

**Building Blocks for Cultural Integration in the
Development and Establishment of
Rural VA Telemental Health Clinics for Native Veterans.**

This document provides a short overview, suggestions and tips for setting up, operating and maintaining Telemental Health (TMH) Clinics, in the form of live interactive videoconferencing, for rural Native Veterans located on American Indian lands or reservations, Alaska Native Corporations and communities, and Native Hawaiian and Pacific Islander lands and communities. Templates, trainings and videos are available to assist in the creation of agreements and collaborations, and operation of clinics. This information is available in hard copy format from the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) *Native Domain* [staff](#) upon request.

The information, samples and templates provided in this document include links to manuscripts, cultural competency, trainings and classes, and generic protocols for the set up, operation and maintenance of Telemental Health (TMH) Clinics for rural Native Veterans. This information may or may not be appropriate for any one specific site. These documents are intended to be used as resources to assist others in creating and implementing TMH Clinics on American Indian reservations and Native lands between the Department of Veterans Affairs (VA), non-governmental entities, and American Indian, Alaska Native, Native Hawaiian and Pacific Islander tribes and communities.

Please note that these are not official VA, or Veterans Health Administration (VHA), or Office of Rural Health (ORH) documents, policies or procedures. The information and examples contained herein were generated by the *Native Domain* solely to provide resources and guidance on the creation and operation of Telemental Health (TMH) Clinics between the VA, non-VA entities, and Indian tribes for rural Native Veterans. When considering TMH clinic development, check with local VA station and VHA [Office of Telehealth Services](#) (OTS) in the site area and comply with all of their established policies and procedures. In order to improve the quality and access of health care of Native Veterans in rural areas, the necessity of working with various entities is critical. The geographic isolation and remoteness of many Native reservations and communities, and the lack of health and medical facilities generates the need for multiple organizations to work together to provide much needed services severely lacking or non-existent in these areas, and for these populations.

TABLE OF CONTENTS

OVERVIEW AND INTENDED USE.....	4-5
CULTURAL ASPECTS OF WORK WITH RURAL NATIVE VETERANS.....	6-7
Why Telemental Health for Rural Native Veterans?	6
Barriers to Access for Mental Health in Rural Areas	6
Telehealth Facilitation to Improve Access to VA Health Care.....	6
Rural Native Veterans.....	6-7
CULTURAL COMPETENCY WITH RURAL NATIVE VETERANS	8-12
Understanding Mental Health Disparities for American Indian Populations.....	8
Cultural Competency and Understanding American Indians	8-10
Cultural Trainings	10-12
INTRODUCTION TO TELEMENTAL HEALTH CLINICS FOR RURAL NATIVE VETERANS	13-14
CULTURAL COMPONENTS FOR THE DEVELOPMENT AND ESTABLISHMENT OF TELEMENTAL HEALTH (TMH) CLINICS FOR RURAL NATIVE VETERANS.....	15-18
Overall Process for Community Engagement for Development of TMH	15
Partnerships Identification and Engagement.....	15-16
Federal Partners (VA, IHS).....	16-18
Tribal and Community Partners	18
Create Memorandums of Understanding (MOU)/Agreements.....	18
Template Clinic Process and Procedures	18-19
REFERENCES/SOURCES.....	20-22
INTERNET RESOURCES.....	22

OVERVIEW AND INTENDED USE:

Native Veterans from American Indian, Alaska Native, Native Hawaiian and Pacific Islander populations have a proud tradition of military service and sacrifice. Native Veterans serve at the highest rate per capita of any ethnic group in the U.S. Armed Forces. Studies demonstrate they also disproportionately suffer the consequences of service, including higher rates of disorders related to combat exposure (e.g., PTSD and substance disorders). Native Veterans also represent the highest proportion of rural Veterans. The often isolated and dispersed nature of rural Native Veterans presents significant barriers for access and quality of care. In response to these challenges, the Office of Rural Health established the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) [*Native Domain*](#) to serve as a national resource on healthcare issues for Native rural Veterans. The *Native Domain's* specific functions include evaluation, cataloging and coordination of past and ongoing programs and projects targeted to help identify, delineate and then disseminate models of best practices for rural Native Veterans.

The implementation of Telemental Health Clinics for rural Native Veterans on American Indian reservations has been in place since 2002. Feedback has been positive, and work is ongoing to engage new patients and to implement additional clinics throughout the Northern Plains. The hope is these Building Blocks will serve as a resource for the additional development of Telemental Health Clinics for rural Native Veterans in other parts of the country, thereby helping to improve access to health care services and treatment for Native Veterans in rural and remote areas. The need for Telemental Health Clinics arises from the significant barriers that rural Native Veterans face to receiving treatment which includes long and arduous distances between Native communities and VA and/or IHS medical facilities. These Building Blocks help summarize current information and resources that are available with regard to the clinics. The intention is to assist in supporting the processes involved in implementation of these clinics with attention to cultural and community issues that need to be addressed.

These Building Blocks provide an overview of cultural aspects of working with rural Native Veterans including information on the significance of using telemental health with this population, general information on rural Native Veteran demographics, background on health disparities in American Indian populations, cultural awareness when working with Native populations, and training resources available on cultural competency. An overview of the

experiences of the current set of VA Telemental Health Clinics targeted at rural Native Veterans is presented. Finally, important cultural components necessary for the development and establishment of clinics targeted at this population is also highlighted.

CULTURAL ASPECTS OF WORK WITH RURAL NATIVE VETERANS:

This section discusses the barriers to accessing mental health care in rural areas, the use of telehealth to facilitate care, provides a brief background on rural Native Veterans and concludes with telemental health services that have been implemented for this population.

Why Telemental Health for Rural Native Veterans?

Barriers to Access for Mental Health in Rural Areas

“Access to mental health services remains an ongoing problem for residents of rural areas due primarily to the shortage of specialty mental health providers and services. Other barriers to accessing mental health services include long travel distances; lack of transportation, particularly for elderly rural residents; poor or non-existent insurance coverage for mental health care; and high rates of uninsurance among rural residents.” 1

[The Provision of Mental Health Services by Rural Health Clinics](#)

Telehealth Facilitation to Improve Access to VA Health Care

“Telehealth involves the clinical use of information and telecommunications technologies to provide health care services in situations where patient and provider are in different locations. A particular focus of telehealth development in VHA is improving access to [V]eteran patients in rural and remote locations. VHA has developed major national telehealth networks that provide care: into the home; between community-based outpatient clinics and hospitals; and between hospitals and other hospitals. Currently, depending on telehealth application, between 15% and 38% of VHA's telehealth-based services are provided to rural/remote locations.” 2

[Veterans Rural Health: Perspectives and Opportunities](#)

Rural Native Veterans

Native Veterans from American Indian, Alaska Native, Native Hawaiian and Pacific Islander populations have a proud tradition of military service and sacrifice. Native Veterans serve at the highest rate per capita of any ethnic group in the U.S. Armed Forces. Studies demonstrate they also disproportionately suffer the consequences of service, including higher rates of disorders related to combat exposure (e.g., PTSD and substance disorders). Native Veterans also

represent the highest proportion of rural Veterans. The often isolated and dispersed nature of rural Native Veterans presents significant barriers for access and quality of care. In response to these challenges, the Office of Rural Health (ORH) established the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) [Native Domain](#) to serve as a national resource on healthcare issues for Native rural Veterans. The *Native Domain's* specific functions include evaluation, cataloging and coordination of past and ongoing programs and projects targeted to help identify, delineate and then disseminate models of best practices for rural Native Veterans.

“The lack of resources [in rural and geographically remote areas] make multiorganizational collaboration critical to designing and implementing the telemental health clinics. Whereas no single organization offers all these services in a community, the services became available by combining the resources of the VA, the Indian Health Service, the [V]eterans center, the state, and the tribal organizations. ... Although providing a telepsychiatry service with multiple organizational partners confers many benefits, it also presents challenges. The services have to comply with multiple sets of bureaucratic rules and regulations, involve additional personnel, and seek multiple approvals for implementation and changes.” 3

[A Developmental Model for Rural Telepsychiatry](#)

CULTURAL COMPETENCY WITH RURAL NATIVE VETERANS:

This section addresses the need for acknowledging and understanding the cultural differences of American Indians and Alaska Natives. A review on mental health care disparities in this population is presented, followed by discussion of cultural competency and available trainings and resources.

Understanding Mental Health Disparities for American Indian Populations

American Indians and Alaska Natives have a long and varied history with the federal government and mental health disparities are deeply rooted in that history. Complex social, political, economic and cultural contexts that affect the mental health of this population are significant and further compounded by a lack of health care resources available and severely lacking as compared with the rest of the U.S. population. The focus on patient-provider interactions as well as the impact of these interactions should be addressed to circumvent future problems and roadblocks when treating and interacting with this population. The use of traditional healing methods, telehealth clinics, and cultural awareness are beneficial and provide a promising direction for addressing mental health care services for Natives.⁴

[American Indians and Alaska Natives](#)

Cultural Competency and Understanding American Indians

“What is Cultural Competency? Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”⁵

It is necessary to be aware of and familiar with differences in interactions, communications, cultural values and customs when working with Native peoples and communities. Actions that non-Natives may interpret one way in their circle of friends and family may take on an entirely different meaning for Native Veterans and their circle of friends and family. Collaborators should

be aware of, understand, and be sensitive to who they are communicating and making agreements with. This understanding goes both ways. It is necessary to understand and respect the federal government process as well as the cultural diversity component.

Cultural Competency-acknowledge and respect

- Regional and Cultural Differences
 - Cultural Customs
 - Spirituality
 - Communication Styles
 - Cultural Identity
 - Values
 - Etiquette
- Excerpts from The Substance Abuse and Mental Health Services Administration (SAMSHA) [Culture Card](#)—do’s and don’ts when engaging with Native people.
 - Do’s:
 - Be honest and clear about your role and expectations and be willing to adapt to meet the needs of the community. Show respect by being open to other ways of thinking and behaving.
 - Listen and observe more than you speak. Learn to be comfortable with silence or long pauses in conversation by observing community members’ typical length of time between turns at talking.
 - Casual conversation is important to establish rapport, so be genuine and use self-disclosure.
 - Avoid jargon.
 - It is acceptable to admit limited knowledge of AI/AN cultures, and invite people to educate you about specific cultural protocols in their community.
 - During formal interviews, it may be best to offer general invitations to speak, then remain quiet, sit back, and listen. Allow the person to tell their story before engaging in a specific line of questioning.
 - Be open to allow things to proceed according to the idea that “things happen when they are supposed to happen.”
 - Respect confidentiality and the right of the tribe to control information, data, and public information about services provided to the tribe.
 - Don’ts:
 - Avoid intrusive questions early in conversation.
 - Do not interrupt others during conversation or interject during pauses or long silences.
 - Do not stand too close to others and/or talk too loud or fast.
 - Be careful not to impose your personal values, morals, or beliefs.
 - Avoid frequently looking at your watch and do not rush things.
 - NEVER use any information gained by working in the community for personal presentations, case studies, research, and so on, without

the expressed written consent of the Tribal government or Alaska Native Corporation.

- Role of Veterans and Elders in Native Communities—both Elders and Veterans hold similar levels of respect from members of tribal communities. Elders have gained experience and wisdom throughout their lifetime and are considered valuable in their decision-making processes. Veterans have taken on the role of protector and experienced personal sacrifice.

Cultural Trainings

- [Wounded Spirits, Ailing Hearts](#) This Online Training Manual, available through the VA [National Center for PTSD](#), is an educational tool “created to help practitioners understand the unique needs present when dealing with a specific ethnocultural group, in this case, Native Americans. It was created to accompany the Wounded Spirits, Ailing Hearts videos for health care providers and clinicians, but can be used with or without the accompanying videos.

The online manual provides information on the following topics:

- Knowledge regarding the impact of PTSD specific to the American Indian and Alaska Native [V]eteran.
- Cultural approaches and suggestions for treatment.
- A description of Native Americans and Military Service.
- A definition of Posttraumatic Stress Disorder, how it is diagnosed, and its impact.
- Information on available services and barriers to care.
- Traditional healing methods information.
- The role of other health and mental health care providers in care.

A particular goal of this manual is to help teach practitioners to provide culturally competent care and it takes the user through a cultural formulation of a clinical case of PTSD. These ideas can be adopted for use with members of other ethnocultural groups.”

- The [Talent Management System](#) (TMS) (previously the Learning Management System (LMS)) is available through the VA and enables

employees and staff to access and participate in various courses on a multitude of issues. TMS provides classes on Cultural Competency when working with American Indians and in Telehealth. Access to TMS courses is only available to VA employees and staff.

- American Indian General Telehealth: Development of American Indian Rural Telehealth Clinics.
 - “The purpose of this course is to prepare the learner to implement the processes to develop successful rural telehealth clinics that serve American Indian or Alaska Native populations. There is special emphasis on partnering and relationships with local organizations when developing clinics and providing care.”⁶

[Care Coordination General Telehealth: Development of American Indian Rural Telehealth Clinics](#)

- General Telehealth Cultural Competence: Cultural Competence in Telehealth Clinics.
 - “The purpose of this course is to enhance awareness of differing perceptions of medical care and the telehealth environment that may occur when caring for patients whose culture differs from the healthcare provider. Along with this increased awareness, suggested strategies are given to help the provider adapt behaviors and treatments to appropriately meet patients’ needs.”⁷

[Care Coordination General Telehealth: Cultural Competence in Telehealth Clinics](#)

- Cultural Aspects: Cultural Issues in Telemental Health with Rural Populations.
 - [Cultural Aspects of Telepsychiatry](#). “Telepsychiatry may involve working with clinicians, patients and systems of care that are

both geographically and culturally distinct. In this context, culturally appropriate care is an important component of telepsychiatry... particularly relevant in telepsychiatry [are] how the cultural background of patients (i.e. their cultural identity) influences their comfort with technology; and the effect of cultural differences on the patient–provider relationship.”⁸

- Case Study. [The American Indian Veteran and Posttraumatic Stress Disorder: A Telehealth Assessment and Formulation](#). This case study involving a Native Veteran with posttraumatic stress disorder describes his treatment and reaction to a VA telehealth clinic. Discussions of cultural aspects of care are addressed as well as clinical process adaptations for telehealth.⁹

INTRODUCTION TO TELEMENTAL HEALTH CLINICS FOR RURAL NATIVE VETERANS:

This section presents an overview of a series of specific VA Telemental Health Clinics developed for rural Native Veterans. 11

The Telemental Health Clinics for Native Veterans suffering from Post Traumatic Stress Disorder (PTSD) were implemented due to an increasing amount of evidence showing that American Indian Veterans have the highest rate of PTSD of any ethnic group and face significant barriers to care. One of the biggest barriers is geography, ie living on reservations in rural and remote areas at great distances from medical facilities. The clinics provide ongoing mental health care including medication management; case management; and individual, group and family psychotherapy to Veterans living on or near rural American Indian reservations in Montana, Wyoming and South Dakota. This unique service within the VA system demonstrates an innovative model to provide greatly needed mental health services to an underserved rural minority. The general model and processes of care represented by these clinics hold promises of improved care and treatment for rural Veterans in general, as well as other underserved rural populations. Studies suggest that telemental health is as effective as face-to-face services and patient attitudes towards this delivery mechanism are positive.

The American Indian Telepsychiatry Clinics were initially established in April 2002 with a pilot telepsychiatry program from the University of Colorado Denver-Centers for American Indian and Alaska Native Health (CAIANH), Veterans Administration VISNs 19 & 23, and an American Indian reservation in the Western United States. Due to the disproportionate levels of PTSD occurrence in American Indian Veterans and the long distances required to travel to VA medical facilities for treatment, access to necessary health care services was unrealistic/not feasible. Therefore, the clinics were created to improve the mental health care of rural American Indian Veterans via telepsychiatry services in the community in which these Veterans lived. Since inception these clinics have expanded to multiple sites serving tribes in South Dakota, Montana and Wyoming.

The clinics follow a shared model of a VA-credentialed psychiatric practitioner located at the CAIANH in Denver providing telepsychiatry services to a patient-site based on or near a rural American Indian reservation. The telepsychiatry services include diagnosis, assessment,

treatment, and case management. The treatment provided through these services include, medication management and psychotherapy (group, individual and family). The reservation clinic site is run by a Tribal/Telehealth Outreach Worker (TOW) who also performs patient outreach and community liaison functions. TOWs are employed by the VA and are generally members of the tribe as well as military Veterans. Their background enables them to foster trust and rapport with Native Veterans and reduces cultural barriers of the Telehealth Clinics. Their duties vary from assisting Native Veterans with VA services eligibility, assisting with VA enrollment, scheduling clinic intakes and appointments, orienting the patient on how to use the videoconferencing equipment, troubleshooting the technical aspects of running the clinic telecommunications equipment, to coordinating emergency crisis management. The TOW also works closely with the remote clinicians and provides guidance on cultural and community issues that may be relevant to a patient's treatment or care.

CULTURAL COMPONENTS FOR THE DEVELOPMENT AND ESTABLISHMENT OF TELEMENTAL HEALTH CLINICS FOR RURAL NATIVE VETERANS:

This section addresses the specific cultural components and issues that need to be addressed when creating and implementing TMH clinics for rural Native Veterans. An overall process for community engagement is discussed that includes the identification of appropriate clinic partners, and formalizing and structuring those relationships.

Information within the VA for developing telemental health services can be found at VHA the [Office of Telehealth Services](#) (OTS). A number of informative and educational online trainings involving clinical telehealth, care coordination and telemental health can be accessed through the VA's [Talent Management System](#). Additionally, when developing TMH services the need to work closely and involve the local VA Medical Center's Telehealth Coordinator and VISN level Telehealth programs is important.

Overall Process for Community Engagement for Development of TMH

When contemplating development of Telemental Health Clinics for rural Native Veterans, a strategic process should be developed to identify and create the correct configuration of partnerships (federal, tribal, community). The process of clinic creation can take many months to years to attain. Once the determination has been made to create, operate and maintain a Telemental Health Clinic on a reservation or in a remote area, and in collaboration or partnership with the VA or other federal or non-federal entity, a process of developing partnership configuration can be implemented.³

[A Developmental Model for Rural Telepsychiatry](#)

Partnerships Identification and Engagement

Contact/Conversation with all parties/entities that would be involved or included in creating and carrying out or implementing the Telemental Health Clinics (VA/Tribe or Tribal Council/University). Is this a needed and viable proposition? Who are the partners and what role(s) will each play? Who is responsible for what actions and what is the evaluation or monitoring process?

Federal Partners

The Veterans Administration (VA)

The mission of the [Department of Veterans Affairs](#) (VA) “is to ‘care for him who shall have borne the battle and his widow and orphan.’ Those words were spoken by Abraham Lincoln during his second inaugural address and reflect the philosophy and principles that guide VA in everything it does. The Veterans Health Administration six strategic goals, are: put quality first until we are first in quality; provide easy access to medical knowledge, expertise and care; enhance, preserve, and restore patient function; exceed patient's expectations; maximize resource use to benefit Veterans; and build healthy communities.”

The [National Center for PTSD](#) “aims to help U.S. Veterans and others through research, education, and training on trauma and PTSD.”

“The [Office of Mental Health Services](#) mission is to maintain and improve the health and well-being of [V]eterans through excellence in health care, social services, education, and research.”

The [Office of Telehealth Services](#) (OTS) is previously known as the Office of Care Coordination Services (CCS). “The Office of Telehealth Services uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of veterans. **Telehealth changes the location where health care services are routinely provided.**”

“[Telehealth](#) is a rapidly developing application of clinical medicine where medical information is transferred via telephone, the Internet or other networks for the purpose of monitoring health status, providing health education, consulting and sometimes to provide remote medical procedures or examinations via telemedicine. Telehealth can take place between providers and patients located in clinical settings as well as directly with patients in their homes.”

The [Indian Health Service](#) (IHS):

“*Our Mission...* to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal... to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation... to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.”

IHS and VA Collaboration—

“On February 25, 2003, the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) entered into a Memorandum of Understanding ([MOU](#)) to encourage cooperation and resource sharing between the Indian Health Service (IHS) and the Veterans Health Administration (VHA). The goal of the MOU is to use the strengths and expertise of both organizations to deliver quality health care services and enhance the health status of American Indian and Alaska Native [V]eterans.

Five mutual goals were set forth in the MOU:

- Improve beneficiary's access to quality healthcare and services.
- Improve communication among the VA, American Indians and Alaska Native [V]eterans, and Tribal governments with assistance from the IHS.
- Encourage partnerships and sharing agreements among IHS headquarters and facilities, VHA headquarters and facilities, and Tribal governments in support of American Indians and Alaska Native [V]eterans.
- Ensure the appropriate resources are available to support programs for American Indians and Alaska Native [V]eterans.
- Improve health promotion and disease prevention services to American Indians and Alaska Natives.”

In October 2010, the VA and IHS signed an [updated MOU](#) to assist both agencies improve the health status of American Indian and Alaska Native Veterans. This MOU “[outlines a new plan](#) for enhanced coordination, collaboration, and resource sharing that will draw on the strengths and expertise of the two agencies...The MOU will facilitate greater innovation at the local level between IHS, tribal, urban, and VA programs. While recognizing the importance of a coordinated effort on a national scope, the MOU also emphasizes the necessity and importance of tribal consultation for local adaptation. This will be accomplished by increasing available

services, improving the delivery of care by sharing programs, developing new models of care using the latest technologies, providing culturally competent care for beneficiaries, and increasing the quality of care through training and workforce development.”

Tribal and Community Partners

Relationship and partnerships with tribes and Native communities as emphasized in the documents and resources here are one of the most important aspects of the development of these services. With approximately 565 federally recognized American Indian tribes and Alaska Native villages, an additional 245 non-Federally recognized tribes, and Native Hawaiian and Pacific Island populations there is a vast cultural, social and economic diversity among potential communities, partners and collaborators. The need to develop ongoing communications in a culturally appropriate manner cannot be over emphasized. The use of cultural facilitators (e.g., TOWs) are also critical to the success of these types of endeavors.

Create Memorandums of Understanding (MOU)/Agreements between parties to ensure all entities are aware of what they are responsible for and what the clinics entail. (Provide templates, how tos and protocols to interested parties). Once an agreement has been reached and signed, the process for clinic set up begins. In the MOU, arrangements should be meted out regarding responsibilities and funding from the VA/Tribe/Other entities (psychiatrists), facilities and rooms, equipment and supplies, etc. 12

[Memorandums of Understanding \(MOU\) and Medical Center Memorandums \(MCM\) for Telemental Health Clinics and Traditional Healers/Healing Services](#)

Template Clinic Process and Procedures

As discussed in other areas of the Building Blocks, resources for setting up telemental health clinics are available in the VA system. Clinical protocols outlining processes and procedures for TMH clinics can be very useful. The TMH Clinics discussed here for rural Native Veterans all use a protocol document of which a generic version is included here. 13

[PTSD Telehealth Clinic: Protocol and Procedures](#)

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