Proposal to State to support regional trainings
- Proposal to COCE for technical assistance
- Proposal to COSIG to provide technical assistance for curriculum development and support for statewide conference

Results

- \$100,000 allocated for regional trainings
- COCE technical assistance request approved
- COSIG collaboration on regional trainings and dollars allocated for statewide conference

Regional Training Format

- Format:
 - 5 training teams of 3 trainers to provide monthly trainings with a specific region
 - Each region received 1 training per month over a 3 month period
 - Training teams comprised of a Native American cultural expert, a behavioral health clinician with expertise in training, and a psychiatrist
 - Identical 3-hour trainings provided in morning and afternoon sessions
- 90 half-day trainings completed
- Over 400 providers trained
- Training evaluations show high satisfaction with trainings

Trainings Completed

1. Traditional And Western Approaches to Screening and Diagnosis of Mental Health, Substance Abuse, and Co-Occurring Disorders
2. Traditional And Western Approaches to Counseling Theory: Stages of Change Model and Treatment Planning
3. Traditional and Western Approaches to Psychopharmacology and Identification of Local and Statewide Behavioral Health Resources

Next Steps

- Implement priorities identified at trainings
 - Clinical Supervision
 - Certification Preparation
 - Further Clinical Training and Consultation
 - Research and Evaluation
- Host Statewide Conference
- Identify and Work Toward Increasing Additional Resources

Culturally Appropriate Methods: Lessons Learned

- Went to communities for data collection
- Checked data with communities before dissemination
- Shared data with larger community to identify priorities
- Quickly used data for support requests
- Evaluation is ongoing
- Relationship development is ongoing

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