[Music]

**Female VO:**
The Substance Abuse and Mental Health Services Administration present – The Road to Recovery. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can, and do, recover. Today's program is The Road to Recovery - Providing Treatment and Recovery Support in Rural and Frontier Communities.

[Music]

**Female VO:**
Ivette Torres, Associate Director for Consumer Affairs, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

**Ivette**:
Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about providing treatment and support in rural and frontier communities. Joining us in our panel today are Dr. Anne Helene Skinstad, Clinical Professor at the Department of Community and Behavioral Health, University of Iowa College of Public Health and Program Director of the National American Indian and Alaska Native Addiction Technology Transfer Center, Iowa City, Iowa; Walter Castle, Senior Public Health Advisor at the Division of Behavioral Health, U.S. Department of Health and Human Services, Indian Health Services, Rockville, Maryland; Mary Aldred Crouch, Manager of Substance Abuse Treatment Services at Cabin Creek Health Systems and President-Elect of the West Virginia Association of Alcoholism and Drug Addiction Counselors, Milton, West Virginia; Dr. Karen Francis, Principal Researcher and Chair, Diversity and Inclusion Council at the American Institutes for Research, Washington, D.C.

Mary, what are some of the challenges that are faced by people in rural and frontier communities as they try to address their mental and/or substance use disorders?

**Mary:**
In West Virginia there are a myriad of issues, primarily the biggest issue is transportation because there are rural parts of the state that literally have no public transportation. We've got an enormous workforce issue because there are some areas where it is remote enough that there are not medical providers, behavioral health providers available, so that without technology to assist providing services there are none unless they can travel a hundred miles which is incredibly difficult because it's very mountainous rural terrain. Funding obviously is an issue without insurance or with under-insurance meaning that the premiums

are high and the deductibles are very high as well. Culture. A lot of times in the rural communities they have a culture that dictates that they rely on their families first and then on their church if they have to turn to help, so that people are loath to turn to professionals either for medical or behavioral health so that they don't access health even if it is available.

**Ivette:**
Thank you. Anne Helene, are those issues compounded when we talk about Indian Country?

**Anne Helene**:
In Indian Country there are—depending on what kind of tribal community we're talking about. There are a lot of infrastructure development issues like roads, like access to care, like educational level, and a lot of poverty issues that make people have a hard time trusting the treatment system. So they would go to their spiritual leader, they would go to their community, their medicine men much more and quicker than going to the traditional treatment center.

**Ivette:**
Very good. Walter, you also work with native communities. What types of issues do we see in terms of mental and substance use disorder? Is it just alcoholism and depression or are there other issues?

**Walter:**
There are other issues. It's a microcosm of society. You'll find that there's alcohol abuse and substance use disorders along the lines of methamphetamines; we're struggling with that, we're seeing some increase with heroine, along with everybody else, and the opioids. As far as behavioral health there's the depression, anxieties. We see a lot of trauma kind of based on historical trauma that has occurred, and so that tends to kind of look similar to what you'll see with PTSD at times. So the anxiety is there. A lot of the trust issues as well which makes it difficult, I think, to engage at some levels.

**Ivette:**
Karen, dealing with the systems aspect of this, how similar are the systems within mainstream society versus the rural? Are they similar or are they different in terms of we've already heard about the problems in transportation and in getting to the services, but the services themselves?

**Karen**:
I think that as we look at these rural communities, it's important to understand that none of the two are the same. We can't compare them and it's really a unique issue that we're dealing with.

**Ivette:**

Within those unique issues, the structures- the availability of clinics, would you say, is up to par or are there less services, particularly for mental and substance use disorder provided?

**Karen:**
That's one of the challenges in rural communities is the availability of these resources and things that our panelists talked about, access to the workforce, specialized qualified workforce in these rural communities. The issue that the service provider agency may also be co-located with another service provider and so the issue with stigma. If I'm walking into this agency, everybody in my community is gonna know what I'm going in there for. So those are some of the concerns we have.

**Ivette:**
Anne Helene, we've talked about the community health centers and how we're trying to integrate more services into that, but other structures within the community also need to participate, as you have mentioned, such as the churches and other nonprofits as well?

**Anne Helene**:
I think in American Indian communities it's very important to have a cultural component in the treatment and also to engage the elders because the elders really walk up the path and creates a very good community for people in recovery and coming back. And I think the issue of stigma, I think, is very important but the acceptance of when you recover and the elder takes you under their wing, you have a much better way and likelihood of recovering than if you do not work with the elder. I think that is very important in Indian country.

**Ivette**:
We'll be right back.

[Music]
**Male VO:**
My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for Recovery: our families, our stories, our recovery!

**Female VO:**
For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

[Music]

**Ivette:**

Welcome back. Mary, I just want to touch on, we talked a little bit and you mentioned the role of the faith community. Can we go back to that and really expand on it in terms of how it supports the behavioral health components that the local community health center may address?

**Mary:**
Especially in Appalachian culture, if you have to go outside your family, they will often go to a pastor, a spiritual leader, a minister because that is acceptable. So one of the things that can address actually getting services and de-stigmatizing is to involve the faith-based community in providing assistance, knowing where help is available, normalizing getting either medical or behavioral health, especially behavioral health but also in helping to de-stigmatize addiction because if you educate your faith-based folks, they can talk with their communities and their congregations about the disease of addiction and how to get help because it is absolutely rampant so that it's critical that we involve our faith-based communities.

**Ivette:**
Anne Helene, are there other efforts to train clergy in this area?

**Anne Helene**:
There are specifically certain times of the year when we reach out to the clergy and, of course, that's ***Recovery Month*** where we find it very important to provide the clergy with talking points so they can include it in their sermons and also be prepared when there are questions from the congregation.

**Ivette:**
Let's move on now. We know for a fact that we've got the community health centers that have incorporated behavioral health service delivery systems and many of them are trying to broaden and expand upon, if truth be told. And then beyond that we see all these new technologies. So, Walter, what types of new technologies such as telemental health are being provided through the Indian Health Service or through other means that you may know of?

**Walter:**
So within Indian Health Service, actually Division of Behavioral Health, we've got the Telebehavioral Health Center of Excellence, and Dr. Chris Fore runs that out of Albuquerque, New Mexico and works closely with the University of New Mexico. I think he's really done a fabulous job of building that outreach because it allows specialists that maybe wouldn't be able to live in a remote area to provide services in that remote of an area, it allows the clients to have access to them. So they can literally have that face-to-face through videoconferencing with the specialists. Typically what we see is that the clients will go to that clinic because that's their resource. That's where they need help so they go there for help regardless of what that help is, and sometimes if it's a behavioral health issue or substance use disorder issue, then we can connect them with a

telehealth, get the specialist there to provide those services, and they also are able to provide consultation with the primary care doctors there, too.

**Ivette**:
And they do it all through online connections.

**Walter:**
All through online, yeah. So it's been a real I think blessing in that we're able to actually get them services where in the past we wouldn't have been able to do that.

**Ivette:**
And Karen, you've done a lot of research in this. How broad is this practice around the nation?

**Karen:**
We do have a number of communities across rural communities across the country who have implemented telehealth, telemedicine programs, but I think the broader thing as we talk about the delivery of services, we focus on issues, what I call the five A's, which is accessibility, availability, acceptability, appropriateness and affordability. So as we are looking, whether it be telehealth or faith-based services, how are those service provided in rural communities so that they're meeting the criteria for those five A's. And when we talk about accessibility, it is issues of transportation, how you're breaking down those barriers to ensure that individuals are able to access services appropriately. The availability piece comes in as we look at the workforce and the use of technology as well as just the trained professionals that are providing the services. And then this piece about acceptability is how are we reducing the stigma. So even as we look at a telebehavioral health or telemedicine, is this the most appropriate way to provide services for a community or individuals who may have some problems with the fact that the person that's providing the services to them, they can't reach out and touch them. It's by video so the whole issue is around trust and continuity sometimes. And then the appropriateness is that, you know, are we meeting those specific and unique needs whether they are at the cultural level, the linguistic level, and both. And then, of course, affordability. How do we provide the services.

**Ivette:**
How do we get the systems in there so they can use them? The role of the rural public health clinic, in meeting the behavioral health needs in frontier communities, is there more work that needs to be done in that area?

**Anne Helene:**
One thing that I really worry about when it comes to rural and frontier areas is that sometimes the counselors, the professionals, are not as prepared and educated to do the job that comes in through their door, and one of the things

that I have seen a lot of is because they have—even though they are working in a healthcare setting—they are feeling very pressured. There is very little what we would say clinical supervision accessible to them, so there is a lot of turnover. And I think at least when I think about my job as an ATTC director, that's one of the things I think is very important.

**Ivette:**
We'll be right back.

[Music]

**Female VO:**
Counseling Solutions Treatment Centers are accredited, full service, comprehensive opioid treatment programs specializing in the medical treatment of opioid addiction. It is their mission to provide a respectful, therapeutic, and safe environment that will assist and encourage opioid dependent individuals to stabilize functioning so that they are able to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

**Female VO:**
Zac Talbott, COO & Sponsor of Opioid Treatment Programs – Counseling Solutions Treatment Centers, Program Administrator and Director – Counseling Solutions of Chatsworth, Chatsworth, Georgia

**Zac Talbott:**
We see Counseling Solutions Treatment Centers as sort of a hub where folks struggling with opiate addiction can start getting stable and then get the case management services, the counseling services, the medical attention they need and/or the referrals to places that can do that if we can't. So they can get back on with normal life and on what we call the road to recovery.

**Female VO:**
Debra Murphy, Clinical Director – Counseling Solutions of Chatsworth, Chatsworth, Georgia

**Debra Murphy:**
We are truly in north Georgia, the Appalachian community. People will drive for a couple of hours to get here because there are no services.

**Female VO:**
Gary H, A person in recovery

**Gary**:
It's a two-hour drive, and it's worth it to me.

**Female VO:**

Zac Talbott

**Zac Talbott:**
Rural areas like the areas that Counseling Solutions Treatment Center Chatsworth serves have their complications and have their challenges.

**Female VO:**
Keith Jones, CEO - Counseling Solutions of Chatsworth, Chatsworth, Georgia

**Keith Jones:**
You have a less dense population so a lot of companies and a lot of people that provide treatment don't want to come into that rural area because they don't feel there's numbers enough to be a profitable business.

**Female VO:**
Zac Talbott

**Zac Talbott:**
We were coming into a county at the time where in our county and at the time, all the counties that touch us had no opioid treatment program. So we expected growth but what we've seen has been unprecedented, that we've admitted over 300 people in a matter of 10 months in a very rural area is way more than what we expected.

**Female VO:**
Debra Murphy

**Debra Murphy:**
You don't find a lot of people up here with degrees, you don't find a lot of people who are certified, even just addiction-specific, much less medication assistance. So it's always difficult to bring staff in.

**Female VO:**
Zac Talbott

**Zac Talbott:**
Part of that is because there haven't been job opportunities in these areas. We've got to bring effective treatments for mental health and substance abuse to our rural communities. We're not going to turn any of our problems around until all of our communities are adequately served.

**Ivette:**
Welcome back. Mary, we were talking about one of the elements that we may have left out which is school-based efforts. Let's focus on that a little bit because we need to get to the particulars of really dealing with the adolescents and the younger age groups.

**Mary:**
There's an enormous movement I think nationally and especially in West Virginia to put school-based behavioral health in as many schools as possible because relative to substance abuse and mental health prevention starts now in first grade, kindergarten. In order to reach these children we have to be in the schools. In order for them to get behavioral health and substance abuse in a lot of our really rural areas, it has to be in their schools and that is one area where telecounseling can help because if the counselor isn't there, you know, I've gotten a lot of calls when I was at rural health and a remote area where a child was in crisis and they didn't have a counselor on site.

**Ivette:**
So Walter, are there programs within the Indian Health Service that address school-based efforts for younger audiences?

**Walter:**
Yeah and I'm excited because IHS just recently signed with the Bureau of Indian Affairs a memorandum of agreement that we would start to embed mental health practitioners within the Indian Health Schools that they do cover. So we're covering the schools as well as the youth detention centers and we're gonna be providing mental health services there as well. In addition to that, we've recently increased some of our funding in regards to Generation Indigenous which is the Indian youth and we're providing money for them to develop preventative type measures out in their community that they think work best for them.

**Ivette:**
Mary, what we have not talked about are efforts for individuals in recovery. I know that you're in recovery yourself and maybe you'd like to talk to us about your own personal experience and what you may have gone through in trying to get services.

**Mary:**
I grew up in an alcoholic home. My mom also had mental health issues so that I've been studying this since I was in diapers. There were no school-based services really, I mean someone could have reached me earlier with prevention efforts, but I think that if we can reach kids and address that isolation. We can offer services that address that pain. I had a minister in my church who was aware of and spoke of Alcoholics Anonymous. That was where I learned about that and was able to attend those and discovered that these people had hope; and from there sought help, sought out a counselor, sought out some professional treatment.

**Ivette:**
Thank you, Mary. Anne Helene, very quickly, peer-to-peer, do we have models for training within the rural community and is it a different training program or is it basically the same?

**Anne Helene:**
We have models for that. We have models actually in Indian Country and we have models in rural areas, and they are very successful. And I'm also going to suggest the community health workers that you see very extensively work in Alaska and we have very good results. So, yes, peer-to-peer and community health workers are really very important.

**Ivette:**
Very good, and I'm gonna come back to peer-to-peer because I think that that's one area where we can definitely broaden the service pool within a community. We'll be right back.

[Music]

**Male VO**:
It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery: visible, vocal, valuable!

**Female VO:**
For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

[Music]

**Male VO**:
For more information on ***National Recovery Month***, to find out how to get involved or to locate an event near you, visit the ***Recovery Month*** website at recoverymonth.gov.

[Music]

**Ivette**:
Welcome back. Walter, the element of peer-to-peer and community support, I suspect you're also working with that and what are some of the resources in that area?

**Walter:**
Yes, actually we are and to Anne Helene's point, Alaska has kind of a great model that they've developed and part of IHS now, we're looking at that model and being able to maybe start to incorporate something very similar at a national level. It would be a series of trainings that would then help these people get prepared to go out into the community and address the members in the community that maybe don't have access, don't have transportation, so they

would be able to go out into the community. If someone was having some sort of mental health crisis, they can go out to that person's home and basically evaluate, make some determinations, we don't need to have a four-year school in order to get these people certified.

**Ivette:**
Mary?

**Mary:**
That also speaks to our workforce issues because especially in substance abuse, a peer-to-peer or a recovery coach is often far more effective than a masters level or doctor level provider who hasn't got the lived experience. You know, recovery coaches are worth their weight in gold because they are trained people with lived experience who can fill in the gaps because there are not enough professional providers in an area, but they can meet the needs of the client so that they have a better chance of success in achieving long-term recovery.

**Ivette:**
Very good. We have not talked about the whole notion of suicide and suicide prevention within rural communities. I think it is a very critical aspect of a service delivery. What do individuals need to look to as we look for models that are accessible to rural individuals, Mary?

**Mary:**
I think that initiatives need to be in schools because I think that in rural areas that's the best way to reach our kids. I think that prevention is vital. I think that public information is critical using technology as an outreach mechanism because if people can find the help they need, they don't reach that point but you've got to get to them before they reach that point.

**Ivette:**
Walter, within Native Country there is a tremendous problem with youth suicide currently, correct?

**Walter**:
We've had clusters. Again, right now one of the programs that we've implemented is Zero Suicide training, and we have a number of tribes that are engaged with us at our IHS level to get them training on how to get into the communities and talk to the community members and make sure that they're kind of keeping a finger on the pulse.

**Ivette:**
Very good. Walter, Indian Health Service, are we doing anything related to workforce development?

**Walter:**
We are. We've got a couple of programs. We've got a loan repayment program and we've also got a recruitment program as well and so we try to go out, find the folks, and see, you know, come on in. I think part of the challenge is if you can get somebody that's from that community, they'll stay in that community. And so trying to nurture and build that as well is always kind of an important task I think.

**Ivette:**
Anne Helene?

**Anne Helene:**
I think there's one thing we tend to forget and that's recruitment, because if we think back about when we were teenagers ourselves, we didn't wake up one morning and say, I am going to be a substance abuse counselor or a mental health counselor. You have to really think about ways to engaging adolescents, high school students, in the idea of becoming a counselor.

**Ivette:**
Absolutely, and not only that; it's really getting to the youth and young adults that are in the schools themselves and we're doing that through a program through NAADAC. In certain communities, we're going out and talking to sophomores and juniors and freshmen about this field and hoping of engaging them. I think this has been a great opportunity to approach this subject and I want to thank you for being here and I want to remind our audience that September is ***National Recovery Month.*** You can get more information at recoverymonth.gov and we want you to be engaged, be supportive and to list all of the events and activities throughout the year that you're engaged in related to recovery at recoverymonth.gov. I want to thank you for being here. It's been a great show. Thank you.

**Male VO:**
To listen this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

**Female VO:**
Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's

***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]